

**Health Information and Quality Authority
Regulation Directorate**

**Monitoring Inspection Report -
Detention Schools Services under the Children Act,
2001 (as amended by section 152 of the Criminal
Justice Act 2006)**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Name of Detention School:	Oberstown Children Detention School	
Detention School ID:	OSV-0004225	
Dates of inspection:	16 – 19 November 2015	
No. of Fieldwork days:	4	
Lead inspector:	Sharron Austin	
Support inspector(s):	Eva Boyle Paul Tierney Niamh Greevy	Louisa Power Philip Daughen
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Full <input type="checkbox"/> Themed	
Inspection ID:	746	

About monitoring

The purpose of monitoring is to safeguard vulnerable children living in detention schools. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under section 152 of the Criminal Justice Act 2006 which is substituted for Section 186 of the Children Act 2001, as amended, to inspect children's detention school services provided by the Irish Youth Justice Service (IYJS).

The Authority inspects the detention school against the Standards and Criteria for Children Detention Schools and advises the Minister for Children and Youth Affairs.

In order to drive quality and improve safety in the provision of detention school services, the Authority carries out inspections to:

- **Assess** if the IYJS has all the elements in place to safeguard children
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

Monitoring inspections assess continuing compliance with the Standards, and can be announced or unannounced.

This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child Centred Services	<input checked="" type="checkbox"/>
Theme 2: Safe and Effective Services	<input checked="" type="checkbox"/>
Theme 3: Health and Development	<input checked="" type="checkbox"/>
Theme 4: Leadership, Governance and Management	<input checked="" type="checkbox"/>

1. Methodology

As part of this inspection, inspectors met with children, staff, other agencies and professionals. Inspectors observed practices and reviewed documentation such as care plans, policies and procedures, children's files and staff files.

The key activities of this inspection involved:

- the interrogation of data
- the review of policies and procedures, minutes of various meetings, staff files, audits and strategy documents
- the review and trending of children's case files
- meeting/questionnaires with 35 children
- telephone interview with the interim chairperson of the Board of Management
- telephone interviews with four parents
- meeting with the campus manager
- meeting with other senior managers such as: head of operations and head of support and development
- meeting with the facilities manager, human resource manager, campus fire officer, head of maintenance, head of security, catering and household managers
- meeting with three clinical nurse managers
- meeting with the designated liaison person and campus chaplain
- meeting with the training officer and an external project consultant
- meeting with the school principal
- meeting with 30 campus staff, one night supervising manager, nine unit managers
- telephone interviews/questionnaires with 13 external professionals/stakeholders including probation officers, guardians-ad-litem, social workers, advocacy officers, and clinicians working as part of the Assessment Consultation and Therapeutic Service (ACTS)
- observation of eight campus meetings including senior and middle management meetings, staff team and unit manager meetings, Incident/Accident/Absence (IAA) meetings, activity planning meetings and shift handover meetings.
- observation of the day-to-day life in the detention school including evening routines on units

Acknowledgements

The Authority wishes to acknowledge the cooperation of the children, parents/guardians, the interim Chairperson of the Board of Management, the Irish Youth Justice Service (IYJS), the campus manager, staff and other professionals who participated in this inspection.

2. Profile

The service provider has statutory responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. The detention schools provide a detention service to the courts for young offenders who are aged between 10 and 17 years of age prior to their admission.¹ They are funded by the Department of Children and Youth Affairs and managed by a Board of Management. They offer care and education to boys who have been committed to custody after conviction for criminal offences², up to the age of 17 years and to girls up to the age of 18 years. They also provide places to boys and girls remanded to custody while awaiting trial or sentence for boys up to 17 and girls up to 18 years.

The section of the Children (Amendment) Act to create one campus had not been commenced at the time of inspection on this basis no overall statement of purpose existed for the campus. Legally, the three schools remained as separate entities with their own directors and three separate statements of purpose were in operation whilst awaiting the legislative changes to occur.

Accommodation

Oberstown Children Detention Campus is located in a rural setting in north Dublin. The detention campus had undergone a significant process of structural development, five new units for children were opened during the course of this year, a new educational building, reception/administration block were completed and were operational at the time of inspection. Another residential unit had been completed but was not operational at the time of inspection. The design and layout provided adequate private and communal facilities for the children both in terms of indoor and outdoor space. The campus has external security fencing.

The new educational facility had opened in August 2015 with an amalgamation of the three previous schools on campus. The school was sufficiently resourced to ensure children's educational needs were met.

Management

All three schools are managed by a Board of Management who were appointed by, and report to, the Minister for Children and Youth Affairs. The Board of Management is responsible for all three detention schools on the campus. The Board of Management has direct governance of Oberstown Children Detention Campus in accordance with policy guidelines laid down by the Minister for Justice, Equality and Law Reform through the IYJS in accordance with the Children Act, 2001, as amended. Legislative changes

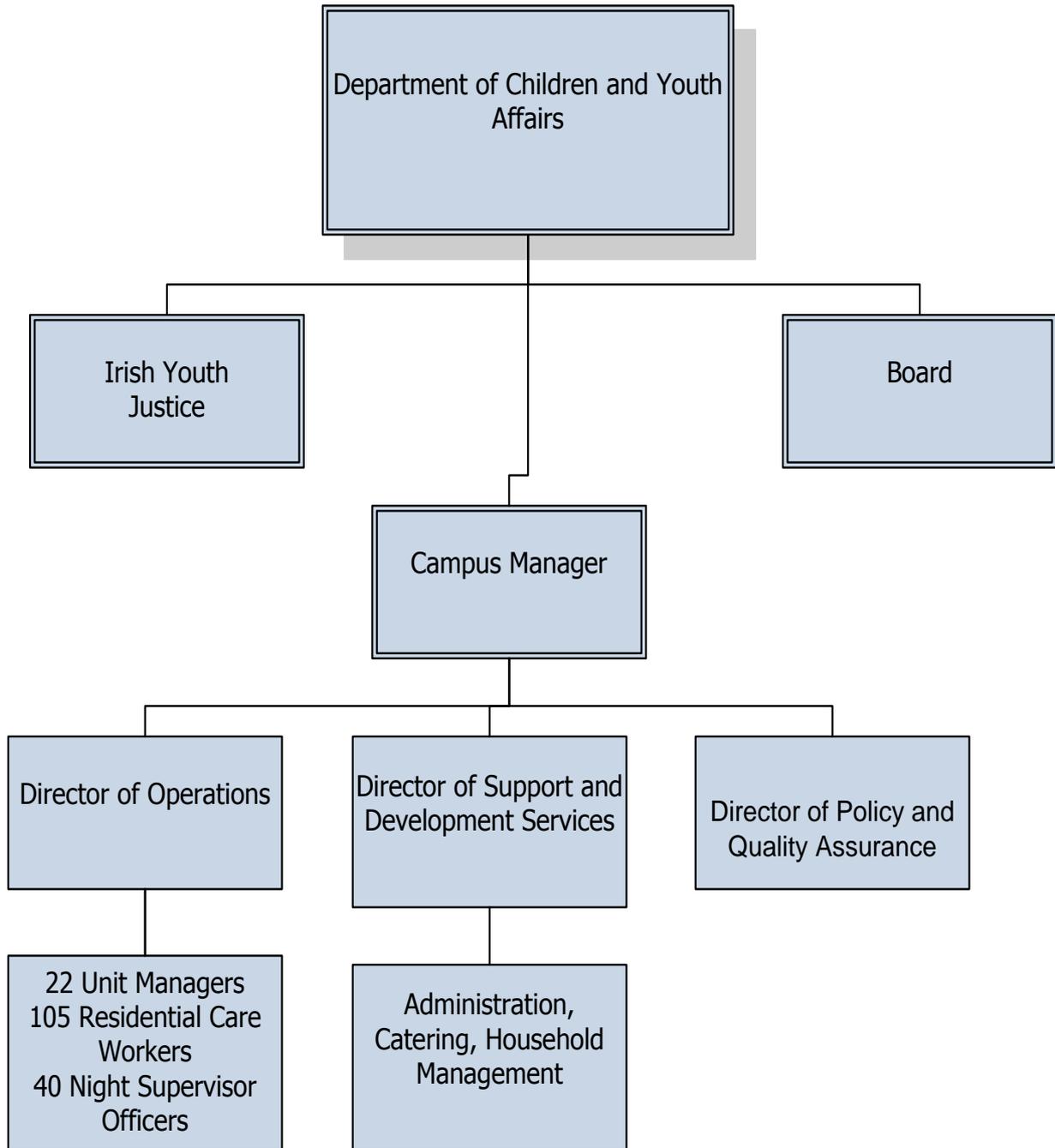
¹ Under section 196 of the Children Act, 2001, as amended

² Under section 142 of the Children Act, 2001, as amended

were to see the establishment of a new board in the near future. The campus manager was currently responsible for all three schools. Each unit within the campus was managed by a unit manager.

The organisational chart in Figure 1 describes the management and team structure as provided by the service.

Figure 1: Organisational Structure of the Detention School



3. Summary of Findings

Children residing in detention require a high quality service that is safe and helps address their offending behaviour. Staff members must be able to provide them with nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This inspection was announced and took place over four days in November 2015. All ten standards were assessed as part of this process. On the first day of the inspection, there was one girl and a total of 47 boys on campus.

This report reflects the findings of the inspection, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

In this inspection, the Authority found that of the 10 standards assessed:

- No standard was exceeded
- One standard was met
- Seven standards required improvement
- Significant risks were identified in relation to two standards.

Oberstown Campus had undergone a process of major change in the previous 12 months with the construction of a new facility on the existing site and the merging of three schools. There was also an increase in the capacity of the campus with licence for 54 residential placements and a further planned expansion subject to legislative changes.

A number of key posts had been put in place to support the ongoing development of the service, such as an Acting Deputy Director with responsibility for support and development, a training officer, a human resource manager and an information technology (IT) manager.

Some key initiatives had also been introduced or were planned for the next phase of development such as the development of a programme to assist staff in achieving a consistent approach in meeting children's needs which was at an early stage of rollout. Another development related to a child's journey through care which brought together agreed approaches and tools required for a consistent approach in the care of children in detention.

There were improvements in the promotion of children's rights and children were supported to exercise these rights. Children's right to complain was respected.

Placement planning and review processes were not robust and not all children had a placement plan. The management of challenging behaviour was not consistently in line with best practice. Clear directives had been recently issued by management to cease certain restrictive practices.

Children had access to specialist services, such as the Assessment Consultation and Therapeutic Supports team (ACTS), but the provision of a psychiatric service required further development.

With respect to the suitability, safety and security of the premises there were many examples of good practice, particularly relating to the facilities provided. However, significant risks were found in relation to fire safety. One required an immediate action, which was undertaken by the campus manager, to mitigate the risks within one of the older units on the campus. Despite the existence of a number of fire prevention measures across the campus, the fact that the in-house fire policy and its application in the older units was not subject to an annual review by an independent competent person presented a significant risk.

Children received an education programme based on assessed needs. However, the staggered movement of children to and from the school based on a campus wide risk assessment impacted on the length of time individual children attended school.

Overall, children's health care needs were appropriately assessed and met in a timely manner. Some medication administration practices were unsafe despite guidance from a general practitioner and required improvement. An immediate written assurance to safeguard a child in relation to a specific medical emergency was provided to inspectors on request which appropriately addressed the concern.

Management structures were in place but not all management processes were effective particularly in the context of the major changes taking place. In the absence of regular formal supervision and a performance management development system, the current management systems were not entirely effective. The Board of management was robust in its governance of the detention facility. Risk was generally well managed in the campus. There were some monitoring systems in place to improve the quality and effectiveness of services, but further improvements were required.

Staffing shortages continued to impact on the service provided, however, a recruitment campaign was underway to address the shortages.

All previous inspection reports relating to the detention campus are available on the Authority's website, www.hiqa.ie.

4. Summary of judgments under each Standard

During the inspection, inspectors made judgments against the National Standards³. They used four descriptors:

Exceeds Standards – services are proactive and ambitious for children and there are examples of excellent practice supported by robust systems.

Meets Standards - services are safe and of good quality.

Requires improvement – there are deficits in the quality of services and systems. Some risks to children may be identified.

Significant risk identified – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

Standards and Criteria for Children Detention Schools	Judgment
Theme 1: Child Centred Services	
Standard 4: Children’s Rights	Requires improvement
Theme 2: Safe and Effective Services	
Standard 2: Care of Children	Requires improvement
Standard 3: Child Protection	Requires improvement
Standard 5: Planning for Children	Requires improvement
Standard 9: Premises, Safety and Security	Significant risk
Standard 10: Dealing with Offending Behaviour	Requires improvement
Theme 3: Health and Development	
Standard 7: Education	Meets Standard
Standard 8: Health	Requires improvement
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Requires improvement
Standard 6: Staffing and Management	Significant risk

³ Please refer to Appendix 1 for full description on Standards and Criteria for Children Detention Schools

5. Findings and judgments

Theme 1: Child Centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Inspection findings

There were improvements in the promotion of children's rights and children were supported to exercise these rights. Children had access to advocacy and guardian-ad-litem services and staff actively encouraged and assisted children to avail of these services. A recent initiative by senior management to meet a number of individual children on a weekly basis to seek their views and opinions about the running of the detention school was very positive. Children's right to complain was respected and encouraged but there was a need to increase children's confidence in the complaints system.

Children's Rights

There were systems in place to ensure children were informed of their rights. A number of children who met with inspectors demonstrated a good awareness of these rights, while others were not sure what this meant when asked. External advocates told inspectors that they provided information on rights to children during their regular visits to the campus. A campus wide information document on children's rights was being developed and would be given to each child on completion. This would replace previous information booklets for the three detention schools. Other external professionals said that the detention school did try to promote the rights of children. They had witnessed clear communication between children and staff that demonstrated an awareness of children's rights and the promotion of same. They also noted that senior management were very conscious and respectful of the rights of children.

Children had access to advocacy and guardian-ad-litem services and staff actively encouraged and assisted children to avail of these services. This was confirmed by external professionals and independent advocates. An external advocacy service visited the campus on a monthly basis. They told inspectors that they tried to meet as many of the children on campus, particularly new admissions to inform them of the service and their rights. They distribute information packs which contained information on rights and this is discussed with the children. Information on

advocacy services was displayed in the units and inspectors found evidence on care files where advocates followed up on complaints and other issues made during meetings with children in the units.

Children were actively encouraged to participate in decision making about their lives by staff and management. The majority of the children told inspectors that they had a say in important decisions such as their placement plans, court reviews and daily routines and activities. This was not the experience for every child on campus. Some children reported that they were absent from most of their placement planning meetings and were only allowed in for the last 15 minutes of the meeting. Staff told inspectors that reasons for a child not attending were mainly the individual child's choice. This was not clearly recorded. A review of minutes of these meetings found that information recorded was merged into the placement plan so discussions or reasons for non or partial attendance was difficult to evidence.

External professionals and parents/guardians told inspectors that they had been present at meetings where children had attended and were facilitated and supported by staff and unit managers to give their views. External advocates confirmed that they had been involved in planning and review meetings and had supported children to have their views heard. They outlined that when they raised certain issues on behalf of a child, the child's view was taken on board and feedback was given to children.

The Campus Manager had initiated a recent practice whereby he would meet with a number of individual children each week to seek their views and opinions about the running of the detention school. This was confirmed by children who had met with him or were due to meet with him during the inspection. The overall aim was to develop a children's/student council to be chaired by independent advocates who would ensure children were given a forum to express their views and receive appropriate feedback in relation to decisions that arose from this process. This was a positive development in terms of practice.

Children had elements of choice in relation to aspects of daily living. Children told inspectors about the choices they could make in relation to activities, food and clothing. They were appropriately dressed and could wear their own clothing and footwear which was similar to their peers. The unit procedures document provided to inspectors outlined that children were permitted to wear their own clothes and if they did not have adequate clothing on admission, new clothes would be provided by the unit manager or staff. The procedure indicated that three sets of emergency clothing were held on each unit which was purchased by the person responsible for household management. This presented difficulties for some children who outlined that their own identity was important to them, yet they were only able to get

tracksuits and hoodies even if they didn't wear that type of clothing. Inspectors acknowledged the difficulties for these children within the constraints of a secure setting and the provision of clothing which was not directly purchased by them.

Complaints

Children were very clear about their right to complain and they told inspectors that they knew how to make a complaint and who to make it to. Care records did not routinely capture the effective management of complaints or the children's satisfaction or dissatisfaction with the complaints process. The designated liaison person (DLP) dealt with complaints, allegations and child protection concerns. A central database of these were maintained by the DLP. A review of these records found that each issue was appropriately categorised. The profile of the DLP role was good across the campus and each child was able to name this person. Four children who met with inspectors had varying levels of confidence in the complaints process, particularly in relation to the length of time it took for some of their issues to be addressed. Children's parents told inspectors that they were aware of the complaints process and that the staff team were approachable about any concerns they had. The DLP told the inspector that the time needed to investigate and resolve complaints in a number of cases was lengthy which was not satisfactory.

Information provided to the Authority prior to inspection demonstrated that there were a total of 106 complaints made since the start of 2015 of which 95% were made by children. Fifty five (51%) of the overall number of complaints were made since the previous inspection in June 2015. The majority of these complaints had been signed off as closed and required no further action. Fourteen (27%) complaints made since the last inspection were still in progress at the time of this inspection.

Complaints varied in their nature. They ranged from children who felt that they were being kept in their rooms for long periods of time due to alleged staff shortages, to a professional complaining about a specific care practice issue and a child who complained about the manner in which they were treated by an external professional. These were found to be dealt with appropriately, but not necessarily in a timely manner. Where required, complaints were reported to external parties in line with policy and if identified as a child protection concern, these were reported as such to relevant social work departments.

Theme 2: Safe and Effective Services

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Inspection findings

Placement planning and reviews were not robust; however, a new project was due to be rolled out in relation to a child's journey through care that was intended to address this deficit. Clear directives had been issued by management to cease certain restrictive practices recently. Children's privacy was respected in as far as possible in a restricted setting. A consistent approach was being taken across the campus in meeting children's needs through a series of agreed approaches. This was a positive initiative taken in order to improve outcomes for children and had commenced with the engagement of an external body.

With respect to the suitability, safety and security of the premises there were many examples of good practice, particularly relating to the facilities provided. However, significant risks were identified by inspectors relating to fire precautions in place within one of the older units on the campus, which was addressed immediately, and the absence of an independent annual fire safety review.

Quality of Care

Inspectors observed warm, appropriate and respectful interactions between staff and children on the units and during activities. Staff understood the impact of detention on children. They told inspectors that children took time to settle in, and spoke about children's adjustment to the detention school environment. Children confirmed this with inspectors. External professionals told inspectors that communication with children by staff was child centered, e.g. the use of language, repetition of messages/information and dialogue between the staff and children. Staffing limitations had impacted negatively on services being delivered in a child centered manner as staff had not been able to have one-to-one time on a consistent basis to engage in structured key work sessions with the children.

Children enjoyed leisure activities and were encouraged to participate in areas of interest. All children told inspectors that they would like more activities and said that this related to staffing shortages. A daily activity planning meeting was held across the units by the activity coordinator. Inspectors observed children taking part in activities such as football, tennis, gym, cooking, board games, and music amongst others. The activity coordinator told inspectors that there was a plan to increase the amount of activities to children outside of school time and weekends.

All children remanded or committed to the detention school were screened using an evidence based assessment tool for mental health and clinical need. The clinical needs of each child were considered on admission to the detention school and referrals were made to the ACTS team. This was confirmed by managers, staff and external professionals. Children could access speech and language therapy, addiction counselling and psychological services from this team.

Members of the ACTS team told inspectors that staffing resources were a critical issue in the previous 12 months and that now, a request for a child to have individualised supports happened quicker which they saw as a big improvement. Through interview with clinicians and care staff, inspectors were told about discussions and information sharing regarding clinical interventions so as to inform the care delivered to children. However, it was difficult to find evidence of records of this on care files.

Clinicians told inspectors that they worked directly and indirectly with children through staff team members. They emphasised the value of positive and trusting relationships between children and staff as a basis for effective interventions and support. Staff provided emotional support to children and worked directly and indirectly with children in a way that established expected levels of behaviours. However it was difficult to find evidence of the frequency or quality of direct work as key worker sessions were not routinely recorded.

A review of care records found that not all children had updated individual crisis management plans which identified triggers for specific behaviours and what interventions worked best for each child so as to avoid a crisis. External professionals reported that benefits were apparent where there was an established key work relationship and where the key worker had appraised themselves of information relating to the child's needs and situation.

Assessment and Care Planning

Not all children had up to date placement plans and there was some variation in the quality of placement plans across the campus. Inspectors were told of a recent initiative to address the need for a common approach to the care of children on campus. This would also encapsulate the placement planning process. This process included the following elements: Care, Education, Health, Offending Behaviour and Preparation for Discharge (CEHOP). The person mapping out the process told the inspector that the journey through care processes would be rolled out in the coming weeks. A review of the draft documents found that if appropriately implemented with the necessary training required, the process had the potential to improve outcomes for children. This was a positive initiative.

The majority of placement plans sampled were not timely in their formulation and did not record who was involved in the development of the plan. Children's needs were not clearly documented. Placement plans seen by inspectors did not clearly identify children's needs and therefore did not identify clear actions to address need. Children, parents, staff and professionals participated in planning and review meetings. However, as stated previously, there was little recorded evidence of discussion with children to prepare for the review meetings and little recorded evidence of including children in making decisions. Managers and staff told inspectors that placement planning meetings were not taking place on a regular basis. They also outlined that children were not in attendance at most of the review meetings through individual choice. Attendance by family and children was not routinely recorded and where attendance was recorded, the child usually did not attend. Where one child attended for 15 minutes towards the end of the meeting, the rationale for this was not recorded. One child told inspectors that they had no knowledge that a meeting was happening until the child met a parent after the meeting. Most external professionals confirmed their attendance at meetings and said that children were actively encouraged to attend all meetings relating to their care. Some noted that planning and review systems were improving.

Dealing with Offending Behaviour

Not all children were participating in an offending behaviour programme (OBP). Figures provided to the Authority prior to the inspection outlined that only seven children were in receipt of an OBP with only three children having completed the programme since the previous inspection in June 2015.

Staff told inspectors that a small number of staff had received training in Restorative Practice in October 2014 over a four week period. This was a joint initiative between the detention school campus and the probation service at that time.

Inspectors were told by senior management and a number of staff that a restorative practice proposal had been piloted in two units to provide training for approximately 20 staff in restorative practice in June and July 2015. This programme was then to be implemented across the campus. As this was still in a pilot phase, the OBP had not been subject to regular review and therefore it was difficult to establish its effectiveness. The campus manager spoke about the involvement of an external advocacy organisation with the campus and that there was a service level agreement in place. Professionals from this service outlined to inspectors that they were involved in a pilot scheme to provide intense support to children and their families when they left the detention school in order to prevent re-offending. The pilot was in its early stages and the service was currently working with four children.

Staff gave examples of key work sessions that they completed with children about

their offending behaviour but when the inspector asked where they would find evidence of this, staff said that they wouldn't normally record this. In some units, inspectors found that neither staff nor children had engaged in any work around offending behaviour.

Diversity and Disability

There were six children from various foreign national backgrounds and 14 children from the travelling community across the campus. There were no significant difficulties in how the service met their individual needs. Staff were aware of children's needs in relation to diversity, disability and literacy. However, it was difficult to find evidence on unit records of what direct work was done with a child in terms of these needs as staff did not always record this information. In speaking with staff, children, other professionals, it was clear that some good work was being undertaken with children, however, staff reported that they did not always have the time to record this. Managers and staff told inspectors that children and families who required an interpretation service were supported to avail of this so as to ensure clear communication for all.

There were no children on campus with a moderate, severe or physical disability. With the exception of one child, inspectors found that where a child had a specific learning need, this was generally recorded on the care file and placement plan and adequate supports were in place to meet those needs.

Food and Nutrition

Children were provided with a nutritious and varied diet. However, all children who met with inspectors said they were unhappy with the food at present. The reason given was that the choice of menu had been restricted in recent months due to the refurbishment of the main kitchen on campus which provided all main meals to the units. The catering manager told inspectors that the new kitchen was to be fully operational by early December 2015.

In early October 2015, the catering manager was provided with information concerning apparent food supply shortages to units across the campus. A review of the matter was subsequently undertaken and found that on occasions certain food types were not in stock on the campus and therefore not delivered on the day to the respective units. Inspectors found that fridges and freezers were well stocked with a good range of food types.

Inspectors observed mealtimes throughout the inspection and joined children and staff for lunch where a variety of food was provided such as soup, bread, egg mayonnaise, tuna, lettuce, tomato, scallions and cheese. Menus were provided to inspectors which demonstrated choice and variety. Under supervision, children could

access the kitchens on the units to avail of snacks. A piped water cooler dispenser with bottles of cordial was available in the dining room of each unit.

Supports to children with complex needs

An external body undertook research as to how children can be engaged effectively within a detention environment. Management records evidenced that a report on best practice in this area was to be presented to the board of management and communicated to staff across the campus. The implementation of the recommendations in the report was underway at the time of inspection. The programme was designed to assist staff in achieving a consistent approach across the campus in meeting children's needs through a series of agreed approaches. Inspectors welcomed this positive initiative.

There was a behaviour management policy in place, however practice did not always reflect what was set out in the policy. Forty nine percent of staff had not received up-to-date training in behaviour management. Senior management outlined that a review of the behaviour management approach would be undertaken to determine if it was fit for purpose.

Restraint and Single Separation

Each child was required to have an individual crisis management plan (ICMP); however, inspectors found that these were not consistently completed. Staff interviewed reported that the current recording system (the blue book) required ICMP's to be re-written each month. Inspectors reviewed a sample of these plans and found that they did not comprehensively outline all potential difficulties or strategies to manage the child's behaviour and gave poor direction to staff in response to different levels of escalating behaviours.

Management reports and minutes of meetings found that the campus continued to face substantial challenges in the management of children's behaviour. There had been a number of significant incidents since the previous inspection in June 2015 which included attempts of self harm, staff assaults and serious property damage to the units and the educational facility. Senior management undertook a review of specific practices across the campus due to concerns about the quality of care available to children. The outcome of the review found that a number of practices needed to cease with immediate effect. These included the practice by staff to operate outside the approved management of behaviour procedures, e.g. staff moved children on occasions by lifting a child in a way that would be dangerous for the child. A directive regarding this and other practices regarding methods of physical restraint used by staff on children was issued on the 10 November 2015.

The campus policy on separation notes that 'separation is the final stage in a continuum of interventions which include all behaviour management techniques. The policy is clear that separation is not to be used for punishment, for disciplinary purposes, as a primary tool to manage challenging behaviour or to deal with staff shortages.

Monitoring of, and accountability for safe practice in relation to the use of all restrictive practices requires a high standard of recording. Inspectors reviewed a total of 107 incidents which included the use of restraints and single separation. There were 39 incidents of physical restraint since the previous inspection in June 2015. Inspectors found that records were not routinely completed and it was not clear what type of restraint was used.

Figures provided to inspectors identified that there had been 813 incidents of single separation since the 1 July 2015. A review of the records found that the main reasons for its use related to (i) assault or threatening behaviour towards staff, (ii) when a child was found to be using banned substances, smoking, assaults or disputes between children, property damage and (iii) other instances which included children barricading themselves in their room and not following staff direction.

Recording of single separation was poor and did not always record why separations went on for as long as it did. Inspectors reviewed a number of incidents where children were placed in single separation for long periods of time. In one case a boy spent over twenty seven hours in single separation over a period of three days. The records did not show that single separation was the least restrictive practice that had been employed or what other interventions were tried with the boy prior to or during the use of separation and what the outcomes were. Inspectors were concerned that there was inadequate evidence to indicate that it was required for the entire period of time recorded.

The authorisations for approval of the use of single separation and extensions in the length of time they could be used were not consistently completed in line with policy. With a few exceptions, the times that managers approved separation or extensions were not recorded, thus limiting opportunities for robust scrutiny of decisions taken to prolong its use.

Children's privacy was respected in as far as possible in a restricted setting. There was no specific policy to guide practice in this area, however, the rights to dignity and privacy for children were upheld. There were some practices in place such as viewing panels to children's bedrooms which were necessary for reasons of safety. Staff told inspectors that viewing panels were closed and only opened if children requested something or they had to observe the child due to safety concerns.

Closed circuit television (CCTV) cameras were operational throughout the campus. Inspectors found that the coverage of the system did not extend to children's rooms or their bathrooms in order to safeguard the privacy of children. There was a draft central policy on the use of CCTV on the campus, and restrictions were in place in relation to the reviewing of footage.

Policies and procedures for when children went missing, absconded or failed to return from home leave were in place. There had been six incidents of absconion since the previous inspection in June 2015 including the absconion of four children from the facility in July 2015. This took place at a time when construction was ongoing onsite and the lack of secure fencing between the building site and the inner campus area. The campus manager told inspectors of the actions taken on foot of the absconion. An internal review was undertaken by an independent external person which involved the review of the events leading to the absconion of the four children from the facility. Inspectors viewed this report and found it to be thorough. Following the incident there was a robust response to security measures.

Child Protection and Safeguarding

There were measures in place to safeguard children from abuse. The campus operated under the IYJS safeguarding policy. Staff members were vigilant in relation to the protection of children against bullying. Children had been informed by management that if a child deliberately hurt another child or staff member or deliberately damaged property, then consideration would be given to reporting the matter to An Garda Síochána where appropriate.

A comprehensive protected disclosure/whistle-blowing policy was in place. Staff interviewed understood the principles of such a policy but not all staff were aware of it or familiar with it. The campus manager told inspectors that a number of protected disclosures had been made in the days leading up to the inspection. He outlined that these related to a number of care practices within the campus. Inspectors found through discussion with the campus manager that these were currently being addressed and appropriate actions were taken in line with the policy.

There was a designated child protection officer as per Children First (2011) who was in place since April 2014. The contact details for this person and their responsibilities were well advertised on campus. Staff and children were aware of the role of the designated officer, and the majority of children told inspectors how they could contact this person.

The service followed national guidance in regard to referrals to the Child and Family Agency. Internal recording systems viewed by inspectors distinguished between child

protection concerns and complaints. This ensured that the classification of issues were clearly outlined, and allowed for easier tracking of specific referrals.

There was a risk that a number of staff who had not received training or required refresher training might not be aware of how to respond to child protection concerns. Figures provided to the Authority prior to the inspection outlined that 68% of staff had up-to-date training in child protection and safeguarding.

Allegations where children alleged ill-treatment by An Garda Síochána were appropriately reported both to the Child and Family Agency and the Garda Ombudsman.

The designated liaison person (DLP) told the inspectors that his role was clear for children and staff. They were confident that staff were vigilant regarding child protection concerns and engaged appropriately with child protection processes.

The campus manager received regular updates from the designated liaison person in relation to the status, investigations and outcomes of concerns. Standard report forms were used to forward concerns to the Child and Family Agency, an action taken since the last inspection.

Admissions and Discharges

There were policies and procedures in place for admissions into the detention school to ensure the safety of children especially those placed in detention for the first time. The Irish Youth Justice Service (IYJS) was the initial point of contact to determine if there were available places within the detention schools. The court service/Garda Síochána contact the IYJS directly to establish if there is a bed available within the detention facility. If there was an available placement, and the court made an order for the remand or committal of a child, then the child was admitted to the detention facility. Children were aware of the reason for their detention and possible duration of the detention.

There were procedures in place relating to children's admission to the detention facility. Staff told inspectors that they met with children on admission and initially reviewed the court order. Children were required to give a urine sample, were searched by staff and received a medical examination within 24 hours or immediately if concerns were present. Some children had their own clothes, and these were searched by staff to ensure that children did not have prohibited items such as cigarettes or drugs.

Staff sought personal information on the children on their admission to the detention campus. Consent was sought from parents or appropriate persons on a number of

issues. Inspectors found that parents were written to seeking medical consent, where appropriate, information was sought on the religion of the child, and giving general information in relation to the specific detention school. Professional reports were also sought, and inspectors saw these reports on children's records.

Children are released from Oberstown Children Detention Campus on the basis of a court order. The level of inter-agency planning and co-operation for children leaving the detention facility was not consistent. Inspectors reviewed a sample of children's records and found the quality of preparation for children leaving detention school and plans for their release varied. In a number of children's records sampled, there was no clear plan for the child leaving the unit and it was not always clear where the child would reside after leaving the unit. Managers told inspectors that for children who had shorter periods of committal, they often had only a few weeks to make a plan, and outlined that they felt that there was room for greater inter-agency involvement in aftercare planning.

Independent advocates told inspectors that their service was available to children post their release and they wanted to be part of the child's leaving plan. They had advocated for children who expressed concern and uncertainty regarding their follow on placements. One child told inspectors that they were worried that they would be released without having an educational placement in the community. Another child who was due for release shortly after the inspection reported that no preparation regarding release was being done with him by staff. Staff outlined to inspectors what discussions had taken place in the preparation of children for release but records of these discussions were not maintained.

Another child with complex needs was due for discharge in the coming weeks. A plan had been in place since October 2015 for this child to be linked to a particular service, however, there was still no date set for this service to begin work with the child to support a transition back into the community. The campus is dependent on the engagement and delivery of other external services and as such cannot provide specific dates or options to children as the release date has to occur on foot of legal requirements.

A national advocacy organisation was involved in a pilot scheme to provide intensive support to children and their families when a child was released from the detention facility. The focus of this work was to prevent re-offending and to support children to achieve their goals. This support was 15 hours a week for six months, was goal focused and used a wrap around approach to working with children and their families to achieve positive outcomes. Since its commencement in early 2015, eight children had been referred and had engaged with the pilot. At the time of inspection the service was working with four children.

The Probation Service was involved with many children being released from Oberstown Campus and who were subject to probation supervision after their release. A senior probation officer outlined to inspectors that a good communication process had been established between the community based probation officer and the detention campus during the child's sentence and particularly in relation to planning for the child's release onto Probation supervision. They also expressed concern that in the six months prior to the inspection, a number of children who were due for release and were subject to a statutory care order had no onward placements identified. For some of these children, an onward placement was not identified until the days preceding their release and in some cases no actual placement was secured other than advising these children to either access homeless hostels or to return home. Whilst Oberstown Campus requested services to be available for children on or prior to release, it was not responsible for the provision of onward placements, as this was the responsibility of other external services.

Children's awareness of the Juvenile Justice System

The children were very aware of the judicial process and were clear in their discussions about attendance at court, bail, remand and sentencing and had access to legal representation. They told inspectors that they could phone their solicitor and some had appointments with their solicitor in the campus. Inspectors found that some children telephoned their solicitors while they were in single separation. Staff were aware of the impact of going to court had on children and spoke about the children's anxiety levels before and after court. Independent advocates were occasionally asked by children to make contact with their legal representative on their behalf if they were unsure about something.

Family and friends

Arrangements were in place for children to have regular contact with family members and significant others where appropriate. A number of children told inspectors of visits they had from family members at weekends and that they were working towards getting visits home to their families. Through interviews with staff and children and a review of care records, inspectors found that children were facilitated to attend funerals, confirmations and other family events.

External professionals confirmed to inspectors that children had phone contact with parents, siblings and friends. There was flexibility in relation to visits from family members regarding length of visit and timing of visits. Visits were actively supervised by staff at a discretionary distance. The new visiting facilities on campus were conducive to respecting the privacy of the child and their families. Some external professionals and staff noted that it was unclear as to what measures were taken to gain parental consent in relation to phone contact between a child in the detention

school and a child in the community such as girlfriends and boyfriends and how phone numbers for these people were confirmed.

Parents told inspectors that they visited and had regular phone contact with their children and attended meetings in relation to their child where possible. Home leave was facilitated where appropriate. Where a child made good progress in their unit, staff recommended them for home visits and where appropriate this was sanctioned by senior management. Records demonstrated that managers and staff consulted with parents and families, probation services and An Garda Síochana when making arrangements for home leave as part of an overall risk assessment for the child.

Health and Safety

With respect to the suitability, safety and security of the premises, inspectors identified many examples of good practice, particularly relating to the facilities provided. However, significant risks were found in relation to fire safety. One required an immediate action, which was undertaken by the campus manager, to mitigate the risks within one of the older units of the campus. Despite the existence of a number of fire prevention measures across the campus, the fact that the in-house fire policy and its application in relation to the older units was not subject to an annual review by an independent competent person, presented a significant risk.

The design and layout provided adequate private and communal facilities for the children, both in terms of indoor and outdoor space. The communal facilities included gym facilities, games rooms and an all-weather football pitch. The centre was found to be provided with suitable heating, lighting and ventilation in the main. It was noted that portable heating appliances were in use in one unit. These are not suitable for use in detention facilities as they can be easily lifted and may be used in a way that could injure children or staff. The campus was also provided with generator back up in the event of a power supply failure to the campus.

Some significant damage had been caused in a multi-purpose games room in one unit resulting in the room being out of use for approximately three weeks. A second games room had holes in the wall and a broken window covered over by perspex. Staff outlined that these repairs needed to be swiftly undertaken but that there were occasions where this had not occurred. The main reason given was due to the delays in the acquisition of specific materials to replace and or repair whilst ensuring safety and security. The campus manager told inspectors that there was a plan to have a stock of doors, windows and other materials available on the campus to ensure immediate repairs and prevent delays in repair work in the future.

Most of the units were appropriately furnished although some areas were furnished in a spartan manner. The furniture provided was in good condition although some

upholstered furniture appeared to be domestic in application. The detention school's own policy sets out the specification for same with regard to flammability. However, the centre could not confirm that the upholstered furniture provided met that specification.

Every child had their own bedroom. Each bedroom was provided with a call bell in order to summon the attention of staff if required. Each bedroom was provided with a mattress, duvet and pillow. Each child was provided with appropriate storage for their personal effects, in the main provided in a locker adjacent to their bedroom.

The systems in place for staff to respond to children who required assistance included direct observation, call bells, monitoring on CCTV and visual monitoring throughout the unit. Call bells were provided in children's bedrooms and protection rooms as well as multi-purpose rooms. Inspectors found that the call bell (to allow a child summon assistance) in one child's bedroom and one protection room were not audible in the office and were not working properly when pressed. They did register on a visual panel in the office in one of the units. However, if staff were not in the office or near the two areas outlined, a child's call for assistance could go unattended.

The detention school was adequately insured. There was a fleet of vehicles provided for the use of the campus. These vehicles were taxed and insured and a contract was in place for vehicle maintenance. A record was kept of the necessary information relating to staff entitled to drive these vehicles as part of their duties.

Fire

Inspectors found that there was a comprehensive suite of fire safety features provided in the newer units on the campus. As well as the smoke control systems and fire fighting systems, these units were provided with an automatic fire detection and alarm system throughout and they contained emergency lighting. They were provided with an adequate number of escape routes and were found to be constructed generally in a manner that would contain a fire and prevent the movement of fire and smoke throughout the building through the nature of the construction and the provision of specific fire safety features such as fire resistant doors.

Due to the nature of the centre as a place of detention, each child's bedroom was found to be provided with specific fire safety facilities necessary to ensure the safety of the child as well as the staff in the event of a fire within a bedroom. These facilities included a smoke control system to ensure that survivable conditions were maintained long enough to evacuate the children concerned. These facilities also included a means for staff to fight the fire within the bedroom concerned, either

automatically through the provision of a fixed fire fighting system or manually through the provision of hose reels and fire extinguishers along with an appropriate hatch or access point to allow the fire within the bedroom to be fought from the outside if necessary.

Inspectors found significant risk in two children's bedrooms within one of the older units that were not provided with the necessary fire safety facilities, specifically the lack of any adequate smoke control system, possibly due to the fact that the rooms concerned were being used as bedrooms having previously been used for another purpose. As a result of these findings, inspectors required the campus manager to take immediate action to mitigate the risk to the occupants of these two bedrooms in the event of a bedroom fire. The campus manager agreed to relocate the two children concerned to other bedrooms provided with the necessary fire safety facilities and in the interim to provide an additional staff member at night specifically to safeguard the two children in the event of a fire.

The two older units were provided with many of the features of the newer units such as a fire detection and alarm system but areas requiring improvement were also identified. The extent of features such as construction capable of containing fire within the older units was unclear. Staff were not able to confirm the specification or provision of fire resistant doors and other fire safety features within these units.

The arrangements for visits from the fire authority on an ongoing basis were also described to inspectors by management. They were able to demonstrate engagement with the fire authority in relation to emergency response and provision for assisting the fire brigade in the event of their attendance on site.

The inspectors were also shown a master copy of a fire safety register for use within the various units which detailed the types and frequency of fire safety checks to be carried out. These were observed by inspectors as not being completed on a routine basis throughout the campus and indeed, a number of staff were not able to locate the fire register within their units when asked.

Inspectors found that comprehensive efforts were made to circulate the fire evacuation procedure amongst the children. Information provided to the Authority prior to the inspection demonstrated that 74 children had received verbal and written information regarding the fire evacuation procedures. Children and staff confirmed this with inspectors during the inspection.

The fire procedure concerned was noted as being generic in nature and did not take key fire safety concepts relevant to detention facilities into account within its content such as the location of fire resistant construction in the context of phased / partial

evacuation or indeed the procedures to follow in the event of specific fire scenarios such as a bedroom fire.

Training records relating to fire safety training were provided to inspectors. These indicated that there were approximately 69% of staff who had no up-to-date fire training or had yet to receive fire safety training. It was also apparent, from speaking with staff, that most of the training content was generic in content and did not appear to adequately take the specific challenges of fire safety within the detention centre environment into account.

Inspectors were provided with a comprehensive fire safety policy which contained detailed information as to what is required with respect to fire safety both in terms of the building and fire safety management within the campus. Written information that the campus was an exempt premise under the Building Control Act and associated regulations was provided. It also outlined that the detention school was exempt from the requirement of a fire safety certificate as the facility was deemed to have an acceptable level of fire safety by demonstrating compliance with the in-house fire safety policy, which was subject to annual review by an independent competent person. However, in relation to the older units, the fire safety policy and its application was not subject to annual review by an independent competent person, thereby limiting opportunities to identify and rectify fire safety risks such as the significant risk previously mentioned within the two children's bedrooms. The absence of such an annual review posed a significant risk.

Security

Security operations throughout the campus were coordinated from a central control room on the campus, which was provided with all the facilities necessary to fulfil its purpose. There was a system in place for staff members to summon help in the event of an emergency. Emergency communication was primarily by way of hand held radios and pager systems. Inspectors were told by staff that these systems did not work in every area of the campus. This had the potential to impede a timely response in the event of an emergency on the campus.

The security within the units was provided primarily by means of electrically operated locks within some units and by key operated locks within other units. The electrically operated locks were provided with appropriate means of operation in the event of loss of power to the lock. From speaking to staff, key management appeared to be an issue in some areas of the campus. Inspectors identified instances when staff did not have the necessary keys on their person in order to open doors or hatches in the older buildings. This could represent an unnecessary delay in the event of an emergency.

Theme 3: Health and Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Inspection findings

Children received an education programme based on assessed needs; however, the duration of the school day at the time of inspection was notably reduced based on a campus risk assessment. Overall, children's health care needs were appropriately assessed and met in a timely manner but the provision of a psychiatric service to children in the detention school required further development. Some medication administration practices were unsafe and required improvement. There were inadequate measures in place to safeguard a child in relation to a specific medical emergency. An immediate written assurance to address this was provided to inspectors on request which appropriately addressed the concern.

Education

Children received an education programme which is subject to inspection by the Department of Education and Skills.

The staggered movement of children to and from the school based on a campus wide risk assessment impacted on the length of time children were actually in the school.

The new school had only opened since August 2015 with an amalgamation of the three previous schools on campus. The children went to school in a phased manner from individual units to avoid a congestion of all 48 children arriving to the school together. This was based on a risk assessment which indicated that if children from different units crossed paths on route this had the potential to cause serious incidents. The school principal confirmed that the aim was to have the children in school for the longest possible time and for this to happen in a safe manner.

The children said they enjoyed school and wanted more time there. Parents and guardians spoke positively about the education provided but also wished that individual children could attend school for a longer period of time each day.

External advocates reported to inspectors that the children had spoken to them in relation to the length of time in school each day as well as their educational or training needs following on from discharge from detention.

Information provided to the Authority prior to the inspection indicated that two of the 48 children were not attending school for specific reasons based on either a risk

assessment or on individual needs. Where children chose not to attend school or who were not able to attend due to their behaviours and/or particular needs, the school principal reported that he or a member of the teaching staff would visit the children in their units and initiate a short term phased plan to attend or return to school. Inspectors found evidence of this for one child who had commenced back in school on a phased basis in the days preceding the inspection.

There was good communication and engagement between the school, unit staff and management as well as external professionals. The school received a verbal handover from the night manager and unit staff each morning. The school principal met with the campus manager and head of operations at the start of each week and attended relevant meetings across the campus throughout the week which ensured accountability and good information sharing. Inspectors were informed that a student council was being established in the school. This would be a campus wide council as it was seen as important for the children to have a voice.

Children were encouraged and supported to complete state examinations and further training/education. They were able to outline to inspectors what examinations or training they had undertaken and achieved to date or what they were hoping to achieve in the future.

Health

There were appropriate arrangements for access to medical and other specialist health services as required. However, there was a backlog of required dental visits off campus which was reported to inspectors by several children. The clinical nurse manager reported that the onsite dental suite was not yet fully operational due to the need for assurances that the provision of such an onsite facility was in compliance with clinical regulations pertaining to dental services. A review of care files showed that children received a medical upon or shortly after admission to the detention school. A general practitioner (GP) was available on campus three days per week and there were arrangements in place for children to see a male or female GP. Individual health needs were identified as part of the placement planning process and review meetings. Inspectors observed children asking for medicinal products and these were followed up by staff promptly who went over to the medical suite for the items.

Children's general health care needs were appropriately assessed and met and a private arrangement was in place to access a general forensic psychiatrist for an assessment where there were concerns for a child's mental health. However, the provision of a psychiatric service and ongoing psychiatric review of children required further development. The campus manager told inspectors that psychiatric services available to the campus were currently under discussion with external mental health

service providers as part of exploring options on how to meet the needs of the campus with further discussions to follow in relation to the development of a service level agreement.

The detention school employed three clinical nurse managers (CNMs), one of which was an agency CNM with experience in psychiatric nursing. While working as part of the on-site medical team, this CNM allowed for resources to be allocated to the training and monitoring of the medication management policy and procedures.

A national specialist service responsible for the provision of a clinical assessment, consultation and therapeutic service (ACTS) was in place for children in the detention school. This was a Child and Family Agency (CFA) multi-disciplinary team. Additionally, ACTS provided training and support around clinical issues to staff in the detention school. Children could access speech and language therapy, addiction counselling and psychological services from this team. Members of the ACTS team told inspectors that staffing was a critical issue in the previous 12 months and that now, a request for a child to have individualised supports from unit staff may happen quicker which they saw as a big improvement. Through interview with clinicians and care staff, inspectors were told about discussions and information sharing regarding clinical interventions so as to inform the care delivered to children. However, it was difficult to find information relating to guidance from clinicians on care files.

Children had access to leisure and recreational activities, however, they told inspectors that they were not getting out enough for activities and some felt that this contributed to behavioural issues. A daily activity planning meeting was held across the units by the activity coordinator. This was observed by one of the inspector's who found that staff had discussed activity preferences for the children for the evening time which considered the mix of children on these activities. The activity coordinator told the inspector that children could avail of two classes across the evening such as cooking, art, music, football, snooker, tennis and access to two sports gyms. He outlined that the activity programme would increase within the next three months so as to ensure sufficient activity choices for all children.

Children and staff told inspectors that there was insufficient stimulation within the units from an activity point of view other than the X-box and television. However, inspectors observed staff and children playing table tennis, chess, cards and some board games in the units as well as evening time activities across the campus. It was also evident where damage had been caused to games, books, etc which reduced the accessibility to these for a period of time. Footballs, basketballs etc either went missing or regularly got stuck up on the rooftop of the units. Staff reported that these were not always retrieved or replaced in a timely manner. All children told

inspectors that one of their main issues was that they wanted more activities.

Medical records were maintained by the nursing team on-site and the visiting GP had access to these. A review of a number of medical records found that there were some gaps in information particularly pertaining to children on remand and nursing staff were dependent on the co-operation of families to provide medical information which was not always easy to obtain.

The campus had recently signed off on a revised medication management policy which was evidenced by inspectors onsite and through interviews with staff. This included the principles underpinning the management of medication on campus, the standard operating procedures involved and the responsibilities of relevant personnel across the campus.

Some medication administration practices were unsafe despite the new policy and systems put in place to support this. A review of medication administration records found that there were gaps in information. It was not clear from documentation that medicines were administered as prescribed. Prescriptions were not available on units when care staff administered some medications and there were some unsigned prescriptions. There was also evidence of inconsistent practices regarding medication administration records where in some cases two staff signed off on these while only one staff signed off in other cases. A clinical nurse manager (CNM) told inspectors that a number of medication incidents/errors had not been appropriately reported despite having a system in place to account for such events. The need for nurses to only administer medication due to lack of training for staff in safe medication practices was raised with the campus manager by the CNM. The campus manager told inspectors that there were arrangements put in place to secure an extra nurse to address this issue and anticipated that this arrangement would be in place by early 2016.

Inspectors found inadequate measures in place to safeguard a child in relation to the administration of a prescribed medication to be used in response to a specific medical emergency in the absence of a nurse on campus. This was brought to the attention of the campus manager on the first day of inspection and a written assurance was requested. The campus manager provided a written response on the day which addressed the concern in a satisfactory way. This information was shared with staff at all levels across the campus and inspectors noted this during the observation of handovers and other cross campus meetings.

There was a system in place for reviewing and monitoring safe medication management practices. However, the nursing staff reported that there were ongoing deficiencies identified in weekly audits such as discrepancies in the counting of

medication and required signatures. The medication management system required improvement to address the audit findings.

Theme 4: Leadership, Governance and Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Inspection findings

The management structure in place had clear lines of authority, but not all management processes were effective particularly in the context of the major changes taking place. Staff were not receiving regular formal supervision in line with policy and newly recruited staff did not receive sufficient induction. The Board of management was robust in its governance of the detention facility. Risk was generally well managed on the campus. There were some monitoring systems in place, but audits aimed at improving the quality and safety of the service were at an early stage of development. Staffing shortages continued to impact on the service provided, however, a recruitment campaign was underway to address the shortages.

Statement of Purpose

There was no overall statement of purpose for the campus. Legally, the three schools remained as separate entities with their own directors and three separate statements of purpose were in operation. The campus manager was currently responsible for all three schools. These statements of purpose had not been updated to reflect the changes operationally on campus. The campus manager told inspectors that he was waiting for legislative changes to occur prior to updating the statement of purpose. There had been some development from a legislative perspective in the months preceding the inspection and sections of the Act were to be enabled at the time of inspection.

The three individual statements of purpose outlined their statutory functions and the maximum number and gender of children to whom care was provided. The objectives of service delivery were adequately described. All three schools had the common objective of diverting children from crime. A relationship model of care was referenced in only one of the three statements of purpose and it was not clear as to what evidence based model informed delivery of practice.

Service delivery did not fully reflect the statements of purpose as some children did not have up-to-date placement plans and the majority of children did not have

access to an offending behaviour programme as outlined in the statements of purpose.

Management structures and systems

Effective management of the campus requires a variety of different, but complementary components in order to deliver a high quality and safe service.

The campus manager held responsibility for the management of all three schools. The management structure in place had clear lines of authority, but not all management processes were effective particularly in the context of the major changes taking place. The process of change management was ongoing and while a lot of work had been completed, more needed to be done in relation to promoting consistency of practice across the campus. There was on-going consultation and negotiation with unions in relation to the new campus, and a lot of progress had been made in this area since the last inspection.

Managers at all levels acknowledged the positive changes on campus that had come about in the past 24 months. The senior management team had put systems in place to develop and strengthen middle management within the campus. This included a new position of 'Head of Support and Development' to develop and strengthen middle management within the campus, some of whom were struggling to lead effectively and to support their teams, in the context of the campus integration process. Unit managers told inspectors that they had difficulty in carrying out their role due to the demands within their respective units and staffing issues. Some felt that their management responsibilities were hampered by having to 'work on the floor' due to specific demands. The effectiveness of a number of managers was being addressed through individual supervision and management forums as outlined by the campus manager. The campus manager outlined that some performance and development systems used throughout 2014 and 2015 resulted in a number of unit managers exiting the service and others taking on alternative duties. Formal performance management systems were under development and were due to be fully operational by the end of 2016. However, in the absence of regular formal supervision and a fully operational performance management development system, the capacity and ability of some staff to be able to do their job was compromised.

Day to day management oversight within the units was not robust. In reviewing unit records, inspectors found that unit managers did not have consistent systems in place to track staff performance in areas such as key working or the quality of recording on files. Managers had not always signed off on important documents such as logs that recorded restraint or single separation. Therefore, it was unclear how managers assessed the performance of their staff teams or the safety and quality of

their service and compliance with policies in their day to day delivery of services to children.

Staff were clear about their roles and responsibilities but they told inspectors that they felt that it was difficult to have the time to build relationships with children due to staffing shortages. This was one of the most important aspects of their role and could undermine the effectiveness of interventions with children.

Monthly meetings of the board were convened. Inspectors reviewed a sample of the minutes of board meetings and established that the board had good oversight of the management of the detention schools. The campus manager presented a report at each meeting that outlined key information and developments such as notifiable events, monthly reports on the use of single separation and restraints per unit, the building process, industrial relations and individual children. Therefore, the board were appraised of key information and high level risk situations. It was evident that the members of the board queried information and sought further information from the campus manager.

The interim chair of the board outlined that the new legislation was due to be commenced soon, and that a new board would be established. As a result of this, the current board were not in a position to plan for 2016, but that it kept an oversight on challenges and have had to deal with urgent and critical issues. The board had been very active on behalf of the staff and the children; they were involved in policy formation and implementation and held the manager to account. The chair of the board had frequent contact with the campus manager.

Recording systems were varied and cumbersome. However, changes had been implemented to streamline this process. An information technology (IT) manager was recruited to develop and implement a process to meet recording requirements for the campus and to provide the appropriate training to managers and staff.

There were appropriate financial management systems in place. The service was funded by the Department of Children and Youth Affairs via the IYJS. Inspectors reviewed minutes of Board meetings and found that financial reports were prepared on a monthly basis for the Board by the directors. These reports outlined all pay and non-pay expenditure and the total spend was reviewed in line with the annual budget.

Risk Management

There were risk management systems in place but not all staff were fully aware of these. Risk was generally well managed in the units. There were several policies and procedures in place to manage risks of different kinds. However, there was no one overarching risk management policy to guide practice on the management of all risks. The campus manager maintained a risk register and risk was discussed in a number of campus management meetings as well as in reports to the board of management. The risk register for the campus was reviewed by inspectors and found that it reflected the corporate risks of the detention campus. While managers and staff outlined that risk assessments were undertaken in relation to particular behaviours and activities for the children, these were not clearly evident on files.

Monitoring

There were some monitoring systems in place to improve the quality and effectiveness of services, but further improvements were required in order to achieve consistent quality assurance across the campus. More recent incident reviews undertaken were robust, however the learning gained from these reviews was not consistently fed back to the staff teams to enhance practice.

Staff were directed to make changes to some practices following review of complaints and incidents of staff injury. However there was no process for the systematic review of audit findings in order to drive continuous improvement and a culture of quality and safety in the service.

A National Incident Management Systems (NIMS) was in place but not fully operational. This was a web based information system that could be used as a risk management tool to allow units to manage incidents throughout the incident's timeline and to identify emerging trends. Once training was completed with all managers, the associated forms would be launched which would replace the current reporting forms. This would support a more robust risk management system and promote quality and safety in the centre.

Sufficient staff and skill mix

Inspectors found that there was an appropriate mix of skills and experience amongst the staff team. However, the campus continued to experience shortages in the availability of staff since the last inspection in June 2015. This was due to several reasons such as sick leave, assault and injury leave, long term sick leave and other leave. A revised roster had been in operation since the end of September 2015. This had resulted in more effective use of resources and changes to practices so as to provide better care to children.

Information provided to the Authority prior to the inspection outlined that the campus had 225 whole time equivalent posts. Each unit required a staff team of 15. Management and staff reported to inspectors that units were operating with much lower staffing levels than in the weeks prior to the inspection. Inspector observations found this to be the case in several units.

Senior management told inspectors that there were eight agency staff in place at the time of inspection. A process was ongoing to secure more staff in the short term and to return staff who are out on leave. The campus also had to contend with a number of resignations of staff recently with reasons cited as related to salary scales. The campus manager had been in negotiations with the Department of Justice and Equality regarding same on a weekly basis. The full staffing of the campus was a key requirement to progress the safe and effective care of young people.

A number of external stakeholders and professionals outlined that staff teams were for the most part well established and skilled and that they had experienced core groups of staff working in the units with an identified unit manager which contributed to continuity for children. However they also outlined that staffing limitations had impacted negatively on services being delivered in a child centred manner as staff had not been able to engage consistently on an individual basis with children and at times staff shortages resulted in young people being kept in their rooms.

Recruitment

Six staff had been recruited into the detention school since the previous inspection in June 2015. A review of their personnel files showed that their recruitment was in accordance with legislation, standards and policies. Inspectors also sampled a number of staff files for permanent staff and found that copies of qualifications were not held on file for eight staff. This was noted with the human resource (HR) manager during inspection.

The head of support and development who was in place since July 2015 outlined to inspectors that establishing the department was a current priority. A dedicated HR manager role had been established as part of its HR department. Her role as outlined to inspectors was to establish consistent policies and procedures across the campus as there had been different practices across the three detention schools in the past.

The interim chair of the board of management and campus manager both outlined that there were challenges in recruitment and that there had been an inability to recruit appropriately skilled staff to date. Another recruitment drive was underway during the inspection for both residential care workers and managers.

Supervision and support

Staff were not receiving regular formal supervision in line with policy. A sample of supervision records were found to be of poor quality. Staff reported significant gaps in time periods between supervision that was provided to them. Some of them were not aware of any plan relating to supervision, this also included agency and newer staff. All staff reported that there was daily guidance provided by their respective unit manager. Some supervision was in place but was not prioritised by staff and managers. Senior management, unit managers and staff confirmed this with inspectors. The campus manager told inspectors that training in supervision with managers had been arranged but that only two out of 12 managers attended this. He reported that managers did not see this as a priority or as necessary. It was evident through interviews with managers and staff and a review of records that this was the case across the campus. There was insufficient time given to reviewing the direct work undertaken by staff and key workers within the supervision process to ensure practice was safe and of good quality. This was a significant risk and had the potential for poor practice to go unidentified or unaddressed.

The campus manager confirmed that there was no formal performance management system in place. He also stated an intention to introduce one to include four performance areas related to supervision, placement planning, attendance at training and knowledge of policies.

A number of staff had applied for support in professional development. A review of the campus manager's reports to the Board of Management outlined that an agreed application process would take place twice yearly and would consider the needs of the campus and the resources available to develop the cohort of staff.

The head of support and development and the head of operations held listening sessions with staff on a weekly basis where staff were facilitated to discuss the change process across the campus and to express their concerns and grievances. Staff who met with inspectors said that while they attended these sessions, they were unclear about decisions made or some of the outcomes on foot of what was discussed.

Training

Staff received training to carry out their duties, but further training was required. Data provided to the Authority outlined the percentage of staff that had up-to-date training in core modules:

Training Module	Percentage of staff with up to date training
Fire Safety	31%
Behaviour management	51%
Crisis prevention and intervention	51%
Child Protection and Safeguarding	68%
First Aid	27%
Manual Handling	49%
National Incident Management System	55% of managers
Medication Management	0%

A dedicated training officer role had been put in place since September 2015 and this was seen as a positive development. The main priority was to update and enhance the skills of managers and staff. Senior management and the training officer made reference to changes to the rostering system which aimed at improving attendance by all staff. Some staff who met with inspectors agreed that the new roster would enable them to attend more training. However, current staffing shortages continued to impact on the roster and the ability of staff to attend training.

A training tracker had been developed to maintain a record of core training modules for all grades of staff across the campus in order to achieve full compliance by staff with the required training. The training officer reported that there were gaps in training provision and it was difficult to get staff to attend. A stated priority of the training officer was to provide training in the management of actual or potential aggression (MAPA) which would assist managers and staff in their interactions and interventions with children. The campus manager told inspectors that the human resource department had developed a training programme effective from the 28 September 2015. Behaviour management, manual handling and child protection training had been prioritised. Initially numbers attending were low. However, with the introduction of the revised roster since September 2015, the option for training staff on shift had become viable. He indicated that it could take another year to cover the basic training requirements so as to have all staff up-to-date in core training modules. Senior management, human resource and training personnel acknowledged that a strategic and realistic training plan was required for the next two years. The provision of training to staff was imperative in order to ensure that staff were skilled to provide safe care to children.

Appendix 1

Standards and Criteria for Children Detention Schools
Theme 1: Child Centred Services
Standard 4: Children's Rights Children 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 children living away from home.
Theme 2: Safe and Effective Services
Standard 2: Care of Children Children 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 individual needs without discrimination. The quality of care provided will be equivalent to that which would be expected of a good parent/guardian. Children are rewarded for the achievement of acceptable behaviour and measures of control must be expressly designed to help and not to punish the children.
Standard 3: Child Protection Children in the school shall be protected from abuse ⁴ 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 children in their care.
Standard 5: Planning for Children The school has a written care plan for each child entering its care. The plan is developed in consultation with parents/guardians and the child concerned and is subject to regular review. The plan stresses the need for regular contact with family and prepares the child for leaving care. The plan promotes the general welfare of the child including appropriate provision to meet his/her educational, health, emotional and psychological needs. The experience of children is enhanced by positive working relationships between professionals.
Standard 9: Premises, Safety and Security The school is located in premises which are suitable, safe and secure for the purpose of providing residential care to children.

⁴ Physical Abuse, Sexual Abuse, Emotional Abuse & Neglect as defined in the Department of Health' publication – Notification of Suspected Cases of Child Abuse between Health Boards and Gardaí, April 1995.

Standard 10: Dealing with Offending Behaviour

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

Theme 3: Health and Development**Standard 7: Education**

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

Standard 8: Health

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

Theme 4: Leadership, Governance & Management**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 children⁵, the manner in which care is provided, and how this relates to the overall service provided for children 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 children.

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 children in an efficient and effective manner.

⁵ The term "children" is used throughout to generically denote children, children and young adults.