

Second Report on the implementation of Review Recommendation Actio

Recommendation	Owner	First Report on the implementation of Review Recommendation Action Plan (April 2018)
Care of Young People		
1	Board	A range of measures are in train to ensure that when a young person is deemed at risk of self-harm, a range of supports are in place to assist him/her in line with policy. The use of Single Separation is being monitored closely by the Board of Management in line with Oberstown's revised policy and its commitment to ensure that multi-agency and specialist support is in place to deliver effective assessment and clinical and therapeutic services to young people in line with their needs.
2	Board	The Oberstown Strategic Plan 2017-2020 commits to the promotion of a Campus-wide, holistic approach to CEHOP, with shared practices and approaches across residential units and the Oberstown School and enhanced access to learning in line with the needs of young people. In 2018, the Board set up an Education sub-committee to oversee the implementation of this goal.
3	Board	A review of the Behaviour Management approach was completed in May 2017 and the implementation of its recommendations are underway. The Ratings System is under review as part of this process and the views of young people will be taken into account via the Campus Council. Work is ongoing to promote the consistent implementation of Campus wide policy is supported through effective line management, in line with the Strategic Plan 2017-2020.
4	Board	The Board of Management approved a revised policy on the use of handcuffs in July 2017 requiring that handcuffs are only used in exceptional circumstances following a risk assessment. Steps have been taken to improve the quality of recording in line with policy. The Board of Management issued a statement on Restrictive Practices in October 2017.
5	Board	The review of the National Single Separation Policy was completed and a new national policy was adopted by the Department of Children and Youth Affairs in January 2017. In light of this, the Oberstown policy was reviewed and a revised policy was approved by the Board of Management in April 2017.
6	Department	A review of the height of the fences was undertaken and specific areas of improvement were identified.
7	Department	Hoarding was erected in December 2017 with the construction of the fence due to be completed in Q3, 2018
8	Department	Hoarding was erected in December 2017 with the construction of the fence due to be completed in Q3, 2018

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9	Fit new 5.2 metre fence line between Units 6 and 9, this will zone off access to Units 6,7 and 8 and restrict access to main boundary fence (priority 3).	Department	The construction of these fences is not deemed to be a priority and so will be considered further in 2018, following the construction of the two fences referenced to above at 7 & 8.
10	Fit new 5.2 metre fence between existing internal fence and boundary fence to create zone surrounding Cuan Beag, due to low level roof and previous breaches, it is necessary to create a secure zone surrounding the building that will prevent access to other zones and Units (Priority 3).	Department	The construction of these fences is not deemed to be a priority and so will be considered further in 2018, following the construction of the two fences referenced to above at 7 & 8.
11	We recommend that the bedroom doors be replaced with a more robust type door and lock. The doors should open 'in' with a removable slip for an 'open out' facility. We would suggest the use of a steel door and lock that can be monitored for lock and unlock status.	Department	Suitable doors for were sourced and have been fitted in 3 of the 6 Units at this stage on a rolling basis. The doors in the remainder of the units are scheduled to be fitted by end of Q3, 2018.
12	Landings should be zoned off with steel doors to contain any disturbance in a particular section of the building with a security door at the end of each landing.	Department	These areas have also been fitted with suitable replacement doors as per the schedule at 11 above. The doors in the remainder of the units are scheduled to be fitted by end of Q3, 2018.
13	Until such time as smaller regional secure facilities might be available (see para. 65 and 66.7) , all 17-year-old boys subject to penal remands and committals in Ireland should be detained at Oberstown. The practice of placing 17-year-old boys at Wheatfield Place of Detention is contrary to both best practice principles and international standards and, as such, it should be terminated at the earliest opportunity once Oberstown is judged by management to have sufficiently settled and stabilised.	Department	Government policy has determined that Oberstown is the national children detention facility. Since 31 March 2017, when the Minister for Children and Youth Affairs commenced the relevant section of the Children Amendment Act 2015, young people under 18 years are no longer detained in adult prison.
14	Girls should no longer be placed at Oberstown.	Department	Following a Government review in 2007, the report did not distinguish between male and females in detention. The decision was to have all detention facilities on the one campus.
15	Accurate national data should be regularly collated, published and disseminated by the Youth Justice, Adoption Policy and Legal Division, Department of Children and Youth Affairs. Such data should be used for the purposes of strategic planning. A publication schedule should be established to make data publicly available about the performance of Oberstown Children Detention Campus, including safety, security and safeguarding issues.	Department	HIQA, are authorized under by the Minister for Children and Youth Affairs under section 185 of the Children Act 2001, as amended (the 'Act') conduct annual inspections of Oberstown in line with Section 186 of the 'Act'. The reports of these inspections are published on the HIQA website and include and agreed 'Action Plan'. This report makes public the performance of Oberstown. The Irish youth Justice Service is currently looking at ways to develop and expand the quality of data that is held on young people who offend. It is hoped that this goal will form part of the next Irish Youth Justice Strategy. Establishing a unified data set will allow the Irish Youth Justice Service to effectively assess trends in the area of youth justice, concentrate efforts to divert young people away from crime, identify risk factors, monitor the use of detention as a measure of last resort and address the complex needs of children in detention.
16	Action should be taken as set out in the Youth Justice Action Plan 2014-2018 to develop effective means of increasing independent quantitative and qualitative research capacity to enhance the effectiveness of strategic planning.	Department	This action is contained in the Youth Justice Action Plan 2014-2018 and is being progressed REPPP project funded by the Department of Children and Youth Affairs/Irish Youth Justice Service. This action forms part of the Work Programme for 2017/2018.

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17	The Youth Justice Service should develop the use of video-conferencing across Ireland to reduce the necessity of young people having to appear in person at remand hearings, but only ever in accordance with best practice principles and international standards. As stated, wherever appropriate, video conferencing should be used to offset the need for transporting young people to and from courts for the purpose of attending routine remand hearings (see para. 66.1).	Department	Video conferencing facilities are available in Oberstown and have been used by a small number of courts since 2017. Consultation with the Courts Service is ongoing in relation to future court developments and the use of video-conferencing.
18	Family visits should be encouraged by the active promotion of the practical and financial assistance available.	Department	Family visits are encouraged and form a key element of Oberstown placement planning from the onset of the young person's arrival on Campus. Financial support can be accessed by families via their local Community Welfare Officers. In addition, Oberstown provides transport to enable families and others to visit. This is provided free of charge where it is considered necessary.
19	Targeted bail supervision programmes (including intensive programmes when the circumstances require), robust remand management strategies and intensive community-based 'alternative to custody' programmes, should be systematically developed and/or developed across Ireland as an integral part of a national strategy to further 'manage-down' the numbers of young people detained in penal custody.	Department	Community based sanctions are in place under the Children Act 2001. A Bail Supervision Scheme is in place since October 2016 and is being further progressed under the Youth Justice Action Plan (2014-2018). This is currently being evaluated with the intention being to expand Bail Supervision Scheme beyond pilot and to extend to other areas. The Children Act 2001 is under review with a particular focus on sentencing options which offer alternatives to custody under the Act.
20	Further evidence-based efforts should be made to ensure that custody is only ever used as a last resort. In particular, action should be taken to reduce the number of remanded and short-term committed (sentenced) young people held at Oberstown.	Department	The development and funding by DCYA of the Research Evidence into Policy, Programmes and Practice (REPPP) project through the University of Limerick has increased our focus on data collection, our review of Children Act and the evaluation of Bail Support Scheme which will inform further evidence based efforts to ensure that custody is only ever used as a last resort. This will also be a focus of the next Youth Justice Action Plan (as it is one of the strategic and legislative aims of IYJS)
21	Fit electrical conduit on carpark/courtyard side of wall.	Director	As the walkway will remain the same as currently in operation, the moving of this conduit would create further risks. Recommendation not being implemented.
22	Zoned and two sided signage.	Director	An audit of signage was undertaken and areas of improvement identified. This was completed in November 2017.
23	The existing windows are glazed in 22mm resin bonded glass, this may need to be increased in thickness to 34mm.	Director	Windows in Units 1 and 2 have been replaced. Glass in the new Units is deemed to be in line with the specifications agreed in the new build.

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24	Create vehicular and pedestrian airlock at gate 21. In its present configuration this gate is a serious security breach as young person's can follow vehicles out to central zone.	Director	This airlock system is not now required given that the removal of vehicles for the inner secure area is the priority. Vehicle access in this area has been restricted since April 2017 and further restrictions came into effect in September 2017. Further restrictions will come into effect when refuse collection by external agents ceases from the internal secure area. This to be progressed by Q4 2018.
25	Smoking area at gate should be relocated as this reduces staff resources on campus and shows young person's the exit route.	Director	An alternative area for smoking was identified and put in place in October 2017.
26	Gate 4 should be a sliding gate with statutory safety features and become main pedestrian entrance to campus.	Director	Gate 4 was erected as a swinging gate. However, a security pump has been fitted to ensure secure closing, and that it meets health and safety requirements.
27	Observation hatch - an SOP should be developed in restricting the operation of these hatches.	Director	A procedure has been developed by the health and safety staff and is in operation since November 2016. Daily Unit procedures – operational since November 2017 - include reference to the use of hatches.
28	Area at gate 7A and 7B should be realigned to allow for car park access from gate 7A and remove fence section and construct footpath to allow staff pedestrian access to gate 4.	Director	This recommendation is not deemed suitable as the staff entrance needs to be maintained as an access point separate from the public entrance.
29	Ensure the physical environment is safe and appropriate to meet the needs of young people and staff.	Director	This is a priority in the Oberstown Strategic Plan 2017-2020. A series of measures has been put in place to address the physical environment and to ensure that the safety needs of staff and young people are met. Additional lighting has been fitted. Extra secure fencing and other building works are underway and due to be completed by Q4 2018. Three residential units have been refitted with new doors and other building works completed.
30	Gate 15 to be relocated to courtyard side of wall and height increased to match wall height.	Director	Following review of the internal security measures, it was determined that this recommendation was not required and in fact could create further security risks if implemented.
31	Urgent action should be taken to upgrade all deficient furniture and fittings with alternatives that are suitable for purpose, and to ensure future repairs are completed immediately. All Units should be brought back into use as quickly as possible.	Director	A work programme has been implemented to ensure all Residential Units are upgraded and brought back into operation. A contract for a Facility Management Service for the Campus for 2018-2020 is now in place to support the ongoing maintenance of the facility to a high standard. See recommendation 29.
32	The purpose and function of the Units should be appropriately differentiated to meet the specific needs of different 'groups' of young people (for example remand, committed, long term, short term), within a strategic framework of agreed policies , practices and procedures.	Director	The placement of young people on remand in Units 1 and 2, separate from others, was completed in May 2017. Units 9 and 10 have been identified as the long-term Units and Units 5 and 6 determined as the short-term Units. A separate Unit is available for girls. Policies and procedures are in place to support the operations of the units.

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33	A greater range of visitors should be allowed.	Director	The option of a greater range of visitors is considered at the young person's placement-planning meeting. Consideration is given to child protection and security aspects of any visitors coming on Campus. This process is kept under review and the Campus has a nominated chair of the placement planning meetings who ensures that the level of visitors to the campus to meet a young person is in line with best practice. Young people can request the addition of names of people who they would like to have visit them and included in their telephone contacts. These requests are considered in light of professional evaluation and risk assessment.
34	The visits location should be relaxed and comfortable.	Director	Measures have been taken since March 2017 to improve the waiting areas of the visiting areas. Further improvements in the visiting areas for young people on remand orders was also completed in Q1 2018
35	Systematic strategic action should be taken - in accordance with the recommendations made throughout this report - to re-establish an underpinning ethos of care and the consistent application of CEHOP across Oberstown.	Director	This is a priority in the Oberstown Strategic Plan 2017-2020. A Young Person's Programme Manager post was filled in June 2017 to develop programmes in line with CEHOP. Since September 2016, placement planning meetings have a denominated chair to progress the implementation of the CEHOP process. An Organisational Psychologist was appointed in Q1 2018 who assists in further development of the CEHOP framework culture.
36	Greater consistency and rigour is required with regard to implementing Campus policy on individual care plans and the roles and responsibilities of designated key workers. More rigorous and consistent operational mechanisms should be implemented in order to systematically review individual care plans and key worker relations. Every young person should be given the opportunity - and provided with encouragement and support to be active parties within all such mechanisms.	Director	This is a priority in the Oberstown Strategic Plan 2017-2020. Policies which impact on the care of young people were developed and approved by the Board of Management in 2017/2018. The operational procedures for Residential Units have been reviewed, documented and are currently in a process of implementation. The CEHOP framework underpins the consistent approach of placement plans. This process has been allocated specific resources to embed in the operations of the Campus. A commitment to consult with young people on the policies and their individual care forms part of the Campus Strategy, adopted in October 2017, to promote young people's participation in decision-making
37	Consideration should be given towards developing mechanisms that might enable young people to resolve disputes and facilitate relaxing 'no mix' protocols and intensive modes of regulation.	Director	Greater participation of young people in decision-making is a priority in the Oberstown Strategic Plan 2017-2020 and in line with our Campus strategy on participation. The Campus Council is consulted about these issues. The security and safety of young people also forms part of decision-making in this area. A restorative practice approach is in place in the long-term Units and has assisted in creating a culture of resolving issues between young people. This continues to be extended to the other Residential Units in 2018.
38	Conduct a review of the admissions process to identify opportunities to strengthen the risk assessment process, individual care planning for young people and ensuring a safe system of work for all staff.	Director	A risk assessment tool has been introduced on the Campus to assist in the process of admission, which is used in the two admissions Units, Units 1 and Unit 2. Risks are considered as part of the placement planning process and this includes individual crisis management plans in line with organisational requirements and best practice.

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39	In accordance with the Oberstown policy, visits should never be stopped as a punishment.	Director	It is Oberstown policy that visits should never be stopped as a punishment. Should a visit be stopped due to security and risk, a Unit manager will approve this action and the visit will be rescheduled. Communication with young people around these issues is ongoing.
40	Consistent case conferences and care planning meetings for young people, especially those with particularly complex needs, should include Unit staff (a minimum of Unit Manager and Keyworker), School staff, ACTS and the young person (accompanied by an advocate if appropriate). Such meetings should be recorded and agreed actions should be monitored and regularly reviewed. Systematic strategic action should be taken - in accordance with the recommendations made throughout this report - to re-establish an underpinning ethos of care and the consistent application of CEHOP across Oberstown.	Director	Placement planning is an integral part of the CEHOP framework for the campus and a key objective in the Oberstown Strategic Plan 2017-2020. There are written procedures for the operation of the placement planning process. A dedicated person had been allocated to chair placement planning meetings to achieve consistency in approach, engagement, attendance, recording and achieving agreed actions. A Young Person's Programme Manager has been appointed to support the availability of a common approach to the young person's care while on Campus. The Oberstown Case Management System will support consistent record keeping on each young person. When it comes into full operation in September 2018.
41	Introduce and embed risk, care and case management in Oberstown systems and infrastructure, early from the point of admission right through to discharge.	Director	An Oberstown Case Management System is in development since 2016 and its completion is a priority under the Oberstown Strategic Plan 2017-2020. This IT information management system will hold all information pertaining to the care of every young person on Campus. In September 2018, the first phase of the Case Management System was launched to support the Bed Management and Admissions of young people to the Campus. The Case Management system has been developed in line with the CEHOP Framework and covers all areas from admission to discharge. The final phase of this project is due to be implemented in Q4 2018.
42	Ensure that the behaviour management policy is supported by approved and implemented operational procedures with supporting tools, including as effective records and appropriate training and supervision.	Director	A review of the Behaviour Management approach was completed in May 2017. Ten recommendations were made in this report and their implementation is underway. A review of the operational procedures has been completed and full implementation of these procedures is in train. The Oberstown Case Management system will be fully introduced in Q4, 2018. A programme of training for managers on supervision was completed in September 2017 and supervision for all staff is being implemented in 2018. A review of the Behaviour Management Policy will be completed in Q4 2018.
43	Ensure use of full MAPA range of procedures and implement Critical Incident Review Protocol with decision flowchart.	Director	Following completion of the Behaviour Management review, a schedule of training of MAPA for staff was undertaken and the training commenced in October 2017. A review of the Critical Incidents Protocol has been completed and training is underway with relevant staff. Consultation on the use of physical intervention is scheduled to be undertaken in Q3 2018.
44	Review the provision of education and recreational programmes and activities to achieve better outcomes for young people.	Director	Education on the Campus is provided by the Department of Education through the Education and Training Board. An activities coordinator provides oversight by the Campus for recreational and educational programme outside of school hours. Further supports have been allocated to the activities coordinator since October 2017. The educational outcomes for young people are currently under consideration by a sub-committee of the Board of Management set up for this purpose in line with the Oberstown Strategic Plan 2017-2020.
45	Implement a wellbeing and performance programme for young people and staff.	Director	A programme of work is complete in the support of staff well-being, involving peer support training, availability of an on-site organisational psychologist, an employment assistance programme and an occupational health service. A review of the clinical services available to young people on site was initiated in September 2017 with the support of TUSLA and the HSE. This process is due to be completed in Q4 2018. See the Oberstown Strategic Plan 2017-2020.

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46	In the short term, and in the light of relatively widespread recent availability of drugs at Oberstown, consideration should be given to reverting to the practices set out in the Unit Procedures. If, following a risk assessment, there are strong grounds for believing that young people returning to the Campus, or entering the Campus for the first time, are carrying drugs they should receive a full search. A full search should be conducted by two staff of the same gender as the young person. The young person's dignity should be protected as far as possible and they should be provided with a towel or dressing gown to ensure they are never completely naked. All their clothing including underwear should be removed and searched. A full review of the searching policy should be undertaken as soon as possible. This should include personal, property and room searches. It should also consider whether an effective and proportionate drug testing system should be introduced.	Director	The search policy was reviewed in 2017 and procedures are in place to ensure that searches are as effective as possible without being invasive or degrading. Records of searches are now maintained and this allows for the review of patterns and supports the identification of areas of improvement. Bedroom searches are also undertaken and a central recording system is in place to determine the level of searches, record the items found and this information is used to inform about risks and actions to be taken. Improved drug testing kits were introduced to the Campus in 2017.
47	Internal body cavity searches should never be undertaken unless authorised by a doctor for medical reasons.	Director	The Campus policy on searches clearly states that internal body searches should never be used unless authorised and undertaken by a doctor for medical reasons.
48	All other searches of young people, with the exception of 'pat-downs' should be authorised by a senior manager.	Director	This is in line with the existing Campus policy on searches.
49	A senior manager should be responsible and accountable for ensuring that all searches are properly authorised and recorded.	Director	The Deputy Director (Care Services) is responsible for ensuring that there is a system in place for the proper authorisation and recording of searches.
50	A strategy should be implemented that will serve to separate remanded and committed young people and provide a distinct operational purpose and function for each Unit, ready for implementation as soon as all of the Units are operational.	Director	This is a priority under the Oberstown Strategic Plan 2017-2020. The separation of young people on remand to Units 1 and 2 was completed in May 2017. Units 9 and 10 are identified as the long-term Units and Units 5 and 6 determined as the short-term Units. A separate Unit was identified for girls. Procedures are currently under review to support the different functioning of these Units.
51	The review should consider ending the use of 'Protection Rooms' on the Units and replacing them with a central high-care Unit on Campus with appropriately trained staff able to offer professional care, therapeutic intervention and mental health support.	Director	The use of protection rooms is kept under review by Unit managers and Deputy Directors. If a protection room is to be used a Deputy Director must be notified. A young person remaining in the protection room overnight will not normally take place. However, should this be necessary in an exceptional situation, the Director will be notified and other supports will be put in place including regular monitoring, suitable clothing and bedding and if necessary medical attention and or supervision.
52	Restrictions on young people's mobility around the Campus and their ability to associate with others, should only be made on the basis of rigorous individual, dynamic risk assessments. The opportunities available for young people to prepare refreshments should be optimised paying due regard to security issues.	Director	A risk assessment process is in place to consider young people's mobility around the Campus. The introduction of restorative practice on the Campus has proven to be a positive influence in the interaction between young people. The separation of young people on remand and committal has also assisted in the safe management of young people. The ability for young people to have access to and prepare refreshments has been progressed in some Units considering the risk and security issues.
53	Young people should always be debriefed and appropriately supported after a restraint incident. That the role of healthcare staff in the management of restraint, separation and searches is clarified in accordance with principles of best practice international standards and medical ethics. A review of restraint reporting and recording systems should be undertaken. Unit Managers should assume responsibility and accountability for ensuring that all restraint incidents on their respective Units are reported and recorded correctly.	Director	A consistent process of problem-solving takes place between young people and care staff after all significant incidents involving young people, including restraint. Work is underway with Unit Managers to support consistent recording of these processes. Health care staff are notified of all physical interventions however, consideration is underway of the notification of key staff of all restrictive practices, including separation and the use of handcuffs. The Board of Management issued a Statement on Restrictive Practices in October 2017. This is a key priority in the Oberstown Strategic Plan 2017-2020.

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54	Medical staff should be advised of any restraint incident without delay, should make arrangements to examine the young person at the earliest opportunity and, if they deem it necessary, arrangements should be made to provide the young person with access to treatment and/or further medical assessment.	Director	It is standard procedure for medical staff to be informed of every restraint. This is Campus policy and the Designated Liaison Person is also informed and both undertake a review of the matter as required under their respective remits. If risk assessment determines that for reasons relating to the safety of the young person, or for other reasons of security and health and safety, access to healthcare in the community is not immediately possible, the Director or designate must be notified to determine what alternative options may be required. This may involve bringing additional medical support on Campus.
55	Review the current CPI/MAPA methods staff are trained in to seek improvements to the methods currently employed. Each restraint incident should be comprehensively reviewed - using CCTV where possible - as a learning exercise. The review should include the member(s) of staff concerned, the relevant Unit Manager(s), the MAPA trainers and a nominated member of the Senior Management Team.	Director	A review of Behaviour Management was completed in May 2017. It recommended a working group representative of staff be established to support the review of CPI/MAPA. As part of the Campus health and safety requirements, each incident of restraint where an injury occurs is reviewed. This process will be extended to all restraints in Q4 2018. A protocol involving these reviews is to be established. A change in the policy on the use of CCTV is to be undertaken to allow CCTV be used as a learning and improvement tool. A review of policies are currently under way and due to be completed in Q4 2018
56	A named senior manager should be made responsible and accountable for ensuring that all episodes of single separation are appropriately authorised, managed, recorded and reviewed in accordance with the existing procedure.	Director	The Deputy Director (Care Services) is responsible for ensuring that all episodes of single separation are authorised and managed, recorded and reviewed within the existing procedures. This is a priority in the Oberstown Strategic Plan 2017-2020.
57	Visits should only ever be screened in cases where it is demonstrably necessary following a robust individual risk assessment.	Director	Risk assessments are in place to determine if visits should be screened. These risks are associated with a young person receiving prohibited items from their visits. The knowledge acquired by staff and other professionals on patterns of behaviour will inform whether screened visits are required. Where appropriate, visits will not be in the screened rooms.
Our People			
58	Negotiations should be initiated with unions towards assisting staff who feel unable or unwilling to work at Oberstown to move on to alternative employment.	Department	Discussions are on-going on this matter between Oberstown, the Department of Children and Youth Affairs and the Department of Public Expenditure and Reform.
59	A single Unit Manager should have overall responsibility for each Unit supported by a designated deputy to provide cover when they are not available. Unit Managers should be tasked with cascading information pertaining to the role of Oberstown and the plans for its future development to all operational staff within their Units and, more significantly, with ensuring the consistent implementation of the same in accordance with best practice principles and international standards.	Director	Each Residential Unit has one allocated Unit manager with responsibility for the management of the Unit. The Unit Manager holds responsibility in line with their position, the dissemination of information, development of the staff in the Unit and compliance with best practice and standards in the care of young people. The Deputy Director (Residential Services) manages these Unit managers directly.
60	Review current induction procedures to ensure they are in compliance with legislative requirements and adequate for preparing staff for their roles.	Director	The Human Resources Manager is leading the review of the induction process to ensure compliance with legislative requirements. A process of reviewing the staff handbook is underway and due to be completed in Q4 2018.

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61	All staff should be both supported, and held to account, for accepting and adopting individual responsibility, for conducting themselves professionally and for working in accordance with best practice principles and international standards.	Director	This is a priority in the Oberstown Strategic Plan 2017-2020. The implementation of formal supervision structures has been implemented in 2017 for all Unit managers and middle managers. The implementation of the Performance Management Development System was initiated in July 2017 and will be completed for all staff in Q 4 2018.
62	A single senior manager should have responsibility for managing and supervising all Unit Managers and for chairing a weekly meeting of Unit Managers.	Director	The Deputy Director (Residential Services) has responsibility for managing and supervising Unit managers who manage the residential Units and night services.
63	Implement a programme across the campus which will demonstrate evidence of commitment and leadership from Senior Management in relation to health and safety.	Director	A Deputy Director (Risk and Safety) was appointed in June 2017. This person holds responsibility for health and safety for the Campus and has developed a programme of improvements that demonstrate commitment and leadership in relation to health and safety.
64	Brief Line Managers/ Supervisors on their roles, accountabilities, responsibilities and authorities for occupational health and safety and integrate into job descriptions and staff appraisal systems.	Director	A permanent Organisational Psychologist was appointed in Q1 2018 to support the development of the line manager/supervisor accountability. This approach will be undertaken through group supervision. A structure of engagement has been developed following supervision training provided in 2017 to all line managers. The implementation of a Performance Management Development System (PDMS) for the organisation will be an outcome of this process.
65	Staff supervision policies and practices at Oberstown should continue to be reviewed to ensure that every member of staff receives regular and appropriate supervision. Accurate records of staff supervision should be maintained and, where appropriate, be made available for external scrutiny.	Director	Staff development is a priority in Oberstown Strategic Plan 2017-2020. A review of the supervision policy was completed in 2017 and has been considered by the Board of Management. A review of supervision practices was established by an external expert with line managers in Q1 and Q2 of 2017. Audits of supervision are undertaken by the Chief Operations Officer to ensure compliance with the Campus policy.
66	All staff should be provided with up-to-date behaviour management training and refresher training at regular intervals. A revised programme of training should be urgently implemented to ensure that there is an experienced cohort of staff who are able and confident to apply approved techniques to de-escalate incidents or, when absolutely necessary, to restrain young people safely.	Director	An audit of behaviour management training has been initiated and a programme of training is ongoing. A review of other aspects of the behaviour management policy are also underway including the Rating System and use of Restrictive Practices. The implementation of Restorative Practice has been extended across two of the residential Units and consultation with young people is part of a process of assisting in the area of behaviour management. See the Oberstown Strategic Plan 2017-2020.
67	The staff training policies and practices at Oberstown should be reviewed and the training programme should be maintained and developed to ensure that every member of staff receives and engages with regular and appropriate up-to-date training in all aspects of their work. Accurate records of staff training should be maintained and, where appropriate, be made available for external scrutiny.	Director	A workforce planning process was initiated by the Human Resources Department and incorporates training needs and programmes for Campus staff. All staff training records are now electronically maintained on the HR software package, which also allows for the effective analysis of training programmes.
68	Attendance at weekly Unit Manager's meetings should be a priority. In addition to discussing individual young people where necessary, the meetings should be the principal forum for discussing the development of operational policies and procedures and both arranging and reviewing their effective implementation. Unit Managers should have a clear professional obligation for ensuring the consistent application of Campus policies and practices on their Units in accordance with best practice principles and international standards.	Director	The Deputy Director (Residential Services) meets with Unit managers weekly. A structure has been put in place to ensure that practice and policies are discussed so that Unit managers are aware of their obligations to meet legislative requirements and best practice principles.
69	The post of coordinator or similar position is needed on each roster to assist in providing continuity, direction, guidance and support within the revised policies and procedures.	Director	A business case has been developed for the introduction of this grade and negotiations are ongoing between Oberstown, the Department of Children and Youth Affairs and Trade Unions on the introduction of a new grade of Residential Social Care Worker with Responsibility.

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70	Ensure weekly Unit meetings are conducted by Line Managers and documents maintained.	Director	The Deputy Director (Residential Services) ensures that Unit meetings are held weekly and records maintained.
71	Review rostering procedures to ensure: - a Coordinator or similar position is present on each roster to assist in providing continuity, direction, guidance and support with revised policies and procedures.- There is an adequate skills mix for both day and night shifts. - Shift lengths and periods are in accordance with best practice.	Director	The business case for the introduction of the Residential Social Care Worker with Responsibility has been made to Department of Children and Youth Affairs. This new grade will support Unit managers in their role and address issues of continuity, direction, guidance and support. A review of shift lengths will be considered in Q4 2018 as part of a review of rosters.
72	Make the audit tool available to all staff with appropriate training.	Director	The audit tools including risk audit tools are available as part of the training strategy for the Campus.
73	Include occupational health and safety performance as a standing item at management team meetings.	Director	The focus of health and safety is part of the responsibility of the Deputy Director (Risk and Safety). This area is discussed weekly at the senior management team meetings. Further work is underway to ensure that health and safety is part of the weekly Unit meetings, and the health and safety team are now working with Unit Managers to integrate this approach into daily routines.
74	Review recruitment procedures to evaluate introduction of formal medicals and the current use of the probationary 6 month period and performance assessment.	Director	The Human Resources Department is reviewing workforce planning for the Campus. This includes the introduction of formal medical examinations as part of the recruitment process and a revised 12 month probation process.
75	Lead the implementation of a Behaviour Based Safety Programme across the Campus, in conjunction with JTC.	Director	A review of the Behaviour Management approach has been concluded and the recommendations from this review are being implemented. The implementation of the Journey through Care has been incorporated into the CEHOP Framework and the Oberstown Case Management System. The ongoing implementation of CEHOP and the case management system will further embed the Journey Through Care into practice.
76	The review of the Campus health and safety policy and the writing of the safety statement provides an opportunity to re – engage with all staff so that there is true ownership and commitment to preventing injuries to staff.	Director	The health and safety policy was reviewed and approved by the Board of Management in November 2017. The Deputy Director (Risk and Safety) has developed a schedule of briefings for staff on safety and security measures across the Campus.
77	It should reflect the fact that systematic hazard identification and risk assessment have been undertaken and will continue to be undertaken so that the control measures required are implemented.	Director	The review of the Health and Safety policy has included the identification of system hazards and the introduction of risk assessments assist to identify control measures in place in a range of areas.
78	It should specify those responsible for implementing the policy at all levels in the organization.	Director	The Health and Safety Policy states who is responsible for its implementation at all levels within the organisation.
79	It should also define the safety and health responsibilities, by role.	Director	The Health and Safety Policy states who is responsible for the implementation at all levels within the organisation including by role.
80	There should be a clear separation between the policy, the procedure to follow and the safe system of work required.	Director	See the Oberstown Strategic Plan 2017-2020. A clear separation between policies and procedures has been introduced, in the areas of care services and Unit procedures. This approach is being extended to HR policy and procedures.

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81	It should state the requirements for mandatory and refresher training.	Director	The Human Resources Department is involved in a process of reviewing workforce planning for the Campus. This will include the training, refreshers and all mandatory requirements. This process will be completed in Q4 2018.
82	It should state how performance will be measured, tracked and communicated.	Director	The Human Resources Department is involved in a process of reviewing workforce planning for the Campus. This will include the training, refreshers and all mandatory requirements. This process will be completed in Q4 2018.
83	Develop a 3 year SMART strategy indicating how Oberstown plans to address the various elements of its health and safety management system. Leading and lagging indicators to be included.	Director	The Deputy Director (Risk and Safety) is developing a three-year strategy, with annual review.
84	Each Unit manager should have included within their operational plan their obligation and commitments towards maintaining a safe workplace. Incorporate health and safety planning as part of documented annual Unit Operation.	Director	The Unit Mangers' operational plans include their obligations to maintain a safe working environment and this is being included in the Unit operational procedures document. The Deputy Director (Residential Services) and the Deputy Director (Risk and Safety) are working together to ensure compliance with this recommendation.
85	Set and measure health and safety objectives and KPIs for the Campus and individual Units.	Director	The Deputy Director (Risk and Safety) is in the process of developing and agreeing the Key Performance Indicators for the Campus and individual Units. This process will be completed by Q3 2018.
86	Based on the health and safety plan a set of both leading and lagging indicators should be established. Such indicators should cover the five main areas of the management system and especially areas that are prioritized within the plan.	Director	The Health and Safety Plan will incorporate leading and lagging indicators and the prioritisation of these has been established and documented. A process of acquiring a quality mark through ISO standards to be introduced by Q4 2018.
87	Currently the debriefing process and staff incident investigations are undertaken separately with separate recommendations emanating. In 2017 there should be an integration of such recommendation by means of using an integrated corrective action plan and the progress in closing out the recommendations, contained in such plans, published.	Director	An integrated process has been established incorporating the After Incident Reviews (AIR) and Critical Incident Reviews. A process has been developed and oversight of it is undertaken by the Chief Operations Officer.
88	Review current incident reporting and investigation procedures to include: - The creation of a positive no blame incident reporting culture. - Incident reporting operating model. - Conduction of incident investigations including tools used and tracking of corrective actions to close out. - Training required on incident investigation. - Trend analysis and reports. - External reporting requirements e.g. Health and Safety Authority, State Claims Agency. - The use of both internal incident reporting systems and NIMS. More rigorous and consistently applied recording of all safety and security incidents is vital.	Director	A review of the reporting and recording system has been undertaken and revised procedures and recording systems put in place. AIR are undertaken incorporating a "no blame" approach. Recording and reporting of incidents is undertaken by named individuals. Monitoring of recording systems and compliance is now undertaken by the Deputy Director (Risk and Safety).
89	Create an audit tool that meets the needs of the Campus. In view of the unique interdependence between meeting the needs of the young people and the staff an audit tool that assesses performance holistically, could be considered.	Director	A risk assessment tool is in place to meet the needs of the Campus. A risk register for the Campus was considered by the Board in December 2017 and again in April 2018 and oversight of this is provided by the Director and the Board of Management's Finance, Audit & Risk Sub-Committee
90	Prepare a procedure for "Observational Based Safety Tours" for Line Managers.	Director	Observational Based Safety Tours has been initiated by Deputy Directors and this is extended to line managers.

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91	Consider implementing best practice reporting by including Campus performance on health and safety within the Campus Annual Report.	Director	Information on health and safety and best practice is included in the Oberstown Children Detention Campus Annual Report for 2017.
92	Design and implement a formal audit programme (campus and Unit audits) which incorporates audits tools and training for staff.	Director	The Health and Safety team has develop a risk audit tool which is being implemented as part of the health and safety programme.
93	Ensuring that the lessons learned from incident investigation are implemented across the Campus should be a priority for 2017.	Director	Lessons learnt as part of incident reviews are compiled and communicated to staff across the Campus as part of a learning and improvement approach. An Aide Memoire, Risk & Safety document has been developed and circulated to staff.
94	Establish a structure for the review and learning on incident management and the monitoring of implementation of procedures and the utilisation of tools available.	Director	A structure for the review and learning of incidents has been implemented. The After Incident Review and Critical Incident Reviews are undertaken routinely and a tool to support these processes are in place.
95	Devote one meeting to review exceptional case scenarios and contingency plans in place to manage risks.	Director	Meetings are devoted to reviewing exceptional case scenarios and specific recommendations stemming from these reviews are implemented as part of the learning and improvement process.
Policies, Procedures and Standards			
96	Child protection policies should be reviewed to ensure that they are applicable to the new Campus, meet current best practice principles and accord with international standards.	Department	Oberstown is fully compliant with the national policy in this area. Following commencement of the Children First Act 2015 the requirements of the Act have been complied with.
97	Review current emergency response plans which should incorporate the use of specialist PPE in emergency situations including: - The type of PPE required - Personnel permitted to use it - Incidents where it is permitted to be used and who approves such use. - Training requirements- Risk assessment of situations. The Board of Management and the Senior Management Team should consider the merits of replacing MAPA, over a strategically phased period, with an alternative behaviour management system providing that it complies with best practice principles and international standards. If the Minister for Children and Youth Affairs is minded to consider the need for PPE for the purposes of planned intervention in exceptionally rare and serious circumstances, it should only ever be implemented by specially trained staff drawn from an external agency.	Director	A review of the emergency procedures has been completed. Following a review of Behaviour Management on Campus by an external group, the recommendations associated with MAPA are being implemented. Recommendations on the use of Personal Protective Equipment are being addressed in consultation with the Department of Children and Youth Affairs. A range of other measures have been taken and are underway to ensure a safe and secure working environment for staff and young people.
98	On completion of the review on the policy and safety statement a specific plan should be developed and endorsed by the Safety Committee, approved by the Director and brought to the attention of the Board of Management.	Director	A review of the Policy and Safety statement has been completed and was noted by the Board of Management in November 2017.
99	This plan should have specific actions to promote a positive safety and health culture. It should address the overall risk management approach it is planned to implement across the Campus so as to ensure alignment of implementation and measurement of performance.	Director	The Plan has a specific action to promote positive and safety culture at the campus.
100	Review current OHSMS policies including the Campus Safety Statement and Unit Procedures, in consultation with staff, to ensure they are fit for purpose and in accordance with legislative requirements. All staff to be briefed on revised policies.	Director	A review of the Fire Safety Policy was completed in November 2017. Consultation with staff is ongoing through the Health and Safety Committee. Briefing is ongoing through the health and safety team with oversight from the Deputy Director (Risk and Safety), with annual reviews.

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101	Institute a planned audit program across the Campus.	Director	The Health and Safety team are in the process of implementing a planned audit programme for the next three years which will be completed in Q4 2018.
102	Set and track training KPI's.	Director	The Health and Safety team are in process of developing a set of KPI's agreed by the Deputy Director (Risk and Safety) for the next three years which will be completed in Q4 2018.
103	The Gardaí should only be called to the Campus in the most exceptional circumstances. In such circumstances, the most senior manager on duty shall be the only person vested with authority to call the Gardaí.	Director	The protocol in place with the Gardaí ensures that Gardaí are only called on to the Campus in exceptional circumstances, authorised by the Director or his designate.
Communications			
104	Investigate if the use of an automated health and safety management software system would be of assistance in achieving objectives.	Director	Deputy Director (Risk and Safety) is reviewing the use of safety management software systems to achieve objectives This will be completed in Q3 2018.
105	Implement a formal training matrix to track training compliance.	Director	The Human Resources Department is developing a formal training matrix to track training compliance and this has been integrated into the HR software package since July 2017. This process will be finalised in Q4 2018.
106	Recording systems should be urgently improved in consultation with Unit Managers and, through them, staff. The data gleaned from such improved recording should be collated and systematically analysed on an ongoing basis. Trends and risks that emerge from data analysis should be tabled for discussion, and action, at Campus Management and Unit Manager Meetings.	Director	Audits of recording is undertaken by Deputy Director (Care Services) and an analysis of risks is discussed at the Campus Senior Management Team on a weekly basis. Monthly data is also provided to the Board of Management on restrictive practices where trends and risks are also discussed. Information is also provided at the weekly Unit managers meetings to consider emerging risks and trends.
107	Review the document management procedures across the Campus to ensure the procedures are in accordance with best practice e.g. identification of documents, archiving of obsolete documents.	Director	A review of document management systems has been undertaken and the development of the Oberstown Case Management system, which is due to be completed in Q4 2018, will support the records management system through SharePoint. An archiving project was initiated in June 2017 and is expected to be completed by Q2 2018. This project incorporates historical records from all three schools, including young people's files and financial records.
108	Urgent action should be taken to devise a consistently applied strategy for communicating with the local community in any case of emergency. By this we mean: a Grade I incident, any breach of the inner perimeter security barrier and/or on any other occasion when the Gardaí are required to make an emergency attendance on Campus. A siren is not an effective or appropriate means of communicating with the local community.	Director	Procedures are in place and agreed with the local community to respond in cases of emergency on Campus. A text alert system is in use to notify neighbours and regular meetings are held with neighbours to address concerns or anxieties about security measures at the Campus. A siren is not used as a communication mechanism with local community. See the Campus Communications and Engagement Strategy, adopted in 2017, and the Oberstown Strategic Plan 2017-2020.

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109	Enhance communication internally and externally considering all stakeholders including young people and families.	Director	A Engagement and Communications Strategy was approved by the Board of Management in October 2017, and this is a priority under the Oberstown Strategic Plan 2017-2020.. A Strategy to support consultation with young people and their participation in decision-making was also adopted by the Board of Management in October 2017. These strategies are in the process of implementation.
Governance and Accountability			
110	A strategy should be developed and implemented to ensure closer integration between the School and the Units. Consideration should be given by the relevant government departments to resourcing the school in a way that will allow it to operate throughout the year and to provide, in collaboration with Unit staff, a greater range of evening activities. Best practice principles and the young person-centred ethos that are evident in the school should be transferred to the Units. The education strategy that is currently underway should be completed and implemented at the earliest opportunity in conjunctions with the findings and recommendations of this review.	Board	A draft education strategy and protocol for working together between School and Campus are being developed by the school's Board of Management and the Dublin Dun Laoghaire Education Training Board, which has responsibility for the education provision on Campus. A sub-committee of the Oberstown Board of Management was set up in 2018 to advance closer co-operation between the school and the Oberstown Campus more generally.
111	The role of the Board of Management should be clarified and a distinction made between those members with an advisory or representative role and those responsible for the overall management of the Campus.	Board	The Board of Management is established under section 167 of the Children Act 2001 in line with which all members assume collective responsibility for management of the Campus. The Board values the varying perspectives brought to its work by different Board members, and continues to operate in line with the principles of good governance, supported by its sub-committees on Governance and Risk, Finance and Audit.
112	The Board of Management should commission an independent review of the senior management team to ensure that it is suitable to direct Oberstown through the next stage of its development.	Board	An external review of the Campus Senior Management team was undertaken early in 2017. Following on from this, a new management structure, with identified roles and responsibilities, was approved by the Board in March 2017 to meet the current and future needs of the Campus.
113	The vision and values of the Oberstown campus, as reflected in the Strategic Plan, should be embedded into all aspects of the routines and those of the facility for staff and young people.	Board	In light of the Strategic Plan 2017-2020, the Campus adopted a Communications and Engagement Strategy in 2017 to promote better communication and relations between staff, young people and external stakeholders in line with the Campus mission and vision. Multiple measures are underway as part of this strategy.
114	The Government of Ireland should strengthen inspection and monitoring arrangements by ratifying OPCAT and establishing a NPM that meets international standards. Ratify OPCAT and learn from experience elsewhere. The Government of Ireland should ratify OPCAT and establish a NPM.	Department	This is the responsibility of the Department of Justice and Equality who are progressing this and have requested observations of the Department of Children and Youth Affairs in relation to OPCAT and NPM.
115	The services provided by ACTS should be maintained and, where appropriate, extended.	Department	A review of the ACTS Service was concluded in 2017 by TUSLA and the service will continue to be maintained at Oberstown. An implementation plan is being developed by TUSLA with input from IYJS and Oberstown. This will be an expanded service.

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116	The Director and other key members of staff should meet regularly with the Council in an organised 'constituted' forum. The School Council should be extended to cover the entire Campus. Independent support should be obtained to support members of the Council and to develop its role. Young people should be consulted regularly about how safety and security might be improved. Consideration should be given to consulting with young people about the menu.	Director	In light of the Strategy to promote the participation of young people in decision-making, developed and adopted in 2017, a participation process has been initiated with young people including the Campus Council on a range of matters, including those identified by young people themselves. This process is being embedded in the routines and practices on Campus at unit and individual levels also in line with the Campus Participation Strategy. This is a priority in the Oberstown Strategic Plan 2017-2020
117	Unit manager should be allocated a budget to improve and personalise the decoration and furnishings of their Units in consultation with young people and staff. Unit Managers should be appropriately supported, and held responsible and accountable, for developing the ethos, identity and services within their designated Units.	Director	The allocation of a budget to the Units is agreed in principle, however practical measures to meet risk and financial accountability requirements need also to be embedded into the routines and practices on Units. New financial procedures were implemented in 2018 and will be finalised in Q4 2018.
118	The Gardaí should ensure that officers providing escorts for young people attending remand hearings take all reasonable steps to prevent drugs being transferred on to the Campus. Conduct a review of illicit drug use on Campus and provide recommendations to the Senior Management Team on how to address this issue.	Director	Gardaí were notified of concerns about the need to take steps to prevent drugs being transferred onto the Campus. Communication systems are in place to ensure the information about young people is shared between Gardaí and the Campus to prevent transfer of substances. Measures to address the transfer of drugs on Campus have been reviewed.
119	Urgent action should be taken to resolve, without any further delay, the dispute between management and the trade union at Oberstown. Independent arbitration and/or legal opinion should be employed to help settle the dispute. Expert external facilitators should continue to be used to help move Oberstown forward.	Director	A range of substantial improvements have been taken in this area. Regular monthly meetings take place between unions and management and progress has been made to address areas of mutual concern and difference. The matters continue to be monitored by the Workplace Relations Commission.
120	Systematic strategic action should be taken - in accordance with the recommendations made throughout this report - to close the rupture between senior managers and frontline operational staff and to offset the need for the former to intervene in crises on the Units that might otherwise be avoided. Senior managers should have a more visible and 'natural' day-to-day presence on the Units.	Director	The Oberstown Strategic Plan 2017-2020, adopted by the Board of Management, commits to more effective engagement between staff and management on Campus. A Communication and Engagement strategy was also adopted by the Board of Management in 2017. Procedures have been developed to support the operations of the Campus setting out roles and responsibilities