



CARE
EDUCATION
HEALTH
WELLBEING



Review Implementation Group

FINAL REPORT, 22 DECEMBER 2017

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APPENDIX A

Action Plan of Amalgamated Recommendations

1. Introduction

Oberstown Children Detention Campus provides safe and secure care and education to young people under 18 years referred by the courts. Established in 2016 as a new legal entity, the Campus has been undergoing significant change with the occupancy of a new purpose built facility, increased staffing and measures to enhance the quality of care within a single Campus. Challenges were experienced in 2016, following which a number of external reviews were commissioned to engage external expertise to support the development of the Campus. These reviews produced over 307 recommendations. In order to ensure the analysis, tracking and implementation of these recommendations, the Minister for Children and Youth Affairs, Dr Katherine Zappone, TD, established the Review Implementation Group with representation from the Board of Management, staff, Campus management, the Trade Union, the Irish Youth Justice (IYJS)/Department of Children and Youth Affairs (DCYA) and an external expert in child development. The Group met throughout 2017 to undertake its analysis, presenting interim reports to the Minister and the Board. It now presents this report to the Minister as its final report.

The report is structured in line with the Group's terms of reference. Following a description of the background to the establishment of the Group, the report sets out the terms of reference, including membership and the number of meetings held. The report then sets out the methodology followed by the Group and provides a summary of all the reviews undertaken. The main body of the report consists of an analysis of the recommendations and the report then concludes with the identification of next steps. Appendix A contains a full set of the amalgamated recommendations, with the identified owner, the status and priority of each recommendation and a comment on its implementation.

2. Background

Oberstown provides care and education to young people either on remand or following their conviction of a criminal offence. When young people are detained, as per the Children Action 2001 as amended, the objective is to provide care, education, training and other programmes with a view to returning young people successfully to their communities. Oberstown operates a residential care ethos and, as stated as a high level goal of the Youth Justice Action Plan 2014- 2018, there is a requirement to provide a safe, secure environment and necessary support for detained young people, while simultaneously addressing the offences they have committed.

Education is at the heart of the Oberstown model of care. The IYJS/DCYA works in tandem with the Department of Education and Skills and the Dublin and Dún Laoghaire Education and Training Board (DDLETB), to provide the necessary educational services to young people in the Children Detention Schools. Oberstown operates on a primary school year. Young people have access to subjects that are part of the national curriculum and have the opportunity to sit the Junior and Leaving Certificate exams and to undertake vocational training. The 28 teachers are a combination of primary and secondary school teachers. Additionally, young people at Oberstown have access to a nurse and doctor, and

a wide range of recreational activities, with multiple external professionals and stakeholder organisations working on Campus to provide the services and supports young people need. There are currently 272 staff employed at the Campus comprising residential social care workers, night supervising officers, nursing staff, general operatives, domestic and administrative staff. Appointments have been made to unit manager roles and the current Campus Senior Management Team began to take shape from August 2016. In 2017, following review, the Board approved a further, modified management structure to support the Director, including a Chief Operations Officer, HR Manager and three Deputy Directors with responsibility for Care Services, Residential Services and Risk and Safety respectively. In December 2013, a Campus manager was appointed to advance the integration of the three schools. The amalgamation of the three previous schools which had their own buildings, staffing and policies – Trinity House, Oberstown Boys School and Oberstown Girls School - into a single entity (Oberstown Children Detention Campus) took place following the enactment of the Children (Amendment) Act 2015 on 1 June 2016. At this point, a new Board of Management was appointed and the Campus Manager was appointed as the Oberstown Director.

In April 2012, the Minister for Children announced an investment package of approximately €50 million in capital funding to commence the building of the national children detention facility at Oberstown. It was envisaged that the new facilities would extend the child care model of detention to all under 18-year-olds detained by the courts and integrate the three schools operating at Oberstown into a single model in line with national policy. As well as delivering new residential units, the project was also designed to deliver new education, recreation, visiting, medical and other ancillary facilities. A key challenge for the new Campus was to centralise services and staffing and to ensure a single Campus approach to the care of young people. At full capacity, it is envisaged that the Campus will accommodate 82 young people. The Campus is currently licensed to accommodate 48 boys and six girls.

Historically, only boys under 16 years were detained in Oberstown but in May 2012, the detention of 16-year-old boys at St Patrick's Institution ceased and the young people began to be accommodated on the Oberstown Campus. By March 2017, following further ministerial orders, responsibility for all under 18 year olds had transferred to the Oberstown Campus bringing an end to the use of adult prison for children in Ireland.

3. The External Reviews

The change process, as outlined above, presented a number of challenges, which manifested inter alia as industrial relations difficulties in 2016. These were resolved by management and staff representatives, via their trade union (Impact) under the auspices of the Workplace Relations Commission when the so-called Forde Framework was agreed between the parties in September 2016. The Forde Framework set out a series of actions intended to support the resolution of the dispute at Oberstown, including that a number of reviews would be undertaken by external parties to provide independent expert support to key areas of Campus development.

The areas identified for review were:

- (1) Security
- (2) Health and Safety and
- (3) Behaviour Management (including the physical management of young people).

It was agreed under this process that external experts in their related fields would be nominated and the terms of reference for each review would be agreed between management and staff representatives. The reports would be issued to management and staff as part of the Framework. This process began in September 2016 and was completed by July 2017. In the interim, circumstances emerged which required consideration of the distinct issue of Personal Protective Equipment (PPE), and the incorporation of this issue led to a number of supplementary reports.

In September 2016, the Board of Management decided to commission a separate external review of Campus operations. Designed as a supportive, developmental process, this Operational Review was undertaken in October/November with a final report submitted in February 2017.

The work involved in completing each review was complex, involving a review of policy, mapping of existing practice and consultation with a range of stakeholders. In each case, the time-lines had to be adapted to accommodate this complexity and to ensure that each review fulfilled its terms of reference and met the needs of Oberstown. The following is the timeline of the five reviews completed:

December 2016:	Safety Review measures (physical and dynamic);
January 2017:	Health and Safety Review (PPEs);
February 2017:	Health and Safety Review;
February 2017:	Operational Review
May 2017:	Behavioural Management Review.

All of the reviews covered different aspects of the Campus' operation and have helped support the development of the Campus in different ways. The reports produced over 300 recommendations, varying in detail and scope. Each review is summarised in the sections that follow.

3.1 Security Review

In September 2016, experts with knowledge of detention facilities were identified and the agreed terms of reference required the reviewers:

- To undertake a review of the physical security measures in place at the Oberstown Children Detention Campus to address the purpose and function of the Campus, incorporating internal and perimeter security measures.
- To undertake a review of the security procedures at the Oberstown Children Detention Campus to address the purpose and function of the Campus, incorporating internal and perimeter security measures.
- To make any recommendations for the improvement of the security measures in place at the Oberstown Children Detention Campus.

The reviewers were also required to consider the skills and experience available on Campus to ensure the effective and full delivery of the required security measures.

In the period since the completion of the Security review, steps have been taken to analyse and prioritise its recommendations. This has been undertaken by the Director together with the Board of Management and the IYJS/DCYA. Priority has been given to the implementation of the recommendations concerning the physical measures necessary to enhance security on the Campus. In addition, the Campus appointed a Deputy Director with responsibility for Safety and Risk, which includes security measures, and significant progress has been made to ensure the adherence to best practice in both the physical and the dynamic aspects of security. Standard operating procedures are under review and training is underway with staff on the implementation of these procedures.

3.2 Health and Safety Reviews

In September 2016, following agreement between staff representatives and management, the State Claims Agency (SCA) was invited to undertake the review of Health and Safety on campus. While the SCA was keen to assist, their resourcing meant that this would not have been possible until 2017. Following consultation with all parties, an external expert in the area was appointed to undertake the review. The terms of reference of this review sought to determine:

- Injuries to staff and young people over a five year period, the relationship between these injuries and the management of young peoples' behaviour, considering the Behaviour Management Policy and practices used on Campus.
- The environs at the Oberstown Children Detention Campus considering the new building developments, the historical buildings and suitability to meet the behaviour challenges of young people.

The Review paid particular attention to the views of all Campus stakeholders, engaging extensively with staff in December 2016 and January 2017. This Review was to be completed in January 2017 but in December 2016, in order to respond to the concerns of staff for the provision of specified personal protective equipment (PPEs) to residential social care workers and night supervising officers, it was agreed that a discrete review on this issue would be undertaken, taking priority over the general Health and Safety Review. This resulted in two separate reports on Health and Safety.

The reviews were finalised by February 2017 and while the general report set out a proposed framework for enhancing Health and Safety on Campus, the second report considered the specific necessity for the provision of additional PPEs to staff. In summary, the reviewer recommended that when a health and safety management system is implemented to control risk, the recommendations from the Behaviour Management Review and lessons from incident investigations are implemented, together with the Campus framework on care, then the requirement for additional PPE should not arise. The reviewer suggested that an approach of continuous improvement would result in the provision of a safe and caring environment for both the young people who live and the staff who work on the Campus.

3.3 Behaviour Management Review

In December 2016, terms of reference were agreed between management and staff representatives with respect to the review of Behaviour Management on Campus. This identified the need: to review the behaviour management policies, procedures and practices used on the Campus to determine if they are fit for purpose considering the young people on remand and on committal orders at the campus. Specific areas of consideration included were 1. Early intervention approaches, 2. Routine practices, 3. Crisis responses, 4. Use of physical intervention, 5. Use of the environment, 6. Managing violent situations, and 7. Safety for young people and staff.

After a short delay due to the difficulty identifying suitable experts, two experts with expertise in child psychology and psychiatry were appointed in late 2016 and between January and July 2017; they undertook site visits, reviewed documentation and met with young people, staff and management and IYJS / DCYA. The Review considered legal requirements, national policy and best practice in the environment of working with young offenders. They also considered the Campus Behaviour Management Programme to manage aggressive and violent incidents, while considering the implementation of individual crisis management plans for young people.

The reviewers made ten recommendations to improve the management of behaviour on Campus focusing, in general, on the need for more consistent implementation of policies and procedures. They highlighted the need to develop further communication and engagement with young people and to fully and consistently implement the care framework (CEHOP). More specifically, they supported the continued use of the MAPA programme (the Management of Actual or Potential Aggression) but highlighted that its full range of interventions should be used in order to prevent the escalation of behaviour. They indicated that in order to deal with rare and exceptional situations – where such preventive and de-escalation measures have been unsuccessful – consideration should be given to developing an external resource to be made available to the Campus in such circumstances.

3.4 Operational Review

Separate to the reviews in the Forde Framework, the Oberstown Board of Management decided, to commission a review of Campus operations from the perspective of best practice and international standards. In September 2016, two people with expertise in detention were identified and the terms of reference were agreed. Designed as a supportive and developmental process to enable continuing reforms to take place in line with international best practice, the review intended:

- To evaluate practice and policy in line with international standards and best practice;
- To identify obstacles or barriers to achieving greater implementation of international standards and best practice and,
- To make recommendations to ensure greater and more successful implementation of these standards.

Preparatory and fieldwork visits took place over three to four days in late October and early November 2016, involving engagement with staff and young people and meetings with various stakeholders. The review documented the change process underway at Oberstown and in Irish youth justice more generally and noted the various challenges experienced in providing a high standard of care to young people on Campus. The recommendations address matters of national youth justice law and policy, Oberstown policy and procedures on care, education and health and identify the steps necessary to ensure that better care is provided to young people on Campus. Recommendations address the use of restrictive practices, such as the use of handcuffs, single separation and restraint, and highlight the need for inclusive, post-incident reviews.

3.5 The Board of Management Action Plan

As each of the reviews was completed, consideration was given to the implementation of the respective recommendations by the Board, the Director and the IYJS/DCYA. While some very discrete, new issues were identified through this process, the vast majority of the review recommendations pointed to actions, developments and priorities already underway. At the same time, the reviews produced hundreds of recommendations and so it became an early priority for the Board to give shape to the process of their implementation. To this end, the Board adopted a short-term Action Plan in January 2017 which identified five key priorities or goals for the Campus as follows:

1. Providing the best possible care to young people
2. Develop a motivated, skilled and cohesive work force
3. Define high standards, associated measures and evaluate
4. Prioritise communication as the key means to implement the Campus vision and mission
5. Ensure there are robust systems in place to ensure accountability.

The purpose of enacting the Action Plan was to enable communication of the Campus direction to staff and external stakeholders, at a time of continuing change and in the midst of a number of external reviews. The Board also undertook at that time to engage with staff and stakeholders on a long-term strategic plan for the Campus and this has subsequently been completed, was approved by the Board of Management in September 2017 and launched by the Minister for Children and Youth Affairs in December 2017.

4. Review Implementation Group

In March 2017, the Minister for Children and Youth Affairs established the Review Implementation Group (RIG) to oversee the implementation of review recommendations. The membership was appointed by the Minister and the terms of reference agreed.

4.1 Terms of Reference

The terms of reference of the Review Implementation Group were:

- To analyse and combine the recommendations of all reviews into a single implementation plan, distinguishing between operational/strategic recommendations and those recommendations that require policy consideration and/or resources;
- To refer all recommendations with policy and/or resource implications to the Minister for consideration;
- To propose a timed, costed schedule with designated responsibilities for implementation of the recommendations, for approval by the Board and the Minister, as appropriate.
- To identify obstacles to implementation of the recommendations and proposals for overcoming such obstacles, as appropriate.
- To report to the Board and the Minister on a monthly basis on progress on the implementation of the review's recommendations.

4.2 Membership

Membership of the Group was as follows:

- Professor Ursula Kilkelly, Chair of the Board of Management, Oberstown Children Detention Campus (Chair);
- Pat Bergin, Director, Oberstown Children Detention Campus;
- Neil Clarke, Unit Manager, Oberstown Children Detention Campus (Management representative);
- Laoise Manners, Staff nominee, Board of Management, Oberstown Children Detention Campus (Staff/Board representative);
- Stephen O'Donaghue, Oberstown Children Detention Campus (Staff/Impact representative);
- Tony O'Donovan, Child Welfare Advisor, (IYJS/DCYA representative);
- Marian Quinn, CDI Tallaght (Independent member).

4.3 Meetings

The Group were required under the Terms of Reference to meet at least once a month. In total, the Group met on ten occasions on the Oberstown Campus on the following dates:

- 1st March 2017
- 21st March 2017
- 4th April 2017
- 13th April 2017
- 8th June 2017

13th June 2017
20th June 2017
18th July 2017
7th September 2017
6th December 2017

4.4 Methodology

The methodology adopted by the Group was informed by its terms of reference and took account of the breadth and complexity of the task to analyse, track and provide a framework for the implementation of the recommendations generated by all of the Oberstown reviews. The agreed methodology had the following elements: Collation, Categorisation, Analysis and Costs.

4.4.1 Collation

First, the Group extracted the recommendations from each report and compiled them into a single document. Having listed all the recommendations, each was given a number and an identifier (related to its report) to enable their subsequent tracking and to ensure that all recommendations – 307 in total - were captured by the process. The result was the compilation of a document that enables the source of each recommendation to be identified and its treatment recorded.

4.4.2 Categorisation

The recommendations were then grouped according to the priorities identified by the Board of Management in the Action Plan which it adopted in January 2017. These can be abbreviated as follows:

- A. Care
- B. Workforce
- C. Standards
- D. Communication
- E. Accountability

4.4.3 Analysis

The third stage of the process was the analysis of the recommendations. In line with the terms of reference, the Group considered each of the 307 recommendations separately, distinguishing recommendations with policy and/or resource implications and identifying operational and strategic recommendations. Each recommendation was classified according to priority (High, Medium, Low), and general timelines for implementation (year/quarter) were identified. This enabled a discussion among the membership of the Group as to the recommendations that required urgent action, as key immediate priorities, and those that were either less critical or required more long-term attention or consideration. As part of this process, the Group agreed that some of the recommendations involved overlap and did not need to be considered further. It considered how best to balance competing priorities and resolve the small number of recommendations that were in conflict. Finally, a process of amalgamating the recommendations took place, where those duplicating recommendations from different reviews were merged. All of this was carefully recorded and a master sheet has been

retained so that no recommendations or associated information has been lost in the process of reducing the 307 recommendations to the final list of 120.

In order to progress their implementation, each recommendation was allocated to an *Owner* (either the Director, Board or the IYJS/DCYA) depending on its operational, strategic or policy implications. The relevant recommendations were then formally referred to their *Owners* for their consideration who were also asked to consider costs and challenges associated with their implementation. This information was fed back to the Group, which took it into account in its approach to finalising this report.

As part of the analysis, each recommendation was identified as either *Addressed* or *Closed*.

Addressed recommendations are those that have been addressed, in that they have been or are in the process of being implemented.

Closed recommendations are those that are closed to the RIG process, insofar as the recommendation is being implemented as part of another process, such as the Oberstown Strategic Plan 2017-2020 or the Irish Youth Justice Action Plan 2014-2018.

This approach – to indicate that recommendations have either been closed off or addressed – was adopted for two main reasons. First, it reflects the importance of ensuring that the recommendations of all of the external reviews are embedded into existing processes. This is important to ensure that, although the reviews were completed by parties external to Oberstown, their recommendations are internalised and integrated into the day-to-day management and functions of the Campus and associated strategy and policy decision-making. Second, this approach seeks to bring finality to all of the reviews and to the work of the Review Implementation Group. In this way, it reflects the importance of ultimately bringing closure to a significant but challenging period of Oberstown’s development. This is vital if Campus staff and management are to be enabled to take responsibility for the operation and development of the Campus.

5. Analysis of the Recommendations

As explained above, the analysis of the recommendations was facilitated by grouping them all under the five principal headings or priorities identified by the Board’s Action Plan. Further analysis and filtering of the recommendations enabled the identification of 14 sub-headings under these five themes. This process gave structure and coherence to a long and varying list of recommendations, some of which were very specific and immediate in nature, while others were broader and long-term. Applying the above methodology enabled the Group from its members’ varying perspectives, to distil a list of the key priorities for the Campus.

5.1 Key Themes and Priorities

The five key themes/priorities are listed as A to F below, with 14 sub-headings numbered, as follows:

A. Care (Providing the best possible care for young people)

1. Establish a secure and safe environment through suitable physical infrastructure (e.g. fences, doors) and ensure effective operational procedures are implemented by all staff in the use of this infrastructure.
2. Collate, analyse, utilise and publish relevant information on the service at Oberstown, as part of the juvenile justice system, to support ongoing strategic and operational improvements for all stakeholders.
3. Ensure the development, revision and approval of care policies and procedures, with their full implementation through training and the monitoring of best practice approaches in all elements of the care of young people placed in Oberstown (CEHOP).
4. Ensure that all restrictive practices are legal, appropriate, monitored, reviewed and reported regularly.

B. Workforce (Develop a motivate, cohesive and skilled workforce)

5. Confirm that all staff are well informed about and confident in their implementation of all Campus policies and procedures.
6. Implement a performance management system at all levels across the organisation to ensure organisational objectives are met, utilising effective systems of line management.
7. Instil confidence among the staff through leadership, consultation, training, mentoring and supervision, ensuring structure in all roles and duties consistent with the ethos and purpose of the Campus.
8. Ensure a safe working environment for staff and that systems are in place to manage and monitor the operation of this environment.

C. Standards (Define the high standards, associated measures and evaluate)

9. Develop and implement robust policies and procedure that are informed by best practice approved by the Board and the Department as appropriate, implemented comprehensively by management and delivered by staff, which are reviewed, audited and inspected to ensure they are fit for purpose.

D. Communication (Prioritise communication)

10. Ensure there are effective modern communication systems in place, utilised by staff, to collate information, determine trends and support regular review and evaluation.
11. Ensure effective communications with internal and external stakeholders with a view to informing on service objective and delivery.

E. Accountability (Ensure there are robust systems in place to ensure effective accountability)

12. Ensure engagement with young people and incorporate their views into the development of their care.
13. Ensure effective governance is in place between the Director, the Board of Management and the Department of Children and Youth Affairs and that systems are in place to ensure clarity on respective responsibilities and accountability.
14. Develop and implement a Campus strategy to identify and implement key organisational objectives and national policy, including a safe working environment and the best outcomes for young people.

5.2 Summary of the Recommendations

There follows a summary of the recommendations that fall under each heading and theme.

5.2.1 Provide the best possible care for young people

The first goal is to provide the best possible care for young people and four themes were identified under this heading, which captured 57 recommendations. Recommendations were identified to ensure a secure and safe environment through the provision of suitable physical infrastructure (e.g. fences, doors). This also included the implementation of effective operational procedures by all staff in the use of the facilities. The reports also identified the need for a process to collate, analyse, utilise and publish relevant information on care of young people in Oberstown, necessary to support the ongoing strategic and operational improvements for all stakeholders on Campus. A range of recommendations addressed the need to ensure the development and approval of care policies and procedures, with full implementation through training and monitoring of a best practice approach in all elements of the care of young people. Specific recommendations related to the need to ensure consistent approaches in the areas of care, education, health, offending behaviour and preparing for leaving. Very specific recommendations addressed the need to ensure that all restrictive practices – separation, physical restraint, use of handcuffs - are in line with law and policy, appropriately used and their use monitored, reviewed and reported regularly.

5.2.2 Development of a motivated, cohesive and skilled workforce

The second goal addresses the workforce (namely the development of a motivated, cohesive and skilled workforce) and 38 recommendations were grouped under four themes under this heading.

Recommendations under this heading highlighted the need to ensure that staff are well informed by and confident about Campus policies and procedures. Recommendations also highlighted the need to ensure a performance management system is in place at all levels across the organisation, in order to ensure that organisational objectives are met and effective line management in place. Recommendations highlighted the need to instil confidence amongst staff through effective leadership and consultation. A key priority identified was the provision of training, mentoring and supervision to staff in their roles in line with the ethos and purpose of the campus. Creating a safe working environment for staff was a strong overarching theme of the recommendations which addressed the need for health and safety systems to be put in place and managed and monitored effectively.

5.2.3 Standards

Under the third goal of Standards (which includes defining the high standards, the associated measures and evaluation), eight recommendations were made and captured under one main theme. The focus here was on developing and implementing robust policies and procedures that are informed by best practice, approved by the Board of Management and the Department as appropriate, implemented comprehensively by management and delivered by staff. These are to be reviewed, audited and inspected to ensure that they are fit for purpose.

5.2.4 Communication

The fourth goal is to prioritise communication and six recommendations were categorised under this heading, captured under two themes. The first of these is to ensure that there are effective modern communication systems in place, that these are utilised by staff to collate information, determine trends and that support review and evaluation on Campus. The second theme is to ensure that effective communications are in place with internal and external stakeholders to support the operation of the Campus.

5.2.5 Accountability

The final goal is accountability, specifically the need to ensure that there are robust systems in place to ensure effective accountability at all levels of the organisation. Eleven recommendations were grouped under this goal, categorised under three themes. The recommendations highlighted the need to ensure engagement with young people and to ensure that their views are incorporated into the development of their care. Recommendations also sought to ensure that effective governance is in place from the Board of Management, the Director and the Department of Children and Youth Affairs and that there is clarity and systems in place to determine areas of respective responsibility and accountability. An additional focus of the recommendations was the need to develop and implement a Campus strategy to identify and implement key

organisational objectives and governance, to ensure a safe working environment and best outcomes for young people.

5.3 Costs

The terms of reference required the Group to give consideration to the costs associated with implementing the recommendations. Although it was not possible to detail costings for the implementation of each individual recommendation, the costs associated with various aspects of implementing the recommendations was analysed. This analysis considered costings in three ways - capital costs; operational costs and existing resources – and this framework is now used to explain the costs associated with the implementation of the recommendations.

5.3.1 Capital Costs

A number of specific recommendations required capital expenditure including measures such as the erection of external fences, the installation of enhanced lighting and remedial building works. An additional budget allocation was provided to support these improvements. An example of this was the need to address the acoustics in all of the residential units and resources were also allocated to address improvements required in the older buildings on Campus. The Department of Children and Youth Affairs assigned additional budget towards external fences, due to be complete in 2018.

5.3.2 Operational Costs

Many recommendations identified improvements in practices such as record management, decision-making and accountability whose implementation required an investment in IT systems necessary to improve the collation of information and the recording and approval of decision-making. Although some of this work was underway prior to the reviews, specific financial resources have been allocated with a view to ensuring implementation of various recommendations in three distinct areas. First, in order to improve decision-making and the performance of Campus management, a process of capacity building was undertaken with managers across the Campus in 2017. As part of this, external supports were resourced to work directly with this group with priority being given to: group supervision, performance management and role responsibility with a view to strengthening management functioning at all levels. This piece of work was completed in November 2017 and the positive outcomes of this approach have now been internalised into day-to-day operations of the Campus. Second, Phase 1 of the Case Management System came into operation in September 2017, when the bed management system was transferred from a manual to an electronic system and financial resources were also invested in Phase 2 of the Case Management System which is nearing completion. This has involved the building and rolling out of a bespoke IT package to collate all relevant information on young people with a view to improving decision-making, approvals and transparency. Third, an IT package was introduced in June 2017 to support the operation of the Human Resources Department. This allowed rosters for all staff on Campus to be online and allowed for training schedules to be developed and supported the Campus policy on managing attendance. There has been a significant investment in the modernisation of the work environment and technical supports for

enhanced decision-making and management of the Campus in line with the recommendations of the external reviews.

5.3.3 Using Existing Resources

The implementation of a range of recommendations has required the prioritisation, redirection and reconfiguration of existing resources. For example, the health and safety team has been refocused on undertaking risk assessments, investigations and the development of standard operating procedures to address some of the key recommendations in the reviews. In other ways, existing internal resources were directed to support the implementation of specific recommendations. For example, a Young Person's Programme Manager was appointed from the existing staff complement. Similarly, to address the care needs of young people, a review of operational procedures was undertaken and a resource from within the management structure was allocated to lead this process. To ensure consistency in the implementation of the Placement Planning Process, the Head of Care was allocated responsibility for chairing all such meetings. An existing post was reconfigured to provide the Campus support services for staff and an organisational psychologist was advertised and filled. The recommendations to address improvements in internal and external communication were addressed in a number of ways. In these ways, therefore, the resources required to implement many of the recommendations were drawn from within existing budgets, with personnel or budget assigned accordingly.

6. Obstacles

The terms of reference required the Group to give consideration to any obstacles and barriers that would prevent the successful implementation of the various recommendations. Accordingly, the Group sought to identify obstacles in the way of implementing the recommendations across all areas, with specific input from the respective recommendation owners (the Director, Board and IYJS/DCYA).

In discussions, a number of factors were considered. While some of these touch on barriers to the immediate implementation of the recommendations, they might more accurately be described as considerations relevant to the implementation of the reviews rather than barriers per se.

6.1 Time

Time was identified as a barrier to the implementation of the recommendations in two ways. First, it is self-evident that given their complexity and volume, the implementation of the recommendations is an enormous body of work that will, in itself, take time to undertake. Necessary limits on capacity and resources (discussed below) are relevant factors in this context. More generally, time is also a barrier to the effective implementation of the recommendations in that it will, clearly, take months and in some cases longer, before the full effects of the recommendations can take hold and be visible, to both internal and external stakeholders. In this regard, the implementation of the recommendations must be viewed as a long-term strategy for the Campus, rather than a

short-term project and the limits on what the Campus can feasibly achieve must also be taken into account.

6.2 Resources

The limited available resources – both human and financial - have also been identified as a barrier to the implementation of some recommendations. This is evident in a number of ways. First, Oberstown resources are finite and can only be stretched so far given that it is the priority of the Campus to provide 24/7 safe and secure care to young people referred by the courts on a day-to-day basis. In this way, the balance must be carefully struck between ensuring that Oberstown provides the best possible care to young people today, while continuing to advance the development of the Campus for the future. Limited resourcing is relevant therefore to the limits on the capacity of staff – to undertake training and to bed newly acquired learning into practice - and the extent to which financial resources could and should be made available to advance the review recommendations, especially bearing in mind any risks to the standard of care currently provided. It is relevant in this context that the reviews did not list recommendations in order of importance or priority, with the implication that all recommendations are equal in these respects. For this reason, the Review Implementation Group sought to identify the priority recommendations in line with the Campus Strategy in order to ensure that finite resources could be used most effectively. Equally, it is important to note that some recommendations may be very costly to implement, while others might not require financial resources at all but will simply take time to take effect. This also fell to the Group to decide, in the absence of guidance from the reviews in this respect.

6.3 Capacity

The barrier presented by the limited capacity of the Campus is relevant in a number of ways. First, there is a limit to the amount of new learning, new practices and new training that can be undertaken and embedded into practice. The ability of individuals and groups to sustain the knowledge and expertise acquired through training and to incorporate that into practice is thus limited. The Campus itself is also limited by its capacity – the rate of change between 2014, 2015 and 2016 has been substantial. There is a need to normalise operations and to slow down the rate of change so that it forms part of the day-to-day normal rhythm of Campus operations.

6.4 National Policy

A small number of recommendations, would, if implemented, require a change in national law or policy. For example, these include recommendations concerning the placement of girls in Oberstown, the availability of bail or other matters requiring amendment of the Children Act 2001.

7. Recent Developments

The work of the Review Implementation Group began in March 2017 and was completed in December 2017. Throughout this time, work to implement the recommendations of all the reviews took place and in many ways gathered momentum that outpaced the work of the Review Group. In addition, a number of developments that were particularly relevant

to the work of the Group took place. This included the development and approval of the Oberstown Strategic Plan and the HIQA annual inspection which took place in March 2017 and whose inspection report was published, with an Action Plan from Campus management, in August 2017.

7.1 Oberstown Strategic Plan 2017-2020

Following the enactment of its short-term Action Plan in January 2017, the Board of Management led a process to gather the views of staff, management and external stakeholders on its vision, mission and values and the setting of its strategic direction. In line with the five goals of its Action Plan, and informed by the work of all external reviews, the Board of Management approved the Oberstown Strategic Plan 2017-2020, launched by the Minister for Children and Youth Affairs in December 2017, which sets out a series of objectives under each of the five headings to be achieved by 2020.

These include:

1. Provide the best possible care for young people

- Review and revise all relevant policies that support the CEHOP framework, promoting staff awareness of these policies and management responsibility for their implementation.
- Develop a Plan for the future of the physical Campus, identifying priority physical works.
- Ensure that the best supports and services are provided to young people during their detention in Oberstown and where possible on their return home.

2. Developing our people and our organisation

- Develop and implement a staff training and development plan consistent with identified needs from our performance management process.
- Review our practices to ensure that fairness and transparency applies in all promotional situations.
- Assess the gaps between our existing staff groups' knowledge and practice and the standards.

3. Implement the policies, procedures and standards consistent with the best model of detention for young people

- Ensure that all revised Campus policies are evidence-based, communicated effectively to staff and young people, and their implementation supported by unit and senior managers.
- Take steps to promote and test consistent adherence to recording decision-making
- Engage with relevant Higher Education providers to identify opportunities for student placements
- Actively promote a system of continuing professional development for staff.

4. Enhanced communications aligned to our values and mission

- Enhance staff understanding of their roles and their contribution to developing the pro-social model of engagement with young people
- Adopt a Communications and Engagement Strategy to ensure stakeholders are regularly informed of Campus developments and initiatives
- Engage with our neighbours to better understand their needs.

5. Delivering robust governance at all levels and driving effective accountability

- Make available a clear concise map of the organisational structure with areas of responsibility.
- Develop and implement a Campus Code of Conduct.
- Have effective IT systems in place to act as an enabler of enhanced case management, information sharing and availability of relevant data for decision-making.

The fact that the strategic planning process occurred at the same time as the work of the Review Implementation Group enabled convergence between both processes with the result that there is an important synergy between the priorities set out in the Strategic Plan and the work of the Review Implementation Group. The fact that the Strategic Plan was informed both by the external reviews and the process in the Review Implementation Group to analyse the reviews' recommendations has also ensured that the implementation of the recommendations has progressed in the intervening period. In particular, the Strategic Plan was finalised during the summer of 2017 and approved by the Board of Management in September 2017. An Implementation Plan was submitted to the Board in November 2017 and quarterly updates, tracking the implementation process, will be presented to the Board during the lifetime of the Plan. Interim audits and checks will be carried out by Campus management, in consultation with the Board, in order to ensure that the implementation of the Plan's priorities stays on track. This accountability will be further enhanced by the completion of a formal auditing and monitoring process, which will be undertaken and submitted six monthly to the Board of Management.

7.2 HIQA

The second major development that took place during the course of the Review Implementation Group was the full, announced HIQA inspection of the Campus, which took place over five days in March 2017. Measuring the operations of the Campus against the Standards and Criteria for the Children Detention Schools, HIQA found that of the ten Standards assessed, there was compliance with two, moderate non-compliance with six and major non-compliance with two. Immediate action plans were issued in respect of the two (latter) issues, safeguarding a child in terms of safe administration of a prescribed medication and ensuring that measures were in place to store medicines securely. Written assurances were provided that appropriately addressed Inspectors' concerns. Inspectors

found that in the context in which Oberstown operated continued to be one of major change and that many new structures had been put in place since the previous inspection in 2015. These included new governance arrangements, the recruitment of new senior managers and the development of a Human Resource section. Inspectors reported that there was a positive atmosphere in the residential units and they observed warm interactions between children and staff. They stated that children received adequate emotional and psychological care and they noted that the approach to the management of behaviour was subject to review at the time of the inspection. They found that risks were well managed and that policies and procedures were in the process of being reviewed. They noted that the cohort of residential care staff had been increased and was adequate.

The report of the 2017 HIQA inspection was completed in June 2017 and the Campus submitted a comprehensive Action Plan to address all areas of improvement in July 2017, which was accepted by HIQA. The Report and the Action Plan were published in August 2017. A further update on the implementation of the Action Plan was submitted to HIQA in October 2017 and further information provided by way of update in November 2017. The Board of Management is now actively overseeing the requisite improvements highlighted by the HIQA inspection and internal audits and checks are being undertaken with a view to ensuring all measures are in place in line with the expectations of the inspection process.

7.3 Campus Developments

As already noted, implementation of the recommendations of each review has been underway on Campus led by the Board of Management in collaboration with management, staff and the IYJS/DCYA. It is important to record the progress already made in the implementation of the reviews' recommendations and the following sets out the main achievements under the five Oberstown themes.

7.3.1 Young People: Providing the Best Possible Care

The progress to date includes the following:

- The Oberstown CEHOP framework (care, education, health, offending behaviour programmes and preparation for leaving) has been finalised and is being rolled out for full implementation by the end of 2017. This is being supported by a new information management system to improve reporting and recording. This is the specific responsibility of the Deputy Director with responsibility for Care Services and the Head of Care.

- Oberstown has taken responsibility for all under 18 year olds remanded or sentenced to detention, ending Ireland’s practice of detaining children in adult prison.
- In assuming responsibilities for young people under 18 years, we have finalised an agreement with the Prison Service in working together to meet the needs of young people who will complete their sentence after 18 in adult prison.
- Steps have been taken towards a coordinated and inclusive approach to the care of young people, integrating vital aspects of care – such as that provided by the Tusla ACTS team and HSE psychiatric services on Campus - into the process of planning and delivering care. This has led to a better understanding of young people’s needs and will lead to more appropriate, planned interventions.
- Engagement with young people and with their families has improved through the co-ordination of placement planning by the Head of Care under the CEHOP framework.
- Following extensive preparation and planning, separate processes and accommodation is now provided to young people on remand in Oberstown. The needs of young people serving long term sentences are also being separately accommodated.
- A new strategy on the Participation of Children in Decision-Making was approved by the Board of Management and work has been underway in its implementation, including the establishment of a young person’s advisory group, the extension of the School Council to a Campus Council and enhancements to the complaints and advocacy systems.

7.3.2 Workforce: Developing a Skilled and Cohesive Workforce

Among the progress achieved in this area are the following:

- Following external review, the Board of Management approved a new Campus management team to support the Director and reflect the new Campus structure of Residential Care, Young People’s Care, Risk and Safety, HR and general operations.
- External supports were identified and resourced to support Unit Managers with group supervision, role development and decision-making.
- A new Deputy Director with responsibility for Risk and Safety was appointed and the operations of the central hub have been reviewed, with particular focus on health and safety. Dedicated staff on Campus are now tasked with developing an awareness of risk assessments, investigations and the individual’s responsibility to keep everyone safe.

- Steps have been taken to improve both physical and dynamic security with the adoption of a Health and Safety roadmap.
- A facilities management company has been appointed to provide external support in this area, with the effect of enhancing response times and completing timely and effective remedial building works.
- A comprehensive HR department has been established providing a wide range of services and supports to all staff.
- Significant changes have taken place to ensure that training now focuses on target areas of: health and safety, managing behaviour, child protection, CEHOP and recording.
- A Performance Management Development System (PMDS) is being rolled out at all levels of Oberstown management and will be rolled out to all staff across the Campus in 2018.

7.3.3 Standards: Define the high standards, associated measures and evaluate

A range of steps have been taken in this area to include:

- A strategic review of all Campus policies has been undertaken with the decision taken to separate policies from procedures, to enable a clear communication of policy positions and operating protocols respectively. The Policy Operations Consultative Committee has been actively reviewing policies developed by the Oberstown research and policy officer and seven new or revised policies have been approved by the Board of Management. These are currently being disseminated to staff through briefing sessions and their implementation is supported through Unit and Senior Management oversight and review.
- Work has also been undertaken, under the auspices of the IYJS/DCYA, to review and update the standards against which the inspection of Oberstown is undertaken to take better account of international children's rights standards. This has included a consultation process with the young people through the DCYA Participation Hub.
- A process of co-ordinated review (After Incident Review) is now in place to ensure all incidents are reviewed in a timely manner and follow-up put in place.

7.3.4 Communication

Steps have been taken to improve internal and external communications as follows:

- Significant investment has been made in new IT systems for the Campus, including a HR support system and a case management system. The former is

supporting the rostering and management of attendance cross Campus recording training, annual leave, sick leave, assault and injury leave and more.

- The Case Management System, launched in June 2017, incorporates the bed management system and the 'Journey through Care' for young people remanded to the Campus. Phase 2 of the Case Management System is expected to be complete by the end of 2017.
- Steps have been taken to improve communication with staff with the prioritisation of face-to-face communication.
- The website has been reviewed and populated with a variety of resources and news items. It will continue to be populated with all relevant information to Oberstown at www.oberstown.com
- Oberstown continues to improve and support public visibility and scrutiny of our work, with external parties working on site and public events to showcase our work. The Board approved a Communications and Engagement Strategy in October 2017 and data on the key characteristics of young people in detention and other operational information is now routinely placed in the public domain. A series of events is being held to engage with external stakeholders, advise them on Campus activity and incorporate their views into Oberstown's development.
- A structure was agreed with neighbours to support communication and this has resulted in regular meetings with them to address their concerns and ensure effective communication between the Campus and the local community.
- A format was put in place for monthly meetings with staff representatives to address ongoing IR issues.
- Data on young people and our services is being collated, analysed and made public on our website.
- Oberstown has commissioned external support for its public relations functions in order to ensure that high quality information is placed in the public domain and the Oberstown engages directly in public discussion of issues affecting the service.

7.3.5 Accountability

Steps are underway to enhance accountability at all levels of the organisation including at Board, management and staff levels including the following:

- The Board has established two sub-committees addressing matters of Finance, Risk and Audit, and Governance respectively. Substantial work in both areas is underway and reports are submitted to every Board meeting.

- A system of continuous review and performance is being embedded through the organisation at individual and collective levels, through enhanced line management approaches.
- A comprehensive system of quality improvement via regular audits, reviews and investigations with co-ordinated follow-up.
- As noted above, a Strategic Plan for the next three years (2017-2020) was developed in consultation with staff and other stakeholders. As well as setting out the vision and mission for Oberstown, it details the actions necessary to sustain the progress already achieved towards that vision and mission.

8. Conclusions and Next Steps

Oberstown Children Detention Campus is now emerging from a challenging period of development. Established as a single entity on June 1st, 2016 the Campus has undergone major change towards a single Campus model designed to provide the best possible care and education to all young people under 18 years referred by the criminal courts. The external reviews of various aspects of the Campus undertaken in 2016 have identified the improvements necessary to ensure that the Campus meets its obligations to provide safe and secure care to young people and a safe and supportive work environment for staff.

The Review Implementation Group collated, categorised and analysed these recommendations from a range of different perspectives and, through the process outlined in this report, sought to produce a coherent plan to their implementation, internalising them in the operations of the Campus and into the oversight, strategy and policy activity of both the Board of Management and the IYJS/DCYA. In many respects, the external viewpoint provided by the reviews was crucial in enabling the Campus to move through the significant challenges of 2016 into the next stage of its development. While external oversight and inspection is vital to ensure public accountability, it is the staff and management of the Campus that must now take responsibility for the implementation of the reviews' recommendations. In this regard, the considerations highlighted in this report should be taken into account in giving the Campus the time, capacity and resources to ensure implementation of the reviews' recommendations. In this regard, providing the best possible care to young people in Oberstown must remain the overriding priority.

Oberstown's young people are often exceptionally vulnerable with complex unmet needs. They can sometimes be violent, with a history of displaying very challenging behaviour. The requirement to ensure the best care for these vulnerable young people within a secure environment thus creates its own contradictions insofar as these young people may sometimes seek to cause damage, escape and refuse the high level of care the Campus seeks to provide. Despite these challenges, the priority must always be to ensure

that young people who are unable or unwilling to accept the routines and boundaries of the Campus are kept safe and that those around them – staff and young people - are also cared for properly, while security and safety is maintained. The challenges of this process will continue and the implementation of the priorities identified in the Strategic Plan 2017-2020 and the Youth Justice Action Plan 2014-2018 by IYJS/DCYA will ensure that they are met.

As a follow on to the reviews into the Campus, Oberstown now needs to develop its own capability in the areas of auditing, monitoring and inspection. The Strategic Plan 2017-2020 makes a commitment to developing such accountability systems. In line with the oversight provided by the Board of Management, therefore, it is recommended that Oberstown management develop its own internal systems of audits and checks, to be undertaken every six months, and submitted to the Board of Management for review. This information should also be included in the Annual Report submitted by the Board of Management to the Minister for Children and Youth Affairs under section 174 Children Act 2001.

Oberstown will remain subject to an extensive range of external, statutory monitoring and inspection mechanisms. These include HIQA, with respect to the care of young people, the Department of Education and Skills with respect to education and the Ombudsman for Children, to whom young people can submit complaints. The Campus will continue to comply with the regulation of statutory bodies, including the Health Service Executive on matters of healthcare, the Comptroller and Auditor General on financial, audit and risk and the Environmental Protection Agency and the Health and Safety Authority on relevant matters. On matters of employment, the Campus is subject to the oversight of the Workplace Relations Commission. Oberstown Children Detention Campus falls under the remit of the Irish Youth Justice Service in the Department of Children and Youth Affairs and as such is accountable through the Board of Management to the Minister for Children and Youth Affairs. Campus management has appeared before the Joint Oireachtas Committee on Children and Youth Affairs and is publicly accountable in this way also. Internationally, the Campus can be inspected by the European Committee for the Prevention of Torture and its operations are regularly scrutinised by international human rights bodies and procedures, including the UN Committee on the Rights of the Child, the UN Human Rights Committee, the UN Committee on the Prevention of Torture and UN system of Universal Periodic Review.

The extent of accountability demanded of Oberstown Children Detention Campus is entirely in the public interest given the importance of the service Oberstown provides to young people deprived of their liberty. This will continue to occur under the statutory framework of the Children Act as amended, the guidance of the Irish Youth Justice Action Plan 2014-2018 and the Oberstown Strategic Plan 2017-2020. All of this activity must also be matched by a commitment to good governance and accountability internally so that

the process of review and continuing improvement become firmly embedded in the day to day and internal operations of the Campus. It is in this way that the potential of all the reviews to influence positive outcomes for the young people in Oberstown will be maximised.