**Safeguarding Adults in need of protection and/or at Risk of Harm Guidance**

**2022**

Table of Contents

[Short note from Regional Representative 3](#_Toc84262803)

[Glossary 3](#_Toc84262804)

[- A Summary Introduction 4](#_Toc84262805)

[What is this policy document about? 4](#_Toc84262806)

[What do we mean by “adult in need of protect and/or at risk of harm”? 4](#_Toc84262807)

[What do we mean by “harm”? 5](#_Toc84262808)

[What do I do if I am concerned about an adult at risk? 5](#_Toc84262809)

[What are the expectations of the Regional Team and our colleagues arising from this policy? 6](#_Toc84262810)

[In our context, where may this policy be relevant? 6](#_Toc84262811)

[Definitions of “Adult at Risk” or “Vulnerable Person” 6](#_Toc84262812)

[Definitions and Descriptions of Abuse 6](#_Toc84262813)

[Different Forms of Abuse 7](#_Toc84262814)

[Recognising and Reporting Concerns of Abuse 9](#_Toc84262815)

[What would cause you concern or suspicion about abuse? 9](#_Toc84262816)

[What to do if you are concerned about a person? 9](#_Toc84262817)

[Responding to an adult disclosing abuse 10](#_Toc84262818)

[Consent and Capacity 11](#_Toc84262819)

[Whistleblowing 11](#_Toc84262820)

[Safe Activities 12](#_Toc84262821)

[Recruitment 12](#_Toc84262822)

[Vetting 12](#_Toc84262823)

[Service Providers 12](#_Toc84262824)

[Induction 12](#_Toc84262825)

[Training & Support 13](#_Toc84262826)

[Lone Working Guidance 13](#_Toc84262827)

[Note on One-to-One Ministry 13](#_Toc84262828)

[Additional Policies 13](#_Toc84262829)

[Recording, data protection and confidentiality 13](#_Toc84262830)

[HSE Safeguarding and Protection Teams 14](file:///C%3A%5CUsers%5CMHM%20Regional%5CDownloads%5CVA%20MHM%20Oct%202021.docx#_Toc84262831)

[HSE Information Line 14](file:///C%3A%5CUsers%5CMHM%20Regional%5CDownloads%5CVA%20MHM%20Oct%202021.docx#_Toc84262832)

*We are pleased to introduce this provisional Guidance on Safeguarding Adults in need of protection and/or at Risk of Harm.*

*As we await the finalisation and enactment of a government Safeguarding Bill, the Region of Ireland have had an Interim Guidelines for Clergy, Staff and Volunteers for Vulnerable Adults since 2016 available on the Society Website under the Region of Ireland’s safeguarding webpage. The drafting of the National bill has generated other ways of looking at this area during the intervening years which has encouraged revision of our interim guidelines. The Region Safeguarding Committee revised the 2016 document in line with some of the areas more relevant to our Society and its current and future situation. National and Church related polices will be lengthy documents with principles and standards to cater for many types of situations.  We produce this provisional Guidance to cater for our own situation.*

*The Missionary Society of St. Columban is fully committed to safeguarding the well-being of adults by protecting them from physical, sexual, psychological, financial, discriminatory abuse and neglect. The Missionary Society of St. Columban accepts that in all matters concerning vulnerable adults, the welfare and protection of such adults is paramount and this document will guide us in ensuring that every person has a right to feel safe and be treated with respect. A document like this presents information to widen our understanding and guide us with ensuring that safety and respect for ourselves and others is put into practice in a responsible way. Safeguarding is the responsibility of everybody, be it safeguarding of Children, or of adults in need of protection and/or at risk of harm. This personal responsibility has to be put into practice and this document will act as an aide-mémoire and as a source of reference for the time being.*

*On Behalf of the Regional Safeguarding Committee*

#

# Glossary

**Adult at risk**

**A person who is aged 18 or over who needs help to protect themselves or their interests at a particular point in time, whether due to personal characteristics or circumstances, and is at risk of experiencing harm [/abuse] by another party. A distinction is made between an adult unable to safeguard themselves or their own interests at a particular point in time, and one who is deemed to have the skill, means, capacity and / or opportunity to safeguard themselves in a similar situation, but chooses not to.
Draft Adult Safeguarding Policy 2019**

**Abuse**

**A single or repeated act, or omission (including within a relationship where there is an expectation of trust), which violates a person’s civil or human rights and / or causes harm or distress to that person. For the purposes of this policy, abuse is understood to mean abuse by a third party.**

**Exploitation**

**Deliberate manipulation of, or abuse of power and control over another person: to take unfair advantage of another person or situation.**

**Harm**

**The impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an act of omission, that may cause impairment of physical, intellectual, emotional, or mental health and wellbeing**

**Neglect**

**Withholding or failure, by a responsible party, to provide appropriate and adequate care and/or support which is required to another person which is likely to result in an impairment of the person’s health or wellbeing. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.**

**Safeguarding**

**Putting measures in place to reduce the risk of harm [/abuse], promote and protect people’s human rights and their health and wellbeing, and empowering people to protect themselves.**

**Safeguarding Adults in need of protection and/or at risk of harm**

# -

# A Summary Introduction

## What is this policy document about?

This document has been written with the primary intention of awareness raising.

The intention is to raise awareness of the possibility of harm or abuse in the lives of adults with whom we work and minister, and some of the steps we can take to respond to any concerns.

Some adults are at greater need of protection and/or at risk of harm due to their circumstances and hence, their safeguarding needs are greater.

We all need to be aware of safeguarding adults and take action to make sure that nobody experiences abuse or neglect, particularly those who are vulnerable.

## What do we mean by “adult in need of protect and/or at risk of harm”?

For the purpose of this policy, an adult in need of protection and/or at risk of harm is seen as a person aged 18 and over, whose exposure to harm (i.e. abuse, neglect, exploitation) may be increased by their circumstances.

Vulnerability to harm may be increased by such factors as: isolation, poverty, lack of education or information, addiction, homelessness, disability, diminished capacity and mental health illness.

The term ‘vulnerable adult’ will be a familiar one to many. The HSE Draft Adult Safeguarding Policy (2019) suggests a move away from the use of this term. Defining those in need of safeguarding as ‘vulnerable adults’ creates assumptions about inherent vulnerability and can be stigmatizing. Such assumptions may not always be accurate.

## What do we mean by “harm”?

The concepts of abuse, harm and exploitation are useful in helping us understand the safeguarding needs of adults. Harm refers to the impact that abuse, neglect and exploitation has on a person. Descriptions of different forms of abuse can be found below. Exploitation refers to any situation in which one person takes advantage of the vulnerability and dependence of another.

## What do I do if I am concerned about an adult at risk?

There are nine HSE Safeguarding and Protection Teams across the country that you can contact if you have a concern about an adult who may be at risk of abuse.

If you are unsure what to do, or about whether the person you are in contact with might fit the description of an adult in need of protection and at risk of harm, the best thing to do is to seek advice.

The Adult Safeguarding Officer is .

Adult Safeguarding Officer

Contact Details: Sandra Neville

Sandra.neville@columbans.ie

## What are the expectations of the Regional Team and our colleagues arising from this policy?

* Be alert to the possibility of harm/abuse happening in the lives of adults with whom we minister, especially when that adult might have reduced ability to protect themselves from harm.
* Seek advice about situations which cause concern.
* To adhere to any Code of Practice which we have signed up to, and to create safe environments for those we work with, ourselves, and our staff and colleagues.

##  In our context, where may this policy be relevant?

1. Ministry/work with a group of adults using a service, where it is understood that the people using the service may be more vulnerable to being exposed to harm e.g., in a residential care facility.
2. Ministry/work in a group setting where one or more of the participants might be described as an adult at risk.
3. Home visitation.
4. Living in our communities where some of our members /residents may have diminished capacity.

# Definitions of “Adult at Risk” or “Vulnerable Person”

While bearing in mind that vulnerability is not inherent to a person or static, there are definitions provided in statutory policy in the Republic of Ireland, these are given below.

The final definition is one recently communicated by the Holy See in a Motu Proprio “*Vos Estis Lux Mundi”*. This papal letter established new safeguarding norms for the Church and came into force on 1st June 2019.

**Republic of Ireland**

An adult at risk of abuse is defined as:

A person over 18 years of age who is:

* At risk of experiencing abuse, neglect, or exploitation by a third party and
* Lacks mental or physical capacity to protect themselves from harm at this time in their lives.

*HSE Adult Safeguarding Policy – Final Draft (June 2019)*

**Catholic Church**

A vulnerable person is “any person in a state of infirmity, physical or mental deficiency, or deprivation of personal liberty which, in fact, even occasionally, limits their ability to understand or to want or otherwise resist the offence”.

*Vos Estis Lux Mundi, Holy See, 2019*

# Definitions and Descriptions of Abuse

Abuse may be defined as “any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative”
*Health Information and Quality Authority (HIQA)*

# Different Forms of Abuse

| **Form of Abuse** | **Definition** | **Examples** | **Possible Signs / Indicators** |
| --- | --- | --- | --- |
| **Physical** | Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions | Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication. | Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth.Unexplained/long absences at regular placement. Person appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt. |
| **Sexual** | Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent. | Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of another person or persons exposure to pornography or other sexually explicit and inappropriate material | Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.Person demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks |
| **Discriminatory** | Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment. | Shunned by individuals, family or society because of age, race, religious beliefs or disability.Assumptions about a person’s abilities or inabilities. | The person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish, isolation from family or social networks. |
| **Psychological** | Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation ofcontact, humiliation,blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. | Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone’s personalspace. Unresponsiveness,not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person’s emotional development or need for social interaction. | Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, extremely low self-esteem, tearfulness, self-harm abuse or self-destructive behaviour.Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn. |
| **Financial or material** | Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. | Misusing or stealing the person’s property, possessions or benefits, mismanagement of bank accounts, cheating the person, manipulating the person for financial gain, putting pressure on the person in relation to wills, property, inheritance and financial transactions. | No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the person’s internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc. |
| **Institutional** | Institutional abuse may occur within residential care and acute settings including nursing homes, hospitals and any other in‐patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs | Lack of training of staff and volunteers, lack of or poor-quality supervision and management, poor record keeping and liaison with other agencies, low staff morale and high staff turnover. Residents are treated collectively rather than as individuals. Resident’s right to privacy and choice not respected. Staff talking about the resident’s personal or intimate details in a manner that does not respect a person’s right to privacy and dignity. | Vulnerable adult has no personal clothing or possessions, there is no care plan, the person is often admitted to hospital, or there are instances of staff/ volunteers treating the person badly or unsatisfactorily or acting in a way that causes harm, poor staff morale and high staff turnover and lack of clear lines of accountability and consistency of management. Lack of training of staff and volunteers.  |

# Recognising and Reporting Concerns of Abuse

## What would cause you concern or suspicion about abuse?

There are several ways in which you might become concerned or suspicious that an adult in need of protection and/or at risk of harm is suffering or has suffered, harm.

* + The adult may tell you directly.
	+ Someone else may tell you or some incident may cause you concern.
	+ An adult may show some signs of physical injury for which there appears to be no credible or satisfactory explanation.
	+ The person’s demeanour/behaviour may cause you to suspect that something does not feel right, or possible abuse has taken place.
	+ The behaviour of another individual close to the adult at risk makes you feel uncomfortable (e.g. family, carer etc.).

## What to do if you are concerned about a person?

Everyone is entitled to have their civil and human rights upheld and to live a life free from abuse and neglect. Therefore, all concerns, allegations and disclosures must be taken seriously and dealt with appropriately. It is important, in so far as practicable, to talk to the person you think is at risk of harm, about your concerns. This is explored further at a later section on ‘Consent and Capacity’.

1. Are there applicable organisational procedures? If the concern arises during the course of your work for another organisation, you should follow that organisation’s policies and procedures. If they have a Designated Person (i.e. title may vary depending upon the organisations), allegations and concerns will be reported to this person.
2. Is this a public based concern? If the concern is in relation to a person living in society, this can be reported directly to the relevant HSE Safeguarding Team
3. Can I seek advice, if unsure: It is important to know that advice can always be sought from the HSE or from the DP, if you would like guidance on the appropriate response.
4. Am I concerned about a member or congregational personnel? If an allegation or concern arises about the conduct of a member or congregational personnel, this must be reported to the Adult Safeguarding Officer.
5. Is this a possible crime? Where the concern relates to a possible criminal offense, this should be reported to the police.

Note: Criminal Justice (Withholding Of Information On Offences Against Children And Vulnerable Persons) Act 2012.

Under this Act, it is a criminal offence to withhold information about a serious offence, including a sexual offence, against a person under 18 years or a vulnerable person. The offence arises where a person knows or believes that a specified offence has been committed against a child or vulnerable person and he or she has information which would help arrest, prosecute or convict another person for that offence, but fails without reasonable excuse to disclose that information, as soon as it is practicable to do so, to a member of An Garda Síochána.

It is important for the members, staff and volunteers to know that they are *not responsible for deciding whether or not abuse has occurred,* and neither are they *responsible for conducting an investigation.* This is the role of the appropriate authorities.

# Responding to an adult disclosing abuse

Where this happens, it is important that members, staff and volunteers know how to respond and do so in accordance with the following guidelines:

|  |  |
| --- | --- |
| **DO** | **DO NOT** |
| * Stay calm.
* Listen.
* Reassure the person - tell him/her they did the right thing in telling you.
* Let them know that the information will be taken seriously and give them information about what will happen next.
* If urgent medical and/or Gardaí/PSNI help is needed, call the emergency services.
* Ensure the safety of the person.
* Be aware that forensic evidence might be needed.
* Let the person know that they will be kept informed at every stage.
* Record in writing (date and sign your record) and report to the Adult Safeguarding Officer for the Province.
* Act without delay.
 | * Stop someone disclosing to you.
* Promise to keep secret what they tell you.
* Press the person for more details or make them repeat the story.
* Gossip about the disclosure or pass any information about this to anyone who does not have a legitimate need to know.
* Under any circumstances, contact the alleged abuser.
* Attempt to initiate an investigation yourself.
* Leave details of your concern on a voicemail or e-mail.
* Delay in responding.
 |

Checking Out - There may be a need to do some initial “checking out” with the person who has disclosed information to you in order to ensure his/her safety.

For example, if a member, staff or a volunteer notices a bruise on the person’s arm, it would be appropriate to ask “I see you have a bruise on your arm. Is that sore? Would you like to tell me what happened? Then listen. If no answer/s fore coming then do not pursue with the questions However, be careful **not** to start investigating.

It is important that the members, staff and volunteers understand the clear distinction between “checking out” and an investigation.

***Do not start investigating by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial checking out, listening and expressing your concern. Then report your concern and seek advice.***

# Consent and Capacity

When we think about a person at risk , the concepts of consent and capacity are significant ones. The law in Ireland has offered clarity on the concept of capacity in the Assisted Decision Making (Capacity) Act 2015 (*Note: The Act has yet to be fully commenced*). The intention behind the Act is to maximise a person’s capacity to make decisions for themselves.

All adults including those we might class “vulnerable” should be central to decisions regarding any actions to prevent or protect them from harm. The intention of an intervention is to have a proportionate, measured approach to balancing the risk of harm with respecting the adult’s choices and preferred outcome for their own life circumstances.

Every adult has the ability to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed. There should always be a presumption of capacity to make decisions unless there is evidence to suggest otherwise. However, there are also some circumstances when it may be necessary to consider the protection and rights of others and overriding the withholding of consent may be necessary to ensure the protection of others.

If an adult refuses to consent to a referral to the HSE, this should be explored with them. Consent may be over-ridden in some cases, for example, where the individual lacks the capacity to appreciate the nature of the concerns and the potential consequences to them of not addressing those concerns; where there is a potential risk to others or in the public interest.
If you have any concerns that the adult at risk may not have capacity to consent or may be coming under pressure to refuse consent you should refer to the Adult Safeguarding Officer and the HSE.

Currently the following legal description is used by courts both in NI and ROI as a rule in relation to consent. The consent of an adult in need of protection and/or at risk of harm is considered valid ONLY if:

* She/he has the capacity to consent, i.e. She/he can understand and weigh up the information needed to make the decision.
* Sufficient information has been given to her/him, in an appropriate way, on which to base the decision.
* Consent has been given on a voluntary basis, that is free from coercion or negative influence.

NOTE: If any of these three factors is absent, consent cannot be considered to be valid.

# Whistleblowing

‘Whistleblowing’ is a term used to describe the action of someone who reveals/discloses wrongdoing within an organisation to the public or to those in positions of authority. It enables them to report concerns in a way that will not be seen as disloyal to their settings and colleagues.

The Missionary Society of St. Columban in Ireland is committed to the highest possible standards of openness, transparency and accountability. Members, staff and volunteers are expected and encouraged to voice any concerns about activities involving adults at risk to the appropriate person (person in charge of the setting) and to the Adult Safeguarding Officer.

Everyone (including members, staff and volunteers) has the right to raise concerns about perceived unacceptable practice or behaviour and no action will be taken against the complainant if the concern proves to be unfounded but was raised in good faith.

Malicious allegations, however, may be considered as a disciplinary and/or a criminal offence.

All staff are expected to comply with the Code of Behaviour as outlined in the Employee Handbook

This mechanism exists not only to protect adults in need of protection and/or at risk of harm but also in order to protect all members, staff and volunteers. In the Republic of Ireland, the Protected Disclosures Act 2014 provides legal safeguards to employees, contractors, agency workers and people on work experience schemes to report illegal practices or other specified wrongdoings such as abuse. This applies where the disclosure is made in good faith and on reasonable grounds and relates to any conduct or action which raises a significant danger to public health or safety.

# Safe Activities

# Recruitment

The Missionary Society of St. Columban, Region of Ireland has a safe recruitment procedure which ensures that an assessment is carried out, of the suitability of candidates for work with adults who may be vulnerable or at risk of abuse.

This procedure includes:

* An interview which addresses the person’s C.V. and any gaps in it;
* A minimum of two references is sought and verified;
* Garda vetting/police clearance;
* Signing a confidential declaration form.

# Vetting

Whenever the society in Ireland recruit an employee or volunteer or collaborate with external individuals to work with adults at risk of abuse in their care, there must be a thorough vetting of all candidates.

In the Republic of Ireland, the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, which came into operation in April 2016, outlines the compulsory vetting process for all individuals and organisations working with children and ‘vulnerable persons’.

# Service Providers

Where the society contract external providers for the purpose of working specifically with adults at risk of abuse, the service providers are requested to provide in writing that all recruitment, vetting etc. has been completed in relation to the staff member/s

# Induction

Personnel will be properly inducted into their role to ensure that they are aware of their responsibilities, supervisory structures and reporting lines.

During an induction, personnel will be:

* Introduced to the policy and procedures, including safeguarding documents;
* Asked to be familiar and adhere to the Code of Conduct

# Training & Support

Ensuring that personnel have the necessary knowledge and skill to carry out their work and ministry with adults, and to be cognisant of safeguarding requirements.

Training, awareness raising, and supervision and support is the cornerstone of a good safeguarding system.

# Lone Working Guidance

There are occasions when the members and/or staff work alone i.e. by themselves without close or direct supervision. They visit people in their homes, or they may have people visit them when they are the only person on the premises. On occasion, the person they minister to could be at risk or feeling vulnerable. While it is rare that members, staff or volunteers would work alone with individuals, it is possible and the following guidance should be used as a starting point in considering best practice and appropriate protocol.

When working alone or in unsupervised contexts, the member, staff or volunteer should take extra care around their own health and safety and that of the people they are working with.

The following guidelines should be attended to:

* Assess risk and put safety provisions in place. Depending on the nature of the work, it may be necessary to complete a written risk assessment.
* If dealing with a particularly vulnerable, emotional or angry individual, special attention should be given to the safety of the environment and the appropriateness of meeting. It may be decided that the meeting will happen with more than one member, staff member or volunteer present.
* If at any time the member, staff member or volunteer feels uncomfortable, they should trust their instincts and end the lone working interaction in a respectful way.
* Staff and volunteers should report any concerns they have to their Manager as soon as is reasonable. Members should report concerns to the Adult Safeguarding Officer.

# Note on One-to-One Ministry

Where a member’s ministry is one-to-one on a regular basis (e.g. visiting people’s homes, spiritual direction), the need for professional support by way of clinical supervision and ongoing training, becomes more important. Creating a professional support system for oneself will provide a space for reflecting on practice and identifying any practices which could leave oneself or others vulnerable.

# Additional Policies

If a member, staff member or volunteer is working or ministering with an adult in need of protection and at risk of harm, the nature of contact would normally not involve intimate care or specific duties attending to the person’s health and wellbeing.

If the nature of the engagement should change there may be a need to introduce specific guidance, this could be done with reference to the below mentioned document.
Within the Nursing Home, Dalgan Park, all staff etc. comply with the Safeguarding & Protection of the Resident Policy. Contacts; Ms. A. McNally.

# Recording, data protection and confidentiality

It is the responsibility of the region to ensure that the gathering, storage, usage and sharing of personal information is in line with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act, 1988 and 2003 (ROI). Generally, there is no actual prescribed period of time for holding on to personal data, but both acts stipulate that records “shall not be kept for longer than is necessary for that purpose or those purposes”. The Act goes on to stipulate that “where no legal requirement to retain information beyond the closure of the record exists the authority will need to establish its own retention periods.

Normally personal information should not be held for longer than 6 years after the subject’s last contact with the authority”.

It is important that the members, staff and volunteers understand the importance of confidentiality. All information relating to concerns/suspicions/allegations about an adult at risk of abuse should be treated as confidential and should only be communicated on a “need to know” basis. This information should NOT be shared with anyone, inside or outside the community, unless they are involved in the case.
Only the relevant personnel need to be involved. The Adult Safeguarding Officer will advise on who needs to know and who should have access to records.

#

# HSE Safeguarding and Protection Teams

**Dublin North, Dublin North City, Dublin North West**

Ms. Mary McNutt, St Mary's Hospital, Phoenix Park, Dublin 20 Tel: 076-6959528 Email: Safeguarding.cho9@hse.ie

**South Tipperary. Carlow, Kilkenny, Waterford, Wexford**

Ms. Geraldine Sutton, HSE Offices, Dublin Road, Lacken, Kilkenny, Co. Kilkenny

Tel: 056-7784325 Email: Safeguarding.cho5@hse.ie

**Kerry and Cork**

Ms. Kathleen O'Mahony, Unit 24/25 Doughcloyne Industrial Estate, Wilton, Cork. Eircode T12Y821

Tel: 021 4927550 Email: Safeguarding.cho4@hse.ie

**Clare, Limerick, North Tipperary and East Limerick**

Ms. Maggie McNally, Tyone Health Centre, Tyone, Nenagh, Co. Tipperary

Tel: 067 46470 Email: Safeguarding.cho3@hse.ie

# HSE Information Line

Monday to Saturday, 8am-8pm

Call Save: 1850 24 1850 Email: info@hse.ie