



National Safeguarding Office Annual Report 2020



HSE National Safeguarding Office

Annual Report 2020

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Foreword

1.0 Foreword

The 2020 annual report from the National Safeguarding Office reflects HSE safeguarding operations during an extraordinary year. While the level of reporting remained relatively stable in comparison to previous years the HSE, particularly Community Healthcare Organisation Safeguarding and Protection Teams have shown remarkable resilience in continuing to respond to referrals despite the challenges they faced, compounded by the recent cyber-attack, and we thank them for their commitment.

Social workers as the lead professionals for safeguarding have played a critical role in championing the rights of Ireland's most vulnerable citizens throughout the pandemic. In addition to the leadership of our social workers, our nurses, medical staff, allied and therapy professionals - as well as health service managers have sought to keep our patients, service users, residents and wider population safe from harm. The part that each and every staff member plays is both appreciated and essential to recognise, respond to, report and manage the risk of abuse to adults effectively.

The HSE's role in safeguarding adults at risk of abuse is first and foremost to safeguard adults who are in receipt of the services we provide and fund. To date our approach has been policy driven and continues to be so as we operate our 2014 Safeguarding Vulnerable Adults at Risk of Abuse Policy across older persons and disability services. In addition, prior to

2014, and on a continuing basis thereafter all HSE staff have a responsibility to safeguard adults at risk of abuse in the context of the care they provide or service they work in.

The HSE has acknowledged that a policy driven approach to adult safeguarding has many limitations, for example a lack of powers of access. There is a requirement for primary legislation in the area of adult safeguarding as well as the commencement of the provisions of the Assisted Decision Making (Capacity) Act 2015. These legislative provisions when commenced will significantly enhance the HSE's ability to safeguard. In addition to legislation the policy landscape requires development for improvement. The HSE continues to engage with stakeholders with a view to the introduction of a revised safeguarding policy. This is a significant opportunity in the context of the establishment of Community Healthcare Networks and wider Sláintecare implementation. The engagement and planning required is complex however, and must be undertaken concurrently to align with the overall programme of health service reform. In the interim, for the avoidance of doubt, the 2014 policy remains in operation.

Notwithstanding the critical role the HSE play in safeguarding, safeguarding adults at risk of abuse is a societal not a "health only" responsibility. Developments in legislation, policy and regulation must seek to ensure that a mandate and mechanism to safeguard

adults is in place in all sectors that come in contact with or provide services to adults – including finance, housing and local government, justice and education among others. Unfortunately, in Ireland, as in other countries there are those who are willing to, and seek to abuse others. Integrated inter-sector safeguarding on a firm legislative basis enables the prevention of physical, sexual, psychological and financial abuse.

During 2022 the HSE will seek to develop safeguarding operations further by procuring a fit for purpose case-management system, delivering new training and education tools and progressing engagement and planning for safeguarding in a Sláintecare context. This will include our continued engagement with stakeholders – critically organisations representing our staff and organisations with a safeguarding remit such as Safeguarding Ireland.

I would like to thank all of our staff and particularly the CHO Safeguarding and Protection Teams and the National Safeguarding Office for their commitment to safeguarding adults who are at risk of abuse.



JP Nolan

Head of Quality and Patient Safety HSE
Community Healthcare

October 2021



Introduction

2.0 Introduction

The Health Service Executive (HSE) aims to provide integrated health and personal social services that meet the highest standards, where people are treated with respect and dignity and can live as independently as possible.

The safety and protection of adults at risk of abuse is a key objective of the Government and the HSE. The current adult safeguarding policy Safeguarding Vulnerable Persons at Risk of Abuse - Policy and Procedures (HSE, 2014) and the programme of adult safeguarding services are all part of a range measures to support the welfare and safety of adults who may be vulnerable and at risk of abuse.

In implementing the policy, the HSE set up nine Safeguarding and Protection Teams (SPTs), one in each Community Health Organisation (CHO), to co-ordinate consistent responses to concerns of abuse and neglect. These teams are managed and led by principal social workers and staffed by social work team leaders and professionally qualified social workers. They provide a range of safeguarding functions including quality assurance as well as oversight and support to service providers including those funded by the HSE.

Since 2015 there have been some other key advances and developments:

- Setting up of a structure of over 1,900 designated officers across the social care sector with specific lead safeguarding roles.
- Compilation and management of a national database of designated officers who have a lead role for screening and notifying cases of alleged abuse and neglect.
- Development of an inter-sectoral national safeguarding committee now known as Safeguarding Ireland.
- Development and delivery of adult safeguarding training programmes nationally which includes a basic awareness raising training programme for all and specific training for designated officers. Since 2015, there has been over 100,000 completions of safeguarding training.
- Establishment of safeguarding committees in each of the nine CHOs with the aim of supporting the development of a culture which promotes the welfare of vulnerable adults and provide support and advice to the SPTs and senior management.

There has been some key improvements in policy and procedures in relation to the protection of adults at risk in the health and social care sector including the publication of national adult safeguarding standards for all services regulated by HIQA and the Mental Health Commission (HIQA, 2019). There remains a need for ongoing reform and strengthening of policy and practice in the area of adult safeguarding. Work has also been ongoing by the Department of Health to develop an overarching national policy on adult safeguarding in the health and social care sector.

Ongoing Sláintecare reforms (Houses of Oireachtas, 2017), implementation of the HSE Patient Safety Strategy (HSE, 2019) along with improved health service structures should lead to improved service delivery models for all users of health and personal services.

The current safeguarding Policy (HSE, 2014) required revision to potentially become an operational policy for all HSE and HSE funded services as well as becoming more person centred and aligned to the human rights requirements of the Assisted Decision Making

Capacity Act (2015). The draft revised adult safeguarding policy was completed in 2019 with the beginning of implementation planned for 2021/ 2022. In common with other projects, there has been a degree of disruption of planning associated with the COVID-19 pandemic.

The year 2020 has been exceptional and unprecedented not just for the Irish health and social care services but for all citizens. The impact of the COVID-19 pandemic has been profound, especially so for the lives of adults at risk of abuse. This Report gives an account of safeguarding activity in 2020 which was significantly impacted by the pandemic and the public health restrictions. There follows commentary on emerging trends, challenges and opportunities with regard to adult safeguarding.



The HSE National Safeguarding Office

3.0 The HSE National Safeguarding Office

The National Safeguarding Office (NSO), as part of HSE quality and patient safety community healthcare is committed to service reforms that advance person centred care, promote integrated care programmes and encourage choice and autonomy of service users. The NSO co-ordinates and leads the implementation of the safeguarding policy in the HSE social care division. The NSO has certain key functions in areas such as training, planning, data collection and setting up regional and national safeguarding committees. These developments should in turn lead to better and safer outcomes for service users.

3.1 The Objectives of the National Safeguarding Office

- Support the consistent implementation of the safeguarding Policy (HSE, 2014),
- Plan for the implementation of a revised adult safeguarding policy.

3.2 Core functions of National Safeguarding Office

1. Collect and collate data in relation to notifications and referrals to SPTs of alleged abuse and neglect of vulnerable persons;
2. Contribute to public awareness campaigns in relation to adult safeguarding;
3. Develop practice guidance and tailored resources for all stakeholders;
4. Develop, update and coordinate safeguarding training programmes;
5. Prepare and publish an annual report which is inclusive of data and trends on safeguarding concerns of vulnerable persons;
6. Commission research to establish best practice in promoting the welfare and protection of vulnerable persons from abuse;
7. Act as a resource for information in relation to abuse of vulnerable persons for HSE personnel, HSE funded agencies and other relevant organisations;
8. Contribute to performance measures and reporting obligations of the HSE;
9. Promote the development of Safeguarding Committees in all nine CHOs;
10. Contribute to and support the work of Safeguarding Ireland as the national inter-sectoral committee;
11. Facilitate and co-ordinate the interagency reference group with representatives from the disability umbrella organisations.

3.3 Key Strategic issues for the National Safeguarding Office

- Revise and update the HSE adult safeguarding training plan and oversee its implementation and associated quality assurance processes;
- Develop resource and guidance materials to underpin a revised and expanded HSE adult safeguarding policy;
- Plan for responding to emerging developments such as future legislation in adult safeguarding;
- Enhance safeguarding systems and processes by advancing the procurement of an ICT system for adult safeguarding notifications, referrals, case management and data collection and analysis;
- Play a lead role for the HSE in the implementation plans for service improvements regarding adults at risk of abuse following reports and enquiries;
- Promote safer and more responsive services that enhance the human rights of service users and in general promote a human rights agenda for adults in line with UN Convention on the Rights of Persons with Disabilities (2006) and the Assisted Decision Making legislation (2015);
- Improve interagency collaboration and coordination of responses around adult safeguarding;
- Enhance a communication strategy with all stakeholders via newsletters, online and media messages;
- Implement HSE service plan objectives with regard to adult safeguarding;
- Devise service development plans in line with Sláintecare reforms (Houses of Oireachtas, 2017), Department of Health future policy on adult safeguarding and the National Standards on Adult Safeguarding (HIQA and MHC, 2019).

3.4 Work Programme of the National Safeguarding Office

The pandemic had a significant impact on the work programme of the NSO especially in areas such as classroom-based education, learning events and collection of data/ performance measures. Three NSO staff were redeployed at short notice into the Midwest Department of Public Health for a period of time. In the initial phase of the pandemic the NSO liaised closely with SPTs to ensure that there was national coordination of safeguarding activity and that responses remained in place. Despite the significant challenges and restrictions, the SPTs maintained a safeguarding response and showed incredible commitment, resilience and adaptability at this time. Some team members have reflected on these experiences and this report contains direct commentary and quotes from team members based on their experiences in 2020. For the NSO itself despite the interruptions, delays and restrictions a number of work areas continued and were advanced during 2020:

- Integrating into national quality and patient safety (QPS) function and developing a quarterly reporting format for Community Health QPS.
- Advancing the adult safeguarding ICT project to stage one of the procurement process which entails an expression of interest process. The ICT project strives to maximise the full potential of data and analytics to drive better health outcomes for adult safeguarding along with an IT system for case management and notification. This will make data collection timely, safer, more efficient and comprehensive.
- Developing a safeguarding adults at risk of abuse eLearning programme (and associated explainer video) with HSELandD. The programme went live in September 2020.
- Reconfiguring of safeguarding designated officer training from a one-day classroom programme to a staged blended learning programme hosted on HSELandD. This was necessitated as a result of COVID-19 and the impact social distancing requirements had on the ability to provide classroom based training.
- Leading on a work stream group developing an education and training plan to support the implementation of a revised adult safeguarding policy.

- Undertaking a programme of events and activities to promote World Elder Abuse Awareness Day. This aimed to raise public awareness of abuse towards older persons and highlight the impact of cocooning restrictions on older persons.
- Advising CHOs on policy and practice matters especially relating to the management of complex cases.
- Supporting SPTs with specific enquiries, interventions and reviews.
- Commenced work on plans to introduce an evidenced based adult safeguarding assessment tool.
- Providing administrative support to the national implementation group for the revised adult safeguarding policy and participating in development work.
- Facilitation of grant funding to Safeguarding Ireland to support their work and actively engaging with their programme of public awareness campaigns.
- Membership of the policy advisory group undertaking the revision of the HSE National Consent Policy.
- Membership of HSE wardship group to develop guidance for staff.
- Engagement with the Garda National Protective Services Bureau on developing a joint Garda Síochána/ HSE data sharing protocol.
- Engagement with the Department of Health on the work of the NSO including the review of the Safeguarding Vulnerable Persons at Risk of Abuse - Policy and Procedures (HSE, 2014).
- Submission to the Law Reform Commission on the proposals for a regulatory framework for Adult Safeguarding.
- Contributing to the review of the HSE patient safety strategy.
- Completing submissions to the HSE estimates process.



Data on Safeguarding Concerns

4.0 Data on Safeguarding Concerns

Each adult at risk of abuse about whom a concern of abuse is raised has this concern assessed by way of a preliminary screening. This preliminary screening determines if the concern is a safeguarding concern where a safeguarding response is therefore warranted.

The preliminary screening is for the most part completed by a designated officer within a service and recorded on a standardised form. Community referrals are screened directly by the SPTs. A unique identification is assigned to each concern which enables it to be tracked through the safeguarding process. At present all concerns are logged on an Excel database within the SPTs which are collated monthly onto a national database in the NSO.

The information collected provides insight into concerns of adult abuse in Ireland both within social care services and those arising within a community context. The information also provides for data reporting and facilitates key performance indicator reporting namely:

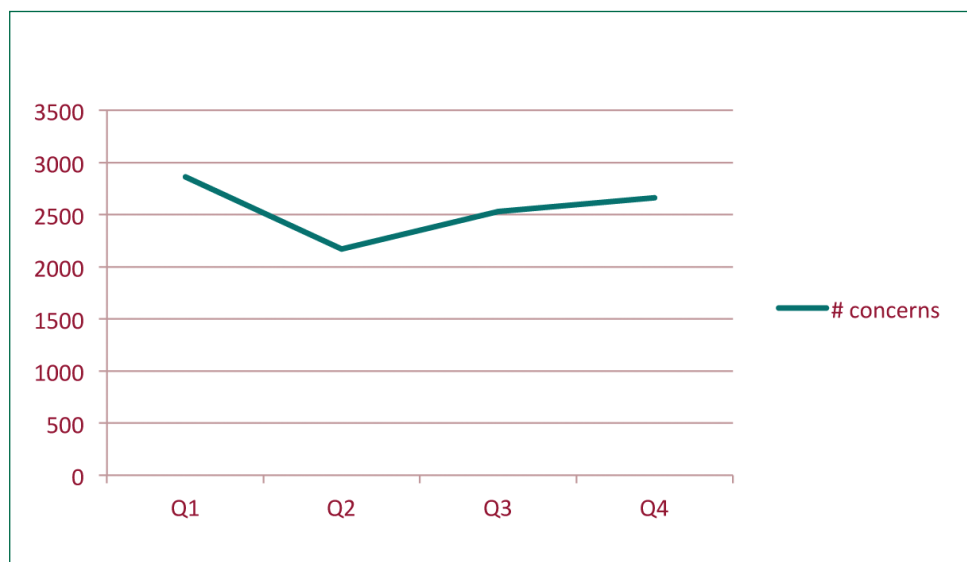
- Number of staff trained in safeguarding policy
- Number of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the SPTs accompanied by an interim safeguarding plan.

In addition to the core data requirements a log of advice and information provided by the teams was included in reports since 2017 so that they could account for this level of activity. This advisory work forms part of their safeguarding duties but may not be reflected in numbers of concerns. During 2020 it was a challenge for SPTs to maintain additional record of this advisory work. Previous years recorded over 1000 advisory requests per annum.

4.1 Safeguarding Data

The following tables and graphs set out the data collected on concerns of abuse received by the HSE.

The total number of concerns in 2020 totalled 10,216. The breakdown per quarter during 2020 is represented in Figure 1. The data is further presented by region with demographic breakdown. Figure 1 contains an adjustment for CHO7 as referred to in the 2019 report. There remains outstanding data notifications from CH07, which will result in a further adjustment in next year's report. Tables 1 to 4 give a breakdown of safeguarding concerns received by SPTs as well as a population based reporting rate. The alleged abuse categories, sources of notifications, and outcome of concerns are presented followed by commentary on the data and observed trends.

Figure 1: Distribution of 2020 concerns presented by quarter**Table 1:** Profile of safeguarding concerns by year and by CHO 2016 - 2020

CHO	2016	2017	2018	2019	2020	Grand Total
CHO1	711	768	878	879	828	4064
CHO2	687	704	755	649	646	3441
CHO3	635	927	1110	886	697	4255
CHO4	1060	1189	1628	1730	1342	6949
CHO5	1310	1567	1476	1493	1398	7244
CHO6	478	850	916	1001	955	4200
CHO7	1018	1772	2575	1976	1402	8743
CHO8	1158	1454	1507	1338	1547	7004
CHO9	976	1049	935	1263	1401	5624
Total	8033	10280	11780	11215	10216	51524

4.1.1 Abuse Types Alleged

For some cases there are multiple abuse types alleged. Of the 10,216 concerns raised, there were 11,847 abuse types alleged. The most frequent type of abuse alleged is psychological followed by physical. This is the position across all the age groups. Adults under 65 have the highest proportion of psychological and physical abuse alleged. Financial abuse and neglect are alleged to a greater extent in adults over 80 years.

Table 2: Abuse Types (all cases) by age of adult at risk of abuse 2020

Abuse Types Alleged	18-64 Years		65+		Over 80 (Subset of 65+)		Total	
	No.	%	No.	%	No.	%	No.	%
Physical	2950	38%	490	25%	322	21%	3861	33%
Sexual	333	4%	54	3%	53	3%	444	4%
Psychological	3261	42%	732	38%	497	32%	4688	40%
Financial	439	6%	303	16%	348	23%	1198	10%
Neglect	440	6%	220	11%	288	19%	1045	9%
Discriminatory	17	0%	5	0%	5	0%	28	0%
Institutional	157	2%	20	1%	16	1%	197	2%
Self-Neglect	104	1%	125	6%	2	0%	386	3%
Total	7701	100%	1949	100%	1531	100%	11847	100%

Table 3 presents on cases where there is a person allegedly causing concern. It presents types of abuse alleged according to the age group of the adult at risk of abuse. While this table includes some cases with self-neglect it does so only in instances where there is another type of abuse alleged with an associated person allegedly causing concern. Self-neglect cases without a person allegedly causing concern have been excluded.

Table 3: Abuse types (with person allegedly causing concern) by age of adult at risk of abuse 2020

Abuse Types Alleged	18-64 Years		65+		Over 80 (Subset of 65+)		Total	
	No.	%	No.	%	No.	%	No.	%
Physical	2950	38%	490	26%	322	20%	3861	33%
Sexual	333	4%	54	3%	53	3%	444	4%
Psychological	3261	43%	732	39%	498	30%	4688	41%
Financial	439	6%	303	16%	348	21%	1198	10%
Neglect	440	6%	220	12%	288	18%	1047	9%
Discriminatory	17	0%	5	0%	85	5%	28	0%
Institutional	157	2%	20	1%	16	1%	197	2%
Self-Neglect	47	1%	31	2%	29	2%	112	1%
Total	7644	100%	1855	100%	1639	100%	11575	100%

4.1.2 Safeguarding Concerns by Age and Gender

Each CHO has a unique service provision structure within HSE, voluntary and community services. These, as well as population differences impact on the number of safeguarding concerns raised within CHOs. Tables 4 to 6 show the number of concerns raised per 1,000 of population to allow for this demographic difference.

In 2020 the number of concerns raised per CHO ranged from 1.88/1,000 population in CHO2 to 3.63/1,000 in CHO5. The national average at 2.84/1,000 is a decrease on 2019, which was 3.33/1,000.

Table 4: Reporting rate per 1,000 of adult population: all adults by CHO 2020

CHO	Males 18 Years+			Females 18 Years+			Total 18 Years+		
	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	143,416	482	3.36	147,289	338	2.29	290,705	820	2.82
2	167,995	269	1.60	173,234	371	2.14	341,229	640	1.88
3	141,996	350	2.46	145,439	341	2.34	287,435	691	2.40
4	255,667	656	2.57	266,216	684	2.57	521,883	1,340	2.57
5	186,605	649	3.48	193,439	731	3.78	380,044	1,380	3.63
6	141,841	444	3.13	155,848	510	3.27	297,689	954	3.20
7	259,417	610	2.35	274,204	778	2.84	533,621	1,388	2.60
8	218,781	723	3.30	225,075	819	3.64	443,856	1,542	3.47
9	229,925	625	2.72	244,976	773	3.16	474,901	1,398	2.94
Total	1,745,643	4,808	2.75	1,825,720	5,345	2.93	3,571,363	10,153	2.84

The reporting rate for adults age 65 or over is more than double that for adults in younger age category (18-64 years) and is even higher for females 65 or over

Table 5: Reporting rate per 1,000 of adult population: 18-64 years by CHO 2020

CHO	Males 18- 64 Years			Females 18- 64 Years			Total 18- 64 Years		
	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	114,414	414	3.62	116,228	247	2.13	230,642	661	2.87
2	135,208	98	0.72	137,463	130	0.95	272,671	228	0.84
3	115,927	256	2.21	115,899	203	1.75	231,826	459	1.98
4	209,629	467	2.23	213,377	406	1.90	423,006	873	2.06
5	151,195	453	3.00	154,258	386	2.50	305,453	839	2.75
6	116,807	294	2.52	124,324	292	2.35	241,131	586	2.43
7	223,779	449	2.01	232,397	511	2.20	456,176	960	2.10
8	183,632	565	3.08	185,966	627	3.37	369,598	1,192	3.23
9	198,215	490	2.47	205,078	453	2.21	403,293	943	2.34
Total	1,448,806	3,486	2.41	1,484,990	3,255	2.19	2,933,796	6,741	2.30

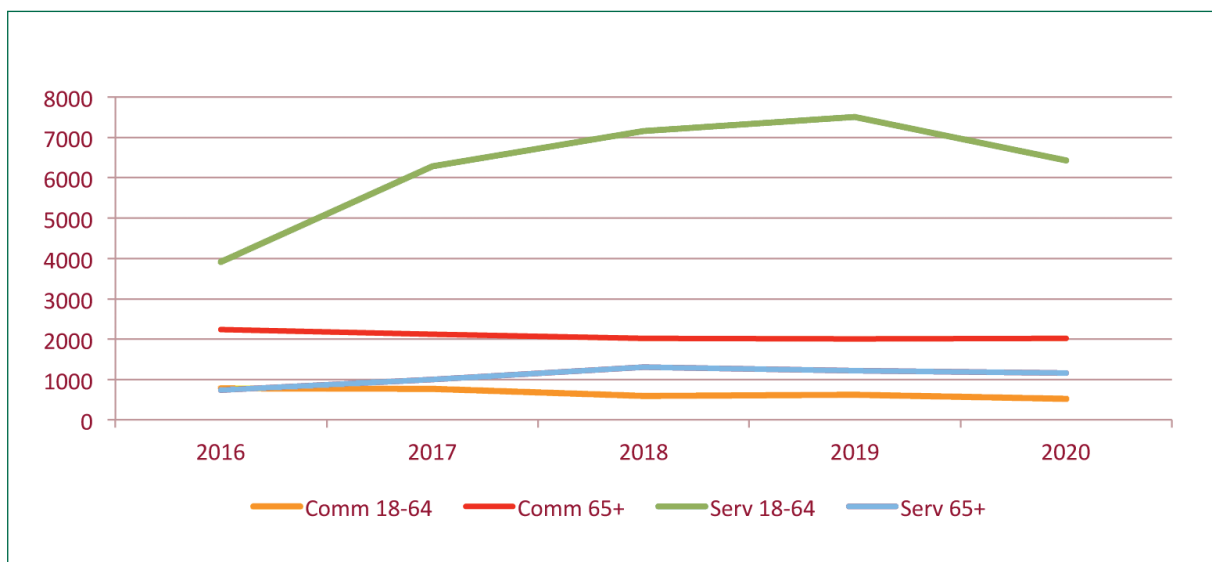
Table 6: Reporting rate per 1,000 of adult population: 65+ years by CHO 2020

CHO	Males 65+ Years			Females 65+ Years			Total 65+ Years		
	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	29,002	68	2.34	31,061	91	2.93	60,063	159	2.65
2	32,787	171	5.22	35,771	241	6.74	68,558	412	6.01
3	26,069	94	3.61	29,540	138	4.67	55,609	232	4.17
4	46,038	189	4.11	52,839	278	5.26	98,877	467	4.72
5	35,410	196	5.54	39,181	345	8.81	74,591	541	7.25
6	25,034	150	5.99	31,524	218	6.92	56,558	368	6.51
7	35,638	161	4.52	41,807	267	6.39	77,445	428	5.53
8	35,149	158	4.50	39,109	192	4.91	74,258	350	4.71
9	31,710	135	4.26	39,898	320	8.02	71,608	455	6.35
Total	296,837	1,322	4.45	340,730	2,090	6.13	637,567	3,412	5.35

4.1.3 Community / Service Classification

Concerns arise within a community or service setting and are managed along that pathway. Variations in the pattern of community/service setting concerns are evident. Figure 2 illustrates the trend since 2016.

Figure 2: Profile of safeguarding concerns by setting and age



4.1.4 Concerns by Referring Care Group and Referral Source

The breakdown of concerns across different divisions is in line with the operational scope of the policy as being a social care division policy. Seventy-eight percent of concerns arise within the social care division.

Figure 3: Concerns by referring care group 2020

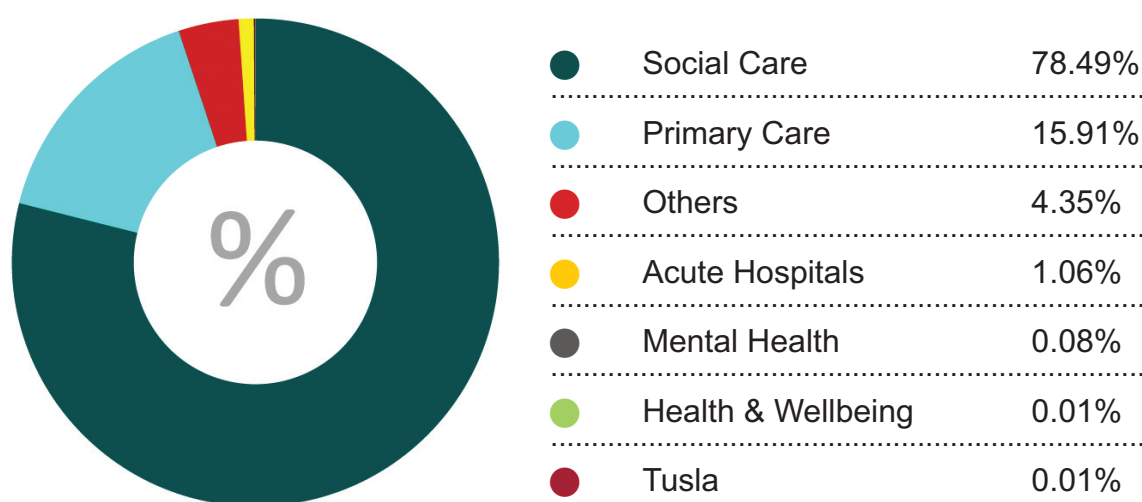


Table 7: Concerns by referring care group 2016-2020

Care Group	2016	2017	2018	2019	2020
Social Care	74.24%	76.06%	81.14%	81.12%	78.49%
Primary Care	21.37%	19.83%	14.73%	14.40%	15.91%
Others	0.00%	0.04%	0.06%	2.23%	4.35%
Acute Hospitals	2.69%	3.36%	3.47%	1.70%	1.06%
Mental Health	1.31%	0.67%	0.54%	0.43%	0.08%
Health & Wellbeing	0.38%	0.04%	0.05%	0.09%	0.01%
Tusla	0.01%	0.01%	0.01%	0.03%	0.01%

Figure 4 and Table 8 present the breakdown of source of referrals in 2020 and for the combined years 2016-2020. Voluntary agencies remain the largest single source of referrals, followed by Public Health Nurse (PHN)/Registered General Nurse (RGN) though the proportion of referrals from this group has seen a decrease over the five year period.

Figure 4: Referral source 2020

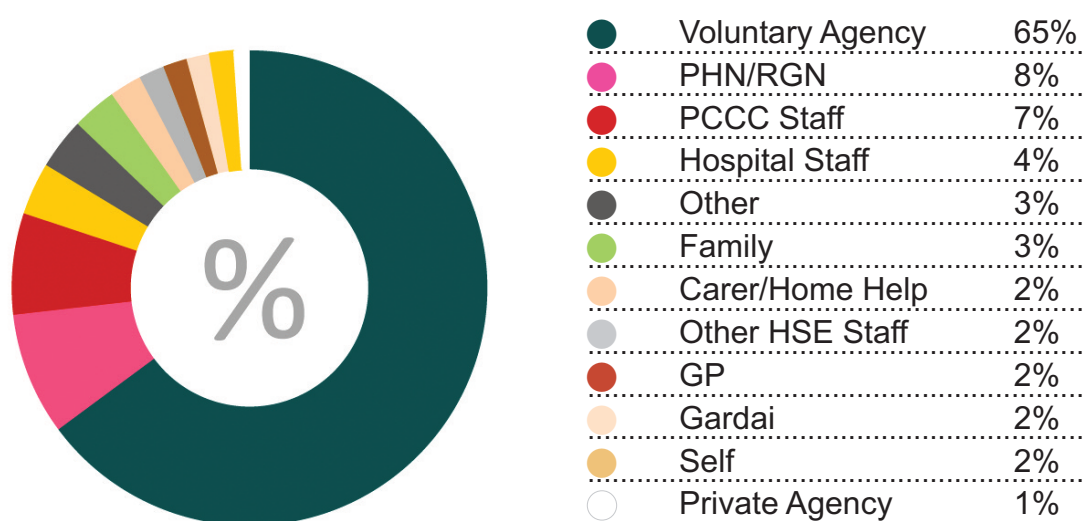


Table 8: Referral source 2016-2020

Group	2016	2017	2018	2019	2020
Voluntary Agency	38%	42%	49%	63%	65%
PHN/RGN	26%	20%	23%	8%	8%
PCCC Staff	11%	8%	9%	8%	7%
Hospital Staff	6%	6%	6%	8%	4%
Family	4%	3%	3%	2%	3%
Carer/Home Help	3%	2%	2%	2%	2%
Other HSE Staff	0%	0%	0%	3%	2%
GP	2%	2%	1%	2%	2%
Gardai	2%	1%	1%	1%	2%
Self	2%	3%	2%	1%	2%
Other	0%	0%	4%	3%	3%
Private Agency	0%	0%	0%	0%	1%

4.1.5 Profile of Person Allegedly Causing Concern

The categories of relationship between the adult at risk of abuse and the person allegedly causing concern remains consistent with previous years with over 50% relating to another service user/peer. Table 9 indicates the differences arising depending on the age of the adult at risk of abuse. For those under 65, the person allegedly causing concern is most likely to be another service user. In contrast, for those over 65 the person allegedly causing concern is likely to be an immediate family member.

Figure 5: Person allegedly causing concern 2020

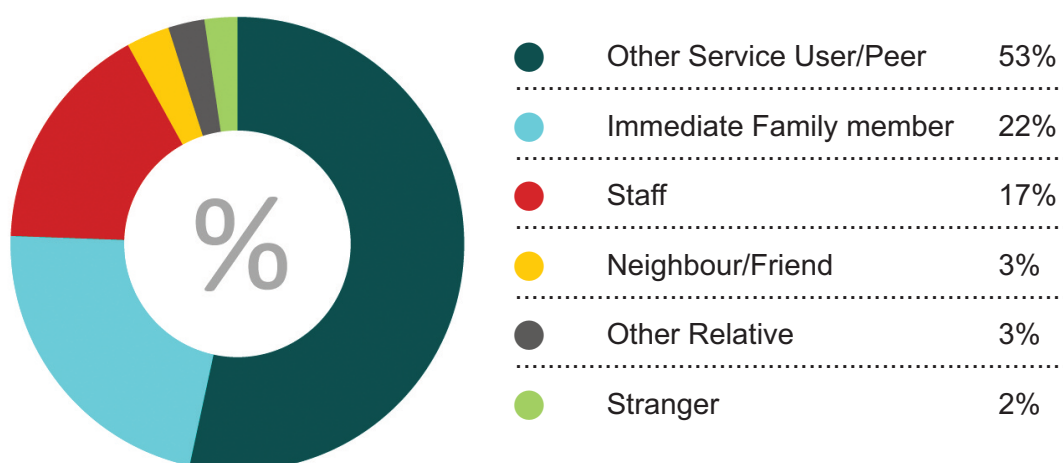


Table 9: Person allegedly causing concern by age of adult at risk of abuse 2020

Person Allegedly Causing Concern	18-64		65+		Total	
	No.	%	No.	%	No.	%
Other Service User/Peer	4193	66%	600	23%	4793	53%
Immediate Family member	652	10%	1326	50%	2003	22%
Staff	1083	17%	387	15%	1484	17%
Neighbour/Friend	150	2%	120	5%	272	3%
Other Relative	84	1%	144	5%	229	3%
Stranger	150	2%	52	2%	203	2%
Total	6312	100%	2629	100%	8984	100%

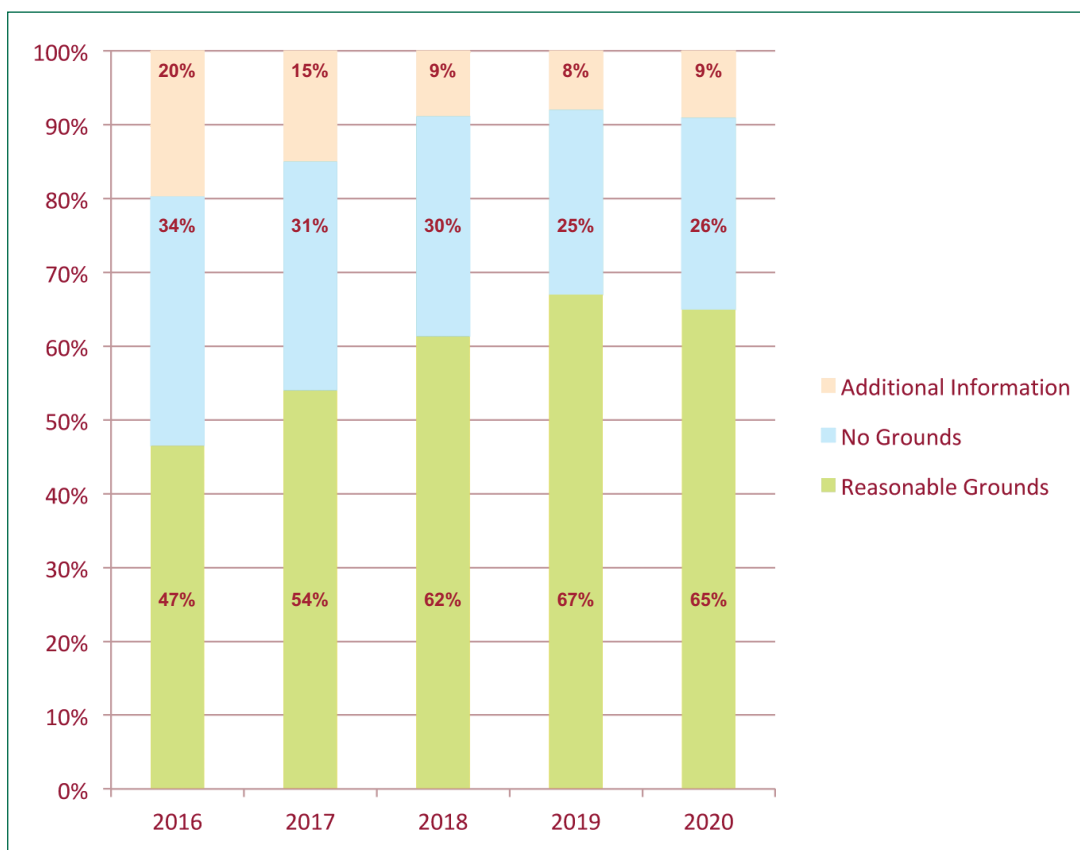
4.1.6 Outcome of Safeguarding Preliminary Screening

Each preliminary screening assessment concludes with a determination of outcome. The outcomes are;

- Reasonable grounds for concern,
- No grounds for concerns,
- Additional information required (a holding position until either of the two options above are reached).

As cases are reviewed outcomes are updated and the data file is amended accordingly. Designated officers conclude an outcome for each preliminary screening and this must then be agreed with the SPT. Figure 5 outlines the breakdown of outcomes by year. The progressive increase in the proportion of reasonable grounds and corresponding decrease in additional information and no grounds is apparent.

Figure 6: Outcome of preliminary screening agreed with SPT



4.2 Trends Highlighted in the Data

Due to the impact of the pandemic, the resulting public health restrictions and the 2021 cyber-attack perpetrated on the HSE, it has been a challenge to adequately compare and analyse trends between 2020 data and previous years.

The types of alleged abuse reported has remained consistent on percentage terms with previous years. Concerns notified for 2018 and 2019 averaged at 11,500 for each year. It is timely to reflect on the status of concerns notified to safeguarding in 2020 and contrast this with 2019 in order to gain some insight into the overall impact of COVID-19.

There was a particular drop in notifications in quarter one and quarter two of 2020, equating with the first wave of the pandemic and associated restrictions. There was a notable increase in notifications in the latter quarters of the year. The total figure for 2020 has been 10,216 concerns notified representing a decline of 9% on 2019. Overall 75% of the concerns in 2020 were categorised as service, with 25% community.

Contextual considerations:

- As noted in the 2019 annual report, the SPT in CHO7 experienced a challenge with a backlog in the processing and oversight of preliminary screenings and safeguarding plans submitted to them. During 2020 the SPT set up a system to work through the backlog assisted by temporary additional staff. There will be further work to resolve this backlog during 2021. In addition to dealing with this backlog, all submitted concerns since October 2020 have been dealt with in a timely manner.
- International studies have shown that the restriction in access to services and external support creates increased safeguarding risks (AGE Platform Europe, 2020). The restriction in home and residential visits, enforced as a consequence of COVID-19, has led to reduced contact with adults at risk. A fall in reporting rates is noted during these periods.

- Other factors as highlighted by SPTs as possible contributors to the fall in reporting rates may be staff redeployments and reductions in occupancy in residential units, availability of short stay beds, provision of disability services and provision of day services. These factors may have contributed to less opportunities to witness and/or disclose concerns.
- SPTs noted an increase in complex cases requiring legal intervention.
- Accounts from SPTs reveal that as restrictions ease referrals are increasing. The resumption of normal service and lessening of restrictions should see an increase in reporting rates throughout 2021 approaching rates observed in previous years
- The number of safeguarding referrals for the over 65 population is noted. Under-reporting of elder abuse in Ireland is well documented (Naughton et al., 2010).

4.3 Summary Findings 2020

- Between the years 2016-2020, cumulatively there have been in excess of 51,000 concerns notified to the SPTs.
- Despite the pandemic and resultant societal restrictions there were over 10,000 safeguarding concerns notified to the SPTs in 2020.
- The pattern of age profile of notifications is 66% for those under 65 years of age and 34% for persons aged over 65.
- The source of notifications is 75% from service settings and 25% from community settings.
- The total number of notifications for persons aged over 65 was 3,412 in 2020 compared to 3,337 in 2019.
- For persons aged 64 or under (with a person allegedly causing concern), the most frequent category of alleged abuse notified is by psychological at 43% followed by physical abuse at 39% (consistent with previous years).

- For persons aged over 65, the most frequently reported categories of alleged abuse are psychological abuse, physical abuse and financial abuse (consistent with previous years).
- For adults 64 or under, there has been an increase in alleged institutional abuse notifications from 115 to 157.
- For adults over 65, the reported incidents of alleged institutional abuse declined from 58 to 36 reports.
- The majority of notifications (78%) relate to the older person and disability sectors (formerly classified as social care).
- There is a much smaller proportion of cases that are reported by divisions outside of social care, with primary care (16%) and the acute division (1%) of all concerns in 2020.
- Within primary care there has been a decline in the percentage of notifications from community nurses (PHNs/ RGNs) from 26% in 2016 to 9% in 2020 and this is an area that may need education and support systems.
- The reporting rate per 1,000 of population over 65 illustrates that the rate of notified concerns increases with age.
- Alleged financial abuse and neglect increase with age with the highest level of reporting in those over 80 years.
- Year on year there is a higher proportion of cases that are deemed “reasonable grounds”, increasing from 47% in 2016 to 66% in 2020. Over the same period, cases classified as “no grounds” reduced from 34% to 24%. “Additional information” outcomes decreased from 20% in 2016 to 10 % in 2019. These figures on outcomes indicate a greater confidence by those undertaking the preliminary screenings.
- The person allegedly causing concern is most likely to be a service user/peer for those 18-64 years and an immediate family member for those 65 years or over.



Challenges and Opportunities for Adult Safeguarding

5.0 Challenges and Opportunities for Adult Safeguarding

5.1 Learning from the Pandemic

There has been a significant impact on physical, mental and psychological well-being and overall quality of life for many. The pandemic has had an impact leading to distress, uncertainty and isolation for so many adults who may be vulnerable and living in risk situations. The risks of both neglect and self-neglect may be exacerbated.

Within nursing home care provision there was a significant loss of life and several tragedies for residents themselves, their families and staff teams. The balance of respecting autonomy and implementing public health measures presented a serious challenge for service providers with a resultant public debate on the appropriate application of restrictions.

The data in this report reflects on safeguarding activities through two waves of the pandemic and shows that adult safeguarding notifications fell during the first wave of the pandemic. Section four in this report has outlined some of the factors contributing to this drop in notified concerns.

SPTs continued to provide a safeguarding service throughout the pandemic and found new and innovative ways of engaging with people who interact with the safeguarding service.

In sharing their experiences of working through the pandemic SPTs reflected on various aspects of their work influenced by COVID-19.

The positive influence of meeting a client in the outdoor environment;

“What I have noticed is that being outdoors helps people to feel freer in themselves; perhaps they are freer to express the things closest to the heart, the things that are sometimes the hardest to say. I certainly think my conversations with this lady have been much richer because of our coffees in the town square, and in a surprising way, I have COVID to thank for this.”

The benefits of technology;

“the pandemic is actually opening discussions and inspiring technological solutions for long-standing issues that have challenged the delivery of a cost effective, time efficient, response to Safeguarding cases. In some instances the use of technology has facilitated interventions and measures that are more holistically person-centred and in tune with the family system of the vulnerable adults.”

A Court hearing via a virtual platform;

“Bringing the court into the home of the client rather than expecting this vulnerable family to present to the high court assisted the process immeasurable. Indeed the worker is in no doubt that had the family been expected to attend the court hearing in person they would not have been willing. The virtual platform allowed the mother to speak directly to the judge and vice versa. The social worker was able to explain to the family exactly what was happening as it was happening.”

The SPTs have conveyed that whilst number of concerns declined for the second quarter of 2020 there have been indications of hidden abuse during lockdown. This has been consistent with reports from Safeguarding Ireland (2020a), Darmody et al. (2020) and Alcohol Action Ireland (2021). SPTs have shared that they have encountered some significant cases of abuse during and post restrictions such as harmful institutional practices, domestic violence and increased exposure to financial abuse risks. An Garda Síochána (2020) also reported an increase in calls for assistance in respect of domestic violence related issues between 2019/2020.

The pandemic and the resultant restrictions have made adult safeguarding more challenging. Many of the key preventative and protective supports have not always been possible with the public health measures meaning reduced family contact and less direct access to professional support for a time. A particular concern has been that domestic and intimate partner abuse has gone undetected and unreported given service restrictions and reduced social and family connection (Oireachtas Library and Research Service, 2020).

On working through the pandemic a SPTs member observed that;

“People have become accustomed to services being limited and more reluctant to seek support at an earlier stage and there is a degree of uncertainty as to what services are back operating to full to capacity or when this will occur.”

On the use imaginative approaches

“I became accustomed to carrying a thermometer, PPE, folding chairs in the car boot to facilitate outdoor meetings. I also acquired an induction-hearing loop to use with service users who had hearing impairments and at times struggled with phone conversations”

Some services have been adversely impacted by staff absences from self-isolation, illness and exhaustion, which resulted in disruption to service provision. Future research will provide fuller information, however initial indicators show that some persons with dementia were significantly impacted. Information is also emerging regarding the residual impact of complicated grief and trauma.

Unintended ageist messaging and practices arose as result of some of the practical responses to cocooning. As well as organisational restrictions, some individuals and families chose to self-exclude from services. Whilst telephone support and the use of new technology have a place, such measures will not adequately mitigate coercive control and undue influence. Technology based support systems in themselves cannot replace the valuable input and direct relationship-based work of health and social care professionals

Effective re-engagement with services is proving very important for adults with limited family support and especially for many older persons who experienced cocooning and social isolation as a result. The resumption of services will need to have a strong focus on cognitive functioning and rehabilitative supports, where the voice of client is central. There is a welcome and renewed debate on future models of care provision especially for older persons within a continuum of supports to enhance autonomy and person-centred care. Safeguarding Ireland along with organisations representing older persons have stressed the importance of promoting autonomy in the recovery from the pandemic, especially in the area of taking back financial control (Safeguarding Ireland, 2020b).

5.2 COVID-19 Nursing Home Expert Panel Report

The majority of private sector providers cooperate on a voluntary basis in safeguarding matters and want to deliver safe services. However, a significant gap remains in relation to equitable access to safeguarding responses. A critical constraint is the lack of legal authority to oversee the management and assessment of safeguarding concerns within private health care providers who do not have a contractual obligation. Focus will be needed during 2021 and beyond to address the COVID-19 Nursing Home Expert Panel Report recommendations (DOH, 2020).

5.3 Capacity Building and Investment to Implement a Revised Adult Safeguarding Policy

The current Policy (HSE, 2014) underwent an extensive review process which concluded in 2019. The revised policy is due for implementation during 2021. This revised policy when fully implemented will be applicable to all HSE and HSE funded services.

A draft national implementation plan for the revised policy was devised during 2020 with an emphasis on education, staffing investment and support systems to build capacity across all services and HSE Divisions. Area implementation groups will be advanced throughout 2021 with the newly appointed heads of quality, safety and service improvement playing a leadership role within community health. Despite the pandemic restrictions work continued in 2020 to develop the educational support systems and to advance the ICT notification and case management system.

Feedback from the SPTs indicate greater engagement with complex cases that require legal proceedings and liaison with An Garda Síochána.

Going forward it will be important to ensure safeguarding practice is more person-centred and outcome focused. This can be achieved by working towards more qualitative performance measures to capture outcomes and developing measures to strengthen quality assurance. The Making Safeguarding Personal approach (SCIE, 2014) is supported in the revised adult safeguarding policy and this offers the opportunity to develop user engagement and more person centred outcome evaluations.

5.4 Requirement for Safeguarding Legislation

A wide range of stakeholders including the HSE support a legislative basis to adult safeguarding. Literature from the child protection field shows that interagency work requires commitment from all partners alongside a mandated requirement to be effective (Statham, 2011). The HSE and the HSE service providers cannot undertake and co-ordinate adult safeguarding and protection in isolation. HSE adult safeguarding policy is limited, as it is health service policy and is not underpinned by legislation. Services without a HSE contract have no legal obligation to share information and/or co-operate in safeguarding. SPTs do not have powers such as right of access to information or to persons considered to be at risk of abuse. Effective inter-agency collaboration cannot be dependent on the interest and commitment of champions or leaders within organisations.

There is a recognition that the framing of safeguarding legislation will need to balance human rights principles with any requirement for protective measures. It is encouraging to see progress being made on a timetable for the full commencement of the assisted decision making legislation. The HSE looks forward to the publication of the Department of Health sector wide policy on adult safeguarding.

5.5 Data Sharing Arrangements

Co-ordination and collaboration in adult safeguarding requires a strong mandate and cannot rely on committed individual in positions of authority. International literature and research highlight the importance of a process and defined structure for inter-agency collaboration and co-ordination across public sector areas such as health and welfare services (Connolly et al., 2020). This is especially so for state bodies in the health and justice field when critical information is needed to inform assessment and safeguarding plans. These points have been reinforced in the NSO submission to the Law Reform Commission consideration on the future regulatory environment for adult safeguarding.

5.6 Underreporting of Elder Abuse

The overall rate of elder abuse reporting indicates figures of approximately 2,000 community referrals per year which has remained level since 2018. The National Centre for the Protection of Older People reported a 12 month prevalence rate of 2.2% (Naughton et al., 2010). Applying this rate to the population aged 65 or older (CSO, 2016) the number of older people who have experienced elder abuse is estimated at 14,026. As indicated in previous NSO reports there is a need for detailed analysis on community and residential reporting trends and how best to build programmes that enhance recognition and response to all forms of elder abuse.

There is also a need to look at effective approaches to education and awareness raising and the messaging both within residential care and in the wider community. In 2021 the NSO intend to partner with An Garda Síochána and community development organisations to run community-based campaigns which can complement the media led campaigns run by Safeguarding Ireland.

5.7 Out of Area Placements

Recent years have seen an expansion in private residential care provision and especially in relation to adults with complex needs who require urgent residential care. Research (Yacoub et al., 2020) and feedback from SPTs during 2020 has highlighted the need for improved co-ordination and monitoring of out of area placements. This is especially relevant from a risk management and governance perspective where safeguarding concerns have arisen and highlights the need for clear lines of communication about notification of concerns and outcome of assessments to the funding area.

There have also been concerns highlighted in the context of the impact for an adult being placed some distance from their family, community and original community health provider.



Learning and Development

6.0 Learning and Development

6.1 Safeguarding Training

The year 2020 saw the continuation of the two primary safeguarding training programmes; Safeguarding Vulnerable Persons Awareness Programme (SVPAP) and Designated Officer training. Since 2015, these programmes have been delivered within HSE and HSE funded social care division services (and some third level institutions) by NSO approved safeguarding facilitators.

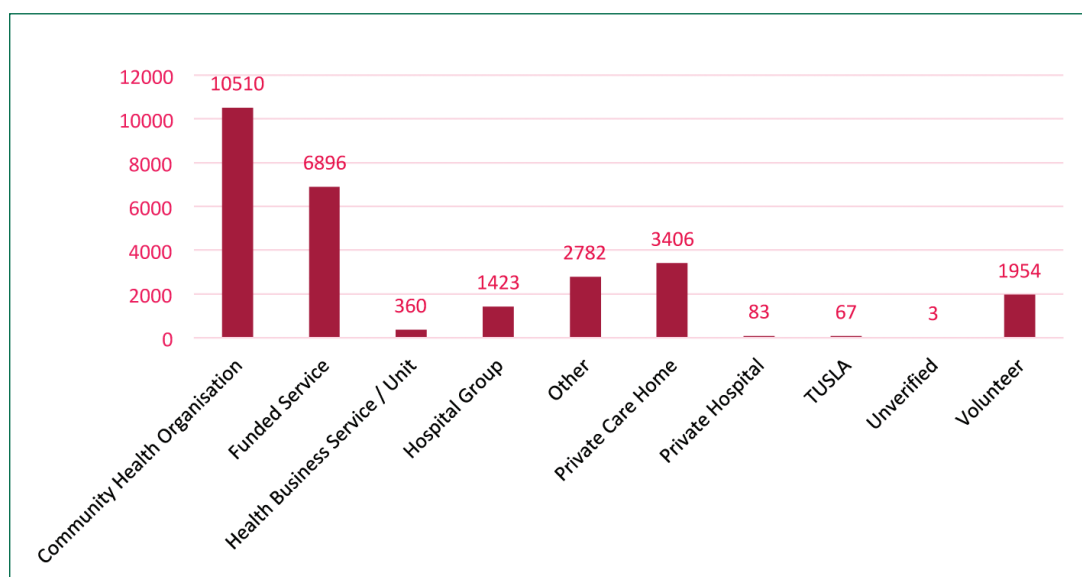
Delivery of these programmes continued in early 2020 up to the introduction of COVID-19 restrictions, which disrupted most classroom training activity. It was timely that the development of an alternative eLearning programme for safeguarding awareness was already in progress and was completed in 2020.

The delivery of designated officer training was adapted to a blended learning format in 2020 to ensure its continued accessibility.

6.1.1 Development of Safeguarding Adults at Risk of Abuse eLearning Programme

In late 2019, the NSO initiated work with HSELand on the development of an online training module for Safeguarding Adults. The eLearning programme was completed and launched in September 2020 and immediately attracted large numbers. Within the first month, there were over 7,000 completions and by year-end, this number had risen to 27,483.

Figure 7: Safeguarding Adults at Risk of Abuse eLearning completions by sector- 2020

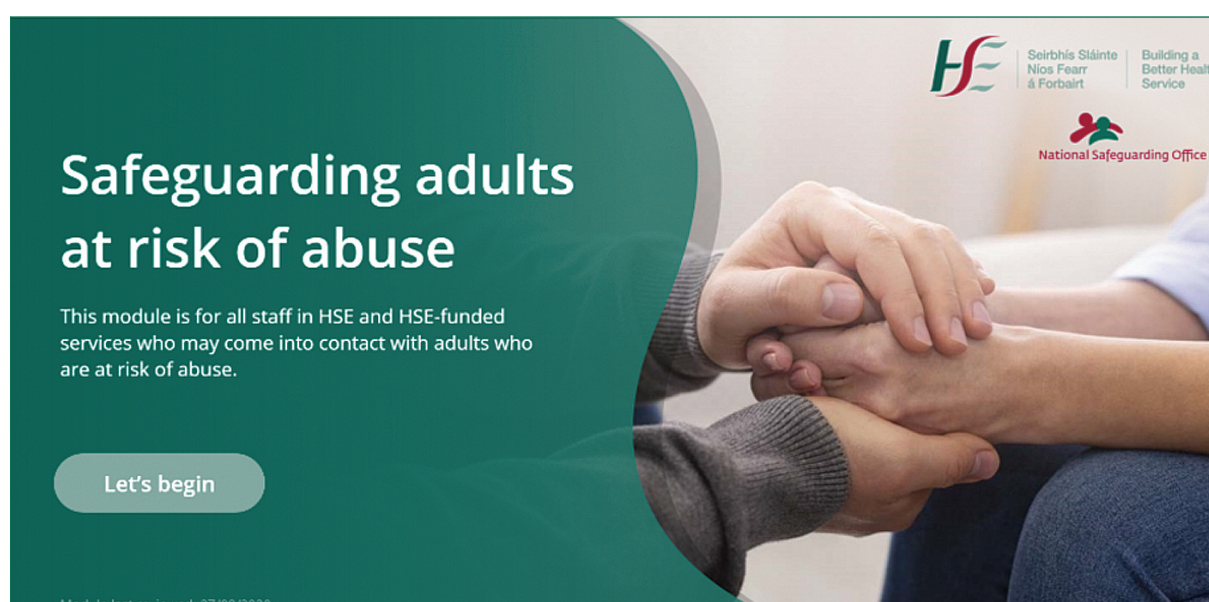


The aim of this module is to support the learner to recognise, respond and report safeguarding concerns regarding adults at risk of abuse.

The E learner module uses a number of scenarios that target and emulate real-life situations such as different service users who are at risk of abuse, how a staff member learns of the abuse, concerns they have around responding and reporting the abuse, etc. Various types of abuse are depicted across the scenarios. The learner faces challenging dilemmas and must select the competent path to progress through each scenario. To complete the programme the learner must progress and work through all four scenarios.

The eLearning module also contains an 'extend my learning' section which includes resources and tools for staff and managers to extend learning beyond the programme itself and to support further learning and safeguarding awareness in the workplace.

Learners complete a separate assessment module on HSeLanD to get a certificate of completion. This module is Nursing and Midwifery Board of Ireland category 1 approved for one continuing education unit and the programme activity attracts one continuing professional development credit for Doctors.



Safeguarding adults at risk of abuse

This module is for all staff in HSE and HSE-funded services who may come into contact with adults who are at risk of abuse.

Let's begin

Module last reviewed: 27/08/2020

HSE
Seirbhís Stáinte
Níos Fearr
& Forbairt
Building a
Better Health
Service
National Safeguarding Office

6.1.2 Safeguarding Adults Explainer video

The eLearning safeguarding module includes a 2-minute explainer video designed for both staff and adults who may be at risk of abuse. The video is Irish Sign Language interpreted and can be used as a separate media asset outside of the eLearning module. The aim of the safeguarding explainer video is to highlight how we can recognise, respond and report safeguarding concerns. The animated video depicts abuse types and shows how an adult at risk of abuse can be helped through a concern of abuse arising and subsequent development of a safeguarding plan. It reinforces the message that staff have a responsibility to recognise, respond and report concerns of abuse.

6.1.3 Safeguarding Vulnerable Persons at Risk of Abuse Programme

With the introduction of COVID-19 restrictions, the delivery of classroom-based training was severely curtailed. Despite this during 2020, there were 6,581 attendances at SVPAP, most during quarter one. Some SVPAP delivery continued with facilitators employing a blended learning approach.

The NSO introduced a safeguarding webinar on HSELand as an interim measure to address the reduced availability of SVPAP training. This webinar was facilitated by Mr Tony McCusker, Principal Social Worker, CHO6. While this webinar did not replace SVPAP training, it did provide a



means of safeguarding induction training for new staff during this challenging time. Throughout July to September while this webinar was available on HSELand there were almost 12,000 completions.

6.1.4 Designated Officer Training

Similarly, delivery of face-to-face designated officer training was impacted by COVID-19. Some programmes had been run in quarter one with 124 completions.

In quarter three work began on re-designing the designated officer programme for a blended delivery format. The NSO worked with HSELand to provide an accessible and effective means of providing training to nominated designated officers.

The programme went live on HSELand in November. All newly nominated designated officers are automatically invited to enrol. All designated officers who had not previously availed of training were also invited to enrol.

The programme is delivered using a blended learning format over a number of stages, synchronous and asynchronous. Stage one requires participants to attend a virtual webinar hosted on HSELand where roles and responsibilities are clarified and policy information delivered. Stage two consists of completing an assigned case scenario exercise that focuses on undertaking a preliminary screening and safeguarding planning. Following submission of this completed deskwork, participants are then invited to a live webinar with facilitators of designated officer training. This webinar provides the opportunity for analysis, feedback and clarification on the preliminary screening and safeguarding planning tasks. Designated officer training during 2020 (all formats) totalled 190 attendances.

6.1.5 Safeguarding Training Summary

Since 2015 there have been over 100,000 attendances at safeguarding training. Table 10 and 11 present breakdown by year and programme. For the purposes of 2020 KPI reporting the figures comprises all classroom training and the Safeguarding Adults at Risk of Abuse eLearning, which combined total 34,068 attendances.

Table 10: Attendances at all classroom safeguarding training (SVPAP, Designated Officer & associated Train the trainer) 2015-2020

2015	1,261
2016	13,776
2017	22,048
2018	17,950
2019	21,788
2020	6,585
Total	83,422*

* Data missing from CHO4

Table 11: Adult safeguarding training summary - 2020

	Classroom	Blended	Online	Total
Safeguarding Vulnerable Persons Awareness Programme	6,435		-	
Designated Officer training	124	66	-	
Train the Trainer	26			
Safeguarding Adults at Risk of Abuse eLearning	-	-	27,483	
Temporary safeguarding induction webinar	-	-	11,849	
All Total				45,983

6.2 Learning and Development

In the early part of 2020, the NSO was developing plans for a number of training events and seminars. This included events with Sage Advocacy and the Banking and Payments Federation of Ireland as well as the annual learning and development seminar for SPTs. However, public health restrictions associated with COVID-19 severely impacted the ability of the NSO to host in-person training events.

6.2.1 Living with Harm: Exploring Autonomy, Mental Incapacity and Inability to Safeguard

The NSO hosted a seminar on the 20th February, 2020 in conjunction with the

School of Social Policy, Social Work and Social Justice, University College Dublin and the Irish Association of Social Workers. This seminar included a keynote address by Dr Kathryn McKay of the Faculty of Social Sciences at the University of Stirling in Scotland. Dr McKay framed her talk in the context of the wider political notion of the ideal citizen; one who is autonomous, rational and who makes prudential choices. She reflected that no one is truly autonomous and went on to discuss the ethics of care and the safeguarding structures in Scotland, presenting a powerful case example of “Nora” who was a user of safeguarding services. Dr McKay presentation was followed by a panel discussion involving Dr Sarah Donnelly, UCD and Ms. Freda Quinlan, Acting Principal Social Worker.



From left Mr Tim Hanly (NSO), Dr Kathryn McKay (University of Stirling), Ms Cliona Murphy (IASW), Ms Freda Quinlan, (HSE Acting Principal Social Worker) and Dr Sarah Donnelly (UCD).

6.2.2 Towards a Greater Understanding of Dementia

In December, the NSO, in conjunction with the National Dementia Office hosted a webinar event entitled 'Towards a greater Understanding of Dementia'. The webinar heard from Ms Susan O'Reilly, Advanced Nurse Practitioner, Dementia Care in Connolly Hospital, Dublin. Ms O'Reilly gave a very comprehensive overview of the types of dementia, the biological elements, the psychosocial and lifestyle factors as well as giving some key advice in dealing with people with dementia. The importance of a the person-centred approach in dealing with people with dementia as well as the importance of will and preference and choice and the dangers of labelling people with the disease was emphasised. It is planned to run this event again in 2021 for a wider audience.

6.3 World Elder Abuse Awareness Day

6.3.1 Webinar: Cocooning and its Impact on Older Persons

In keeping with the 2020 World Elder Abuse Awareness Day theme – “to safeguard during and after COVID-19” the HSE NSO hosted an on-line discussion, “Cocooning and its impact on older persons”.

The webinar heard the direct experience of cocooning from some people over 70 including former Government Minister Nora Owen and retired Bishop Willie Walsh. The webinar hosted a panel discussion featuring Ms Kay Murphy (President of Active Retirement Ireland), Ms Maggie McNally (Principal Social Worker with the HSE Mid-West SPT), Professor Amanda Phelan, TCD School of Nursing and Midwifery, Geriatrician Dr Des O'Neill and Mr Sean Moynihan, CEO Alone.

6.3.2 World Elder Abuse Awareness Day Art Competition

In June the NSO ran a Children's Art Competition themed "Keeping connected in times of COVID-19". This art competition was launched to coincide with the European Day of Solidarity between Generations on 29th April.

As cocooning became necessary many children around the country missed spending time with the older adults in their lives. Lots of children missed out on regular connections and contacts with older people- their grandparents, friends and neighbours. Many children were

finding new ways to keep in touch with their loved ones and some of the innovative ways that connections were being maintained across generations inspired us. The art competition asked children to tell us through art how they are keeping in touch with their loved ones.

The NSO received hundreds of entries from all around the country and the quantity and quality of entries was notable. The competition was judged by: Artist Eimear Farrell, Age Action; Artist Eleanor Feely, St Joseph's Hospital Ennis; Ms Bridget McDaid and Mr Tim Hanly, both from NSO.

Winning artwork



Category 1 Winner: *Bethany O'Brien*



Category 2 Winner: *Ali Flannery*



Category 3 Winner: James Brothwood

IT Project Plan

7.0 IT Project Plan

7.1 Background

The nine SPTs manually record community referrals and service setting notifications. The NSO has been tasked with co-ordinating the provision of an electronic case management system to streamline the process of recording and managing cases.

A sub group was set up to plan for data migration. An analysis of data has highlighted areas for review.

The NSO carried out a data matching exercise, which SPT administrators reviewed and revised. This remains an on-going process.

7.2 IT Project Group

The work of this group was interrupted when key members were redeployed in quarter 1 and 2. Late in 2020 work recommenced on the suite of documentation required for stage 2 of the tender. These include:

- Technical specification, this details the requirements for the case management solution and the infrastructure, configuration, implementation and training necessary;
- Background information, detail on the work process and context of this project to assist vendors with their submission;
- Award criteria.

7.3 Product Evaluation Group

The NSO is working alongside the procurement division of HSE health business services on the tender process. Stage one saw the expression of interest published in the eTenders website in October. In excess of 80 companies reviewed the documents.

There were 18 submissions that were reviewed and scored by the Product Evaluation Group. A total of 12 companies met the minimum criteria and will be invited to complete stage two. Stage two is an invitation to submit a bid against the tender specification, this will take place in 2021.

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Appendices

9.0 Appendices

Appendix 1

National Safeguarding Office Staff

Tim Hanly	General Manager
Marguerite Clancy	Senior Researcher
Donal Hurley	Principal Social Worker
Bridget McDaid	Senior Safeguarding and Older Persons Officer
Carol McKeogh Ryan	Assistant Staff Officer
Colleen Murphy	Clerical Officer
Don Munro	System Administrator
Sinead McNamara	Staff Officer

Appendix 2

Safeguarding and Protection Teams Contact Information

Dublin North, Dublin North City, Dublin North West

St Mary's Hospital, Phoenix Park, Dublin 20
Tel: 01 7959528 Email: safeguarding.cho9@hse.ie

Laois, Offaly, Longford, Westmeath, Louth and Meath

Ashbourne Primary Care Centre, Unit 12, Killegland Walk, Declan Street,
Ashbourne, Co. Meath A84 A627
Tel: 01 6914632 Email: safeguarding.cho8@hse.ie

Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West

Beech House, 101-102 Naas Business Park, Naas, Co. Kildare
Tel: 045 920410 Email: safeguarding.cho7@hse.ie

Wicklow, Dun Laoghaire and Dublin South East

Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.
Tel: 01 2164511 Email: safeguarding.cho6@hse.ie

South Tipperary. Carlow, Kilkenny, Waterford, Wexford

HSE Offices, Dublin Road, Lacken, Kilkenny, Co. Kilkenny
Tel: 056-7784325 Email: safeguarding.cho5@hse.ie

Kerry and Cork

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

Tyone Health Centre, Tyone, Nenagh, Co. Tipperary
Tel: 067 46470 Email: safeguarding.cho3@hse.ie

Galway, Roscommon and Mayo

La Nua, Ballybane, Castlepark Road, Galway
Tel: 091 748432 Email: safeguarding.cho2@hse.ie

Donegal, Sligo, Leitrim, Cavan and Monaghan

HSE Office, Community Health Care Organisation Area 1, Ballyshannon Health
Campus, An Clochar, Ballyshannon, Co. Donegal.
Tel: 071-9834660 Email: safeguarding.cho1@hse.ie



