



National Elder Abuse Policy

August 2014

Policies and procedures for staff and volunteers at Age Action Ireland who receive allegations of elder abuse.

AGE ACTION NATIONAL ELDER ABUSE POLICY

CONTENTS

1. Introduction

2. Policy Statement

3. Protection of older people

4. Procedures

APPENDIX A: Logging form

APPENDIX B: Contact numbers

Any queries or issues arising from this policy should be directed to the policy team:

Naomi Feely – Senior Policy Officer – socialinclusion@ageaction.ie

Dr Frances Matthews – Policy Officer (Human Rights) – humanrights@ageaction.ie

Dr Marita O'Brien – Policy Officer (Health Policy Analysis) – policyinclusion@ageaction.ie

AGE ACTION NATIONAL ELDER ABUSE POLICY

1. Introduction

This policy outlines the role and responsibility of Age Action staff and volunteers in relation to elder abuse. All staff members and volunteers have an obligation to familiarise themselves with this policy and follow the procedures outlined when elder abuse is suspected or alleged. Although staff and volunteers and those offering advocacy services have differing levels of responsibility in relation to allegations of elder abuse, everyone has a duty of care to report these allegations appropriately. The common law duty of care arises from Age Action's policy of advocacy on behalf of older people. Some people within the organisation now have a statutory duty to report some forms of elder abuse to the Gardai (see below).

1.1 Staff/Volunteer Responsibility

Staff and volunteers have a different level of responsibility when dealing with allegations of elder abuse. Procedures differ according to your level of responsibility:

- * Volunteers must pass relevant information to their team leader or project manager. Do not attempt to investigate the cause of abuse or offer any other advice or information other than the fact that the information will be passed to the relevant person.
- * Employees who are not directly involved in advocacy services must report the allegation to their team leader. They should offer the person making the allegation the elder abuse information card/booklet and advise that another Age Action staff member will contact them.
- * Team leaders, project leaders and those offering advocacy services have the greatest level of responsibility and must act in accordance with procedures outlined in section 4.
- * Some staff and volunteers who are nurses, doctors, social workers or psychologists have a statutory duty to report assaults and sexual abuse to the Gardai which exists independently of their status within Age Action. It is an offence for these categories of persons to withhold information on various crimes against children and vulnerable adults under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012.

1.2 Age Action's Mission Statement

To achieve fundamental change in the lives of all older people by empowering them to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

1.3 Core Strategic Approach

Age Action is committed to effecting fundamental changes in Irish society whereby:

- * Age discrimination is tackled and eliminated;

AGE ACTION NATIONAL ELDER ABUSE POLICY

*Positive ageing becomes the norm for all people.

In contributing to these fundamental changes our primary role is to:

*Mobilise older people to take on the role of advocates, collectively and individually, for themselves and others;

*Advocate at national, international, local and individual levels on behalf of older people;

*Gain support from the general public and from key interest groups;

*Secure the rights of older people to high quality services and initiate selected services that directly contribute to the achievement of the necessary fundamental changes, or address needs which are not adequately met.

1.4 Underlying Principles of this Policy

Following the core strategic approach outlined above, the underlying principles of this policy are:

*Recognise the rights of individuals to lead independent lives based on autonomy and self-determination;

* Empower older people to make decisions on their own behalf;

*Advocate for the injured person once consent has been given to do so;

*Acknowledge that a duty of care exists between Age Action and the injured persons;

*Adhere to the procedures and best practice guidelines in this policy document;

*Ensure that Age Action's policy and procedures are known and used appropriately by all staff including volunteers.

The core principle underlying this policy is that Age Action's role in relation to elder abuse is to empower older people to seek interventions and assistance for themselves. Where this is not possible, our role is to advocate on their behalf once consent has been given to do so. There are some situations where consent is not required (see section 4).

2. Policy Statement

Age Action is committed to the prevention of elder abuse. This commitment is underpinned by the acknowledgement that all staff and volunteers need structured procedures and guidelines on appropriate responses to disclosures or suspicion of elder abuse. We are committed to the protection and promotion of the rights of older people and to their dignity, diversity and independence. It is the duty of all team leaders and senior managers to ensure that procedures and programmes that reflect the principles of this policy are followed by their respective teams.

AGE ACTION NATIONAL ELDER ABUSE POLICY

2.1 Policy Context

Following the publication of *Abuse, Neglect and Mistreatment of Older People*¹ in 1998, the Working Group on Elder Abuse was formed. Its report entitled *Protecting Our Future: The Working Group Report on Elder Abuse* was published in 2002² and it contained a number of recommendations on the identification and management of elder abuse. A National Steering group now drives the elder abuse agenda, and monitors the implementation of those recommendations. Funding is provided to the HSE to implement the recommendations contained in *Protecting Our Future*. Senior Case Workers take the lead in assessing and managing allegations of elder abuse reported to them within each area, and in assisting in the preparation and delivery of elder abuse awareness and prevention programmes.

One of the key recommendations of *Protecting Our Future* was that: “A clear policy on Elder Abuse is formulated and implemented at all levels of governance within the health, social and protection services in Ireland.”³

2.2 Legal Context

There is no specific legal recognition of elder abuse in Ireland. There is recognition that some adults are vulnerable and legislation relating to the reporting of certain offences against vulnerable adults has recently been enacted. The Criminal Justice (Withholding Information on Offences Against Children and Vulnerable Adults) Act 2012 makes it an offence for certain groups and organisations to withhold information on crimes against children and vulnerable adults, and compliments section 9 of the Offences Against the State (Amendment) Act 1998 which already prescribes penalties for those with information on serious crimes against adults who do not disclose this information to the Gardai. The crimes include murder, rape, sexual assault, assault, assault causing harm, assault causing serious harm, threats to kill or cause serious harm, endangerment, false imprisonment, incest and various human trafficking offences. Prescribed persons are nurses and midwives, doctors, social workers and psychologists. Age Action is not a prescribed organisation under the 2012 Act and as an organisation has no statutory reporting duties. The 1998 Act is very rarely used in this context and it remains to be seen whether the 2012 Act will result in any successful prosecutions.

Legislation which may be applied to elder abuse include all relevant aspects of the criminal law for offences against the person and against property; the Domestic Violence Act 1996 which allows barring and safety orders to be made against spouses, cohabitants and adult children in cases of domestic violence; the European Convention on Human Rights Act 2003; the specified and unspecified rights under the Constitution; and wardship proceedings under the Lunacy Regulations (Ireland) Act 1871. The Assisted Decision Making (Capacity) Bill 2013, currently making its way through the Oireachtas will repeal the Lunacy Regulations and introduce various safeguards for older people who may lack or

¹ Abuse, Mistreatment and Neglect of Older People, 1998. O’Loughlin and Duggan

² Protecting Our Future: the Working Group Report on Elder Abuse. Department of Health and Children 2002

³ See Responding to Elder Abuse: HSE Elder Abuse Policy. HSE 10th May 2012

AGE ACTION NATIONAL ELDER ABUSE POLICY

partially the lack the ability to make decisions for themselves. It will also incorporate material from the Powers of Attorney Act 1996 into sections on Enduring Powers of Attorney.

Institutional abuse may represent a poor standard of care and both the HSE and HIQA (established by the Health Act 2007) can investigate. HIQA is responsible for both inspecting and registering residential care homes for older people.

3. Protection of older people

3.1 Definition of Elder Abuse

Elder abuse is: “A single or repeated act or lack of an appropriate action, occurring within a relationship where there is an expectation of trust, and which causes harm or distress to an older person or violates their human or civil rights.”

3.2 Prevalence of Elder Abuse

Elder abuse occurs in both community and institutional settings, across all strata of society. Both men and women are affected. The first Irish elder abuse prevalence study was carried out in 2010 and it showed that about 2.2% of people aged 65 and older had experienced abuse in the previous 12 months. This translates into an actual figure of 10,200 older people in Ireland suffering some form of abuse. This figure was higher for those aged 70 and over. The findings were similar to prevalence studies internationally.

In 2012 a study into abuse in residential care settings 57.6% of staff reported observing one or more neglectful behaviours by other staff members, 26.9% reported observing psychologically abusive acts by other staff members; and 11.7% reported witnessing physical abuse in the previous twelve months.⁴

The prevalence of abuse among those with dementia is substantially higher than the prevalence of elder abuse in those without dementia.⁵

Most perpetrators of elder abuse are family members or close friends of the victim.

3.3 Categories of Elder Abuse

There are several categories of elder abuse which may be perpetrated deliberately or as a result of negligence or ignorance. An older person may suffer several types of abuse: psychological abuse often co exists with other forms.

Physical abuse: Includes hitting, slapping, pushing, kicking, misuse of medication, excessive restraint or use of inappropriate sanctions. Signs of elder abuse may include:

-bruising or teeth missing or other unexplained physical injuries such as burns or broken bones.

⁴ Drennan J et al.(2012) Older People in Residential Care Settings: Results of a National Survey of Staff-Resident Interactions and Conflict. NCPOP. University College Dublin.

⁵ Carmel Downes et al.(2013) Abuse of Older People with Dementia: A Review. NCPOP, University College Dublin.

AGE ACTION NATIONAL ELDER ABUSE POLICY

- Dismissive attitudes about these injuries on the part of carers
- Refusal to have injuries treated, or late or inappropriate presentation.
- Signs of being restrained
- Caregiver reluctant to allow the person to be seen alone by nurse or doctor.

Sexual abuse: Includes rape or sexual assault or sexual acts to which the older person has not consented or cannot consent. Signs include:

- Genital/inner thigh bruising or lacerations.
- Torn or bloody underwear.
- Unexplained genital infection/sexually transmitted infection

Psychological abuse: Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliating, blaming, intimidation, coercion, verbal abuse, isolation or withdrawal from services or supportive networks.

- Emotional abuse may include threatening, belittling or controlling behaviour by the caregiver which may lead to the older person becoming unreasonably fearful or suspicious, or withdrawn and uncommunicative.

Financial abuse: Includes theft, fraud, pressure in connection with wills, property or inheritance, misuse or misappropriation of property, possessions or benefits. Adult children may move back in with parents but refuse to pay their way and use the parents' financial resources. Signs of financial abuse:

- Significant withdrawals from bank accounts.
- Sudden change in financial situation.
- Life circumstances which do not reflect the size of the person's estate.
- Inability to pay bills when previously no problem.
- Signature on cheques does not match the older person's.
- Sudden changes in wills, powers of attorney, titles and insurance policies.

Neglect and omissions: Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care and educational services; withholding the necessities of life such as medication, nutrition and heating. Signs include:

- Unusual weight loss, malnutrition or dehydration.
- Untreated physical injuries or ailments such as pressure sores, burns.
- Unsanitary or unsafe living conditions.
- Unsuitable clothing in cold weather.

Institutional abuse: Abuse resulting from the implementation of a policy or systemic practice impinges on the rights and dignity of one or more individuals within any institution where there is an expectation of trust between the client and those providing services on behalf of the institution. Includes residential care, banks.

Discriminatory abuse: Includes ageism, racism, sexism and other form of harassment, slurs or similar treatment.

AGE ACTION NATIONAL ELDER ABUSE POLICY

Some of the signs of elder abuse listed above may be the result of ill health or cognitive decline. It is important to establish a cause for these changes in the person is established. **It is not the role of Age Action staff or volunteers to investigate, but to follow the procedures listed in section 4.**

3.4 Risk Factors

Research has found that a number of factors exist which can increase the risk that an older person will be abused. These may peculiar to the person, to their carers, or both:

Person:

- * History of domestic violence, both within and between generations.
- *Decreased mobility and poor health.
- *Dementia.
- *Social isolation.
- * Prior history of verbal or physical aggression
- *Relationships of co dependency where one person depends for care and the other depends for housing or financial support
- *Substance abuse

Carers:

- * Impaired ability to deal with stress
- *Caregiver burden
- *Depression/mental illness
- * Lack of social support
- * Perception that the caring role is without psychological reward
- *Substance abuse
- * Domestic violence

3.4.1 Vulnerable persons

We have adapted and adopted the statutory definition of a vulnerable person in section 1 of the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 here: it should be read in conjunction with section 4.

(a) A vulnerable person is one who is suffering from a disorder of the mind, whether as a result of dementia, mental illness or intellectual disability, which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse,

(b) who is suffering from an enduring physical impairment or injury which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse by another person or to report such exploitation and abuse to the Gardai or both.

AGE ACTION NATIONAL ELDER ABUSE POLICY

Vulnerable persons are those with dementia and other cognitive disorders, or severe physical disabilities. They are more likely to suffer abuse than others without these disabilities and are entitled to special consideration. The 2012 Act applies to vulnerable adults of all ages, although our clients will be aged 65 and over. The Act does not include an inability to protect oneself against financial abuse and exploitation by reason of mental or physical disorder, but it should be remembered that financial abuse is a common form of elder abuse and the special consideration in this policy applies to all vulnerable adults regardless of the type of abuse they may experience.

4. Procedures

Each staff member must follow these procedures when an alleged incident of elder abuse is disclosed or witnessed; or if they are concerned that an older person with whom they are in contact as part of their work for Age Action is at risk or has experienced abuse.

4.1 All staff

All staff have a responsibility to familiarise themselves with these procedures and ensure that there is a prompt and appropriate response to allegations of elder abuse. This involves:

- * Documenting the allegation and recording appropriate information (see Elder Abuse Logging Form in Appendix A)
- * Assure confidentiality between the individual and the organisation unless it becomes clear that this is no longer appropriate, for example a vulnerable person or someone in imminent danger of serious harm. In some circumstances automatic referral to HSE or Gardai becomes necessary.
- * Inform team leader and/or advocacy service in accordance with this policy.
- * Seek/ attend training on elder abuse.

4.2 Team leaders/information and policy staff

Team leaders and information and policy staff will meet on a quarterly basis to discuss any issues arising, and to try to establish best practices.

There will be bi annual briefing of the CEO or deputy CEO on elder abuse reports, and Age Action will produce an annual report on elder abuse.

4.3 Reporting a concern

All reports of elder abuse should be taken seriously and all staff have a responsibility to record allegations of abuse appropriately and thoroughly. A standard **elder abuse logging form** has been developed (see Appendix A) and should be filled out in full. In logging a case it is essential to be clear whether the older person is in imminent danger of harm and outline any actions taken. Only staff such as team leaders, project managers, and those providing advocacy services who receive allegations of elder abuse from volunteers, third

AGE ACTION NATIONAL ELDER ABUSE POLICY

parties or older people should do this. The storage of material relating to elder abuse allegations is extremely important. This data should be protected at all times. There is a designated locked file in each Age Action office for this purpose.

4.4 First person reporting

When the older person who has suffered abuse contacts Age Action directly staff must:

- * Build rapport and secure the person's trust.
- * Maintain contact over time where possible
- * Offer advice and support to the person alleging the abuse
- * Provide the person with information about the services and resources available to them and encourage them to contact the HSE caseworker and other agencies.
- * Provide advocacy services in relation to the alleged abuse when requested.
- * Seek consent to refer the person to an outside body if it has been determined that the person cannot or does not want to refer themselves and wants you to do so on their behalf.

4.5 Third party reporting

Sometimes another person who may be a friend, relative or neighbour of an older person may make an allegation of elder abuse. It is not possible or desirable for Age Action staff or volunteers to investigate such allegations. The person should be provided with the contact information of the relevant agency such as HSE and encouraged to relay the information to them. **The HSE has developed a card and booklet on elder abuse with contact details of their information line which is open 8am to 8pm Monday to Saturday. The booklet or card can be distributed where necessary.** In an emergency the Gardai should be contacted.

If the third party making the allegation clearly indicates that they will not report the matter to the appropriate agency Age Action staff should do so, especially if the older person is a vulnerable adult and/or there is an imminent risk of serious harm to the person.

4.6 Advocating on the person's behalf

When the person does not wish to make a self referral to an outside agency, team leaders and the advocacy service can refer the person to an outside agency only when consent has been given from the client to do so. Many victims of elder abuse do not want to report because of feelings of shame and a need to protect the perpetrator. They may, however want to discuss their situation in privacy. They may, over time, come to accept that reporting is the only option. Confidentiality is very important and Age Action assures confidentiality between the person and the organisation. The person's information will not be passed to another agency unless they are deemed to be in imminent danger of serious harm, or they are a vulnerable adult who lacks the capacity to make a decision in the matter.

AGE ACTION NATIONAL ELDER ABUSE POLICY

4.7 Providing information

A list of contact and referral information accompanies this policy (see Appendix B). Staff can relay this information to people at alleging abuse or at risk of abuse. The purpose is to provide good quality information in order to facilitate self-referral to other agencies/organisations. **The HSE card and booklet can be distributed where necessary.**

4.8 Specific procedures for volunteers

Volunteers must make a note of the person's details and the allegation and pass the information to their team leader. Team leaders then decide whether to handle the case themselves or refer to another member of staff e.g. advocacy service. Like all staff members, volunteers should not take it upon themselves to investigate allegations of abuse. They should maintain confidentiality and share the information appropriately within Age Action. If a volunteer suspects elder abuse, for example during a home visit, s/he should refer the matter to their team leader.

Volunteers who work on the information line and give advice on elder abuse have the same level of responsibility as other information officers in relation to calls about elder abuse, and this should be made clear to all information line volunteers during their induction.

4.9 Vulnerable persons

There is a general presumption that everyone has the capacity to make decisions for themselves, and some people may not wish to report their situation to the HSE or Gardai. If they make the decision not to report the abuse, that decision must be respected. Some people are unable to make decisions for themselves, and these may be referred to as vulnerable persons. A vulnerable person is one who has a mental disorder such as dementia, mental illness or intellectual disability which is of such severity that they are unable to protect themselves against serious exploitation and abuse; or someone who is suffering from such a severe physical disability that they are unable to protect themselves against serious abuse or exploitation or to report such exploitation to the Gardai. People with physical disabilities who have the capacity to make a decision may not want to report the matter. Consent is required from those who have the capacity to give it.

Allegations of abuse against the vulnerable persons may well come from third parties as well as from the person themselves, perhaps during the course of a home visit.

A vulnerable adult is:

1. A person who is a Ward of Court.
2. A person whose Enduring Power of Attorney is activated.
3. A person known to be suffering from severe dementia.
4. A person with severe physical disabilities.

AGE ACTION NATIONAL ELDER ABUSE POLICY

An allegation of abuse of a vulnerable person should trigger immediate referral to an outside agency and the referral should be made by the Age Action staff member. Consent is not required unless the person has the capacity to give it.

4.10 Persons in imminent danger of serious harm

Serious harm is an injury which creates a substantial risk of death or which causes serious disfigurement or substantial loss or impairment of the mobility of the body as a whole or the function of any particular bodily member or organ.⁶ The definition of serious harm deals with physical injury. There is a presumption in favour of life and preventing serious harm. If the person is in imminent danger of serious harm, which means serious harm within a short period of time, a referral can be made to the HSE or Gardai without their consent.

4.11 Alleged abuse by staff in a day or residential care setting

People who are resident in a long term care unit or residential care setting are still part of the community, but may be viewed as vulnerable because in addition to their disabilities they are under the control of the staff at the institution. It may be difficult for them to report their situation to other agencies. Any allegation of abuse by staff should be reported to the HSE and to HIQA.

4.12 Anonymous disclosures

If the person making the allegation will not identify themselves they should be provided with clear information about agencies such as the HSE elder abuse caseworkers or Gardai or Local Health Office who will be able to help.

4.13 Alleged abuse by an employee of Age Action

All Age Action staff and volunteers should be given a copy of this policy and should be familiar with Age Action's procedures regarding elder abuse. If a staff member/volunteer receives an allegation of abuse by another staff member/volunteer or witnesses any type of abuse perpetrated by another staff member/volunteer they should document all the details thoroughly using an elder abuse logging form. These allegations should immediately be reported to the team leader. If this not appropriate the allegations should be reported to the Deputy CEO or CEO. The reporting staff member/volunteer should not attempt to question the person against whom the allegation is made.

Team leaders are responsible for investigating allegations of abuse made against staff members or volunteers. They should refer to Age Action's disciplinary policy. The staff member/volunteer should be either under close supervision or off duty depending on the nature of the allegation, pending the results of the investigation. Procedures include informing the staff member/volunteer of the allegation made against them, and that a preliminary investigation is taking place. The person has a right to have a union or legal

⁶ Section 1 of the Non Fatal Offences Against the Person Act 1997

AGE ACTION NATIONAL ELDER ABUSE POLICY

representative present during any meetings with management concerning the allegation. The person should have the opportunity to hear and respond to the allegation.

4.14 Alleged abuse by staff in another organisation

When abuse is alleged against another agency a written report of the complaint should be sent to the agency and to the person who alleged the abuse within 7 days. In cases where the agency is funded externally, the funding body should be informed. The organisation should address the allegation within 7 days. The Age Action staff member will follow this up with a telephone call. A decision, based on the response, will then be made to refer the matter to an outside agency such as HSE, HIQA, Gardai etc.

4.15 Support for staff

It is proposed that an external independent and neutral support service is offered to staff working with people who are experiencing elder abuse. This is common practice in the community sector. Working with those who experience elder abuse is often extremely stressful and the worker may need to de-brief in a safe and supportive environment. It is suggested that a number of sessions are available over a period of time, for example 8 sessions over 3 years. Staff are under no obligation to attend these sessions and discussion with team leaders is required before attending.

Note

This policy is an evolving piece of work and may need to be amended from time to time, for example after the enactment of the Assisted Decision making (Capacity) Bill 2013.

APPENDIX A: LOGGING FORM



Section 1: Staff person dealing with allegation of elder abuse

Staff name: _____

(Please note that this is the name of staff member originally dealing with the allegation of elder abuse through phone call or direct contact with the person)

Position within Age Action: _____

Age Action Ireland Office/Region: _____

Date of original referral: _____

Line Manager of Staff Person: _____

(Staff person should immediately inform their line manager and discuss actions to be taken)

Section 2: Details of Older Person

Name of Older Person: _____

Preferred name: _____

Date of Birth: _____

Address of Person:

Contact Numbers: Home Number: _____

Mobile Number: _____

AGE ACTION NATIONAL ELDER ABUSE POLICY

Section 3: Details of person making referral:

Referred By:

Name of Person: _____

(Please ignore this section if it is a self referral)

Address: _____

Contact Numbers: Home Number: _____

Mobile Number: _____

Relationship to older person: _____

Reason for Referral:

AGE ACTION NATIONAL ELDER ABUSE POLICY

In your opinion, do you think the older person is in imminent danger of serious harm?

Please outline the reasons the person is in immediate harm or danger?

Have you consent from the older person to refer the matter on to the local HSE Senior Case Worker for Elder Abuse?

Have you referred this case to any other agency including General Practitioner, Public Health Nurse, Gardai etc? If so, please provide details below:

AGE ACTION NATIONAL ELDER ABUSE POLICY

Section 4: Actions taken by Age Action Staff:

Which Senior Case Worker for Elder Abuse did you refer the matter to:

(Please provide all contact details for the specific Senior Case Worker):

Date referral was sent: _____

Did you receive confirmation from the Senior Case Worker for Elder Abuse:

Signed By: _____
Original Staff Person

Signed By: _____
Team Leader

Date: _____

Date: _____

AGE ACTION NATIONAL ELDER ABUSE POLICY

APPENDIX B CONTACT NUMBERS

HSE Information Line

Mon-Sat 8am-8pm

1850 24 1850

Email info@hse.ie

Senior Case Workers

HSE Senior Case Workers are in place all over the country, to take reports of Elder Abuse and provide help.

Dublin North West

Ms. Pauline Ducray, HSE Dublin North West, Anam Cara, St. Canices Road, Glasnevin, Dublin 11 Tel: 01 7044460 / 087 9145206 Email: pauline.ducray@hse.ie

North Central Dublin

Ms. Anne O'Loughlin, HSE DNE, St Mary's Hospital, Phoenix Park, Dublin 20 Tel: 01 6250300 Email: annem.oloughlin@hse.ie

North Dublin

Ms. Peerke Murphy, HSE North Dublin, Coolock Health Centre, Cromcastle Road, Coolock, Dublin 5 Tel: 01 8160316 Email: aomnd@hse.ie

Cavan /Monaghan

Mr. Manus Birt, Social Work Department, Older Persons Services, Town Hall Street, Cavan Tel: 049 4377108 Email: manus.birt@hse.ie

Louth

Ms. Maire Brady, Old St. Mary's Hospital, Dublin Road, Drogheda, Co. Louth Tel: 041 9832963 ext 2127 Email: maire.brady@hse.ie

Meath

Ms. Maura Seabrooke, Services for Older People, HSE Dublin North East, An Tealach, Commons Road, Navan, Co. Meath Tel: 046 9066819 / 046 9066272 Email: maura.seabrooke@hse.ie

HSE Dublin Mid-Leinster

Dun Laoghaire

Ms. Maura McCrudden, HSE Dun Laoghaire, Basement, 8 Corrig Avenue, Dun Laoghaire, Co. Dublin Tel: 01 230 3152 Email: maura.mccrudden@hse.ie

AGE ACTION NATIONAL ELDER ABUSE POLICY

Dublin South East

Mr. Frank McHugh, Balally Primary Care Centre, Rockfield Business Park, Balally, Dundrum, Dublin 14 Tel: 01 292 4500 / 01 2924535 Email: frank.mchugh1@hse.ie

Dublin South City

Ms. Bernadette Casey, St. Mary's Community Unit, Richmond Hill, Rathmines, Dublin 6 Tel: 01 498 7114 Email: bernadette.casey1@hse.ie

Dublin South West

Ms. Carol Cuffe, General Manager, Dublin South West, Poplar House, Millennium Park, Naas, Co. Kildare Tel: 045 907862 Email: carol.cuffe@hse.ie

Dublin West

Ms. Aisling Coffey, Unit 11, Social Work Department, Cherry Orchard Hospital, Ballyfermot, Dublin 10 Tel: 01 620 6274 Email: aisling.coffey@hse.ie

Kildare / West Wicklow

Ms. Carol Cuffe, General Manager, Oak House, Millennium Park, Naas, Co. Kildare Tel: 045 873233 Email: carol.cuffe@hse.ie / pauline.byrne@hse.ie

Wicklow

Ms. Janet Beattie-Doyle, Senior Case Worker for the Protection of Older People, HSE Primary Care Centre, Newtown Mount Kennedy, Co. Wicklow Tel: 01 2018500 Email: janet.beattiedoyle@hse.ie

Laois / Offaly

Ms. Eimear Colgan, HSE Laois/Offaly, HSE Midlands, Regional Disabilities / Primary Care, Health Centre, Arden Road, Tullamore, Co. Offaly Tel: 057 9359917 Email: EimearE.Colgan@hse.ie

Longford / Westmeath

Ms. Carmel Broughan, Principal Social Worker, HSE DML, Longford / Westmeath, HSE Midlands, Primary Care Unit, Top Floor, St. Loman's Campus, Delvin Road, Mullingar, Co. Westmeath Tel: 044 9397453 Email: carmel.broughan@hse.ie

HSE West

Donegal

Mr. Seamus McGarvey, HSE West, 1, St. Eunan's Court, Letterkenny, Co. Donegal Tel: 087 953 1695 Email: seamus.mcgarvey@hse.ie

AGE ACTION NATIONAL ELDER ABUSE POLICY

Galway

Ms. Freda Quinlan, HSE West, Galway, La Nua, Ballybane Neighbourhood Village, Castlepark Road, Galway Tel: 091 748427 Email: freda.quinlan@hse.ie

Mayo

Mr. Seamus Egan, PCCC, St. Mary's Headquarters, Westport Road, Castlebar, Co. Mayo Tel: 094 9042011 Email: seamus.egan@hse.ie

Roscommon

Mr. Paul Finnegan, HSE, Carolan House, Sacred Heart Hospital, Roscommon Tel: 090 6637833 Email: Paul.finnegan@hse.ie

Sligo/Leitrim

Ms. Frances Clifford, Ardaghowen, The Mall, Sligo Tel: 071 9149634 / 087 2251345 Email: frances.clifford1@hse.ie

Clare

Mr. Donal Hurley, St. Joseph's Hospital, Ennis Tel: 065 6863869 Email: donal.hurley@hse.ie

Limerick

Ms. Lorna O'Neill, Senior Case Worker for Primary Care Area 1 (Limerick and North Tipperary), HSE West, Ballynanty Health Centre, Ballynanty Beg, Limerick. Tel: 061 457129 Email: To be confirmed.

North Tipperary/East Limerick

Ms. Ruth Hoey, Interim Senior Case Worker, Tyone Health Centre, Tyone, Nenagh, Co. Tipperary Tel: 067 46470 Email: ruth.hoey@hse.ie

HSE South

Cork South Lee

Ms. Bernadette Coleman, HSE South Cork - South Lee, Room 25 Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Tel: 021 492 3855 Email: Bernadette.coleman1@hse.ie

Cork North Lee and North Cork

Mr. Edward Myers, HSE North Lee and North Cork, St. Francis' Day Centre, Rathealy Road, Fermoy, Co. Cork Tel: 086 7871097 Email: ted.myers@hse.ie

West Cork

Ms. Gabrielle O'Keeffe, General Manager, HSE South, West Cork, Floor 3, Abbey Court House, Georges Quay, Cork Tel: 021 4923930 Email: gabrielle.okeeffe@hse.ie

AGE ACTION NATIONAL ELDER ABUSE POLICY

Carlow / Kilkenny

Ms. Geraldine Sutton, HSE South, Kilkenny Community Care Headquarters, James Green, Kilkenny Tel: 056 7784705 Email: geraldine.sutton@hse.ie

South Tipperary

Ms. Noirin Dunne, HSE South, South Tipperary, Older Persons Services, Community Care, Western Road, Clonmel, Co. Tipperary Tel: 052-6187680 / 087 9457570 Email: noirin.dunne@hse.ie

Waterford

Ms. Jacinta Brennan, (send post to) HSE South, Waterford Community Care, Cork Road, Waterford. (Based in) Waterford Health Park, Slievekeale Road, Waterford City. Tel: 051 359078 Email: jacinta.brennan@hse.ie

Wexford

Mr. Carsten Kohl, Wexford Community Services, St. John's Hospital, Enniscorthy, Wexford Tel: 053 9259892 Email: carsten.kohl@hse.ie

Kerry

Ms. Joanne French, HSE South Community Care Offices, Rathass, Tralee, Co.Kerry, Tel: 066 7184563 Email: joanne.french@hse.ie