



# Child Protection Policy at Hugh's House

1. Policy Statement
2. Purpose
3. Scope
4. Glossary of Terms and Definitions
5. Children First Principles
6. Staff Training
7. Parents of Children in the Service as part of the letter of understanding
8. Confidentiality
9. Reporting A Concern
10. Accusations against a member of the team
11. Special Considerations
12. Follow up on Child Protection Report with Statutory Services
13. Garda Vetting
14. Safe Practice

## 1. Policy Statement

- 1.1. Hugh's House aims to be fully compliant with the standards outlined in *Children First: National Guidelines for the Protection and Welfare of Children: 2011*.
- 1.2. This policy is structured on the *Child Protection and Welfare Practice Handbook, 2011*, which is a reference document to support skilled practice in relation to child protection. This policy is not a complete or authoritative statement on the law. Services / staff members should consult with *Children First* and relevant legislation as indicated in this document where required.

## 2. Purpose

- 2.1. The Department of Health and Children guidelines on protecting children place clear duties on service providers to protect children from abuse and neglect. It is therefore the responsibility of Monica Macken (Hugh's House) to report any suspicions about physical, emotional, sexual abuse or neglect to the Health Service Executive or the Gardaí.
- 2.2. This policy should be read in conjunction with the following policies: Garda Vetting; Code of Practice; Service Provision to Under 18s.

## 3. Scope

- 3.1. This policy applies to all staff, volunteers, and locums under the banner of Hugh's House. It also includes people from other agencies conducting in reach services in Hugh's House for the time they are on the premises.
- 3.2. This policy covers Child Protection only, and does not provide guidance for service provision to Under 18's. Please see U18 Service Provision Policy for further information.
- 3.3. Where any Board member, staff member, contract worker, volunteer or student becomes aware of an act of non-compliance with this policy, they have a responsibility to address the issue with the person concerned and if there is not a satisfactory outcome to bring it to the attention of a manager or the CEO as appropriate.
- 3.4. Hugh's House will endeavour to support positive working relationships with local HSE child protection services through regular meetings / interagency training / other.

## 4. Glossary of Terms and Definitions

Section 1.4 of *The Child Protection & Welfare Practice Handbook 2011* provides guidelines on definitions and recognition of child abuse (pg 10): (note, comprehensive updated definitions of same can be found in *Children First, 2011*)

- 4.1. Physical abuse: where it is known or suspected that injury was deliberately inflicted.
- 4.2. Sexual abuse: the use of children by others for sexual gratification. This can take many forms and includes rape and other sexual assaults, allowing children to view sexual acts or to be exposed to, or involved in, pornography, exhibitionism and other perverse activities.
- 4.3. Emotional abuse: adverse effects on behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection or exposure to on-going domestic violence.
- 4.4. Neglect: the persistent or severe neglect of a child whether wilful or unintentional which results in serious impairment of the child's health, development or welfare.

## 5. Children First Principles

- 5.1. The welfare of the child is of paramount importance.
- 5.2. A balance must be struck between protecting children and respecting the needs of parents/carers and families. Where there is a conflict, the welfare of the child must come first.
- 5.3. Hugh's House recognises that every child has the right to be safe at all times, and to be treated with respect and understanding. Taking account of their age and level of understanding, children should be consulted and involved in relation to all matters that affect their lives. To that end their concerns must be heard and taken seriously.
- 5.4. Early intervention and family support should be available to promote the welfare of the child.
- 5.5. Parents / carers have a right to respect and should be consulted and involved in matters which concern their family.
- 5.6. Actions to protect the child, including assessment should not cause the child unnecessary stress.
- 5.7. Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- 5.8. The criminal dimension of any act cannot be ignored.
- 5.9. Children should only be separated from their parents/carers when all other means have been exhausted. Re-union should always be considered.
- 5.10. All agencies and disciplines concerned with the protection and welfare of children must work cooperatively in the best interest of children and families.
- 5.11. Effective child protection involves compulsory training and clarity of responsibility.

## 6. Staff Training

- 6.1. A copy of *Children First 2011* will be made available to all staff and will be available at all times in the kitchen folder. It is the responsibility of all staff to have read and understood these national guidelines.
- 6.2. All staff will be offered training in child protection if they have not already received training from either an HSE training session or from the Child Protection Officer (CPO) within the organisation.
- 6.3. Senior management will ensure that all staff are kept up to date with this training.
- 6.4. Staff are required to follow all procedures within this policy.
- 6.5. Adequate safeguards for vetting, hiring and inducting appropriately qualified staff will be employed as per the Recruitment and Selection Policy, the Induction Policy and the Garda Vetting Policy.
- 6.6. Hugh's House recognises that dealing with child protection can be distressing; staff will be appropriately supervised and supported around Child Protection issues as per this and the Supervision Policy.

## 7. Parents of Children in the Service as part of the letter of understanding

- 7.1. Where parents bring children into this service, **they will be introduced to and required to sign a working agreement at the commencement of their relationship with the service; this agreement details / the parents will be given the following information on introduction to the service.**
  - 7.1.1. That the child protection policy requires the reporting to the HSE of child protection concerns.
  - 7.1.2. Where child protection concerns arise, staff will inform parents of these concerns before reporting them to the HSE, unless this would place the child at further risk or prejudice an investigation.

- 7.1.3. That staff will continue to provide support to parents during any child protection investigation
- 7.1.4. That child safety and protection is paramount for this organisation and will be prioritised over other concerns should an issue arise.
- 7.1.5. The full range of supports available in the service in relation to parenting.

## 8. Confidentiality

- 8.1. No undertaking regarding secrecy can be given in any situation. The Hugh's House Confidentiality Policy contains clear guidance in regard to extensions of confidentiality regarding issues relating to Child Protection. The confidentiality policy takes accordance of Children First, which states; *"the provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection"* (p16). The Hugh's House policy states that confidentiality may be extended when a service user discloses that:
  - 8.1.1. They have perpetrated sexual / physical abuse on another person.
  - 8.1.2. They intend to perpetrate sexual / physical abuse on another person.
  - 8.1.3. Any other issues in relation to Child Protection, as described in Children First.
- 8.2. If the report has been made through a third party, the staff member receiving the report should facilitate contact between the person reporting the concern and the CPO and subsequently the HSE Children and Family Services. If, however, contact is not facilitated, for whatever reason, the concerns reported via the third party must be fully investigated as per this policy.

## 9. Reporting A Concern

- 9.1. Designated Child Protection Officer
  - 9.1.1. Hugh's House has a designated staff member(s) in the role of Child Protection Officer (CPO). The CPO is Monica Macken. Their duties are:
    - 9.1.1.1. To ensure that procedures and arrangements are in place within the organisation to protect children in line with national guidelines.
    - 9.1.1.2. To act as a liaison with statutory services in matters relating to child protection
    - 9.1.1.3. To act as a resource person to the staff of the project, providing guidance in matters relating to child protection
    - 9.1.1.4. Take the lead role in ensuring the reporting and follow-up of referrals to the HSE / Gardaí, and ensuring that Hugh's House procedures are followed systematically and thoroughly.
    - 9.1.1.5. To ensure the provision of support / ensure staff making a referral receive appropriate support from line management.
    - 9.1.1.6. To promote opportunities for on-going practice discussion in relation to child protection practice.
    - 9.1.1.7. To ensure proper records are kept on any interventions / decisions made during the process.
    - 9.1.1.8. To seek appropriate line management support and supervision throughout the process.
    - 9.1.1.9. Ensure all reports regarding child protection and welfare from staff, contract workers, volunteers or students are firstly discussed with and counter-signed by them.
  - 9.1.2. Where the CPO is going to be absent from work, s/he will agree with the CEO a designated staff member to undertake CPO responsibilities in his/her absence.
- 9.2. Responsibility to Report
  - 9.2.1. Every employee has a statutory responsibility to report any child protection concerns. Within Hugh's House the procedure is for all staff concerns to be reported to the

CPO. It is the responsibility of this officer to then determine whether there are reasonable grounds for concern and where there are reasonable grounds for concern to report this to the appropriate agency; either the HSE or An Garda Síochána.

- 9.2.2. The Protections for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse in “reasonable and in good faith” to designated officers, HSEs or any member of the garda.

### 9.3. Reasonable Grounds for Concern

In accordance with the Child Protection and Welfare Practice Handbook, section 2.2 (p30) reasonable grounds for concern are defined as:

- 9.3.1. An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- 9.3.2. Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- 9.3.3. Admission or indication by someone of an alleged abuse.
- 9.3.4. A specific indication from a child that he or she was abused.
- 9.3.5. An account from a person who saw the child being abused.
- 9.3.6. Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

### 9.4. Staff Responsibility when a Child Protection Concern Arises

When a staff member becomes concerned that they may be handling an abuse or child welfare situation they should:

- 9.4.1. Receive the information: Listen carefully to what is being said or observed
- 9.4.2. Reassure: Reassure the person that they are right to share the information and that you will ensure that appropriate support is provided to the child
- 9.4.3. Refer: to the CPO or line manager at all times throughout the process for guidance.
- 9.4.4. Respond: Staff will take early and appropriate action to raise the concerns, in line with this policy. Undertaking a comprehensive assessment or investigative interview is the responsibility of specialist staff in the HSE or Gardaí
- 9.4.5. Record: An essential part of the child protection process is to ensure that staff take notes of what has been said to them in the words in which it was said or what they have observed immediately after the conversation / observation. All records should be kept in accordance with (name organisation)’s record keeping practice guidance where it applies.
- 9.4.6. Seek support: It is important to remember that dealing with child abuse concerns is stressful, and can have an impact on one’s emotional well-being. Therefore, staff should actively seek out support from line management and peers within the bounds of confidentiality.
- 9.4.7. Where staff have concern regarding other children in the community who do not attend Hugh’s Houses’ services, they have a responsibility to report these concerns to the HSE.
- 9.4.8. Where a member of the public or a person from another agency advises a staff member of child protection concerns regarding any child,
  - 9.4.8.1. They should be advised to report their concerns directly to the HSE and given the appropriate contact details.
  - 9.4.8.2. The staff member in this service should record details of the information and discuss these with the CPO.

- 9.4.8.3. The CPO should confirm with the HSE that the person who has the concerns has contacted them. If they have not, the CPO should pass the concerns on to the HSE, referring the HSE to the source of the information.

#### 9.5. Responding to Disclosure from a Child

- 9.5.1. Staff should familiarise themselves with section 2.5 (p32 & 33) of the Child Protection and Welfare Practice Handbook. This provides guidelines on responding to disclosure by a child of abuse. This includes:
  - 9.5.1.1. Supportively responding to disclosure: give the child time to explain. Do not pressurise or ask too many questions. Accept and believe the child. Do not express anger or judgement about the alleged perpetrator. It may also be necessary to reassure the child that your feelings towards them have not changed.
  - 9.5.1.2. Asking questions: questions should be supportive and for the purpose of clarification only. Avoid leading questions, asking about intimate details or suggesting that something else happened other than what has been told.
  - 9.5.1.3. Managing confidentiality: Do not promise to keep secrets, acknowledge trust shown in disclosure; explain exactly who to and why you are sharing the information i.e. some secrets should not be kept because they make matters worse and hide things that need to be known if people are to be helped and protected from further hurt.
  - 9.5.1.4. Caution regarding making promises: Do not make promises you cannot keep to the child in relation to what will happen next.
  - 9.5.1.5. Providing on-going support: maintain a positive relationship with the child after disclosure, keeping lines of communication open and listening carefully. Continue to include the child in usual activities as far as is practicable but where necessary, immediate action should be taken to ensure child's safety.

#### 9.6. Standard Reporting Procedures (General)

- 9.6.1. Staff and the CPO will ensure that notes are taken throughout the process of any issues that cause concern. These may be vital if the concerns become reportable. It is essential to keep accurate notes with dates, times and factual objective information. These should be recorded. See Case Notes, Written Records and Correspondence Policy for instruction on best practice in writing case notes.
- 9.6.2. All observations, discussions and records relating to concerns must include dates, times, names, location, context and any other information which may be relevant and should be signed and dated.
- 9.6.3. Where serious abuse is suspected immediate action will be required. Staff are to inform the Child Protection Officer at the earliest possible opportunity and as a matter of urgency. If the Child Protection Officer is not available the issue should be raised with Ade Stack (Founder). In no case should serious concerns be left unaddressed or unreported.
- 9.6.4. A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the HSE or Gardaí.
- 9.6.5. It is important to be aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether abuse has occurred. That is a task for the Gardaí or the HSE. Under no circumstances should any individual member of staff or the team itself attempt to deal with the problem of abuse alone.
- 9.6.6. If at any point throughout the reporting process there is a continued failure to respond to significant concerns either within the organisation or on the part of the

HSE, this should be brought to the attention of the Founder Ade Stack, who should raise the concerns at a higher level in the HSE.

#### 9.7. Standard Reporting Procedures (Staff)

- 9.7.1. It can be difficult for staff to determine whether suspicions about child abuse are real. Before a staff member acts on these they need to consider whether there is an alternative explanation to be explored, the staff member should ask the following questions of themselves: Is there any other reason why the parent or child involved might be acting in a particular way? Is there a pattern to this kind of occurrence? Did you or anyone else see what was happening? Has the child said anything to indicate that he/she is being harmed? Could injuries or signs have been caused in another way?
- 9.7.2. If the staff member has considered these questions and is still concerned, it is likely that there are reasonable grounds to take action. Staff should contact the CPO.
- 9.7.3. Where it is decided by the CPO and the staff member that the information does not constitute sufficient grounds for concern, the information and the basis of this decision should be recorded in the service user's file.
- 9.7.4. Where there is disagreement between the CPO and the staff member about whether to report concerns to the HSE, either party can seek the advice anonymously from the local duty social worker / other expert consultant as arranged. The staff member should be given a clear written statement of the reason why the organisation is not reporting the concern and advised that, if they remain concerned about the situation, they are free to consult with or report to the HSE or Gardaí.
- 9.7.5. In the event of an emergency where a child is perceived to be in immediate danger and the HSE cannot be contacted, the Gardaí should be contacted.

#### 9.8. Standard Reporting Procedure (Child Protection Officer)

- 9.8.1. If the information constitutes reasonable grounds for concern, the CPO should ensure that a telephone referral followed by a formal report in writing is made to the local Duty Social Worker in the HSE, on the HSE's standard Report Form (see page 39 of Children First for an outline of the information required when a report of child abuse is being made). It is the responsibility of the worker who has the concerns to complete the Form, which should then be counter-signed by the CPO before it is forwarded to the HSE. Where the CPO is not available on site to sign the form they should be aware of the content of it.
- 9.8.2. It is good practice that parents be informed that a report is to be made to the HSE, unless doing so would put the child at further risk.
- 9.8.3. In the event of an emergency, or the non-availability of the HSE, the report should be made to a Garda. This may be done at any Garda Station (page 35 of The Child Protection & Welfare Practice Handbook 2011).
- 9.8.4. The *Children First* standard reporting form at [www.hse.ie/go/childrenfirst](http://www.hse.ie/go/childrenfirst) must be completed at this stage to facilitate Social Worker/Garda decision making. This may entail:
  - 9.8.4.1. Clarifying or getting more information about the matter:
  - 9.8.4.2. Where there is doubt or uncertainty, consulting initially with statutory child protection agency to receive their guidance on the matter:
  - 9.8.4.3. Making a formal referral to a statutory child protection agency or the Gardaí.
- 9.8.5. A social worker may wish to speak to the person who first witnessed the incident, received the disclosure, or experienced the concern; the Child Protection Officer and staff should be informed of this possibility.

- 9.8.6. If no appropriate response is received from the HSE, the worker and / or CPO should follow up on the referral by phone and in writing at the appropriate level.

#### 9.9. After a Report is Made

Once a report is made to the HSE, it is important for the staff:

- 9.9.1. To seek clarification from the social worker as to the chain of events that might occur next. Under Children First, the HSE is required to keep those who report their concerns informed of the likely steps to be taken by the professionals involved in the assessment and follow-up of the matter. Further, wherever possible, and within the normal limits of confidentiality, HSE staff have a responsibility to inform reporters about the outcomes of any enquiry or investigation into that reported concern. Staff should ensure that all contacts and attempted contacts with the HSE, the family and other agencies are recorded on the child protection and welfare report sheet.
- 9.9.2. To continue to provide services to the child / family / service user.
- 9.9.3. To advise the child / family / service user of what happens with HSE referrals and keep them up-to-date on developments where possible.

#### 9.10. Failure to Report

- 9.10.1. Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children. It states: 'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –
  - (a) Causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
  - (b) Failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.'
- 9.10.2. The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment a term not exceeding 10 years.

#### 9.11. Children moving

- 9.11.1. When a service user connected with a child protection complaint moves address and there are continuing child welfare and protection concerns, Monica Macken should formally notify the HSE for the original address and the HSE for the new address of the fact that the family have moved and of details of where they have moved to (where this is known), so that they can make any necessary arrangements to liaise with one another and to continue to provide support the service user / child.
- 9.11.2. When a service user who is being key worked or case managed leaves Hugh's House to attend another for key working or case management, and will no longer have a formal connection with Hugh's House, and there have been concerns about child protection, this service will:
  - 9.11.2.1. Inform the HSE Social Work Service of the closure of the case and the move to another service.
  - 9.11.2.2. In the context of the role of the other agency, pass on current concerns held by Hugh's House in relation to child protection, having advised the parents of our intention to do this unless doing so would place the child at risk.

## Accusations against a member of the team

- 9.12. Hugh's House recognises that there is a potential for a staff member to abuse children in our services. In such situations, the welfare of the child is of paramount importance. If a member of staff / volunteer is accused of abuse, the matter will be investigated immediately in collaboration with external authorities.
- 9.13. Where such concerns arise, the matter will be addressed in a timely and fair manner, and appropriate confidentiality in respect of all parties will be maintained.
- 9.14. Hugh's House is committed to ensuring that staff who are concerned about potentially inappropriate behaviour by a colleague can report their concerns to senior staff without fear of recrimination.
- 9.15. If an allegation is made against a worker, two separate procedures must be followed:
  - 9.15.1. The standard reporting procedure in respect of suspected child protection concerns (outlined in sections 3.4 and 3.5 of Children First) and,
  - 9.15.2. The procedures outlined below:
- 9.16. Procedures to follow for dealing with the worker involved in the complaint:
  - 9.16.1. Inform the Chairperson of the Board of Management.
  - 9.16.2. Ensure no child is exposed to unnecessary risk.
  - 9.16.3. Confidentiality is of the utmost importance and only those who need to be informed should be notified or made aware of the situation.
  - 9.16.4. A worker may be suspended with pay to protect the child / other children attending the organisation, at all times considering the employee's contract and natural justice.
  - 9.16.5. Staff / volunteers may be subject to erroneous or malicious allegations. All allegations should be dealt with sensitivity and support, for example counselling may be offered.
  - 9.16.6. An action following an allegation of abuse against an employee should be managed in consultation with the HSE and the Gardaí. An immediate meeting should be arranged with these bodies for this purpose.
  - 9.16.7. After consultation with statutory services, the Chairperson should advise the person accused of the allegation and the procedure to be followed.
  - 9.16.8. The Director and Board of Management should take care that the actions taken by them do not undermine or frustrate any investigations being conducted by the HSE or Gardaí.
- 9.17. It is recommended that the same person should not have responsibility for the **reporting issues** and the **employment issues**. They should be separated and managed independently. There may be situations where the allegations turn out to be unfounded. But it is important that suspicions are treated seriously and in the manner outlined above.

## 10. Special Considerations

- 10.1. Abuse by visitors to the service

The possibility of abuse by a visitor must be recognised. If such abuse occurs, it should normally be dealt with in the same way as other incidents of suspected abuse.
- 10.2. Peer abuse
  - 10.2.1. In child abuse cases the alleged perpetrator may also be a child. In such cases the management of the case should be as follows (see section 9 of *Children First, 2011*):
    - 10.2.1.1. In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim and the alleged perpetrator (meaning it should be considered a childcare and protection issue for both children).
    - 10.2.1.2. Staff should report all incidents to the organisations CPO as above.

10.2.1.3. The Organisation's CPO should refer to the HSE or Gardaí as above.

#### 10.3. Admission of retrospective abuse

- 10.3.1. Where there is disclosure by adults of abuse which took place in their childhood, and the Gardaí or HSE are aware of this any further action by these agencies will be based on the consideration of whether any child may be in contact with the alleged abuser. The service user needs to be informed of this policy and offered appropriate support services including onward referral to specialist services / counselling.

### 11. Follow up on Child Protection Report with Statutory Services

- 11.1. Where the organisation has an ongoing relationship with the case, follow up with the relevant social worker can be organised as part of the care plan; where there is consent provided by the adult service user involved in the case. Ideally a case meeting will be held to facilitate agreement on what supports need to be provided and which agency is most suitable to provide these. In some cases this may be done through phone or mail communications.
- 11.2. Follow up contact should also be made where there is repetition of the concerns relating to child protection, or where new concerns arise. In this case consent from the adult involved in the case is not required.
- 11.3. If consent for sharing of information is not provided by the adult then statutory services will be unable to provide any information following receipt of the initial report.

### 12. Underage Sexual Activity

#### 12.1. General

- 12.1.1. Underage sexual activity is any sexual activity where one or both persons in under the age of 17. For the purposes of the criminal law, the age of consent for sexual intercourse is 17. It is a crime to participate in sexual intercourse with any child under the age of 17. However, this may not constitute sexual abuse. Non-consensual sexual activity with a 17 year old would obviously constitute abuse.
- 12.1.2. It is not the function of Hugh's House to police consensual teenage sexual activity. We encourage and support young people to behave in an informed and responsible manner in all areas of their lives

#### 12.2. Procedures:

- 12.2.1. When staff become aware of underage sexual activity, they should:
- 12.2.2. Discuss the issue with their line manager.
- 12.2.3. Give careful consideration as to whether or not the behaviour could be considered abusive.
- 12.2.4. If the behaviour could be considered abusive, guidelines in the previous sections of this policy should be followed.
- 12.2.5. If they consider that the behaviour is not abusive, they should consider whether the child / young person is in need of any advice, support or guidance and act on this appropriately.

Projects should ensure that they have appropriate materials and service information available to assist staff in addressing issues of relationship and sexual health (e.g. from Barnardos)

### 13. Garda Vetting

- 13.1. See Garda Vetting Policy for further detail. This policy states that all staff working directly with under 18s or vulnerable adults will be required to furnish details of past addresses to

facilitate garda vetting and that any individuals with past offences in relation to child abuse will not have access to children or vulnerable adults by the organisation.

## 14. Safe Practice

- 14.1. If a parent or a guardian brings a child into the service, the service will record the name and address of the child, but the child will be the responsibility of the parent / guardian.
- 14.2. It is the admission policy that only direct siblings of inpatients of Temple Street or the Rotunda hospital may stay in the house.
- 14.3. In the event that a child is brought into the organisation accompanied by an adult who is not their parent / guardian, and where this is a new arrangement or unknown arrangement, the manager should be contacted; they have a role of determining whether this arrangement is suitable.
- 14.4. Children should at no time be left unattended. As far as possible the child will remain with the adult. In the event that this is not the case, there should be two staff with the child at all times. Staff should not at any time be in a closed room with a child.
- 14.5. There is no referral for parents who themselves are under the age of 18.

## 15. Contact Details for Relevant Statutory Services

- 15.1. Anne Marie Lenihan, (Head Social Worker) 01-8784200/087-6711575
- 15.2. Pauline Forster, Rotunda Hospital, Dublin 1. 01-8171722.
- 15.3. Garda, Fitzgibbon Street, 01-6668400(24 Hours).
- 15.4. Community Garda, Glen Halpin, 01-6668620, glenn.p.halpin@garda.ie.