

Safeguarding Adults at Risk of Abuse Guidance

Jesuit Irish Province

2020



Safeguarding Adults at Risk of Abuse

- A Summary Introduction

What is this policy document about?

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

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

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

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

What do we mean by “adult at risk of harm”?

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

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

The term ‘vulnerable adult’ will be a familiar one to many. The HSE Draft Adult Safeguarding Policy (2019) suggests a move away from the use of this term. Defining those in need of safeguarding as ‘vulnerable adults’ creates assumptions about inherent vulnerability and can be stigmatizing.

What do we mean by “harm”?

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

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

There are 9 HSE Safeguarding and Protection Teams across the country that you can contact if you have a concern about an adult who may be at risk of abuse. A number of safeguarding teams operate in Northern Ireland under the HSC. Contact details can be found at the back of this document.

If you are unsure what to do, or about whether the person you are in contact with might fit the description of an adult at risk, the best thing to do is to seek advice. The Jesuit Delegate for Safeguarding and Professional Standards is available for such advice, as is the HSE Teams.

Saoirse Fox
Jesuit Delegate for Safeguarding & Professional Standards
Jesuit Provincialate
Milltown Park
safeguarding@jesuitlink.ie
01 4987333/4987339

What are the expectations of Jesuits and our colleagues arising from this policy?

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

Jesuit contexts where this policy may be relevant

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

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

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

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

Republic of Ireland

An adult at risk of abuse is defined as:

A person over 18 years of age who is:

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

HSE Adult Safeguarding Policy – Final Draft (June 2019)

Northern Ireland

An ‘adult at risk of harm’ is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances. Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An 'adult in need of protection' is defined as a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) Personal Circumstances AND/OR b) Life Circumstances
AND
c) Who is unable to protect their own well-being, property, assets, rights or other interests;
AND d) Where the action or inaction of another person or persons is causing, or is likely to cause him/her to be harmed.

Adult Safeguarding: Protection and Prevention in Partnership, DHSSPSNI

Catholic Church

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

Vos Estis Lux Mundi, Holy See, 2019

Definitions and Descriptions of Abuse

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

Different Forms of Abuse

Form of Abuse	Definition	Examples	Possible Signs / Indicators
Physical	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Person appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.
Sexual	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.
Psychological	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation,	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone’s personal space. Unresponsiveness,	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, extremely low self-esteem,

	blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.	not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction.	tearfulness, self-harm abuse or self-destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.
Financial	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills, property, inheritance and financial transactions.	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service user's internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.
Neglect	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.	Withdrawing or not giving help that a vulnerable person needs, so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.	Having pain or discomfort, being very hungry, thirsty or untidy, failing health, pressure sores, under/over medication, absence of required aids including wheelchair, glasses, dentures, inappropriate clothing, changes in behaviour, non-attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.
Discriminatory	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.	Shunned by individuals, family or society because of age, race, religious beliefs or disability. Assumptions about a person's abilities or inabilities.	The person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish, isolation from family or social networks
Institutional	Institutional abuse may occur within residential care and acute settings	Lack of training of staff and volunteers, lack of or poor-quality supervision and management, poor	Vulnerable adult has no personal clothing or possessions, there is no care plan, the person is

	<p>including nursing homes, hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.</p>	<p>record keeping and liaison with other agencies, low staff morale and high staff turnover. Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy and dignity.</p>	<p>often admitted to hospital, or there are instances of staff/ volunteers treating the person badly or unsatisfactorily or acting in a way that causes harm, poor staff morale and high staff turnover and lack of clear lines of accountability and consistency of management Lack of training of staff and volunteers.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Recognising and Reporting Concerns of Abuse

What would cause you concern or suspicion about abuse?

There are a number of ways in which you might become concerned or suspicious that an adult at risk of abuse is suffering or, has suffered, harm.

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

What to do if you are concerned about a person

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

1. Are there applicable organisational procedures? If the concern arises during the course of your work for another organisation, you should follow that organisation's policies and procedures. If they have a Designated Liaison Person, allegations and concerns will be reported to this person.
2. Is this a community based concern? If the concern is in relation to a person living in the community, this can be reported directly to the relevant HSE Safeguarding Team/HSC team.
3. Always seek advice if unsure: It is important to know that advice can always be sought from the HSE/HSC or from the Jesuit DLP , if you would like guidance on the appropriate response.
4. Am I concerned about a Jesuit or Jesuit personnel? If an allegation or concern arises about the conduct of a Jesuit or Jesuit personnel, this must be reported to the Jesuit DLP.
5. Is this a possible crime? Where the concern relates to a possible criminal offense, this should be reported to the police.

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

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

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

Responding to an adult disclosing abuse

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

DO	DO NOT
<ul style="list-style-type: none">• Stay calm.• Listen.• Reassure the person - tell him/her they did the right thing in telling you.• Let them know that the information will be taken seriously and give them information about what will happen next.• If urgent medical and/or Gardaí/PSNI help is needed, call the emergency services.• Ensure the safety of the person.• Be aware that forensic evidence might be needed.• Let the person know that they will be kept informed at every stage.• Record in writing (date and sign your record) and report to the DLP for the Jesuits.• Act without delay.	<ul style="list-style-type: none">• Stop someone disclosing to you.• Promise to keep secret what they tell you.• Press the person for more details or make them repeat the story.• Gossip about the disclosure or pass any information about this to anyone who does not have a legitimate need to know.• Under any circumstances, contact the alleged abuser.• Attempt to initiate an investigation yourself.• Leave details of your concern on a voicemail or e-mail.• Delay in responding.

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

staff or a volunteer notices a bruise on the person's arm, it would be appropriate to ask "I see you have a bruise on your arm. How did that happen?" Then listen. However, be careful not to start investigating.

It is important that Jesuits, staff and volunteers understand the clear distinction between "checking out" and an investigation.

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

Consent and Capacity

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

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

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

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

Currently the following legal description is used by courts both in NI and ROI as a rule in relation to consent. The consent of a vulnerable adult is considered valid ONLY if:

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

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

Whistleblowing

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

The Jesuits in Ireland are committed to the highest possible standards of openness, transparency and accountability. Employees and volunteers are expected and encouraged to voice any concerns about activities involving vulnerable adults to the appropriate person (such as their direct manager, supervisor, director) and to the Designated (Safeguarding) Liaison Person.

Everyone has the right to raise concerns about perceived unacceptable practice or behaviour and no action will be taken against the complainant if the concern proves to be unfounded but was raised in good faith. Malicious allegations, however, may be considered as a disciplinary and/or a criminal offence.

This mechanism exists not only to protect vulnerable adults but also in order to protect all Jesuits, staff and volunteers. In the Republic of Ireland, the Protected Disclosures Act 2014 provides legal safeguards to employees, contractors, agency workers and people on work experience schemes to report illegal practices or other specified wrongdoings such as abuse. This applies where the disclosure is made in good faith and on reasonable grounds and relates to any conduct or action which raises a significant danger to public health or safety. Within Northern Ireland, the Public Interest Disclosure (NI) Order 1998 protects most workers who whistle blow about wrongdoings in their workplace from being treated unfavourable by their employer as a result.

Safe Activities

Recruitment

The Jesuits have a safe recruitment procedure which ensures that an assessment is carried out, of the suitability of candidates for work with adults who may be vulnerable or at risk of abuse.

This procedure includes:

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

Vetting

Whenever the Jesuits in Ireland recruit an employee or volunteer, or collaborate with external individuals to work with adults at risk of abuse in their care, there must be a thorough vetting of all candidates. In the Republic of Ireland, the **National Vetting Bureau (Children and Vulnerable Persons) Act 2012**, which came into operation in April 2016, outlines the compulsory vetting process for all individuals and organisations working with children and 'vulnerable persons'.

Induction

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

During an induction, personnel will be:

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

Training & Support

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

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

Lone Working Guidance

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

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

The following guidelines should be attended to:

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

Note on One-to-One Ministry

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

Additional Policies

If a Jesuit, staff or volunteer is working or ministering with an adult at risk of abuse, the nature of contact would not involve intimate care or specific duties attending to the person's health and wellbeing. If this is to change or a need for additional policies is identified, these will be written.

E.g. intimate care, safe administration of medication, incident reporting, bullying and harassment.

Recording, data protection and confidentiality

It is the responsibility of the Jesuits to ensure that the gathering, storage, usage and sharing of personal information is in line with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act, 1988 and 2003 (ROI). Generally, there is no actual prescribed period of time for holding on to personal data, but both acts stipulate that records “shall not be kept for longer than is necessary for that purpose or those purposes”. The Act goes on to stipulate that “where no legal requirement to retain information beyond the closure of the record exists the authority will need to establish its own retention periods. Normally personal information should not be held for longer than 6 years after the subject’s last contact with the authority”.

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

HSE Safeguarding and Protection Teams

Dublin North, Dublin North City, Dublin North West

Ms. Mary McNutt, St Mary's Hospital, Phoenix Park, Dublin 20

Tel: [076-6959528](tel:076-6959528) Email: Safeguarding.cho9@hse.ie

Laois, Offaly, Longford, Westmeath, Louth and Meath

Ms Maura Seabrooke, 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

Ms. Siobhan Nunn, 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

Mr.Tony McCusker, Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.

Tel: 01 2164511 Email: Safeguarding.cho6@hse.ie

South Tipperary, Carlow, Kilkenny, Waterford, Wexford

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

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

Kerry and Cork

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

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

Clare, Limerick, North Tipperary and East Limerick

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

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

Galway, Roscommon and Mayo

Ms. Pauline Levins, La Nua, Ballybane, Castlepark Road, Galway

Tel: 091 748432 Email: Safeguarding.cho2@hse.ie

Donegal, Sligo, Leitrim, Cavan and Monaghan

Ms. Donna Carroll, HSE Office, Community Health Care Organisation Area 1, Ballyshannon Health Campus, An Clochar, Ballyshannon, Co. Donegal. Tel: [071-9834660](tel:071-9834660) Email: Safeguarding.cho1@hse.ie

HSE Information Line

Monday to Saturday, 8am-8pm

Call Save: [1850 24 1850](tel:1850241850)

Email: info@hse.ie

HSC Trust Adult Service Contacts for adults at risk

<p>Belfast Trust</p> <p>New referrals – Older Peoples Services SOUTH & EAST BELFAST 028 9056 5565 NORTH & WEST BELFAST 0845 6066 596</p> <p>Physical & Sensory Disability Services NORTH & WEST Grove 028 9501 1458 SOUTH & EAST Mount Oriel 028 9504 2367</p> <p>Learning Disability Services AdultSafeguardingLD@belfasttrust.hscni.net NORTH: 028 9504 2376 SOUTH: 028 9504 2693 EAST: 028 9504 6118 WEST 028 9504 1284</p> <p>Mental Health Services mhadultsafeguarding@belfasttrust.hscni.net 028 9504 6634</p>	<p>Northern Trust</p> <p>Older Peoples Services/Physical & Sensory/Disability Services Sean Falls, Professional Practice Lead sean.falls@northerentrust.hscni.net Tel: 028 9055 2243</p> <p>Learning Disability Services Pauline Cummings, Head of Service Pauline.cummings@northerentrust.hscni.net Tel: 028 7936 6836</p> <p>Mental Health Services Kate Lambe, Assistant Director Kate.lambe@northerentrust.hscni.net Tel: 028 9441 3314</p>
<p>South Eastern Trust</p> <p>Older Peoples Services Ards 02891 801234 North Down 02891 468521 Lisburn 02892 501325 Down 02844 613811</p> <p>Learning Disability/Physical & Sensory Disability Services lyn.preece1@setrust.hscni.net Tel: 028 92 665646</p> <p>Mental Health Services Ards MHassessment.Ards@setrust.hscni.net Tel: 02891512155 Lisburn MHassessment.LVH@setrust.hscni.net Tel: 028 92 641362 Down MHassessment.Down@setrust.hscni.net Tel: 028 44 613311 x 83311</p>	<p>Southern Trust</p> <p>Older Peoples Services access.information@southerentrust.hscni.net Tel: 028 3756 4300</p> <p>Learning, Physical & Sensory Disability Services OOHS.swrefs@southerentrust.hscni.net Tel: 028 3839 4088</p> <p>Mental Health Services Tel: 028 3083 5253 (Newry & Mourne) Tel: 028 3741 4462 (Armagh & Dungannon) Tel: 028 3834 7537 (Craigavon & Banbridge)</p> <p>Western Trust</p> <p>Older Peoples Services 028 71864399 Physical & Sensory Disability Services 028 71864399</p>

