



St. Ita's N.S

Child Protection Policy

Introductory Statement:

This policy was drafted by the staff of St. Ita's N.S. with assistance from the DES Support Service. The policy received input from the Board of Management and the Parents' Association. This policy is regularly updated at staff meetings and the Board of Management undertakes an annual review using the Appendix 2 checklist. The Parents' Association are informed when the Board of Management carry out an annual review of the Child Protection Policy. This Policy was reviewed and updated by the staff during September / October 2015 and was ratified by the Board of Management in February 2016.

Rationale:

The Board of Management of St. Ita's N.S. has adopted the Department of Education and Science Guidelines and Procedures for schools in relation to Child Protection and Welfare. The policy is an outline of how St. Ita's N.S. proposes to implement these guidelines in order to ensure the protection and welfare of all children attending our school.

Relationship to the Characteristic Spirit of the School:

St. Ita's seeks to help the children to grow and develop into healthy, confident, mature adults, capable of realising their full potential as human beings. We strive to create a happy, safe environment for the children where they feel secure, knowing that if they have concerns, they will be listened to with understanding and respect and they will be acted on.

Aims:

- To raise awareness among all school staff (teaching and ancillary) of the various forms of child abuse (emotional, physical, sexual and child neglect).
- To put in place clear procedures for all school personnel dealing with suspicions and allegations of child abuse.
- To identify other policy areas, which need to be amended in light of the "Child Protection Guidelines".
- To identify curricular content and resources that contributes to the prevention of child abuse and to enable children to properly deal with abuse if it occurs.

Guidelines:

The guidelines are laid out as follows:

- 1.0 Appointment of a Designated Liaison Person (DLP)
- 2.0 Roles, Responsibilities and Guidelines
 - 2.1 Role of the Board of Management
 - 2.2 Role of the Staff Members (Teachers, SNA's, Caretaker, Secretary)
 - 2.3 Role of the Designated Liaison Person
- 3.0 Case Conferences
- 4.0 Organisational Implications
- 5.0 Curriculum Implications.

1.0: Appointment of a Designated Liaison Person (DLP):

- a) The Board of Management has appointed Mr. Patrick Coyle as the Designated Liaison Person (DLP) in St. Ita's N.S. to have specific responsibility for child protection.
- b) Mrs. Joan Glynn has been appointed as Deputy DLP.
- c) The position of DLP will be addressed at the first meeting of each new Board of Management. The DLP will continue to act as such until such time as he is replaced by the B.O.M. for whatever reason.

2.0: Roles and Responsibilities:

- a) The Board of Management has primary responsibility for the care and welfare of their pupils.
- b) The DLP has specific responsibility for child protection in the school.
- c) All staff have a general duty of care to ensure that arrangements are in place to protect children from harm.

2.1: Role of the Board of Management:

- a) To arrange for the planning, development and implementation of an effective child protection programme.
- b) To monitor and evaluate its effectiveness.
- c) To provide appropriate staff development and training.

Specifically, they will

- d) Appoint a DLP and deputy DLP.
- e) Have clear procedures for dealing with allegations or suspicions of child abuse (See below).
- f) Monitor the progress of children at risk.
- g) Ensure that curricular provisions are in place for the prevention of child abuse.
- h) Investigate and respond to allegations of child abuse against one of the school's employees, which have been reported to the Health Board or Gardaí.
- i) To decide on teachers attendance at child protection meetings/case conferences and to advise teachers before attending such meetings/conferences.

Procedures for B.O.M. in cases of allegations or suspicions of child abuse by a school employee:

A. Reporting

In the event of receiving a complaint or suspicion re an employee:

- I. The DLP will immediately inform the Chairperson
- II. He will seek a written statement of the allegation from the person/agency making the allegation. Parents/Guardians may make a statement on behalf of a child.
- III. The DLP will seek advice from the relevant Health Board and will take responsibility for reporting, based on this advice. If the DLP, following consultations with the Health Board, decides that this matter is not for reporting, he must inform the Chairperson. They must then inform, in writing, the person or agency making the allegations, of the reasons for this decision. If this person or agency still has concerns, they are free to consult with or report to the relevant Health Board or Gardaí on an individual basis. The provisions of the Protection for Persons reporting Child Abuse Act 1988 apply, once they report reasonably in good faith.
- IV. If the DLP following consultation with the Health Board, decides that this matter is for reporting he should inform the Chairperson, who should proceed in accordance with the procedures in the Child Protection Guidelines (1999 pg16).
- V. The DLP/Deputy DLP completes a standard reporting form as comprehensively as is possible.
- VI. When the Chairperson becomes aware of an allegation of abuse he will always seek legal advice and base his response on this advice. He will privately inform the employee of the fact and nature of the allegation and whether or not it has been reported in the DLP to the Health Board. (Refer to 4.2 – 4.3,

pg.16 of Child Protection Guidelines and Procedures (DES, 2001). The Chairperson has a duty to afford the employee fairness and due process – s/he is entitled to details and a copy of the written allegations, to advice and representation and an opportunity to respond to the Board within a week.

B. Responding

- I. When the Chairperson becomes aware of an allegation of abuse he will always seek legal advice and base his response on this advice.
- II. The Chairperson will consider whether there is any risk to pupils' safety. If the Chairperson considers that there is a risk – he may require the employee to take immediate administrative leave. If unsure the Chairperson will consult with the Health Board/Gardaí.
- III. If administrative leave has been invoked, the Chairperson is to make a report (after receiving advice from the Health Board). The Chairperson will convene and inform a meeting of the BOM as soon as possible.

Where the alleged abuse has taken place within the school, or relates to the abuse of pupils of the school, by school employees outside of school time, the BOM will investigate the matter. They will convene a further meeting, once the relevant information has been gathered at this meeting the BOM will consider in detail

- The allegations made and their source
 - The advice given by relevant authorities
 - And the written response of the employee.
- IV. At this meeting also the person/agency who is alleging abuse by the school employee should be an opportunity to present his/her case to the BOM and may be accompanied by another person. Parents/guardians may act on behalf of child. The employee should also be afforded an opportunity to present their case and may also be accompanied. The BOM must deal with the matter sensitively and the employee must be fairly treated. The BOM will make a decision on action, if any, based on their investigation and will inform the employee of this in writing. They will also inform the DES of the outcome, if the employee has been absent on administrative leave. Where it is not possible for the BOM to conduct an enquiry into allegations (e.g. where abuse has occurred in past employment, or where the employee is undergoing investigation by relevant authorities), the Chairperson will act on advice of authorities. The Chairperson will maintain close contact with the Health Board and receive reports and records from them where appropriate.

2.2: Role of the Staff Member (to include Teachers, SNA's, Caretaker, Secretary, etc.)

- a. It is the responsibility of all teachers and staff members to familiarise themselves with the Children First National Guidelines for the Protection and Welfare of Children (1999) especially

Chapter 3 Definition & Recognition of Child Abuse

Chapter 4 Basis of Reporting & Standard Reporting Procedures

Appendix 1 Signs & Symptoms of Child Abuse

b. Definition and Recognition of Child Abuse:

This section outlines the principle types of child abuse, and offers guidance on how to recognise it. Child abuse can be categorised into four different types:-

- **Neglect**
- **Emotional abuse**
- **Physical abuse**
- **Sexual abuse**

A child may be subjected to one or more forms of abuse at any given time. All signs and symptoms must be examined in the total context of the child's situation and family circumstances.

Definition of Neglect

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to affection from adults, medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by his/her health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his/her well-being and/or development are severely affected.

Definition of Emotional Abuse:

Emotional abuse is normally to be found in the relationship between a care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples of emotional abuse of children include:

- I. The imposition of negative attributes on children, expressed by persistent criticism, sarcasm, hostility or blaming.
- II. Conditional parenting in which the level of care shown to a child is made contingent on his/her behaviours or actions.
- III. Emotional unavailability by the child's parent/carer.
- IV. Unresponsiveness, inconsistent, or inappropriate expectations of the child.
- V. Premature imposition of responsibility of the child.
- VI. Unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself/herself in a certain way.
- VII. Under or over-protection of the child.
- VIII. Failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development.
- IX. Use of unreasonable or over-harsh disciplinary measures.
- X. Expose to domestic violence.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, effective or physical functioning. Examples of these include "anxious" attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and appositional behaviour. *The threshold of significant harm* is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

Definition of Physical Abuse:

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglected failure to protect a child. Examples of physical injury include the following:

- I. Shaking
- II. Use of excessive force in handling
- III. Deliberate poisoning
- IV. Suffocation
- V. Munchausen's Syndrome by Proxy
- VI. Allowing or creating a substantial risk of significant harm to a child.

Definition of Sexual Abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Examples of child sexual abuse in the following:

- I. Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child.
- II. Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification.
- III. Masturbation in the presence of the child or the involvement of the child in an act of masturbation.
- IV. Sexual intercourse with the child whether oral, vaginal, or anal.
- V. Sexual exploitation of a child includes inciting, encouraging proposition, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the “grooming” process by perpetrators of abuse.
- VI. Consensual sexual activity involving an adult and an under-age person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for example that sexual intercourse between a 16-year-old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.

The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case will be dealt with by An Garda Siochana under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault.

More details on each type of abuse are contained in Appendix One of “Children First” guidelines available in the staff room.

Children with Special Vulnerabilities:

Certain children are more vulnerable to abuse than others. These include children with disabilities and children who, for one reason or another, are separated from parents or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse, and sexual abuse – may be applicable, but may take a slightly different form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

Guidelines for Recognising Child Abuse:

Child Abuse can often be difficult to identify and may present in many forms. Early detection is important and professionals working with children should share their concerns about child protection or welfare with colleagues, preferably those in senior line management positions.

It is important to stress that – no one indicator should be seen as conclusive in itself of abuse; it may indeed indicate conditions other than child abuse. There are commonly three stages in the identification of child abuse. These are:

- I. Considering the possibility
- II. Looking out for signs of abuse
- III. Recording of information

Stage one: Considering the Possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/careers.

Stage Two: Looking out for Signs of Abuse:

Signs of abuse can be physical, behavioural, or developmental. They can exist in the relationships between children and parents/careers or between children and other family members. A cluster or pattern of signs is likely to be more indicative of abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be believed; less obvious signs could be gently exposed with the child, without direct questioning. Play situations such as drawing or story telling may reveal information.

Some signs are more indicative of abuse than others. These include:

- I. Disclosure of abuse and neglect by a child or young person;
- II. Age-inappropriate or abnormal sexual play or knowledge;
- III. Specific injuries or patterns of injuries;
- IV. Absconding from home or a care situation;
- V. Attempted suicide;
- VI. Under-age pregnancy or sexually transmitted disease;
- VII. Signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Most signs are non-specific and must be considered in the child's social and family context. It is important to always be open to alternative explanations for physical or behavioural signs of abuse.

Stage Three: Recording of Information:

If abuse is suspected, it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information, which may be relevant.

Points to Remember:

The severity of a sign does not necessarily equate with the severity of the abuse. Severe and potentially fatal injuries are not always visible. Emotional and/or psychological abuse tends to be cumulative and effects may only be observable in the longer term. Signs or indicators of abuse should be gently explored with the child, explanations, which are inconsistent with the signs, should constitute a cause for concern.

A Guidelines for teachers and staff members in handling:

1. Disclosures from children

Where a child discloses alleged abuse to a staff member, the person receiving that information should listen carefully and supportively. Great care must be taken not to abuse the child's trust. This should not be a formal interview. The following advice is offered.

- Listen to the child.
- Do not ask leading questions or make suggestions to the child. • Offer reassurance but do not make promises.
- Do not stop a child recalling significant events.
- Do not over-react.
- Confidentiality should not be assured – explain that further help may have to be sought.
- Record the discussion accurately noting; what, where and when?
- Descriptions and possible sketches of physical injuries.
- Explanations of injuries using direct quotations if appropriate
- Retain the record securely.

The staff member should obtain only necessary relevant facts. It is not the responsibility of school personnel to investigate allegations of abuse. The DLP should then be informed and given relevant records. If the suspected abuser is the DLP then the suspicion and records will be passed on to the Chairperson who will proceed as per guidelines.

2 Suspicious of Abuse:

Staff members who suspect abuse should refer to Children First National Guidelines for the Protection and Welfare of Children (1999) especially:

Chapter 3: Definition & Recognition of Child Abuse

Chapter 4: Basis for Reporting & Standard Reporting Procedures

Appendix 1: Signs and Symptoms of Child Abuse.

Staff members should observe and record over time the dates/signs/symptoms/behaviour causing them concern.

They should inform the DLP and pass on all records.

Role of the Designated Liaison Person (DLP):

The DLP acts as a liaison with outside agencies, Health Boards, Gardai and other parties with child protection concerns.

The DLP will inform all school personnel of the availability of the Children First Guidelines in the school. He will photocopy and circulate to all staff Chapter 3 & 4 & Appendix 1 of these guidelines and advise on good practice.

The DLP will be available to staff for consultation regarding suspicions or disclosures of abuse. He will keep records of these consultations.

The DLP will report suspicions and allegations of child abuse to the Health Boards or/and Garda Siochana based on this advice.

The DLP will maintain proper records in a secure, confidential manner and in a secure location.

The DLP will keep up to date on current developments regarding child protection.

Guidelines for the DLP in handing reported concerns and disclosures:

Where the DLP/Deputy DLP have concerns about a child, but are not sure whether to report the matter to the Health Board, they should seek appropriate advice. To do this the DLP/Deputy should make informal contact with the assigned (on duty) Social Worker. The DLP/Deputy in this case, should be explicit the s/he is requesting advice and not making a report. If advised to report the matter, the DLP will act on that advice.

A report will then be made to the Health Board by the DLP/Deputy in person, by telephone or in writing. In the event of an emergency or non-availability of Health Board staff, the report should be made to the Gardai. The DLP should also report the matter to the Chairperson of the BOM, who should then follow the procedures as outlined in Chapter 4 (Section 4.3) of Children First National Guidelines for the Protection and Welfare of Children (1999).

A standard reporting form is completed by the DLP/Deputy as comprehensively as possible (See Appendix 1)

Parents/guardians will normally be informed that a report is being made. It may be decided that informing the parent/carer is likely to endanger the child or place the child at further risk. The decision not to inform the parent/carer should be briefly recorded together with the reasons for not doing so.

When the allegation is against the DLP, the Chairperson then assumes responsibility for reporting the matter to the Health Board and filling in the standard reporting form. Where there are allegations or suspicions of Peer Abuse the DLP will follow the same procedures.

Parents of all parties will be notified and the DLP will inform the Chairperson.

Principal and class teachers will make arrangements to meet separately with all parents, to resolve the matter.

The school will make arrangements to minimise the possibility of the abusive behaviour recurring.

3.0: Child Protection Meetings (Case Conferences):

- a) A request is made from the Health Board through the DLP who should consult with the Chairperson of the BOM of the school. The Chairperson may seek clarification through the DLP as to why the attendance of the school employee is necessary and ascertain who else will be present.
- b) The school employee may complete a report for the meeting/conference. (See Appendix 3).
- c) The school employee will be advised if children/parents/guardians are going to be present. The school employee may contact the Chairperson of the Child Protection Meeting for advice.
- d) The school employee may keep a child's behaviour under closer observation, peer interactions, school progress or informal conversations.
- e) In all cases, individuals who refer or discuss their concerns about the case and protection of children with Health Board staff should be informed of the likely steps to be taken by the professions involved. Where appropriate and within the normal limits of confidentiality, reporting staff will be kept informed about the outcomes of any enquiry or investigation following on from their report.
- f) Teachers attending a child protection meeting/case conference should familiarise themselves with the protocol outlined on pgs. **149 – 155 of Children First National Guidelines for the Protection and Welfare of Children (1991).**

4.0: Organisational Implications:

School procedures already in place and new procedures being put in place will be examined with reference to the Children First Guidelines and any Child Protection issues that may arise will be addressed.

The following Policy areas have been addressed in this review:

- Supervision
- Bullying Accidents
- Swimming
- Record Keeping
- Children travelling in teachers' cars
- Induction of all New Staff/Induction of Pupils Communication
- Attendance

Supervision:

School Supervision rota will be followed by all staff to ensure that there is comprehensive supervision of children at all breaks. The rota will be displayed in the staff room. Each staff member will have a copy.

Behaviour:

Children are to be encouraged at all times to play co-operatively and inappropriate behaviour will be addressed under our Code of Behaviour. If an incident occurs which we consider to be a sexualised nature we will notify the DLP who will record it and respond to it appropriately. Incidents of bullying will be dealt with in accordance with the school bullying policy.

Visibility:

Teachers will ensure that children are visible in the schoolyard. Children will not be allowed to spend time in classrooms where they would not be under adult supervision. They are not to leave the schoolyard or to engage with adults who are outside of the schoolyard.

Visitors:

Teachers on yard duty will be aware of visitors entering the schoolyard and will ascertain their intentions. They will be supervised in the discharge of their business.

Bullying:

Bullying behaviour will be addressed under our Anti-Bullying Policy. If the behaviour involved is of a sexualised nature or regarded as being particularly abusive then the matter will be referred to the DLP.

Accidents:

While every precaution will be taken under our Health and Safety Statement to ensure the safety of children, we realise that accidents will happen. Accidents will be noted in our incident book and will be addressed under our accident policy as part of Health and Safety.

Swimming:

Children will be brought by bus to the swimming pool. Children will line up in an orderly manner for the bus. Support Teachers will assist with supervision in the changing rooms in order to ensure the children's safety. All adults will act in "Loco Parentis" and as such will act as prudent parents in helping children to return to school as dry as possible.

School Band:

Parents will assist with supervision in the changing areas in order to ensure the children's safety. All adults will act in "loco parentis" and as such will act as prudent parents in helping children to return to school safety after all band outings.

Camogie:

Children will be adequately supervised while getting changed for Camogie training.

Children travelling in staff car:

Teachers will not carry children or accompany children alone, in their cars or on foot at any time.

Record Keeping:

Teachers will keep each child's file updated with results of assessments carried out, dates and details of meeting with parents and notes from parents. The records are kept in the Filing Cabinet in each classroom, which is locked, at all times. Roll books will be updated daily. Sensitive information regarding children will be shared on the need-to-know basis. All education files of pupils who no longer attend this school are kept in

the school store for 5 years. Further details are found in the School's Records.

Induction of Teachers and Ancillary Staff

The DLP will be responsible for informing all new teacher and ancillary staff of the Children First Guidelines (1999). The DLP will give a copy of Chapters 3 & 4 and Appendix 1 and this Child Protection Policy to all new staff. All new teachers are expected to teach the objectives in the SPHE programme. The DLP is responsible for the mentoring of new teachers and will be responsible for supporting new teachers as they implement the SPHE objective. The DPL is also responsible for ensuring that new teachers know how to fill in the Roll Book correctly and informing the teacher of record keeping procedures within the school.

Induction of Pupils:

Parents/guardians of children starting in St. Ita's will receive an Enrolment Pack.

Attendance:

With regards to child protection, we will pay particular attention to trends in non-attendance. We will also monitor non-attendance in correlation with signs of neglect/physical/emotional abuse.

5.0: Curriculum Implications:

Introduction

In St. Ita's National School all children will be cherished and in fulfilling the general aims of the Revised Primary Curriculum we will:

- Enable the child to live a full life as a child and to realise his or her potential.
- Enable the child to develop as a social being through living and co-operating with others and so contribute to the good of society.
- Prepare the child for further education and lifelong learning.

In endeavouring to realise these aims we will create a positive school climate which is open, inclusive, respectful, fair democratic and tolerant and which seeks to support the holistic development of all children and all adults with our children. The strategies we will use to create this environment are detailed in our SPHE Plan and will involve:

- Prepare the child for further education and lifelong learning.
- Creating a health-promoting physical environment
- Enhancing self-esteem
- Fostering respect for diversity

- Building effective communication within the school
- Developing appropriate home-school communication
- Catering for individual needs
- Developing democratic process
- Fostering inclusive and respectful language

We strive to ensure that our school will be physically and emotionally safe and we will deliver the curricular content of our SPHE Programme with a view to giving our children the protective skills of self-esteem and assertiveness and positive attitudes to themselves, others, their environment and wider world in which they live. Self-protection and respect for others will be fostered, decision-making skills developed, peer influence and media bias examined. Knowledge of drugs and positive attitudes to drug use will be further developed. Children will be enabled to develop good group-building skills, anti-bullying awareness and conflict resolution skills. Self-protection will be emphasised and protection of younger, less able people.

Positive attitudes to sexuality will be developed and respect for self and others fostered (See RSE Policy). The SPHE programme will be supported by the use of the Walk Tall materials, RSE sources, Stay Safe resources and HSE (Health Service Executive) resources.

Success Criteria

We will evaluate the success of the Child Protection Policy using the following criteria:

Delivery and participation by all staff in training

Delivery of the SPHE curriculum

Resources to support the delivery of SPHE

Delivery and participation by children in the Stay Safe Programme

Assessment of these procedures by participants following a child protection case

Feedback from all staff involved.

Timeframe for Implementation

These procedures will be implemented following ratification by the BOM.

Timeframe for Review

At the first staff meeting of every year the DLP will remind all teachers of the guidelines and copies of Chapter 3 & 4 & Appendix 1 of the Children First Guidelines 2011 will be given to all staff.

A review will be conducted based on the criteria above, following any and all incidents when the guidelines are used.

Responsibility for Review

DLP/Principal Principal/DLP All Staff

Ratification and Communication

This policy was ratified on the _____ by the Board of Management of St. Ita's N.S.

Parents were notified of its existence and were invited to look and comment on the policy, which was displayed in the school.

Signed: _____ **Date:** _____

Emergency Contact Numbers

Garda Síochaná:

Loughrea Garda Station 091 841222

Doctors:

| | | | |
|---|------------|--------------|------------|
| Main Street Clinic (Team of 5 doctors) Dr. McDonagh | 091 842144 | Dr. O'Reilly | 091 841509 |
| | 091 841017 | Dr. Moloney | 091 841543 |

Hospitals:

| | | | |
|--------------------------------------|-------------|--------------------------------------|------------|
| UCHG | 091 580580 | Merlin Park | 091 757631 |
| Portiuncula Hospital, Ballinasloe | 090 9648200 | HSE Health Centre (Social Worker) | 091 847820 |

Parochial House:

Loughrea 091 841212