

Child Protection Policy- Ardcroney NS



Ardcroney NS fully recognises its responsibilities for child protection. Confirmation was provided that the Board of Management has formally adopted the child protection procedures for primary and post-primary schools without modification and that the school is compliant with the requirements of the child protection procedures for primary schools. Our policy applies to all staff, the Board of Management and to all volunteers working in the school.

There are five main elements to our policy:

- Ensuring that we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe i.e. (stay safe/RSE programme).
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse.
- Supporting pupils who have been abused in accordance with his/her agreed child protection plan.
- Establishing a safe environment in which children can learn and develop.

We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Include opportunities in the SPHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the child protection legislation and take account of guidance issued by the department for education to:

- Ensure we have a designated senior person for child protection (Principal Teacher Mr. Damien Cunningham and in the absence of the principal, Ms. Breda Conroy, Deputy Principal)
- Ensure every member of staff (including temporary, supply staff and volunteers) and the BOM knows the name of the designated senior person responsible for child protection in the school.
- Ensure all staff understands their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the principal.
- Notify the N.E.W.B. of any child who misses any more than **twenty days** in any school year.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection set out by the department.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attending case conferences.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Ensure all records are kept securely.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of the children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil/s through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- Liaison with other agencies that support the pupil such as social services, child and adult mental health service in Nenagh and Limerick, NEPS Therese Brophy and the N.T.I.S.
- Ensures that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

* N.T.EI.— North Tipperary Early Intervention Services in Nenagh.

(067) 34560

Appendix 1: Recognising Abuse

There are four categories of child abuse:

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse

Definitions

Neglect: Neglect is 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 and affection from adults, medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Significance is determined by health and development of the child 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. The threshold of significant harm is reached when the child's needs are neglected to the extent that his/her well-being or development is severely affected.

Emotional Abuse: This is normally found in a relationship between care-giver and 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. It is rarely manifested in terms of physical signs. Examples

- Imposition of negative attributes on children.
- Conditional parenting – level of care shown is dependent on child's behaviour.
- Emotional unavailability of carer/parent.
- Inconsistent or inappropriate expectations of child.

- Premature imposition of responsibility on child.
- Under or over protection of child.
- Failure to show interest in, or provide age-appropriate opportunities for child's cognitive and emotional development.
- Use of unreasonable or over harsh disciplinary measures.
- Exposure to domestic violence.

It can be manifested in terms of child's behavioural, cognitive, affective or physical functioning – anxiousness, unhappiness, low self-esteem, underachievement. The threshold of significant harm is reached when abusive interactions dominate and become typical of relationship between child and parent/carer.

Physical Abuse: Any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child. Examples:

- Excessive force in handling.
- Allowing risk of significant harm.
- Munchausen's Syndrome by Proxy i.e. fabricating stories about child's illness – secretly administering dangerous drugs.

Sexual Abuse: Occurs when a child is used by another person for his/her gratification or sexual arousal or for that of others. Examples:

- Exposure of sexual organs or any sexual act intentionally performed in presence of a child.
- Intentional touching or molesting of body of child for purpose of sexual arousal or gratification.
- Masturbation in presence of a child or involvement of a child in act of masturbation.
- Sexual intercourse (oral, vaginal, anal) with a child.
- Sexual exploitation of child. As well as requiring or permitting a child to engage in prostitution or other sexual acts, or pose for purpose of sexual arousal this also includes showing sexually explicit material to children.
- Child pornography
- Consensual sexual activity involving an adult and under age person i.e. under 17.

- Every child who is abused sexually, physically or neglected is emotionally abused.
- Inappropriate expectations of child's behaviour.

Physical Abuse

- Swollen joints.
- Burns/scalds. *
- Abrasions/lacerations.
- Damage to body organs.
- Failure to thrive.
- Coma/unconsciousness.

Sexual Abuse: Rarely involves one incident and usually occurs over number of years. Cases usually come to light through disclosure by child or siblings/friends, suspicions of an adult, due to physical symptoms. Physical signs may not be evident due to nature of abuse and fact that disclosure was made some time after abuse took place.

Physical and behavioural signs

- Bleeding from vagina/anus.
- Difficulty/pain in passing urine/faeces.
- Infection, vaginal discharge, warts/rash in genital area.
- Noticeable and uncharacteristic change of behaviour.
- Hints about sexual activity.
- Age inappropriate understanding of sexual behaviour.
- Inappropriate seductive behaviour.
- Sexually aggressive behaviour with others.
- Uncharacteristic sexual play with peers/toys.
- Unusual reluctance to join in normal activities which involve undressing – games/swimming.

Particular signs in young children (0-10)

- Non-contact sex abuse Offensive sexual remarks, obscene phone calls

Signs and Symptoms of Abuse

Neglect

- Abandonment or desertion.
- Persistently being left alone without adequate care or supervision.
- Malnourishment – lacking food, inappropriate food or erratic feeding.
- Lack of warmth.
- Lack of adequate clothing.
- Lack of protection and exposure to danger including moral danger.
- Persistent failure to attend school.
- Failure to thrive not alone due to malnutrition but also due to emotional deprivation.
- Failure to provide adequate care for child's medical problems.
- Exploited, overworked.

Note: Distinction can be made between wilful and circumstantial neglect. Wilful neglect generally is deliberate deprivation of child's most basic needs while circumstantial neglect may be due to stress/inability to cope by carer/parent. Neglect is closely correlated with low socio-economic factors, corresponding physical deprivations and is also related to parent incapacity due to learning disability or psychological disturbance.

Emotional Abuse: Can be defined in reference to following indices. No one indicator is conclusive to emotional abuse.

- Lack of praise and encouragement.
- Lack of comfort and love.
- Lack of attachment.
- Lack of proper stimulation.
- Lack of continuity of care.
- Serious over protectiveness.
- Inappropriate non-physical punishment.
- Family conflicts or violence.

- Offer reassurance but do not make promises.
- Don't stop a child recalling significant events.
- Don't over react.
- Explain that further help may have to be sought.
- Record discussion accurately and retain the record.
- Report information to DLP.
- Give record of discussion to DLP who should retain this.
- It is very important that staff notes carefully what they saw and when. Any comment by a child of how an injury occurred should be recorded. All records so created should be regarded as highly confidential and retained in a secure location by the DLP.

Appendix 3: Child Protection Meetings/Case Conferences

The child protection conference is an essential mechanism in health boards in the effective operation of the child protection services under the Child Care Act 1991. It is a forum for the co-ordination of information from all relevant sources including where necessary school employees. The child protection conference plays a pivotal role in making recommendations and planning for the welfare of children who may be at serious risk.

The procedure undertaken should a staff member be requested to attend care conferences are as follows:

- A child request will be made by the Health Board for a school employee to attend a child protection conference to the DLP.
- Board of Management Chairperson may through the DLP request appropriate authorities to clarify why the attendance of the school employee at the child protection conference is necessary and who else will be present.
- Substitute costs will be met by the DES in respect of teachers attending during school hours. A letter from the health board confirming attendance of teacher to be submitted to DES together with application for payment.
- The person attending a child protection conference should provide a report to the conference on a form provided by the Health Board. Different health boards may have different reports.
- The professional, according to Children First Guidelines, should always be informed when children and/or parents/guardians are going to be present at child protection

- Mood change.
- Lack of concentration – change in school performance.
- Bed wetting/soiling.
- Psychosomatic complaints: pains, headaches.
- Skin disorders.
- Nightmares, change in sleep pattern.
- School refusal.
- Separation anxiety.
- Loss of appetite.

Particular signs in older children (10+)

- Mood change.
- Running away.
- Drug, alcohol, solvent abuse.
- Self-mutilation.
- Suicide attempts.
- Eating disorders.

All signs need careful assessment to child's circumstance.

Appendix 2: How to Handle Disclosures from a Pupil

An abused child is likely to be under severe emotional stress and a staff member may be the only adult whom the child is prepared to trust. Great care should be taken not to damage that trust.

Staff members need to respond to disclosure using tact and sensitivity. Need to reassure child, retain trust while explaining need for action and possible consequences. It is important to tell the child that everything possible will be done to protect and support him/her but not to make promises that cannot be kept e.g. not to tell anyone.

The following actions should be taken:

- Listen to the child.
- Don't ask leading questions nor make suggestions to child.

conferences. Any school personnel who may have a concern about parent/guardian involvement should contact the lead case worker of the child protection conference in advance for guidance.

- The conference may recommend that agencies provide resources and services to the family. Participants may provide undertakings regarding actions that they agree to take. Recommendations may include the board taking legal advice with respect to an application for a Court Order to protect the child.
- The school employee may be requested to keep the child's behaviour under closer observation, in a manner that is not inconsistent with the school employee's existing duties to his/her class as a whole. This may include observing a child's behaviour in terms of peer interactions, school progress, informal conversation.
- In all cases, individuals who refer or discuss their concerns about the care and protection of children with Health Board staff should be informed of the steps to be taken by the professionals involved. Wherever appropriate and within the limits of confidentiality, Health Board staff have a responsibility to inform persons reporting the alleged child abuse and other professionals about the outcomes of any enquiry or investigation into that reported concern.

Roles and Responsibilities of Child Protection Participants

Notwithstanding the pivotal role of the lead case worker, the quality and effectiveness of a child protection conference will depend on the willingness and commitment of all participants, particularly with regard to the following factors:

- Adequate preparation.
- Provision of written reports which cover information about the child and parents/carers, past and present concerns, own current involvement and factually based assessment of the current situation and recommendations.
- Open mindedness and willingness to constructively debate conflicting views, always keeping the welfare of the child paramount.
- Respect for the contribution of all participants, irrespective of status or previous disagreement.
- Sensitivity to the feeling of the family members present.
- Acceptance of individual responsibilities and tasks and commitment to carry them out.

Signed | *John Mulcahy*
Chairperson, Board of Management

Date *6/10/25*

Signed | *Daniel Cunningham*
Principal

Date *6/10/25*



Ardcroyne NS

Child Safeguarding Statement and Risk Assessment 2025 / 2026

