Safeguarding Policy and Procedures

# National Liturgical Dance Network UK

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Policy Version: 30th November 2023

1. **POLICY STATEMENT – PROTECTING CHILDREN AND VULNERABLE ADULTS**

**BRIEF DESCRIPTION**

1.1 National Liturgical Dance Network UK (hereinafter referred to as NLDNUK or the Network) is a Christian Non-Denominational Organisation. It is part of an international organisation known as the National Liturgical Dance Network Global (NLDN GLOBAL), which was founded in the United States of America by Reverend Eyesha Marable. The Global Network is led by Monica Reagor, while Reverend Eyesha is the chief advisor.

1.2 The UK Network is managed nationally by an Executive Committee (referred to as the NLDNUK Executive), under the overall leadership of the National Director, Yvonne (Dawn) Benjamin. She is supported by Regional Directors, who also support the network group leaders in their regions.

1.3 The primary function of the Network is to provide organisational development and leadership support and training to Christians who participate in, lead or wish to begin liturgical dance ministries in their respective churches.

1.4 The Network organises events at key times in the Christian calendar and organises regular practices, workshops/seminars and a bi-annual conference, in which children and vulnerable adults participate.

1.5 The leaders and helpers within the Network are volunteers from a variety of denominations, all of which are expected to have their own safeguarding policies and procedures.

1. **NLDN’s COMMITMENT (General Policy Statement)**

2.1 The NLDNUK recognises the importance of its ministry to the children and vulnerable adults entrusted to its care, and that it has a moral duty to protect and safeguard their welfare.

2.2 We accept the Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to “all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”.

2.3 We also concur with the United Nations Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child.”

2.4 The Network Executive has therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance and the underpinning safeguarding legislation, including Children Act 1989, Children Act 2004, Sexual Offences Act, Care Act and Children and Families Act.

2.5 We are committed to working constructively with statutory and voluntary agencies involved in safeguarding, and with the churches to whom our members belong, in respect of their statutory safeguarding obligations.

2.6 The policy and attached practice guidelines are based on the ten Safe and Secure safeguarding standards published by Thirtyone:eight (previously CCPAS).

2.7 We are committed to ensuring that the NLDNUK provides a safe environment for ministering to children and vulnerable adults and adopt procedures for dealing with concerns about actual or possible abuse.

2.8 We acknowledge that vulnerable adults, as well as children, can be the victims of physical, sexual and emotional abuse, and neglect. Therefore, the procedures contained within this policy may also be applied (with appropriate adaptations) to allegations of abuse of vulnerable adults who are members of the Network or participate in its activities. This policy document therefore provides a definition of abuse for vulnerable adults.

2.9 In pursuit of our aims to safeguard the welfare of children and vulnerable adults, the NLDNUK Executive will approve and regularly review policies and procedures with the aim of:

* Raising awareness of issues relating to the welfare of children and young people and the promotion of a safe environment for children/young people and vulnerable adults.
* Providing procedures for reporting concerns to the relevant safeguarding agencies
* Establishing procedures for reporting and dealing with allegations of abuse against members or volunteers of the NLDN UK.
* Taking reasonable care to ensure the safe appointment of leaders and volunteers.

2.10 The NLDN Management Team has nominated **Clement Benjamin** as lead person with special responsibility for child and vulnerable adult safeguarding issues for the year 2022-2023. He has substantial experience of safeguarding children and vulnerable adults in the social care field.

2.11 Leaders and volunteers working with children and vulnerable adults will be encouraged to take up opportunities for training to familiarise them with child protection issues, their safeguarding responsibilities, and will receive a copy of the NLDNUK’s procedures and policies.

2.12 The NLDNUK Executive will receive, from the Safeguarding lead person, an annual report which reviews how the duties have been discharged, the challenges, difficulties, achievements, gaps and areas where changes are required.

**3. Key Terms**

3.1 Under the Children’s Act 1989, a “child” is a person under the age of 18 years. Within this document the term “children and young people” is also used to mean those under the age of 18 years.

3.2 A “vulnerable adult” is legally defined as a person aged 16 or over whose ability to protect himself from violence, abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise.

* 1. The term “leader” refers to network members who are responsible or share responsibility for dance groups or particular ministries within the network, for example, mime, sign, art, praise and worship etc.
	2. The “management team” means the Executive Committee and Regional Directors.
	3. A “volunteer” is a person who helps in a general capacity, e.g. catering, transport, music, workshops, conferences etc.
	4. The term “parent” is used as a generic term to represent any person with parental responsibility or acting in a caring capacity or in loco parentis.
	5. “Safeguarding” and “promoting welfare” means:
* Protecting children from mistreatment
* Preventing impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best life chances.

(Definition provided by Working Together)

* 1. “Child Protection” is part of safeguarding and promoting welfare. The term is used to refer to the activity that is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.
	2. “Harm” under the Children Act 1989, amended by the Adoption and Children Act 2002, means:
* “the ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another”.
* “development” means physical, intellectual, social or behavioural development;
* “health” means physical or mental health; and
	1. “Ill-treatment” includes sexual abuse and all forms of ill-treatment which are not physical.
	2. “Children in Need” are vulnerable children, defined under Section 17 of the Children Act 1989 as those who would be unlikely to reach or maintain a reasonable standard of health or development, or their health or development would be significantly impaired, without the provision of services, including children who are disabled (Section 17(10) CA 1989).
1. **DUTY TO PREVENT ABUSE OF CHILDREN**

4.1The well-being of children is every body’s responsibility. This means that all citizens should remain alert to circumstances in which children may be harmed. Individuals can assist the statutory authorities by bringing cases to their attention. Relatives, friends and neighbours of children are particularly well placed to do so, but they must know what to do if they are concerned, in addition to providing support for the family and child. They must also be confident, because of the difficult and sensitive nature of the situation, that any information they provide will be treated in a confidential way and used only to protect the interests of the child. They should know too that early action on their part is often the best way of helping a family stay together as well as protecting their children.

1. **DEFINITIONS OF ABUSE FOR CHILDREN**

5.1 The NLDN Executive recognise the following as definitions of abuse, as provided by Working Together 2015:

**Physical Abuse**

5.2 Physical Abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

 **Emotional Abuse**

5.3 Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

5.4 It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

5.5 It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction

5.6 It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

5.7 Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Bullying and Cyber Bullying**

5.8 **Bullying** may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g., hitting, kicking, theft), verbal (e.g., racist or homophobic remarks, threats, name calling) and emotional (e.g., isolating an individual from the activities and social acceptance of their peer group).

**5.9 Cyber Bullying** is bullying that happens using the internet or mobile phone. It occurs when a child or young person torments or harasses another child or young person via electronic communication media. A child or young person may receive hurtful texts, have comments posted about them on social networking sites or have humiliating pictures sent via a mobile phone or posted on a website.

5.10 The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children and young people to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm).

 **Sexual Abuse**

5.11 Sexual Abuse Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

5.12 The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

5.13 Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Child Sexual Exploitation**

5.14 Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

**Neglect**

5.15 The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

* provide adequate food, clothing and shelter (including exclusion from home or abandonment);
* protect a child from physical and emotional harm or danger;
* ensure adequate supervision (including the use of inadequate care-givers); or
* ensure access to appropriate medical care or treatment.
* It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Radicalisation**

5.16 Radicalisation occurs when a child or young person’s thinking and behaviour becomes significantly different from how most of the members of their society and community view social issues and participate politically. A child or young person is taught extreme, often violent, ideas based on political, social or religious beliefs.

 5.17 Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies (“specified authorities” listed in Schedule 6 to the Act), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. Terrorist groups often draw on extremist ideology, developed by extremist organisations. Some people who join terrorist groups have previously been members of extremist organisations and have been radicalised by them. The Government has defined extremism in the Prevent strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.” Also included in the definition of extremism is “calls for the death of members of the armed forces.”

**Female Genital Mutilation (FGM)**

5.18 FGM refers to procedures that intentionally alter or cause injury to female genital organs for non-medical reasons. An individual, normally an older woman, removes, constricts, or otherwise disfigures a girl’s labia or clitoris. It is illegal in this country. It is therefore not carried out under medical supervision, which also makes it potentially dangerous. It is also painful and can lead to long-term physical and emotional health problems. FGM is a form of abuse, but some communities may use religious, social or cultural reasons to justify it.

1. **UNDERSTANDING CHILD ABUSE AND NEGLECT**

6.1 Abuse of children occurs to both sexes and all ages, across all cultures, religions and social classes and to children of all abilities, although children with disabilities and vulnerable adults are more vulnerable to abuse.

6.2 A person may abuse by inflicting harm or failing to prevent harm. Neglect may be a deliberate failure to meet a child’s needs, as well as an act of omission through ignorance.

6.3 The majority of abuse on children and vulnerable adults is carried out by persons known to them. It may be carried out by both male and female perpetrators and is not specific to a particular gender.

6.4 Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is in a relationship of trust, power and authority with the child or vulnerable adult. They may also be part of an organised group, grooming and preying on vulnerable children in order to sexually exploit them, traffic them or radicalise them into violent extremism.

6.5 Children may also be harmed by practices which may be embedded in their culture, such as Female Genital Cutting (FGC), also referred to as Female Genital Mutilation (FGM). This is a painful and sometimes dangerous procedure which is illegal in this country.

6.6 Where there is concern that a child may be affected by these issues, the NLDNUK’s Child Protection Procedures should be followed and the matter brought to the attention of the Social Care Services or the Police.

1. **Recognising Child Abuse/ Signs and Symptoms**

7.1 NLDN UK Staff should be alert to signs of abuse but should be aware that, whilst some forms of physical abuse may be more easily seen, the identification of abuse is sometimes difficult and may require medical and social assessment. Therefore, care should be taken to avoid making assumptions about a situation or any symptoms or behaviours we may observe from a child.

7.2 Different types of abuse may be present at the same time; for example, sexual abuse may also involve physical and emotional abuse. Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child’s medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

7.2 It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have both a responsibility and duty, as set out in the NLDNUK’s safeguarding procedures, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.The following information should help you to be more informed about to the signs of possible abuse.

**Physical Abuse**

7.4 Important indicators of physical abuse are:

* Bruises or injuries that are either unexplained, inconsistent with the explanation given, and/or varies with each telling.
* Injuries that are visible on the ‘soft’ parts of the body where accidental injuries are unlikely, e g, cheeks, abdomen, back and buttocks.
* Injuries that are inconsistent with the child’s development and mobility, or what is known of his/her social and medical history. It is rare for pre-mobile children to have bruises associated with accidental injury.
* A delay in seeking medical treatment, or not seeking it at all, when it is obviously necessary, is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later. (see Core-Info: Bruises on Children, NSPCC).

7.5 The physical signs of abuse may include:

* unexplained bruising
* marks or injuries on any part of the body
* multiple bruises- in clusters, often on the upper arm, outside of the thigh
* cigarette burns
* human bite marks
* broken bones
* scalds, with upward splash marks
* multiple burns with a clearly demarcated edge.

 7.6 Changes in behaviour that can also indicate physical abuse:

* fear of parents being approached for an explanation
* aggressive behaviour or severe temper outbursts
* flinching when approached or touched
* reluctance to get changed, for example in hot weather
* depression
* withdrawn behaviour
* running away from home.

7.7 Always listen carefully to what a child is trying to communicate. Pay particular attention to any spontaneous statement. Where a child does not have speech or has limited language, pay attention to their signing or other means of expressions, such as behaviour or play.

7.8 Note any inappropriate responses from the parents/ carers.

* Apparent attentive behaviour towards a child does not mean abuse cannot be occurring.
* A child showing wariness, fear or watchfulness towards the parent/caregiver is an indicator that all may not be well in that relationship.
* A child regularly appearing dirty, unkempt or hungry should raise concerns about neglect.
* Sexualised behaviour or conversation that is not age appropriate may indicate sexual abuse.

**Emotional Abuse**

7.8 Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents’ care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

7.9 Changes in behaviour which can indicate emotional abuse include:

* neurotic behaviour e.g. sulking, hair twisting, rocking
* being unable to play
* fear of making mistakes
* sudden speech disorders
* self-harm
* fear of parent being approached regarding their behaviour
* developmental delay in terms of emotional progress

**Sexual Abuse**

 7.10 Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child’s behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously. It is also important to remember that it is not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

7.11 The physical signs of sexual abuse may include:

* pain or itching in the genital area
* bruising or bleeding near genital area
* sexually transmitted disease
* vaginal discharge or infection
* stomach pains
* discomfort when walking or sitting down
* pregnancy

 7.12 Changes in behaviour which can also indicate sexual abuse include:

* sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
* fear of being left with a specific person or group of people
* having nightmares
* running away from home
* sexual knowledge which is beyond their age, or developmental level
* sexual drawings or language
* bedwetting
* eating problems such as overeating or anorexia
* self-harm or mutilation, sometimes leading to suicide attempts
* saying they have secrets they cannot tell anyone about
* substance or drug abuse
* suddenly having unexplained sources of money
* not allowed to have friends (particularly in adolescence)
* acting in a sexually explicit way towards adults

**Neglect**

7.13 Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

7.14 The physical signs of neglect may include:

* constant hunger, sometimes stealing food from other children
* constantly dirty or ‘smelly’
* loss of weight, or being constantly underweight
* inappropriate clothing for the conditions.

 7.15 Changes in behaviour which can also indicate neglect may include:

* complaining of being tired all the time
* not requesting medical assistance and/or failing to attend appointments
* having few friends
* mentioning being left alone or unsupervised.

 **Bullying & Cyber Bullying**

 7.16 Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

* **physical:** pushing, kicking, hitting, pinching and other forms of violence or threats
* **verbal:** name-calling, sarcasm, spreading rumours, persistent teasing
* **emotional:** being excluded, tormenting, ridiculing, humiliating.

 7.17 Persistent bullying can result in:

* depression
* low self-esteem
* shyness
* poor academic achievement
* isolation
* threatened or attempted suicide

7.18 Signs that a child may be being bullied can be:

* sudden loss of friends
* having rumours spread about them
* coming home with cuts and bruises
* torn clothes
* asking for stolen possessions to be replaced
* losing dinner money
* falling out with previously good friends
* being moody and bad tempered
* wanting to avoid leaving their home
* hanging around adults
* aggression with younger brothers and sisters
* doing less well at school
* sleep problems
* anxiety
* becoming quiet and withdrawn
* Preoccupation with their mobile phone
* Appearing jumpy or nervous when using their mobile phone, computer or tablet.

Radicalisation

7.19 Signs that a child may be being radicalised can be:

* behaviour changes
* a new circle of friends
* use of extremist terminology, reading material or promoting extremist messages

**Female Genital Mutilation (FGM)**

7.20 Signs that a child may have been genitally mutilated can be:

* Spending longer in the bathroom due to difficulty urinating
* Frequent urinary or menstrual problems
* Blood-borne viruses
* Severe pain

7.21 These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child’s development and context.

1. **DEFINITIONS OF ABUSE FOR VULNERABLE ADULTS**

8.1 The following definition of abuse is laid down in ‘No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health 2000):

8.2 “Abuse is a violation of an individual’s human and civil rights by any other person or persons.”

8.3 “Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”.

8.4 **Physical Abuse** is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

8.5 **Sexual Abuse** is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

8.6 **Psychological or Emotional Abuse** are acts or behaviour, which cause mental distress or anguish or negates the wishes of the vulnerable adult. It is also behaviour that has a harmful effect on the vulnerable adult’s emotional health and development or any other form of mental cruelty.

8.7 **Financial or Material Abuse** is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions.

8.8 **Neglect or Act of Omission** is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. A vulnerable person may be suffering from neglect when their general wellbeing or development is impaired.

8.9 **Discriminatory Abuse** is the inappropriate treatment of a vulnerable adult because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

8.10 **Institutional Abuse** is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

**9. HOW TO DEAL WITH ABUSE OR SUSPECTED ABUSE - CHILDREN AND VULNERABLE ADULTS**

9.1 NLDNUK leaders and volunteers involved with children and vulnerable adults through the Network may be informed of or observe circumstances that suggest abuse may be occurring. In some cases, the family may not be known to the Network.

9.2 Under no circumstances must any network member, representing the NLDNUK, carry out an investigation into abuse or suspected abuse in the network’s name. As a member of the public, your duty is to pass on your concerns to the relevant safeguarding authorities, i.e. Social Care Services or the Police, whose statutory duty it is to investigate.

9.3 Where the alleged victim or perpetrator is part of a church group/organisation, the appropriate church leaders should also be informed of the concerns, as they have a duty, and should have policies and procedures to safeguard children and vulnerable adults in their congregation.

9.4 If you are uncertain how to respond to your concerns and need some advice or moral support, you may consult the Network safeguarding officer, **Clement Benjamin (****0115 8224735 or 0794 7715602)** You can also contact Thirtyone:eight (Tel. 03030031111 option 2) for advice, or the National Society for the Prevention of Cruelty to Children (NSPCC). The telephone helpline, 0808 800 5000, is open 24 hours a day. Ultimately, it is your duty to pass on your concerns, and concerns of a serious nature must be passed on without undue delay to the relevant Local Social Care Services or the Police. The telephone numbers can be obtained from the internet or directory of enquiries.

9.5 Where it is clear that a child or vulnerable adult needs immediate medical care, that should be immediately sought, informing the medical staff of any suspicions you may have. Similarly, if the member believes a child is at imminent risk of harm, the Police should be contacted immediately on 999. The NLDNUK safeguarding lead persons should be informed as soon as possible of any safeguarding actions taken concerning any member of the network.

9.6 Where sexual abuse is suspected or disclosed by a child or vulnerable adult, the parents/care givers should not, under any circumstances, be informed. Where a parent/caregiver alleges sexual abuse by another person, the parent/caregiver should be advised not to inform the alleged perpetrator. Such action could seriously compromise any police investigation and make it impossible for them to successfully prosecute the perpetrator/s.

**10.** **DUTY TO REPORT - In case of disagreement**

10.1 Whilst the NLDNUK member will normally be expected to follow the Network’s safeguarding procedures and consult with the safeguarding officers before reporting incidents/suspicions of child abuse to the Social Care Services, the absence of these individuals should not delay that referral. Also, if the member with the concern feels that the Safeguarding lead persons or Network Director has not responded appropriately, or where there is a disagreement between them as to the appropriateness of a referral, the Network member retains the right and duty, as a member of the public, to report serious matters of concern to the Social Care Services.

10.2 It is appreciated that organisation leaders will sometimes experience difficulty in making appropriate judgements regarding child /vulnerable adult abuse matters. Professionals (e.g. family doctors) are advised that they should discuss their suspicions with a specialist colleague first, with a view to then informing statutory agencies. Similarly, NLDNUK leaders will seek the advice of Thirtyone:eight on how to handle such disclosures and avail themselves of the follow up support, provided by Thirtyone:eight, at each stage of the process.

**11. WORKING IN PARTNERSHIP TO SAFEGUARD CHILDREN AND VULNERABLE ADULTS**

11.1 In fulfilling its obligations to safeguarding children and vulnerable adults, the NLDNUK will seek to support and work honestly and transparently with parents/care givers. It will be made plain to parents/caregivers, about whom there are safeguarding concerns, that the welfare of children and vulnerable adults is our paramount interest. Therefore, where the Network believes a child or vulnerable adult has suffered or is at risk of suffering harm, the safeguarding team will inform (as appropriate, see paragraph 9.6) the parent/care giver of our duty to refer such concerns to the Social Care Services and the probability of interview by a social worker and/or police officer.

**12.** **DEALING WITH** **ALLEGATIONS OR SUSPICIONS OF ABUSE WITHIN NLDNUK**

12.1 Any allegation made against a volunteer, leader or member of the NLDNUK executive will be taken seriously. It is recognised that this can be a distressing and stressful situation for all involved, and strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. However, it is vital that the Network acts responsibly, with regard to children and vulnerable adults who have been entrusted to its care, and report the matter to the appropriate safeguarding authority, i.e. Social Care Services or Police.

12.2 Therefore, the Network expects its members and leaders to discuss any concerns they may have about the welfare of a child or vulnerable adult immediately with the designated Network Safeguarding lead persons or the Director. If they are implicated in the concerns, or you do not feel confident that your concerns will be taken seriously or that the appropriate action will be taken, you should seek advice from CPASS, or the NSPCC helpline, or the duty officer at the relevant Social Care Services department, or the Police. Their telephone numbers can be obtained from the directory of enquiries or the internet.

12.3 Allegations of abuse are sometimes made quite a while after the event. Where such allegations are made, you should follow the same procedures and have the matter reported to the Social Care services. This is because other children in the Network or outside it may be at risk from the alleged abuser.

**13. WORKING WITH CHILD ABUSE OFFENDERS**

13.1 Anyone who has a previous conviction for offences relating to abuse against children is automatically excluded from working with children. Therefore, the NLDNUK Executive will make an immediate decision about whether any individual accused of abuse should be temporarily suspended from network activity pending further Police and Social Care Services inquiries.

13.2 Irrespective of the findings of the Social Care Services or Police inquiries, the NLDNUK Executive will assess all individual cases to decide whether that individual can have ongoing involvement with the network, and on what basis, and how this can be sensitively handled. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the Police. In such cases the NLDNUK Executive must reach a decision based upon the available information which could suggest that, on the balance of probability, it is more likely that the allegation is true. The welfare of the child should remain of paramount importance throughout.

13.3 However, if the NLDNUK Executive fails to take an allegation seriously, everyone retains the right and duty as a member of the public to report serious matters of concern to the Social Care Services.

**14. HOW TO RESPOND TO A CHILD/YOUNG PERSON WHO TELLS YOU HE/SHE HAS BEEN ABUSED:**

14.1 Children’s leaders and volunteers are in a unique position and the value of your relationship with children cannot be under-estimated. Your group may be providing a safe haven, and perhaps the only place where a child feels comfortable and able to talk to adults. It is therefore possible that a child or young person may approach you to talk about abuse. The following guidance should help:

a. Accept what the child/young person says

b. Keep calm; do not appear to be shocked. The child must feel safe and secure in disclosing this information to you.

c. Look at the child directly.

d. Be honest. Let them know that you will need to tell someone else – don’t promise confidentiality.

e. Even when a child has broken a rule, they are not to blame for the abuse.

f. Avoid making any judgements on what the child says.

g. Be aware the child/young person may have been threatened.

h. Do not confront the person(s) who is alleged to be responsible for the abuse.

i. Make notes as soon as possible, writing down exactly what the child/young person said, including the child’s name, age, address, relevant family information and details of the situation and the activity that preceded disclosure. The account must be the facts, not your opinion.

j. Concentrate on presenting information clearly. (Appendix C). Remember, it is not your role to investigate.

k. Never push for information or question the child, as it could be perceived that the child was coached to make certain allegations, and this could damage any chance of the Police bringing a successful prosecution.

14.2 **Helpful Things to Say:**

a. I believe you

b. I am glad you have told me

c. It’s not your fault

d. I will try to help you

14.3 **Avoid Saying:**

a. Why didn’t you tell anyone before

b. I can’t believe it

c. Are you sure this is true

d. Why? How? When? Who? Where?

e. Never make false promises

f. Never make statements such as “I’m shocked, don’t tell anyone else”

14.4 **Concluding:**

a. Reassure the child/young person they were right to tell you and that you believe them

b. If the child/young person is distressed, try to comfort/reassure by offering them a drink or time alone (if appropriate)

c. Let the child/young person know what you are going to do next, and that you will let them know what happens

d. Immediately refer to the Safeguarding lead persons, or to your Church leader (if it is a child from your congregation) or Social Care Services (in the absence of either).

e. Even if abuse is no longer occurring, it is still important to report the matter, as the adult may be abusing other children. Also, it may be that the child will need support to overcome the effects of the abuse, and furthermore the police may also wish to prosecute.

**15.** **CONFIDENTIALITY**

15.1 Those affected by abuse have the right to have their information protected.

15.2 All children’s leaders and volunteers should be aware that pastoral confidentiality covers all allegations or suspicions, and therefore Network members have no rights to this information. The sharing of information is therefore done on a ‘need to know’ basis. Therefore, no Network member is permitted to divulge any information concerning a child, or his/her family, or anything a child may tell them, to anyone other than the designated people mentioned in this policy. This confidentiality is a continuing requirement at all times and is required when leaders and volunteers are no longer involved in the work of the Network. This will protect the interests of all the parties concerned, while keeping the welfare of the child paramount.

**16.** **STORAGE OF INFORMATION**

16.1 All information of a sensitive nature will be stored in a secure place with access limited to designated people, in line with data protection laws.

**17. GUIDELINES FOR THE IMPLEMENTATION OF PROCEDURES**

17.1 Have policies and procedures for the management and supervision of all activities.

17.2 Plan the work of the organisation so as to minimise situations where the abuse of children or vulnerable adults may occur.

17.3 Ensure that a ‘risk-assessment’ is developed for each activity that addresses child protection as well as other safety issues which may also affect vulnerable adults.

17.4 Ensure that working links are maintained with Network Churches.

17.5 Appoint a Safeguarding lead person/s. That individual/s will be given responsibility for overseeing the policy and the way it is put into practice and will be responsible for ensuring that child protection concerns are reported to the relevant churches or authorities. That person should ideally have experience of safeguarding in a safeguarding organisation.

17.6 Ensure that children and young people know who the Child Safeguarding lead persons are.

17.7 Establish a system whereby children and young people know they may talk with an independent person.

17.8 Ensure that all leaders and volunteers understand their role.

17.9 Ensure that all leaders and volunteers receive a copy of this document as part of their induction into the Network.

17.10 Issue guidelines to all leaders and volunteers with children and young people on how to deal with abuse.

17.11 Use supervision and support as a means of protecting children and young people. Provide opportunities for leaders and volunteers to meet together to review and plan their work, share their experiences, and talk about their relationships with the children and young people.

**18. GUIDELINES FOR THE MUTUAL PROTECTION OF LEADERS AND CHILDREN/ YOUNG PEOPLE:**

**Maintaining Safe Boundaries**

18.1 In order to work effectively with children/young people, we need to develop healthy relationships of trust and mutual respect.

18.2 leaders and volunteers should treat all children/young people with dignity and respect in word, thought and deed, and their privacy should be respected at all times.

18.3 Maintain a safe and appropriate distance with young people (e.g. it is not appropriate for leaders or volunteers to have an intimate relationship with a child.

18.4 Physical contact between adults and children can be quite healthy and may be required at times, for example in situations where a child is distressed, or when a child initiates it. However, be aware that certain forms of contact can convey a meaning to a child (because of the child’s experiences) that is not intended by the adult. Therefore:

18.5 Avoid unnecessary close physical contact, especially in circumstances where an adult is on their own with a child, and avoid “questionable” activity (e.g. rough and tumble, tickling or sexually provocative games or comments).

18.6 If you invite a child to your home, ensure another **“trusted”** adult is present, and the parent is aware and has consented to it. You should note, however, that the mere presence of another adult does not guarantee the safety of a child. If the child is to stay overnight in your home, it is not appropriate to share a room with him/her.

18.7 Where possible, avoid being on your own with any child for long periods. This may mean groups working in one large room or adjoining rooms.

18.8 Where confidentiality is important when working with a child (e.g. counselling a young person), ensure that others know the activity is taking place, where it is taking place, and that someone else is around in the building who could discretely monitor the activity. Where it is possible to do so without compromising confidentiality, consider leaving the door open.

18.9 Where possible, avoid transporting a child home on your own. Parents should be encouraged to take responsibility for transporting their children to and from Network activities.

18.10 Where the transportation of a child by a Network member is necessary, it is preferable to have another helper with you. However, it is reasonable to expect that some Network members will be alone with a child in a vehicle for short periods, e.g. dropping off the last child. Ensure a discussion takes place as to the most suitable child to be dropped off last and plan routes accordingly.

18.11 If transporting a child on his/her own, it is better that the young person sits in the back seat. Ensure you have adequate insurance cover and appropriate harnessing.

18.12 Look at instances where it may be unwise for a particular driver to transport a child, e.g. where the child expresses unease with the driver, where a child has a “crush” on a driver etc. and arrange for someone else to transport the child/young person.

18.13 Do not remain in the vehicle for longer than is necessary with the child/young person. Be aware, however, that if a young person wants to talk, it could be that they want to make a disclosure of abuse to you. Try to ascertain what the young person wants to talk to you about, i.e. whether it is a welfare matter or something more general. In the latter case, it may be more sensible to arrange to speak to the child/young person in a safer environment.

18.14 Do not be over-friendly with some at the expense of others - do not show favouritism.

18.15 All leaders and volunteers should be careful with their conversations and behaviour around young people - Never engage in conversations with sexual overtones.

18.16 Never physically discipline a child, except by ‘holding’, which may be used if there is an immediate danger of personal injury to the child or another person.

18.17 Never shout in anger or “put down” a child.

18.18 If you believe a child/young person has a ‘crush’ on you, talk to your line manager/Church leader for advice and guidance. It may be necessary to make changes in your working relationship with that child.

18.19 Always follow the good practice guidelines when working with children.

**19. SAFE SUPERVISION AND SUPPORT OF CHILDREN/YOUNG PEOPLE**

19.1 Parents/caregivers are primarily responsible for ensuring the safety of their children and vulnerable adults during Network activities. They should accompany them to the toilet (where that is necessary) and ensure their safe return, and they should ensure they are always aware of their children and vulnerable adult’s whereabouts and be in a position to intervene to protect and take responsibility for them.

19.2 However, parents may from time to time relax the supervision of their children during Network activities, on the assumption that the Network is a safe environment for their children/vulnerable adult. NLDNUK leaders and volunteers must therefore be mindful of the safety of children and vulnerable adults at all times, and in all circumstances. Consequently, all activities, carried out by the NLDNUK must have a risk assessment and a robust strategy for managing the risks, which may include physical and sexual assault, adduction, road traffic accidents, wandering off, drowning, burning, electrocution, gassing, poisoning and falling.

19.3 Supervision levels will vary depending on a variety of factors such as the children's age, gender, behaviour and the abilities within the group. They will also vary depending on the nature and duration of the activities, the competence and experience of staff involved, the location, any special needs or equipment needed.

19.4 However, whenever possible, have two adults present with a group (preferably male and female), particularly when it is the only activity taking place, and do not take a group out with fewer than two adults. National guidelines should be followed in relation to the ratio of adults to children. See for example NSPCC Recommended adult to child ratios for working with children at https://www.nspcc.org.uk/preventing-abuse/safeguarding/recommended-adult-child-ratios-working-with-children-guidance/

19.5 Children’s groups should be supervised according to the following widely recognised minimum ratios of adults to children: -

Age 0-2 years: 1 adult to 3 children

Age 2-3 years: 1 adult to 4 children

Age 3-5 years: 1 adult to 8 children

Age 5-8 years: 1 adult to 8 children

Age 9-12 years: 1 adult to 8 children

Age 13-18 years: 1 adult to 10 children

19.5 There may be circumstances when 16 and 17-year olds may be included in the adult child ratio (see Department for Education Guidelines). However, **no person under 16 years of age should be left solely in charge of any children of any age.**

19.6 Children/young people attending a group should not be left alone at any time.

19.7 On outings and residential activities there should be a qualified first aider, who should be identified to the group, and an up to date first aid kit should be immediately available.

19.8 Activities should not be undertaken with children that are beyond their physical and developmental capacity, or with staff who are not qualified or sufficiently experienced to undertake them.

19.9 Involve parents/carers wherever possible, e.g. where children or vulnerable adults need to be supervised; for example, in changing rooms or toilets. Encourage parents/carers to take responsibility for their own children and vulnerable adults. If groups have to be supervised in changing rooms always ensure parents, staff or volunteers etc. work in pairs.

19.10 Where a leader or volunteer has to provide assistance to a child or vulnerable adult alone, ensure that the assistance provided is appropriate to the person’s age and level of need and does not go beyond what is needed; e.g. holding a child penis during toileting.

19.11 Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets)

19.12 Carry out a thorough ‘risk assessment’ of any situation that may cause abuse or lead to allegations of abuse. Inform other leaders and volunteers and parents of any decisions made for the care and supervision of children/young people.

1. **SAFE TRANSPORTATION OF CHILDREN/YOUNG PEOPLE**

20.1 Where children who live locally make their own way to and from Network activities, their safety in transit will be the responsibility of their parents, but they will be protected at the activity by the Network safeguarding procedures and practices.

20.2 NLDNUK will ensure, as much as possible, that the premises it uses are safe, being free from hazards (in line with health and safety regulations) and risk from intruders, and appropriate supervision is in place to safeguard from risk inside and outside of the building.

20.4 NLDN UK will ensure, where possible, that a trained and qualified first aider is available on the premises when activities are taking place, and an up to date first aid kit should be immediately available.

20.5 If a member of the safeguarding team believes a child will be at risk of suffering harm if allowed to travel home alone, the responsible care giver will be contacted and asked to collect their child or, if necessary, appropriate arrangements will be made to return that child to their parents, following the safety guidelines contained in this policy document.

20.6 Children should not be transported in unsafe or inadequately insured vehicles or by unqualified or inexperienced drivers. The insurance cover must be adequate for the use to which the vehicle is being put and should ideally be fully comprehensive.

20.7 When transporting children in minibuses, there should always be at least one adult (depending on the group size) in the rear of the vehicle to provide supervision and safety for the children. Drivers must be competent and be appropriately qualified for that class of vehicle, and they should familiarise themselves with the speed restrictions and national safety guidelines (where they exist) governing the transportation of passengers in these vehicles.

20.8 National speed limits should always be adhered to, and the drivers must always have the safety and wellbeing of the passengers as their paramount duty in their conduct on and off the road. That involves ensuring that they take sufficient rest on long journeys and behave in a mature and responsible manner on the road.

20.9 When transporting a child or vulnerable adult home or to a drop off location, ensure that the child/young person or vulnerable adult, who needs supervision, is received or collected by an adult known to and trusted by them before the transporter departs. They are not to be left unprotected.

20.10 Similarly, children and vulnerable adults should not be allowed to leave the premises or event location with someone they do not know or trust. If it is not the person who normally collects the child/vulnerable adult, the person in charge of the activity should contact the known care giver and ascertain whether it is safe to release the child/vulnerable adult to that person.

1. **SAFEGUARDING CHILDREN AND VULNERABLE ADULTS AT OUTINGS AND RESIDENTIAL EVENTS/CONFERENCES**

21.1 Obtain written parental consent for any significant travel arrangements e.g. overnight stays.

21.2 Ensure that children/vulnerable adults who need a high level of care are accompanied by carers who are able to provide it.

21.3 Ensure that if mixed groups are taken away, they should always be accompanied by a male and female member of staff.

21.4 Obtain written parental consent for the Network to act in loco parentis, to give permission for the administration of emergency first aid or other medical treatment if the need arises.

21.5 Ensure there is a qualified first aider and that first aid equipment is up to date.

21.6 Have an incident log book and keep a written record of any injury that occurs, along with details of any treatment given.

21.7 Ensure the medical information on the children/vulnerable adults is accurate; recording all allergies etc and ensure that sensitive information is handled confidentially and kept safe. However, where individuals have life-threatening allergies, e.g. nut allergies, it may be necessary for that information to be known more publicly, in order to safeguard that individual. A decision will have to be made in consultation with that individual as to what, and with whom, that information can be shared.

21.8 Ensure that where money is held by staff on behalf of a child or vulnerable adult, it is kept securely and the management of it (i.e. its release or usage) is fully documented and countersigned by two leaders or volunteers, as well as the child/vulnerable adult, if appropriate.

21.9 Ensure that at “away events” adults should not enter a young/vulnerable person’s room, without good reason, or invite young/vulnerable people to their rooms where they will be alone with them. Where it is necessary to enter a young/vulnerable person’s room, ensure that your activity is monitored by another responsible adult – leave the door open if it does not compromise that person’s dignity.

21.10 Ensure that young males and females do not enter or socialise in each other’s rooms without adult supervision/monitoring. That monitoring need not be intrusive, but the young people must be aware that there is a monitoring adult presence. Where such supervision cannot be provided, or is not appropriate, the activity should not be allowed to occur. Encourage the young people to use a public area/lounge for the activity.

21.11 Have rules governing bed times and lights out, taking into account the ages of the children. Ensure that there is an adult presence to prevent children and young people wandering the corridors after their designated bed times.

21.12 Accept that children get excited at residential events and will find it difficult to fully follow staff instructions regarding bedtime behaviour (it is part of the fun). Some flexibility will be required to ensure that the children/young people enjoy the residential experience. However, staff should impress upon them that these rules are in place for their safety and protection and should be followed.

21.13 Be an excellent role model. This includes not smoking, swearing or drinking alcohol, or engaging in inappropriate conversations in the company of young people.

21.14 Always give enthusiastic and constructive feedback/encouragement rather than negative criticism.

21.15 Recognise the developmental needs and capacity of the young persons, as well as the challenges/commitments in their lives, and do not risk sacrificing their welfare in a desire for personal or Network achievement. This means avoiding excessive involvement of young people in Network activities during busy or difficult times in their lives, and do not push them against their will or ability.

1. **HELPING CHILDREN TO PROTECT THEMSELVES**

22.1 Encourage children to talk about any suspicions they may have, or situations where they feel uncomfortable.

**23. PROTECTING CHILDREN AGAINST ABUSIVE RELIGIOUS AND CULTURAL BELIEFS**

23.1 Examine the way we present Christian teachings, e.g., children obeying their parents. Whilst this is how will prosper and be safe, it could be a difficult message for a child/young person who is being abused by a parent or authority figure in their life and could reinforce his/her sense of powerlessness and hopelessness in that situation. Therefore, children should not be made to feel that their parents have absolute rights or power over them. They should be told that, if they feel uncomfortable or that something may be wrong, they can always check things out with another adult. They should be allowed/encouraged to question what they are being taught in their homes.

23.2 Also, in some cultures, the belief in demonic possession of children can result in children/young people’s needs being tragically overlooked by the Church, as in the case of Victoria Climbie (see Lord Laming’s Enquiry Report), and being brutalised and even killed by their parents/care givers. NLDNUK should challenge those beliefs, where they surface, and should try to educate the parents/care givers appropriately. They should also make it clear to parents/caregivers that where such beliefs are held about their children the matter will be reported to Social Care Services, as this is the best way of safeguarding the child.

1. **SAFEGUARDING AGAINST COVID-19**

24.1 It is everybody’s responsibility to keep themselves and others safe. Government guidance can for found on the Government website Gov.uk (Coronavirus: how to stay safe and help prevent the spread).

24.2 NLDNUK respects the right of every individual to decide whether or not to be vaccinated. Unvaccinated leaders, members, or volunteers will not be precluded from participating in the dance practices and other network activities, providing they adhere to the NLDNUK protocol for the management of the risk from Covid-19. That Protocol is appended to this document. The Network takes its safeguarding responsibilities seriously and will always follow the Government’s guidelines.

**25. PHOTOGRAPHING CHILDREN**

25.1 The use of social media and the posting of photographs of self and or children is very much part of everyday life. However, Network events could provide opportunities for some people to take photographs or film footage of children for inappropriate use and, for that reason, some parents will object to photographs of their children being taken.

25.2 This is a potentially difficult risk to manage, as some parents would wish to take photographs of their children engaging in activities with other children and may wish to post them on social media sites. Therefore, the utmost care and sensitivity is required in managing this risk.

25.3 NLDNUK should identify an official photographer and film recorder for such events, in order to control the use to which the photographs or film footages are to be put. Opportunities should be given for parents to indicate whether they wish to object to other people taking photographs which involves their children, and whether they wish to object to official pictures of their children being published. In that discussion parents may be offered the opportunity to withdraw their child/children from the activity.

25.4 The Network ushers/floor managers should be vigilant to the unauthorised photographing or filming of children and should be trained to intervene sensitively but assertively to discourage the activity.

25.5 The Network’s position is that, under no circumstances must images of children or vulnerable adults be posted on a social media site without the expressed permission of the parent/caregiver.

**26. DUTY to Report**

26.1 It should be accepted that anyone seeing another leader/volunteer acting in a way that is open to misinterpretation or is in breach of the Network’s code of good practice should be able to speak to the individual or another Network leader about the concern or raise them in network leaders/volunteer’s meetings. The purpose of doing so is to protect the child primarily, the member and the reputation of the Network. The ethos of individual as well as collective responsibility should be encouraged, and leaders and volunteers should be able to express concerns without fear of being punished or victimised.

26.2 NLDNUK should therefore:

* Discuss safeguarding at the leaders and volunteers’ meetings, to review the procedures that governs their activities, in order to ensure a common approach, sharing of concerns and identifying other matters which may need clarification and guidance.
* Encourage report-back to such meetings when departure from guidelines becomes necessary. This provides protection to the individual and draws the leadership’s attention to shortcomings and problem areas.
* Keep records of decisions/issues raised at leaders and volunteers meetings.
* Where a worker feels unable to express concerns openly, they should know that they can approach the child/vulnerable adults safeguarding officers or the Director, without fear of being exposed as the reporter.

**27. SELECTING PERSONNEL TO WORK WITH CHILDREN**

27.1 The Network is not an employing organisation. It’s members, leaders and volunteers mainly belong to churches in which they may have had, or continue to have leadership responsibilities, and their relationship with the network is by their group’s affiliation to it. By the very nature of church itself, it is likely that these responsibilities will involve work with children/young people and vulnerable adults, e.g. Sunday School, youth department, dance group or day centre/ luncheon club or dance group, and it is expected that they will have been vetted for their roles according to their organisations’ assessments of character, and safeguarding policies and procedures. In many cases, leaders and volunteers work with children/vulnerable adults in their secular employment and undergo regular DBS checks.

27.2 **Whilst every care must be taken to satisfy itself that those who gain access to children and vulnerable adults through Network activities are “safe” individuals, the network must take a pragmatic approach to the amount of information it is able to gather on these individuals who volunteer their services to the Network.**

27.3 Where leaders and volunteers have in-date DBS checks through other organisations, the Director, having sight of them, will make a judgement as to whether other enquiries should be made, or a new check requested. Volunteers without an in-date DBS certificate or an international equivalent, will not be allowed to work with children alone.

27.4 Church Leaders, whose dance groups participate in Network events, should be made aware that we take seriously the safeguarding of children and vulnerable adults from their congregations, and that any concerns they have about the suitability of a network leader or volunteer who attends their church should be communicated initially to the regional director. Where that is not possible or the concern is about the regional director, the concern should be reported to the director. Network leaders and volunteers should be advised that this is our expectation, and that the Director, in consultation with the safeguarding lead person/s and her management team, will make a judgement about the information received.

27.5 It should be noted, however, that a person with a previous criminal conviction is not automatically disbarred from working with children, and care should be taken not to discriminate against that individual where a risk to children is not indicated.

27.5 Details of how to carry out DBS checks are available on the Government website <https://www.gov.uk/government/organisations/disclosure-and-barring-service>.

**28. SUPPORT AND SUPERVISION**

28.1 The safeguarding process should include support and supervision of leaders and volunteers to help them:

* Understand the roles and responsibilities of the assignment, the safeguarding duties of the NLDNUK, with reference to the Network’s Safeguarding Policy and Procedures, and the Network’s Code of Ethics and Conduct, a copy of which the leader/volunteer will receive
* Evaluate their own practice against what is deemed good practice, and to ensure their practice is likely to protect them from allegations
* Recognise their responsibility to report any concerns about suspected poor practice and/or abuse
* Respond appropriately to concerns expressed by a child or vulnerable adult
* Work safely and effectively with children and vulnerable adults

28.2 NLDN should also encourage leaders and volunteers to develop some understanding of learning disabilities, mental health and behaviour management.

**29. MONITORING AND PERFORMANCE**

29.1 To achieve its safeguarding policy objectives, the NLDNUKI will: -

* Ensure that Safeguarding Children is considered at every stage and every level of planning of Network activities with reference to the Children Act 1989, as amended by the Adoption and Children Act 2002. (The Children Act 1989 provides the framework for enabling organisations to deliver their ‘duty of care’ obligations to children and young people).
* Ensure that the nominated Child Protection lead persons monitor this policy and make recommendations to the NLDNUK Leadership for improvements, as identified.
* Review this policy annually and update as necessary.

**30. WHO IS RESPONSIBLE FOR THIS POLICY**

30.1 The NLDNUK Executive is ultimately responsible for ensuring that the safeguarding principles and procedures contained in this document are implemented at an organisational, regional and local level. However, everyone in the Network has a responsibility to ensure the requirements of this policy/procedure guide are carried out as part of their moral duty to safeguard children and young people with whom they come into contact.

**DECLARATION**

On behalf of the NLDNUK we, the undersigned, will oversee the implementation of the Safeguarding Policy and take all necessary steps to ensure it is adhered to.

Signed: *Yvonne Benjamin*……… Date: 24th January 2024

Name: **Yvonne Benjamin**

Position within NLDN Management Team: **NLDNUK Director**

Signed: Clement Benjamin…………………………Date: 24th January 2024

Name: **Clement Benjamin**

Position within NLDN Management Team: **Safeguarding Officer**

**REFERENCES**

1. Staying Safe and Secure - A summary of the ten ‘Safe and Secure’ safeguarding standards for churches, other places of worship and faith-based organisations; info@Thirtyoneeight.org www.Thirtyone:eight.org

2. https://www.gov.uk/government/organisations/disclosure-and-barring-service

3. The Victoria Climbie Inquiry: report of an inquiry by Lord Laming (January 2003)

4. Recommended adult to child ratios for working with children - Guidance on appropriate levels of supervision for children and young people; https://www.nspcc.org.uk/preventing-abuse/safeguarding/recommended-adult-child-ratios-working-with-children-guidance/

5. Supervision of activity with children - Department of Education Statutory guidance on supervising the activities of workers and volunteers with children (September 2012)

6. Children Act 1989, 2004 and 2005

7. Adoption and Children Act 2002; <http://www.legislation.gov.uk/ukpga/2002/38/part/1/chapter/3/crossheading/placement-and-adoption-general>

8. Safeguarding Vulnerable Group Act 2006

9. Charity Commission Guidance 2017

10. Nottinghamshire County Council and Nottingham City Council, Area Child Protection Committee – Child Protection Policy and Procedure Guidelines

11. Child protection fact sheet: The Definitions and signs of child abuse; NSPCC (April 2009)

12. Bruises on children: Core info leaflet: How to identify bruises that may be the result of child

13. Working together to safeguard children; Department for Education (July 2018)

14. Universal Declaration of Human Rights – United Nations (December 1948)

15. International Covenants on Human Rights – United Nations (December 1983)

16. United Nations Convention on the rights of the child. – United Nations (November 1989)

17. Eyes and Ears campaign 2014 – Financial Abuse to at risk Adults; Birmingham Safeguarding Adults Board 2014

18. NLDN UK Mission Statement - www.nldn-uk.org

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20. Counter-Terrorism and Security Act 2015