**U DO IT! Dance Foundation child protection / vulnerable person’s policy and procedures**

**2022**

**STATEMENT**

UDOIT! Dance Foundation believe that all children and vulnerable persons have the right to enjoy the activities of the charity in a happy, safe, secure environment, safe from harm.

UDOIT! Will do their utmost to ensure the safety and protection of everyone involved in the activities of the charity.

Everyone at UDOIT! has a responsibility to act appropriately and report concerns about children, and young people, whether these concerns arise within our activities for example inappropriate behaviour of a deliverer, or in the wider community or outside of it, perhaps through the action of a carer which is reported or observed by us. UDOIT! is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and relevant regulatory body requirements. This policy recognises that the welfare and interests of children at risk are paramount in all circumstances. It aims to ensure that regardless of age, ability or disability, gender reassignment, race, religion or belief, sex or sexual orientation, socio-economic background, all participants:

• have a positive and enjoyable experience of UDOIT! activities in safe and participant centred environments

• are protected from abuse whilst participating in UDOIT! or outside of the activity.

We acknowledge that some children at risk, (including those with disabilities, those from ethnic and other minority communities, LGBT+ community members, children in care) can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

Everyone involved in providing activities for children at risk will be given access to appropriate training opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people and/or adults at risk. This training will be reviewed annually to ensure that best practice is met.

All suspicions and allegations of abuse and poor practice will be taken seriously and responded to swiftly and appropriately in accordance with the relevant Safeguarding Procedures (Children or Adults at Risk)

**OUR POLICY**

**What we’ll do as part of our safeguarding policy**

**we will:**

• promote and prioritise the safety and wellbeing of children & young people at risk

• value, listen to and respect children at risk

• ensure robust safeguarding arrangements and procedures are in operation

• adopt safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers

• ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate training opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people and adults at risk.

• provide effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about our policies, procedures and behaviour codes and follow them confidently and competently

• ensure appropriate action is taken in the event of incidents or concerns of abuse and support provided to the individual(s) who raise or disclose the concern

• ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored, in line with data protection legislation and guidance

• prevent the employment or deployment of unsuitable individuals by recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made. This includes having full and clear job/role descriptions and to interview potential applicants establishing the state of their knowledge of safeguarding principles, even when filling a volunteer position.

• appoint a nominated safeguarding lead for children, young people and adults at risk and a lead board member for safeguarding,

• develop and implement an effective online safety policy and related procedures

• share information about safeguarding and good practice with adults at risk, children and their parents via leaflets, posters, group work and one-to-one discussions

• make sure that children & young people at risk, and their parents know where to go for help if they have a concern

• commit to continuous development, monitoring and review.

Furthermore we:

• will seek to ensure that our provision is inclusive and make reasonable adjustments for any ability, disability or impairment

• recognise that ability and disability can change over time

• recognise the role and responsibilities of the statutory agencies in safeguarding adults and are committed to working with the procedures of the local (Home Nation) safeguarding arrangements.

The policy and procedures will be widely promoted and are mandatory for everyone involved in UDOIT!, including staff, volunteers and Trustees.

It is acknowledged that different Home Nations will have different legislative frameworks and safeguarding structures and that there will be resulting variations in implementation of policies and procedures. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal, termination of membership and/or exclusion from fencing activities.

Monitoring This policy will be reviewed annually, or in the following circumstances:

• changes in legislation and/or government guidance as required by the CPSU, UK Sport and/or home country sports councils

• as a result of any other significant change or event.

**Reporting Procedures – DO NOT DELAY**

**IT IS NOT THE RESPONSIBILITY OF PARTICIPANTS (WHETHER STAFF, VOLUNTEERS OR PARENTS) TO DECIDE THAT ABUSE IS TAKING PLACE, BUT IT IS THEIR RESPONSIBILITY TO ACT ON ANY CONCERNS AND REPORT IT**

It is vitally important that any disclosure made in confidence is recorded factually as soon as possible; this is whether or not the matter is taken to another authority. There is a report record that must be completed in all cases.

An accurate account should be made of:

• Date and time of what has occurred and the time the disclosure was made

• Names of people who were involved

• What was said or done by whom

• Any action taken by the group to gather information and refer on

• Any further action, e.g. suspension of a worker or volunteer

• Where relevant, reasons why there is no referral to a statutory agency

• Names of person reporting and to whom reported

The designated person will use the appropriate reporting systems for the situation. This may be reporting the matter to Local Authorities Children’s Social Care or the Police. This is why recording all information impartially and accurately is vital as this could be used for evidence for later use.

If you encounter abuse or suspicious situations of concern for example, a child might tell another child friend something, then the designated person is to be told at the earliest convenience. This will be in confidence.

If it is thought returning the child or vulnerable person home would put them in immediate danger advice should be sought from the designated person in the first instance who will, if necessary liaise with NSPCC or Local Authorities Children’s Social Care.

**Procedures to deal with in house allegations against other workers**

It can be very difficult to report concerns about another member of staff or volunteer but all staff and volunteers have a duty to do this. It is important that any concerns for the welfare of the child or vulnerable person arising from suspected abuse or harassment by a member of staff or volunteer should be reported immediately. U DO IT! will fully support anyone, who in good faith, reports his or her concerns that a colleague is or may be abusing a child or vulnerable person.

Allegations of abuse against a member of staff or volunteer will be fully recorded and reported appropriately. The concerns should initially be reported to the designated person, unless of course they are the member of staff concerned, and in this case then the concerns should be reported to the NSPCC, Local Authorities Children’s Social Care or Adult’s Social Care.

This policy forms part of the code of practice for trustees, staff and volunteers. The consequences of breaching the code are clear and linked to disciplinary, grievance procedures and criminal procedures if appropriate.

This policy will be reviewed annually and will be amended or updated if necessary to ensure it remains in line with the government’s recommendations on policies and procedures and also in line with legislation.

**USEFUL CONTACT DETAILS**

Designated overall lead Person – Natalie Pitman, Operations and Development Manager. Email: [natalie@udoitdance.co.uk](mailto:natalie@udoitdance.co.uk)

Designated lead person Wales – Sophie James, Development Officer Wales. Email: [sophie@udoitdance.co.uk](mailto:sophie@udoitdance.co.uk)

Designated lead person North of England – Rich Hawke, Development Officer North of England. Email: [rich@udoitdance.co.uk](mailto:rich@udoitdance.co.uk)

Designated lead person South of England – Caroline Fallis-Taylor, Development Officer South of England. Email: [caroline@udoitdance.co.uk](mailto:caroline@udoitdance.co.uk)

In an emergency dial 999 for Police Service, Ambulance Service or Fire Service.

In a non – emergency situation, use 101.

There is not a generic number to contact adult social care or children’s social care. An internet search engine should be used to find the number relevant to the local authority depending on the area of the incident or concern.

The Local Authority Designated Officer (LADO) needs to be made aware of any concerns relating to children or vulnerable adults if the abuser is or thought to be employed as a person who has regular contact with children or vulnerable persons such as a teacher.

If you have any concerns relating to a child’s behaviour whilst online, or any concerns regarding any adult’s behaviour online that could be putting a child at risk then you need to contact CEOP (Child Exploitation Online Protection Centre). Telephone: 0870 000 3344, or online contact form: www.ceop.police.uk

The NSPCC (National Society for Prevention of Cruelty to Children) – email: help@nspcc.org.uk, telephone: 0808 800 5000

ChildLine - telephone: 0800 1111 website: www.childline.org.uk

Every child matters- for further information about the government’s aim for every child as well as practical advice. Website: www.everychildmatters.gov.uk

Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children. Published March 2013. Reviewed June 2022.

**Appendix A**

**Good practice guidelines**

These are guidelines and are not exhaustive. These are to give you an idea of what is expected and working practices which will safeguard you and the child or vulnerable person.

For example:-

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

• Treating all children and vulnerable persons equally, and with respect and dignity.

• Always putting the welfare of each child and vulnerable person first.

• Maintaining a safe and appropriate distance with children and vulnerable person (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or vulnerable person or to share a room with them).

• Building balanced relationships based on mutual trust which empowers children or vulnerable person to share in the decision-making process.

• Making activities and other off site activities fun, enjoyable and safe.

• Keeping up to date with technical skills, qualifications and insurance.

• Involving parents/carers wherever possible.

• Ensuring that if mixed groups are taken away, they should always be accompanied by a male and female member of staff. However, remember that same gender abuse can also occur.

• Ensuring that at tournaments or residential events, adults should not enter rooms of children or vulnerable persons or invite children / vulnerable persons into their rooms.

• Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.

• Giving enthusiastic and constructive feedback rather than negative criticism.

• Recognising the developmental needs and capacity of children and vulnerable persons and not pushing them against their will.

• Keeping a written record of any injury that occurs, along with the details of any treatment given.

• Requesting written parental consent if staff have to transport children and vulnerable persons in their cars.

**Practices to be avoided:**

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of someone in charge in the organisation or the child / vulnerable persons’ parents. For example, a child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session:

• Avoid spending excessive amounts of time alone with children / vulnerable persons away from others.

• Avoid taking or dropping off a child or vulnerable person to an event.

**Practices NEVER to be sanctioned:**

The following should never be sanctioned. You should never:

• Engage in rough, physical or sexually provocative games, including horseplay.

• Share a room with a child or vulnerable person.

• Allow or engage in any form of inappropriate touching.

• Allow children / vulnerable persons to use inappropriate language unchallenged.

• Make sexually suggestive comments to a child or vulnerable person even in fun.

• Reduce a child or vulnerable person to tears as a form of control.

• Allow allegations made by a child or vulnerable person to go unchallenged, unrecorded or not acted upon.

• Do things of a personal nature for children or vulnerable person that they can do for themselves.

• Invite or allow children or vulnerable persons to stay with you at your home unsupervised.

**Appendix B**

**Definitions and signs of abuse**

There are four recognised types of abuse and it is important that all staff and volunteers know what they are and how to recognise them. The four categories are Physical, Emotional, Sexual and Neglect.

**Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to, a child or vulnerable person whom they are looking after. A person might do this because they enjoy or need the attention they get through having a sick child or vulnerable person. Physical abuse, as well as being a result of an act of commission can also be caused through omission or the failure to act to protect.

Physical signs of abuse:

• Any injuries not consistent with the explanation given for them

• Injuries which occur to the body in places which are not normally exposed to falls or games

• Unexplained bruising, marks or injuries on any part of the bod

• Bruises which reflect hand marks or fingertips (from slapping or pinching)

• Cigarette burns

• Bite marks

• Broken bones

• Scalds

• Injuries which have not received medical attention

• Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care

• Repeated urinary infections or unexplained stomach pains.

Changes in behaviour which 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, wearing long sleeves in hot weather

• Depression

• Withdrawn behaviour

• Running away from home.

**Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable person such as to cause severe and persistent adverse effects on the child’s / vulnerable persons’ emotional development. It may involve conveying to children or vulnerable persons that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children or vulnerable persons. These may include interactions that are beyond the child’s (vulnerable person’s) developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child or vulnerable person from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children or vulnerable persons to frequently to feel frightened or in danger, or the exploitation or corruption of children or vulnerable persons. Some level of emotional abuse is involved in all types of maltreatment of a child or vulnerable persons, though it may occur alone.

The physical signs of emotional abuse may include:

• A failure to thrive or grow particularly if a child or vulnerable person puts on weight in other circumstances: e.g. in hospital or away from their parents’ care

• Sudden speech disorders

• Persistent tiredness

• Development delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

• Obsessions or phobias

• Sudden under-achievement or lack of concentration

• Inappropriate relationships with peers and/or adults

• Being unable to play

• Attention seeking behaviour

• Fear of making mistakes

• Self-harm

• Fear of parent being approached regarding their behaviour.

**Sexual Abuse**

Sexual abuse involves forcing or enticing a child or vulnerable person to take part in sexual activities, including prostitution, whether or not the child or vulnerable person is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, anal sex or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children or vulnerable persons in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children or vulnerable persons to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

The physical signs of sexual abuse may include:

• Pain or itching in the genital/anal area

• Bruising or bleeding near genital/anal areas

• Sexually transmitted disease

• Vaginal discharge or infection

• Stomach pains

• Discomfort when walking or sitting down

• Pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

• Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive

• 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 development al level

• Sexual drawings or language

• Bedwetting

• Eating problems such as over-eating 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 with adults.

**Neglect**

Neglect is the persistent failure to meet a child's (vulnerable person’s) basic physical and/or psychological needs, likely to result in the serious impairment of the child's (vulnerable person’s) health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child or vulnerable person from physical harm or danger, failure to ensure adequate supervision (including the use of inadequate care givers) or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's (vulnerable person’s) basic emotional needs.

The physical signs of neglect may include:

• Constant hunger, sometimes stealing food from others

• Constantly dirty or smelly

• Loss of weight or being constantly underweight

• Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect 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.

**Appendix C**

**Guidance on how to respond to a person disclosing abuse**

**DO**:

• Do treat any allegations extremely seriously and act at all times towards the child / vulnerable person as if you believe what they are saying

• Do tell the child or vulnerable person they are right to tell you

• Do reassure them that they are not to blame

• Do be honest about your own position, who you have to tell and why

• Do tell the child or vulnerable person what you are doing and when, and keep them up to date with what is happening

• Do take further action – you may be the only person in a position to prevent future abuse – tell your designated person immediately

• Do write down everything said and what was done

**DON’T:**

• Don’t make promises you can’t keep

• Don’t interrogate the child or vulnerable person – it is not your job to carry out an investigation – this will be up to the police and social services, who have experience in this.

• Don’t cast doubt on what the child or vulnerable person has told you, don’t interrupt or change the subject

• Don’t say anything that makes the child or vulnerable person feel responsible for the abuse

• Don’t do nothing – make sure you tell your designated person immediately – they will know how to follow this up and where to go for further advice.