

SAFEGUARDING AND CHILD PROTECTION POLICY¹

GENERAL PRINCIPLES

The International Dance Organization (IDO) has adopted the following safeguarding and child protection policy with the aim of ensuring that all those involved in dance with children have a moral and legal obligation to share, endeavour and practice the highest possible standard of behaviour, care and responsibility for the safety and welfare of children, young people and pupils (*every human being below the age of 18 years is considered as child*).

IDO believes that all children involved in dance have a fundamental right to be protected so that they can enjoy dance free from all forms of abuse and exploitation, and have a right to have their voices heard, regardless of time and place. In that spirit, IDO is fully committed to safeguarding and supporting the safety and welfare of children in dance. The children welfare is paramount. IDO expects from all involved in dance to share this commitment.

All children, regardless of any personal characteristic including their age, gender, language, skin colour, ability, any disability they may have, nationality, culture, racial origin, religious belief, political or other opinion, socio/economic background, pace or type of residence, sexual identity and preference have the same rights to feel safe and protected from any form of abuse, harassment and neglect, and have the right to take part in dance in a safe, healthy, fair, inclusive, non-violent, positive, respectful and enjoyable environment, in all capacities and at all levels.

The health, welfare and safeguarding of children is everyone's responsibility, regardless of the country we are from or the role we hold in dance. This means that everyone in dance has a duty to respond to any concerns that they or others, may have about a child, or the behaviour of an adult. This relates to concerns, which arise both within, and, outside of the dance environment. Children safeguarding includes both preventive actions to minimise the chances of harm occurring and responsive actions aimed at ensuring that, if concerns arise, they are handled appropriately.

TYPE OF ABUSE – SIGNS AND INDICATORS

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse is maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). An adult, adults, another child, or children may abuse them. Types of abuse: physical abuse, sexual abuse, emotional abuse, neglect and act of omission, discriminatory abuse, bullying, hazing, institutional abuse, poor or unsafe practice.

Some signs and behavioural indicators of abuse: self-harm, suicidal thoughts, increased anxiety, aggression and anger management issue, missing school, missing appointments, eating disorder, becoming withdrawn, not trusting others, erratic and unpredictable behaviour, increasing drug or alcohol or substance use or misuse, seeming stressed, depression, noticeably seeks out a lot of comfort and reassurance from other, frequently seeks additional attention from others, physical ill health increases, poor sleep including nightmares, suddenly behave differently etc.

Physical abuse means any deliberate and unwelcome act that may involve, but is not limited to, hitting, punching, beating, kicking, shaking, throwing, poisoning, biting, burning, scalding, drowning,

¹ Document was adopted by the IDO Presidium on April 13, 2021; its applicability comes into force next day.

suffocating, or otherwise physical harm to a child that causes physical trauma or injury. Such act can also consist of forced or inappropriate physical activity (e.g. forcing a child into training and competition that exceeds the capacity of his or her immature and growing body or limitation of a disability), forced alcohol, inappropriate drugs, substances or poison consumption, forced doping practices (uses drugs to enhance performance or delay puberty) or inappropriate diet without concert for child's health and nutritional needs.

Some signs and behavioural indicators of physical abuse: unexplained fractures or disclosures or burns or other injuries, dressed inappropriately to hide bruises or other injuries, a fear of approaching parents or caregiver for an explanation or generally not discussing visible injuries, extremely aggressive or extremely withdrawn, untreated medical problems, significant fear of medical attention, injuries that cannot be explained on any part of the body, flinching when touched or approached, reluctance to get changed in appropriate situations, frightened of parents or adults or others, afraid to go home or some specific places, extreme mood changes etc.

Sexual abuse involves forcing or enticing a child to take part in sexual intercourse, sexual activities, which may involve inappropriate touching or physical contact, penetrative (e.g. rape or oral sex) or non-penetrative (e.g. kissing, masturbation, rubbing and touching outside clothing) sexual acts. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual messages, photographic or online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse may be same gender or opposite gender, may be by other children, young people or adults.

Some signs and behavioural indicators of sexual abuse: bleeding or pain or itching or complaints or soreness to genitalia or bottom, stomach pains or discomfort when walking or sitting down, nervousness or fear of being left with specific persons or groups, bedwetting, sexually transmitted urinary tract/vaginal infections, unlikely or unexplained money or gifts, love bites, discussing feelings of shame about engaging in sexual activities, indicating that they have secrets that cannot be told to anyone, acting in a sexually inappropriate way with peers or adults, bruising or injuries to parts of the body that are not normally seen, irregular and disturbed sleep pattern and poor concentration, severe upset or agitation when being bathed/dressed/undressed/medically examined, bizarre or sophisticated or unusual sexual knowledge, spending a lot more or a lot less time online, deleting user accounts and profiles or creating lots of new ones, tries to make self as unattractive as possible etc.

Emotional abuse is the persistent maltreatment of a child, such as to cause severe and persistent adverse effects on child's emotional development. It may involve conveying to children 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 ridiculing / laughing of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed. These may include interactions that are beyond the child developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them from participating in normal social interaction. Emotional abuse may involve a child seeing or hearing the ill-treatment of another as well as serious bullying (including cyber bullying), constant criticism or complete ignoring, constantly shouted at, taunted or humiliated, causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Some signs and behavioural indicators of emotional abuse: delayed development either physically or emotionally, fear of making mistakes, low self-esteem, highly self-deprecating, viewing intimate partner violence, insomnia, a failure to thrive or grow, exhibiting neurotic behaviour such as hair twisting or rocking, dressed differently from other children in the family, sudden speech disorders such as stuttering, problems with anger management, underachieving and low levels of ambition for the future,

bed-wetting or bed soiling that has no medical cause, exhibiting a lack of confidence or the need for approval or attention, inability to express emotions etc.

Neglect and act of omission is 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 physical, emotional, psychological or cognitive development or health. Neglect may involve a parent or child's guardian / caregiver failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), failing to protect a child from danger or physical and emotional harm, or to ensure adequate supervision, or to ensure access to appropriate social and medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs, or failing to provide love and affection. Neglect may occur during pregnancy as a result of maternal substance abuse.

Some signs and behavioural indicators of neglect: a loss of weight or being constantly underweight, malnourished, being tired all the time, poor language and communication skills, inappropriate home environment such as very poor standard of hygiene or excessively damp, constantly dirty or in an unkempt unwashed state, inappropriately dressed for the weather conditions, failure to attend medical appointments or not requesting them, untreated medical or dental issues, accumulation of untaken medication, spending unacceptable amounts of time caring for others, poor social skills, poor school attendance or school performance etc.

Discriminatory abuse includes forms of physical, sexual or emotional abuse, harassment, slurs or similar treatment because of a child: age, race, skin colour, nationality, ethnic or national origin, language, culture, religion and belief, parental status, gender, sexual orientation, gender reassignment, disability, social and economic background. It can result from situations that exploit a child's vulnerability by treating the child in a way that excludes them from opportunities they should have as equal children.

Some signs and behavioural indicators of discriminatory abuse: tendency to withdrawn and isolation, unequal treatment or deliberate exclusion based on individual identity, frustration possibly leading to anger management issues, resistance or refusal to access services that are required to meet need, treated in a noticeable different way to peers, being refused access to services or excluded inappropriately, showing signs of fear and anxiety, verbal abuse derogatory remarks or inappropriate language related to a their identity etc.

Bullying is deliberate, hurtful behaviour intended to intimidate or upset a child or make them feel uncomfortable or unsafe (e.g. exclusion or isolation, spreading rumours, embarrassing them in public or in front of their peers, threatening to cause harm, physically hurting them or damaging their possessions). Bullying can be physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling), emotional or psychological and can take place in person or remotely such as over the virtual world of social networking sites, emails or text messages and this is known as Cyberbullying.

Some signs and behavioural indicators of bullying: actively avoiding going to certain places or mixing with certain groups of people and becoming visibly upset when asked to do so, show physical or verbal aggression to others including bullying others, deleting social media accounts and changing telephone number, truancy from school or volunteering, asking to borrow money, losing' money or belongings a lot or belongings such as clothing being regularly damaged, physical injuries such as bruises bite marks and cuts, problems with sleeping or eating, suddenly losing interest in a well-established hobby or leisure activity or social group, left out of social activities and events, self-destructive and risk taking behaviours increase such as running away and petty crime and vandalism, seeming nervous, distressed or anxious without being willing to explain why etc.

Harassment is often referred to as being the same thing as bullying, but there are some notable differences. Harassment involves violating a child's dignity or creating an intimidating, hostile,

degrading, humiliating or offensive environment for that child. Also of importance is the fact that harassment is usually linked to a protected characteristic, such as age, sex, disability, race, gender, religion or sexual orientation. Harassment can take place in private, in the street, in schools and pretty much anywhere.

Some signs and behavioural indicators of harassment: lower than expected performance at school, actively avoiding particular people or places, poor punctuality and timekeeping, general negativity, irritable, becomes less friendly and open, complaining about how another person is treating them, increased absence levels, talks about feeling ashamed and useless, not thinking straight or indecisive, overly tired and lacking any enthusiasm, is reluctant to attend group activities etc.

Hazing or initiation ceremonies refers to the practice of rituals, challenges, and other activities involving harassment, abuse, degradation or humiliation used as a way of initiating a child into a group. The initiation rites can range from relatively benign pranks, to protracted patterns of behaviour that rise to the level of abuse or criminal misconduct. Hazing is seen in many different types of social groups, including gangs, sports teams, schools, universities, cliques, fraternities and sororities etc. Hazing may include emotional, physical or psychological abuse. It may also include nudity or sexual assault.

Some signs and behavioural indicators of hazing: withdrawal from their normal activities, unexplained weight loss, physical or psychological exhaustion, tiredness, unexplained injuries or illness, change in personal appearance or attire, increase in secrecy and unwillingness to share details, sudden decrease in communication with friends and family etc.

Institutional (organisational) abuse or mistreatment of children brought about when care and other services are either not provided or are inadequate. It includes instances when systematic poor practice affects a whole organisation. Institutional abuse is more likely to occur when an organisation is overcrowded or overstretched, where there are financial difficulties and where facilities are run-down or outdated (e.g. failure to attend to medical needs or give medication as needed, lack of respect for dignity and privacy, inappropriate use of restraints or 'room arrest', inadequate food and drink or not providing sufficient support to enable eating and drinking, disregard for cultural, religion or ethical needs and wishes).

Some signs and behavioural indicators of institutional abuse: hungry or dehydrated, unplanned weight loss, medical conditions untreated, don't have access to necessary medication or other aids such as dentures or glasses or hearing aids, lack of personal clothing and possessions and communal use of personal items, poor personal hygiene, physical evidence of being restrained such as bruising or chafing, loss of contact with friends and family, no access to means of communications, public discussion of personal matters, poor record-keeping and missing documents, few social and recreational and educational activities etc.

Poor or unsafe practice refers to when the behaviour of an individual in a position of responsibility falls below the organisation's required standard. The behaviour may not be immediately dangerous or intentionally harmful to a child, but it is likely to set a poor example (e.g. shouting, excessive training, ridicule of child's errors, ignoring health and safety guidelines, coaching with alcohol on the breath, smoking and swearing in front of children as well as not paying due care and attention to all children). Incidents of poor practice arise when the needs of children are not afforded the necessary priority, compromising their wellbeing.

RECOGNIZING AND REPORTING ABUSE

Recognizing child abuse is not easy. It is important that signs of abuse are not ignored. Individuals working with children should be alert to general signs of possible abuse and be able to identify indicators of each type of abuse. Whilst signs and indicators can be related to particular types of abuse or harm it is important to remember that individuals working with children must not be tempted to try and 'diagnose' abuse based on a checklist approach. Individuals do not need to know what type of abuse or harm is happening in order to report their concerns, they simply need to be able to explain what they have seen or heard that has concern. Information must be accurate, complete and factual, including the name and contact details of the person reporting the incident. It can be very difficult to report concerns about staff, officials, volunteers, dancers or friend but all staff, officials, volunteers, dancers 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 staff, officials, volunteers, dancers or friend should be reported immediately.

Throughout the entire reporting process, confidentiality is vital. Every effort must be made to ensure confidentiality is maintained when an allegation has been made and is being investigated. Information should only be shared with only those individuals who will be able to manage and resolve the situation and no-one else. Confidentiality is essential and it will ensure the safety of the child involved, action is taken to protect the child, individuals involved in any complaint are protected from gossip and assumptions, individuals who have a complaint against them receive fair treatment.

If individuals become aware of any suspicions or concerns about the safety or welfare of a child during any kind of IDO event, they have to pass these information to person responsible for Safeguard and Child Protection. Reporting shall include at least: name and date of the event/concern, 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 and in whose presence, name of person reporting and his/her contact email and mobile phone number. Report shall include as much detail (facts) as possible, avoiding hearsay or assumptions.

If individuals feel the child is in immediate risk of abuse and action needs to be taken urgently, then local authorities (children social care or similar) or Police should be contacted immediately. Reporting the matter to local authorities (children social care or similar) or Police should not be delayed by attempts to obtain more information. Wherever possible, referrals made by telephone to local authorities (children social care or similar) or Police should be followed up with report sent to person responsible for Safeguard and Child Protection.

Anyone who refers their concerns, in good faith, shall be supported in doing so, knowing that their concerns will be treated seriously and managed sensitively and appropriately. All information received and discussed shall be treated in the strictest confidence and only shared with those individuals who will be able to manage and resolve the situation. On occasion it may be necessary to seek advice or inform the local authorities (children social care or similar) or the Police.

IMPLEMENTATION OF SAFEGUARDING AND CHILD PROTECTION POLICY WITHIN IDO EVENTS

All forms of abuse, harassment and neglect constitute a violation of IDO safeguarding and child protection policy (and will not be tolerated). IDO have zero tolerance for any behaviour that puts the welfare and safety of children at risk.

The IDO will ensure that at every IDO event the child and young person who takes part, will participate in an enjoyable, friendly and safe environment that is conducive to promoting the health and well-being and protected from any poor practice and abuse. It is the responsibility of all NMO's, Team Captains and adult leaders to ensure this safety when participating at an IDO event.

Furthermore, as the IDO has a vital role in safeguarding the welfare of children and young people: The IDO event organizer, as part of its contractual obligations, will provide a Welfare Officer at the official IDO event. Welfare Officer will need to be vetted in their own country as to endorse and adopt best practice for child protection at an IDO event.

All safeguarding concerns must be reported to Welfare Officer during event and/or IDO safeguard and child protection contact email immediately, in accordance with the paragraph Recognizing and Reporting Abuse of the IDO Safeguarding and Child Protection Policy. Those who report concerns are confident that these will be treated seriously and confidentially; the IDO will fully support anyone, who in good faith, reports his or her concerns that a colleague or anyone else is or may be abusing a child or vulnerable person.

IDO SAFEGUARD AND CHILD PROTECTION CONTACT EMAIL
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