Safeguarding Policy (Adults & Child Protection)
Nalanda Trust (North London Buddhist Centre)

Approved by the Council of Trustees on: 23 Sept 2026
To be reviewed every three years.
Registered charity no. 801632
Read alongside the **Child Protection Code of Conduct**, the **Complaints Policy** and the **Ethical Guidelines**.

Safeguarding in the context of the Triratna Buddhist Community

This safeguarding policy is an expression of the first Buddhist precept: to abstain from causing harm to living beings and, in its positive form, to act with deeds of loving-kindness.

In the Triratna Buddhist Community close friendship is central to how we practise together. That is a real strength, and a joy! It is also a safeguarding risk: where harm is caused by someone we know and trust, loyalty to a friend - or the assumption that they would never do such a thing - can stop us noticing it, questioning it or acting on it. We need to take that risk seriously and acknowledge that strong friendships are not a safeguarding measure.

Who this policy covers

It covers everyone involved in the activities of the North London Buddhist Centre, and those of any outreach groups we run, as employee, volunteer, leader, teacher or trustee.

It applies to everything that happens on our premises, including activities we host but do not run. It also applies to how we communicate with people by email, phone, text and social media.

Three definitions, used throughout this document

1. A **child** is anyone under 18.
2. An **adult** is anyone 18 or over.
3. An **adult at risk** is an adult who, because of needs for care and support, cannot protect themselves from abuse or neglect. The full Care Act definition is at 2.1.

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Part 1: If you are worried about someone or have a disclosure to make

1.1 Who to tell

If anyone is in immediate danger, call 999 first. Do not wait for permission from anyone at the North London Buddhist Centre. Otherwise, tell the **Safeguarding Officer immediately**.

Safeguarding Officer	Maitrishura (David Breen) safeguarding@northlondonbuddhistcentre.com
If unavailable, or the concern is about them	Safeguarding Trustee: Maitrisambhava (Sharon Reed) [DEDICATED EMAIL NEEDED]
If unavailable, or the concern is about both	Chair: Ksantikara (Ksantikara Green) chair@northlondonbuddhistcentre.com

1.2 What to do while someone is making a disclosure to you

Do:

- Stay calm. Listen. Let them say as much as they want to say.
- Tell them they were right to speak up.
- Say early that you cannot promise to keep it secret, and explain what you will do next.
- Write down what was said, in their own words, as soon as you can — with the date, time and place.

Do not:

- Look shocked, disgusted or angry.
- Press for details or ask leading questions.
- Say whether you think it's true. Taking it seriously is enough.
- Promise them confidentiality.
- Approach the person complained about.
- Investigate. That is the job of the police or the local authority, and doing it yourself can damage a prosecution.

1.3 When we would share what you tell us with an external agency

Decisions about reporting a concern to the police, to social services or to the local authority are made by the **Safeguarding Officer**. They take advice before deciding, and they will tell you what they have decided.

Whether we need agreement before reporting depends on whether the concern is about a child or an adult:

	If the concern is about a child (under 18)	**If the concern is about an adult**
Do we need agreement before reporting?	No. The child's welfare comes first, and we do not need the child's or the parents' agreement.	Usually yes. If you are not formally "at risk" and the matter may be criminal, it is your decision whether to go to the police — we will help you do it, but we will not do it over your head.
Who does the Safeguarding Officer contact?	The police **and** the Local Authority Designated Officer (LADO) at local social services.	The adult social care safeguarding team, or the police.
When would we report anyway?	Whenever we believe the child is suffering or at risk of significant harm, telling the parents would not be in the child's interest.	Where someone may be at immediate risk of harm; where a crime has been or is about to be committed; where a child is also at risk; or where the person lacks mental capacity.

Before deciding, we may also describe the situation to an external safeguarding adviser in order to get advice. Wherever we can, we do this without naming anyone involved.

1.4 After a disclosure about a child

Reports and suspicions all count and all get passed to the Safeguarding Officer: something you saw, something you were told, a rumour about someone's past behaviour, a change in a child's behaviour, or a child telling you directly.

If a child tells you something:

- They may have been threatened and are likely frightened. Look at them. Stay calm.
- Tell them they are doing the right thing and are not to blame, even if they broke a rule.
- Accept what they say without judgement. Never suggest they might be mistaken.
- Do not push for information. Let them say what they are ready to say.
- Say clearly that you cannot promise to keep it secret, and that you will need to tell another trusted adult if they may be at risk.
- Tell them you will get help, and that you will try to agree with them about what happens next.

Then:

1. **If the child is in immediate danger, phone the police and the Local Authority Designated Officer at local social services straight away.** Do not wait to reach the Safeguarding Officer first.
2. **Otherwise, tell the Safeguarding Officer that same day.** If unavailable, the Safeguarding Trustee or Chair. Tell nobody else.
3. **Write your factual note** — the child's own words, date, time, place — and pass it to the Safeguarding Officer. Those words may be used in court.
4. **Consent.** Having taken any urgent action first, we seek the parent or guardian's consent to share what has been disclosed — **unless** we believe the child is suffering or at risk of significant harm and telling the parents would not be in the child's interest. Then we report without it.
5. **Our first concern is the child** — not loyalty to whoever has been accused, and not the good name of Triratna or this Centre.
6. **The Safeguarding Officer** decides what happens next, including whether the matter is reported to an outside agency — see 1.3.

1.5 After a disclosure by an adult

1. **If they are in immediate danger, call 999.** Then tell the Safeguarding Officer.
2. **Otherwise, tell the Safeguarding Officer that same day.** If unavailable, the Safeguarding Trustee or Chair. Tell nobody else.
3. **Write your factual note** — their words, date, time, place — and pass it to the Safeguarding Officer.
4. **Consent.** Everyone has a right to privacy. We seek the person's consent to share what they have told us, and we respect their decision about going to the police — offering practical help if they want to.
5. **When we act without consent.** Where the person may be at immediate risk of harm once they leave us; where a crime has been or is about to be committed; where a child is also at risk; or where the person is formally at risk or lacks capacity, we may report on their behalf — with their permission if at all possible.
6. **Our first concern is this person's safety and wellbeing** — not loyalty to whoever has been accused, and not the good name of Triratna or this Centre.
7. **The Safeguarding Officer** decides what happens next, including whether the matter is reported to an outside agency — see 1.3.

1.6 If someone discloses that they have abused a child

The law does not protect the confidentiality of a criminal act disclosed, even in the context of Buddhist confession.

If a Friend, mitra or Order member discloses — in formal confession or otherwise — that they have physically or sexually abused a child, or viewed indecent images of children, the person receiving that disclosure **must tell the Safeguarding Officer immediately**, who **reports to the police immediately.** This applies whether the behaviour is recent or historic. If a child may be in immediate danger, the police and the Local Authority Designated Officer are called straight away.

1.7 If the concern is about someone in the NLBC team

Where a concern is about a member of staff, a volunteer, a trustee or an Order member, the Safeguarding Officer refers the case to the **Local Authority Designated Officer**, who advises on next steps before we do anything else. The person may be asked to step back from activities involving under-18s while that advice is sought. Stepping back is a precaution, not a finding of guilt.

Anyone named in 1.1 who is implicated in a concern steps out of handling it.

1.8 Who inside the Centre team gets to know

Information is shared on a need-to-know basis only. Under data protection law, nobody has a *right* to know about a case, except — for safeguarding purposes — those in a position to prevent further harm, and the Chair.

So where there is an allegation against a mitra, it may be justifiable for the Safeguarding Officer, Safeguarding Trustee, Chair and Mitra convenor to know. It is not justifiable for the sangha to know.

This is not concealment. It protects everyone involved from further harm, and protects the sangha from the fear, rumour and division that make a matter far harder to handle well.

Parents do not have a right to be told that a particular person may pose a risk to children. Properly implementing this policy keeps our children as safe from that person as from anyone who poses a risk but has not been identified.

Part 2: Keeping adults safe

2.1 Who is an adult at risk

An **adult at risk**, under the Care Act 2014, is someone 18 or over who **needs care and support** (whether or not the local authority is meeting those needs), **is experiencing or at risk of abuse or neglect**, and **as a result of those needs cannot protect themselves** from it.

That may include people who have dementia, learning disabilities, mental health problems, drug or alcohol dependency, or physical or sensory disabilities; adults who are bereaved; who depend on others through age or illness; who live with domestic abuse; who are homeless; who are refugees or asylum seekers; or who may lack mental capacity.

Being disabled does not make someone at risk. Each case is judged on its own facts.

2.2 Ordinary vulnerability

Someone who would never be formally classed as at risk can still be in a vulnerable position — after a bereavement, a serious illness, a relationship ending.

So we take care not to exploit ordinary vulnerability. Someone in that state may not be able to make a balanced decision about **giving money**, about **becoming more involved in Triratna**, or about **entering an intimate relationship** — friendship, romantic or sexual. We help each other stay alert to this.

2.3 Mental health and risk of suicide

People attending our activities experience psychological difficulty ranging from mild to severe. We are not qualified to diagnose or treat it, and kindness alone may not be enough. Sometimes the right thing is to say so and encourage someone towards professional help.

For someone with a serious psychological disorder, practices centred on the illusion of self can be genuinely destabilising. We may encourage practices that calm the body and mind instead, or advise pausing meditation during a relapse, or stopping it altogether.

Where we believe someone is at risk of self-harm or suicide, we encourage them to contact their GP, their mental health team, or A&E, and with their permission we may make that contact for them. **Where there is immediate danger to themselves or others, we contact emergency services, without permission if necessary.**

Part 3: Keeping children and young people safe

3.1 Position of trust

The age of consent is 16, but it is a criminal offence for someone in a position of trust to have sexual contact with a person under 18. Since the Police, Crime, Sentencing and Courts Act 2022, positions of trust expressly include those who coach, teach, train or instruct in a religion.

This applies to all Triratna Order members, and to mitras teaching or offering mentoring.

3.2 Meeting children in person

- We do not arrange to meet any child **under 15** individually, anywhere, unless a parent or guardian is present.
- Before meeting someone **aged 15–17**, we make contact with their parent or guardian first.
- We meet in public space — reception, or a room with the door open — where others are present.

3.3 Contacting under-18s online, by phone or by text

Individual contact with a young person by email, text, phone or social media carries a real risk — both of grooming, and of an accusation of it.

Age	**What is permitted**
Under 15	No individual contact. **One exception:** a written enquiry about Buddhism for schoolwork or personal study may be answered **once**, by email, **from the**

Age	What is permitted
	Centre's own account only. No further personal correspondence.
15–17	Individual contact only where the Safeguarding Officer holds **written consent from a parent or guardian**, and only on the terms agreed with them.
Under 18	**Never** from a personal account, personal phone or private message. Centre email accounts only.

If you are unsure what has been agreed for a particular young person, ask the Safeguarding Officer.

3.4 Giving a lift

Only where **all** of these hold:

- The Safeguarding Officer has confirmed the driver is well known to us and has signed this policy and the Code of Conduct.
- The Safeguarding Officer holds the **written agreement of the parent or carer** for the child to travel with that named driver.
- The driver is over 18, holds a full licence and adequate insurance, and the vehicle is roadworthy.
- The child sits in the back.

If we cannot meet all four, no employee or volunteer offers lifts to under-18s to or from our activities.

3.5 Where parents are not present

Where an under-18 attends and their parents are not present, or are elsewhere in the building, the Safeguarding Officer contacts the parent or guardian to confirm they know, and records in writing that contact was made, along with contact details and any conditions we need to know about.

3.6 School and youth group visits

- Every visiting group brings **at least two adults** able to supervise the whole group at all times.
- We make clear that **none of our staff or volunteers is to be left alone with their pupils.**
- The Safeguarding Officer checks with our external safeguarding adviser whether anyone leading or helping needs a DBS check, and to what level.

3.7 Therapists treating a child on our premises

A qualified therapist treating a child on our premises works behind a closed door. So before any such booking we see written proof of qualification, insurance for working with under-18s, and a DBS certificate less than three years old. See also 4.4.

Part 4: How we meet and govern our safeguarding duties

This part sets out our safeguarding duties and we are committed to. It is here for the team, trustees and for anyone - insurer, funder, school, regulator - who wants to see how we hold ourselves to our commitments.

4.1 Who does what

Role	Responsibility
Safeguarding Officer	Co-ordinates all safeguarding at the Centre. Receives all concerns and decides what happens next. Keeps the safeguarding log. Holds parental consents. Arranges DBS checks and training.
Safeguarding Trustee	Ensures the council of trustees takes safeguarding seriously; keeps it as a standing agenda item at every trustee meeting; ensures compliance with Charity Commission duties.
Chair	Holds ultimate responsibility for governance, including safeguarding. Acts where the Safeguarding Officer is unavailable or implicated.
All trustees	Collectively accountable. Cannot delegate the duty away.
Everyone else — staff, volunteers, teachers, Order members and mitras	Report concerns promptly. Follow this policy and the Code of Conduct.

The Safeguarding Officer, Safeguarding Trustee or Chair may take advice at any point from our **external safeguarding adviser** and also from **Triratna's Safeguarding consultant** and/or **Order Ethics Adviser**.

4.2 DBS checks and safer recruitment

A DBS check is one part of safer recruitment, not the whole of it. For anyone — employee, volunteer, or short-term helper — working with under-18s or adults at risk:

1. **References.** We take these up even where the person is DBS checked or will be supervised.
2. **Signing.** Everyone in such a role reads and signs this policy and the Child Protection Code of Conduct **before they start**, even if helping only once. (The Child Protection Code of conduct is signed annually).
3. **Training.** Everyone in such a role has safeguarding training appropriate to it, refreshed at least every three years.
4. **DBS check**, where the role is eligible — see below.

On DBS checks specifically. Eligibility rules are genuinely complicated, so **the Safeguarding Officer checks with our external safeguarding adviser before we decide to run any new activity involving under-18s or adults at risk**, rather than guessing.

- A DBS certificate attaches to a **role**, not a person. It does not transfer from another organisation or another role.
- Certificates should be less than three years old.
- Where someone is eligible for a check, the Charity Commission expects us to obtain one.
- Where we cannot check someone, the measures at 1–3 above apply in full, together with supervision by someone who *is* checked.

Roles we always check: Chair; Safeguarding Officer; Safeguarding Trustee; anyone supporting or leading school visits; and the leader or teacher of any activity advertised specifically for adults likely to be more vulnerable to influence or exploitation — the last of these requiring an **Enhanced DBS check including the Barred Lists**.

Checks are **not** required for one-off or irregular activities that an under-18 happens to attend, or for general activities that adults with mental health difficulties or in addiction recovery may happen to attend. Children are most at risk where it is known in advance that children will be there, because that is what people seeking access to children look for.

Recovery meetings. The 12-Step Movement has agreed with the DBS Service that no checks are needed for meetings run formally as 12-Step meetings, because participants co-facilitate and there is no leader. Where these meetings use our premises we make clear they are self-help groups held here, not part of our programme, and that any mitra or Order member attending is not leading and does not behave as though they are.

That exemption does not extend automatically to other recovery programmes. Where an 8-Step or Dharma Recovery group runs as part of our own programme with someone leading it, checks may be required, and the Safeguarding Officer confirms the position with our external adviser before it starts.

4.3 Managing someone who may pose a risk

This covers, for example, someone with a previous conviction for a sexual or violent offence, someone on the Sex Offender Register, someone under investigation, or someone who has disclosed a sexual interest in children.

- The Safeguarding Officer agrees a written **behaviour contract** setting out the terms on which the person who may pose a risk may continue to attend.
- That contract rests on a formal **risk assessment**, supplied by their probation or police supervising officer, another external professional, or an Order member professionally qualified in risk assessment. Not by us, informally.
- Where the person may pose a risk to children, they have no contact with under-18s in the course of our activities, and they are **not** asked to sign the Child Protection Code of Conduct — signing it would conflict with their behaviour contract and imply a level of contact that should not exist.
- **Where we do not have the resources to manage the relationship safely, we will ask the person not to attend.** That decision sits with the trustees.

The Safeguarding Officer consults our external safeguarding adviser before finalising any contract.

4.4 Lettings, room hire and self-organised meetings

We rent and lend our premises for activities that are not ours: bodywork classes, room hire, office hire, therapy room hire. Responsibility is shared with the hirer, **but our council of trustees bears ultimate responsibility for safeguarding everything that happens on our premises.** This includes self-organised sangha meetings such as chapters and GFR groups.

Every hirer signs a lettings agreement confirming either that they have read our safeguarding policies and will abide by them, or that they have shown us their own policy — which must be compatible with ours and written to an equal or higher standard.

Where a hirer will be working with children, 3.7 also applies.

4.5 Records

The Safeguarding Officer keeps a log of every safeguarding concern, and of the conversations, decisions and reasoning behind them.

- Records are held in **encrypted, access-controlled storage**, accessible only to the Safeguarding Officer, the Chair and the Safeguarding Trustee, and backed up. Any paper records are held in a locked cabinet accessible to the same people.
- Notes are **factual, respectful, and free of interpretation or judgement.** The subject has a legal right to ask to read them, so write them as though they will.
- **Records are kept for 50 years.** Many abuse cases surface thirty or more years later, and the records matter for both historical cases and insurance.
- If the charity closes, records pass to another Triratna charity to hold with their own log.
- Handled throughout in line with the Data Protection Act 2018 and UK GDPR.

4.6 Reporting outwards to other bodies

Some incidents must be reported outside the Centre. **This is a legal duty on the trustees, not a matter of discretion**, and reporting is not an admission that we did something wrong. The Safeguarding Officer proposes what should be reported; the trustees decide; the report is made promptly.

Outward reports describe the *type* of incident and what is being done about it. They do not include personal details identifying those involved. **Any referral made by telephone is confirmed in writing within 24 hours.**

Body	**When we report**
Police and local authority	Where a crime may have been committed, or a child or adult at risk may be at risk of harm. See Part 1: this is usually immediate, and comes before everything else here.
Charity Commission	Serious incidents - actual or alleged harm to anyone who comes into contact with the charity, and incidents that expose the charity to serious risk even where nobody was harmed. The Commission has said it is always better to report than not.
Disclosure and Barring Service	Where we dismiss or remove someone from a role working with children or adults at risk because they have harmed, or may harm, someone, or would have done so had they not resigned first. Failing to make a referral where the duty applies is a criminal offence.

Body	When we report
Insurer	Any incident that might become a claim. Ecclesiastical, Buddhist Charity Combined, policy 13261871.

Where it is not obvious whether a threshold has been met, the Safeguarding Officer takes advice from our external safeguarding adviser before deciding. Being unsure is a reason to ask, not a reason to wait.

4.7 How this works with our other policies

- A **complaint** that turns out to involve a safeguarding matter immediately triggers this policy, and the complaints process pauses.
- A **safeguarding concern** that turns out not to be one may be handled under the Complaints Policy instead; the Safeguarding Officer and Chair will decide that together.
- Where a matter may be **criminal**, it goes to the police, and our own process pauses pending their advice.
- Nobody is penalised for raising a concern in good faith that turns out to be unfounded.

4.8 Policy review

Full review every three years, by the Safeguarding Officer and trustees. This aligns with our three-year cycles for DBS certificates and safeguarding training.

Out of cycle review: this policy is reviewed straight away after any significant incident, any change in relevant law or statutory guidance, or any change of Safeguarding Officer, Safeguarding Trustee or Chair.

Appendix 1: What abuse looks like — children

We recognise that the welfare of the child is paramount; that every child has an equal right to protection from harm regardless of age, disability, gender, ethnicity, religious belief, sexual orientation or identity; and that working in partnership with children, parents, carers and other agencies is essential.

The statutory categories for child abuse in England, and related forms of harm, are:

- **Physical:** hitting, shaking, throwing, poisoning, burning, suffocating, or fabricating or inducing illness.
- **Emotional:** persistent maltreatment causing severe adverse effects on emotional development: conveying that a child is worthless or unloved, silencing them, mocking them, imposing expectations beyond their capability, serious bullying including online, exposing them to the ill-treatment of another.
- **Sexual:** forcing or enticing a child into sexual activity, whether or not they understand what is happening. Contact and non-contact, including exposure to or production of sexual images, and grooming in preparation for abuse. Not solely perpetrated by adult men: women and other children also abuse.
- **Neglect:** persistent failure to meet a child's basic physical or psychological needs: food, clothing, shelter, protection from harm, adequate supervision, access to medical care, emotional responsiveness.
- **Child sexual exploitation:** taking advantage of a power imbalance to coerce or deceive an under-18 into sexual activity in exchange for something they need or want, or for the perpetrator's gain. May look consensual. May happen entirely online.

- **Extremism:** targeting the vulnerable, including the young, to sow division on grounds of race or faith, justify discrimination against women and girls, or argue against democracy and the rule of law.

Signs to notice in children

All of these warrant a conversation with the Safeguarding Officer.

- **Physical** — injuries inconsistent with the explanation; injuries where falls and rough games don't reach; injuries that never received medical attention; reluctance to change for games or swimming; bites, burns or fractures with no accidental explanation.
- **Sexual** — any allegation; preoccupation with sexual matters or knowledge beyond their age; age-inappropriate sexual behaviour in words, play or drawing; sexually provocative behaviour towards adults; severe sleep disturbance with sexual content; eating disorders.
- **Emotional** — regression, withdrawal or sudden clinginess; depression, aggression, extreme anxiety; frozen watchfulness; sudden under-achievement or loss of concentration; inappropriate relationships with peers or adults; running away, stealing, lying.
- **Neglect** — undernourishment, constant hunger, gorging or stealing food, failure to grow, untreated illness, inadequate care.

Appendix 2: What abuse looks like — adults

"Abuse" is not a legal term. It covers the ways a person may be harmed, usually by someone in a position of power, trust or authority over them — or someone they *perceive* to be. In our context that could be a Friend, mitra or Order member helping to run activities for people newer than they are.

Harm can also happen without intent, through naivety, idealism or lack of awareness. That still counts.

The Care Act categories, in brief: **physical**; **domestic** (including so-called honour-based violence); **sexual** (including harassment, innuendo, inappropriate looking or touching, and acts consented to under pressure); **psychological** (threats, humiliation, control, coercion, isolation); **financial** (theft, fraud, coercion over wills or property); **modern slavery**; **discriminatory**; **organisational**; **neglect and acts of omission**; **self-neglect**.

Signs to notice in adults

None conclusive, all worth a conversation with the Safeguarding Officer.

- **Physical** — injuries inconsistent with the explanation given; recurring unexplained injuries; bruising of different ages, or in places falls don't reach; flinching at contact; staying covered up in hot weather; medication over- or under-used.
- **Behavioural** — subdued or frightened around one particular person; withdrawal, agitation, tearfulness; sudden mood or sleep changes; unexplained fear or paranoia; helplessness or passivity; loss of appetite or weight.
- **Financial** — assets that don't match living conditions; sudden inability to pay bills; unexplained withdrawals; missing belongings; recent changes to deeds or Power of Attorney.
- **Neglect or self-neglect** — deteriorating despite apparent care; poor hygiene, unkempt appearance, dressed wrongly for the weather; hoarding; medication or medical care missing.
- **Modern slavery** — movement monitored, rarely alone; few possessions or documents; no ID; fear of seeking help.

- **Discriminatory** — remarks or lack of respect; the person putting themselves down in terms of their gender, sexuality, race or faith.

A note on mental capacity

Capacity is the ability to make a **particular** decision at a **particular** time, and formal assessment is a job for social and mental health services. Broadly, a person may lack capacity for a decision if they cannot understand it, retain the information, weigh it up, or communicate their choice — about matters such as finance, social care or medical treatment.