

# Safeguarding Procedures

## 1. Introduction

CoST, the Infrastructure Transparency Initiative, is a registered charity with the Charity Commission for England and Wales. As such, CoST has a responsibility to ensure compliance with the UK regulations, including safeguarding and other related matters. This document is part of CoST's safeguarding framework. The other documents in this framework are:

- Code of conduct
- Complaints procedure
- Safeguarding policy
- Whistleblowing policy and
- Anti-trafficking policy and plan

## 2. Purpose and scope

The purpose of this document is to provide procedures for dealing with reports of breach of CoST's Safeguarding Policy, where the safeguarding violation is against staff or members of the public and is perpetrated by a CoST Board Member, CoST International Secretariat staff, a contractor (associated personnel) or sub-grantee (delivery partners).

In addition, it is expected that all CoST Members, specifically the host organisation staff and contractors, and Multi-Stakeholder Group Members, will consider developing a procedure for their CoST programme based on this procedure where national and institutional regulations, policies and requirements are considered inadequate.

## 3. Procedures

### 3.1. Report is received

3.1.1 Reports can reach the organisation through various routes. This may be in a structured format such as a letter, e-mail, text or message on social media. It may also be in the form of an informal discussion or a rumour. If a staff member hears something in an informal discussion or chat that they believe is a safeguarding concern, they should report it to the appropriate staff member within their organisation.

3.1.2 If a safeguarding concern is disclosed directly to an associated personnel member, the person receiving the report should bear the following in mind:

- Listen
- Empathise with the person
- Ask who, when, where, what, but not why
- Repeat/ check your understanding of the situation
- Report to the appropriate staff member (see below)

3.1.3 The person receiving the report should then document the following information, using an Incident Report Form if there is one:

- Name of person making report
- Name(s) of alleged survivor(s) of safeguarding incident(s) if different from above

- Name(s) of alleged perpetrator(s)
- Description of incident(s)
- Dates(s), times(s) and location(s) of incident

3.1.4 The person receiving the report should then forward this information to the Safeguarding Lead or appropriate key personnel within 24 hours.

3.1.5 Due to the sensitive nature of safeguarding concerns, confidentiality must be maintained during all stages of the reporting process, and information shared on a limited 'need to know' basis only. This includes senior management who might otherwise be apprised of a serious incident.

3.1.6 If the reporting key personnel are not satisfied that the organisation is appropriately addressing the report, they have a right to escalate the report, either up the management line, to the Board, or to an external statutory body. The key personnel will be protected from any negative repercussions arising from this report. See CoST Complaints Policy and Whistleblowing Policy.

### **3.2. Assess how to proceed with the report**

3.2.1 Appoint a Decision Maker for handling this report

3.2.2 Determine whether it is possible to take this report forward

- Do the reported incident(s) represent a breach of safeguarding policy?
- Is there sufficient information to follow up on this report?

3.2.3 If the reported incident does not represent a breach of CoST Safeguarding Policy, but represents a safeguarding risk to others (such as an at-risk adults safeguarding incident), the report should be referred through the appropriate channels (e.g. local authorities) if it is safe to do so.

3.2.4 If there is insufficient information to follow up on the report, and no way to ascertain this information (for example, if the person making the report did not leave contact details), the report should be filed in case it can be of use in the future and look at any wider lesson learning we can take forward.

3.2.5 If the decision is made to take the report forward, ensure that you have the relevant expertise and capacity to manage a safeguarding case. If you do not have this expertise in-house, seek immediate assistance through external capacity if necessary.

3.2.6 Clarify what, how and with whom information will be shared relating to this case. Confidentiality should be maintained at all times, and information should be shared only on a need-to-know basis. Decide which information needs to be shared with which stakeholder – information needs may be different.

3.2.7 Check your obligations on informing relevant bodies when you receive a safeguarding report. These include (but are not limited to):

- Funding organisations
- Umbrella bodies/networks
- Statutory bodies (such as the Charity Commission in the UK)

Some of these may require you to inform them when you receive a report, others may require information on completion of the case, or annual top-line information on cases. When submitting information to any of these bodies, think through the confidentiality implications very carefully.

### **3.3. Appoint roles and responsibilities for case management**

3.3.1 If not already done so (see above), appoint a Decision Maker for the case. The Decision Maker should be a senior individual who is not implicated or involved in the case in any way.

3.3.2 If the report alleges a serious safeguarding violation, you may wish to hold a case conference. This should include:

- Decision Maker
- Person who received the report (such as the focal point or manager)
- Safeguarding Lead

3.3.3 The case conference should decide the next steps to take, including any protection concerns and support needs for the survivor and other stakeholders (see below).

### **3.4. Provide support to the survivor where needed/requested**

3.4.1 Provide appropriate support to survivor(s) of safeguarding incidents. Note this should be provided as a duty of care, even if the report has not yet been investigated. Support could include (but is not limited to):

- Psychosocial care or counselling
- Medical assistance
- Protection or security assistance (for example, being moved to a safe location)

3.4.2 All decision-making on support should be led by the survivor.

### **3.5. Assess any protection or security risks to stakeholders**

3.5.1 For reports relating to serious incidents: undertake an immediate risk assessment to determine whether there are any current or potential risks to any stakeholders involved in the case, and develop a mitigation plan if required.

3.5.2 Continue to update the risk assessment and plan on a regular basis throughout and after the case as required.

### **3.6. Decide on next steps**

3.6.1 The Decision Maker decides the next steps. These could be (but are not limited to)

- No further action (for example, if there is insufficient information to follow up, or the report refers to incidents outside the organisation's remit)
- An investigation is required to gather further information
- Immediate disciplinary action if no further information is needed
- Referral to relevant authorities

3.6.2 If the report concerns associated personnel (for example, contractors, consultants or suppliers), the decision-making process will be different. Although associated personnel are not staff members, we have a duty of care to protect anyone who comes into contact with any aspect of our programme from harm. We cannot follow disciplinary processes with individuals outside our organisation; for example, decisions may be made to terminate a contract with a contractor or supplier based on their staff's actions.

3.6.3 If an investigation is required and the organisation does not have internal capacity, identify resources to conduct the investigation. Determine which budget this will be covered by.

**3.7. Manage investigation if required**

3.7.1 Refer to the organisation's procedures for investigating breaches of policy (Whistleblowing Policy).

**3.8. Make a decision on the outcome of the investigation report**

3.8.1 The Decision Maker makes a decision based on the information provided in the investigation report. Decisions relating to the Subject of Concern should be made in accordance with existing policies and procedures for staff misconduct.

3.8.2 If at this or any stage in the process criminal activity is suspected, the case should be referred to the relevant authorities unless this may pose a risk to anyone involved in the case. In this case, the Decision Maker, together with other senior staff, will need to decide how to proceed. This decision should be made with a risk assessment of potential protection risks to all concerned, including the survivor and the Subject of Concern.

**3.9. Conclude the case**

3.9.1 Document all decisions made resulting from the case clearly and confidentially.

3.9.2 Store all information relating to the case confidentially, and in accordance with CoST policy and local data protection law.

3.9.3 Record anonymised data relating to the case to feed into organisational reporting requirements (e.g. serious incident reporting to Board, safeguarding reporting to donors), and to feed into learning for dealing with future cases.

**This Policy will be reviewed every five years by the Board.**

Approval date	Changes made	Review date
24/11/2025	Creating the content using recommended good practice	07/05/2025 and 10/11/2025

## **Annex: Glossary of Terms**

### **Safeguarding**

In the UK, safeguarding means protecting people's health, well-being, and human rights, and enabling them to live free from harm, abuse and neglect.<sup>1</sup>

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially vulnerable adults, from that harm; and to respond appropriately when harm does occur.

### **Code of conduct**

Sets out the conduct expected of CoST staff, contractors, suppliers and associated partners. Associated partners include, but are not limited to, the following: CoST Member host organisation staff, partners, MSG Members, volunteers, and programme visitors, including academics, journalists, and public officials.

### **Whistleblowing policy**

This policy outlines CoST's commitment to non-retaliation against staff members who report malpractice and the procedures for investigating such reports.

### **Complaints policy**

This policy sets out CoST's commitment to receive and respond to complaints. It governs the procedures to respond to complaints.

### **Procedures for response to safeguarding concerns**

This is a set of procedures outlining how to handle reports of breaches of the CoST safeguarding policy.

---

<sup>1</sup> NHS 'What is Safeguarding? Easy Read' 2011