CBM UK Safeguarding Policy

1. Our approach

This policy incorporates the CBM International Office (IO) Safeguarding Policy 2018 (the IO Policy), included at Annex 1.

The definitions in the IO Policy shall apply in this policy. Whereas the IO Policy refers to CBM UK in its dealings with CBM International, this policy directly applies the IO Policy to all CBM UK programmes, operations and people in conjunction with the additional terms of this policy.

CBM UK takes a zero-tolerance approach to all forms of abuse, including sexual exploitation, bullying and harassment.

1.1. This policy applies to all employees of CBM UK and all staff contracted by CBM UK and associated personnel whilst engaged with work or visits related to or under the direction or care of CBM UK, including but not limited to the following: consultants; volunteers; contractors; trustees, programme visitors including supporters, journalists, celebrities and politicians (CBM UK Representatives).

1.2. CBM UK is committed to ensuring the safety and protection of everyone we work with. Our vision is an inclusive world in which all people with disabilities enjoy their human rights and achieve their full potential. Protecting children, young people and vulnerable adults from harm is central to achieving our goal of improving the quality of life of persons with disabilities in the poorest communities of the world.

1.3. Implementation of a robust safeguarding policy and practice is key to CBM UK’s values of challenging injustice (understanding and minimising barriers, promoting fairness and challenging stigma and discrimination), making every action count (learning from others in order to make the greatest possible impact),
embracing partnership (listening to, valuing and respecting our supporters, partners, colleagues and communities) and living with integrity (accountability, transparency and honesty).

1.4. It is widely recognised that children and adults with disabilities are at an increased risk of experiencing abuse. We support and equip people with disabilities to have greater control over their decision-making, and greater potential to participate fully in their communities and support their families. We are committed to a rights-based approach to disability, underpinned by the Convention on the Rights of Persons with Disabilities.

1.5. This policy should be read in conjunction with the CBM Child Safe Communication Guidelines, CBM UK Code of Conduct, the CBM UK Serious Incident Policy, the CBM UK Privacy Policy, the CBM UK Data Protection Policy and the CBM UK Whistleblowing Policy. This policy does not cover sexual harassment in the workplace (contained in CBM UK’s Code of Conduct) or safeguarding concerns in the wider community not perpetrated by CBM UK or associated personnel.

2. Purpose

2.1. This policy will promote safeguarding as a key priority across all of CBM UK’s work and ensure roles, responsibilities and reporting mechanisms are clearly understood and effective. It will enable staff, management and trustees to fulfil their duty of care, and take all reasonable steps to safeguard beneficiaries participating in CBM UK programmes and activities, (particularly children and at risk adults) and protect them from abuse, exploitation and neglect. It will also ensure all necessary steps are taken to protect and ensure the wellbeing of staff members, volunteers and all those who encounter CBM UK in their dealings with CBM UK.

CBM UK expects to meet the minimum standards in safeguarding required by relevant legislation, regulatory authorities, donor contracts and best practice guidance.

2.2. The risk of falling short of minimum standards is mitigated as far as possible by ensuring that appropriate policies and working practices are regularly reviewed and
improved and that staff are adequately experienced and trained to manage this. Where necessary, external advice is sought to supplement internal expertise.

2.3. This policy and its annexes should be reviewed once a year in accordance with Charity Commission guidelines and made available to the public.

2.4. All CBM UK employees and CBM UK Representatives will be provided with adequate training on Safeguarding and their role and responsibilities in implementing this policy.

3. Reporting of Safeguarding concerns by members of the public

Members of the public can report any safeguarding concerns to safeguarding@cbmuk.org.uk.

3.1. An acknowledgement of any report made by a member of the public will be made within two working days of receipt and such report shall be reported and investigated in accordance with this policy.

3.2. Any report made shall be treated as confidential unless there is a legal or regulatory requirement to disclose it to certain authorities.

3.3. Due to confidentiality requirements CBM UK may be limited in the detail that it is able to report back to the individual making the report.

4. Expanded definitions of risk and abuse

4.1. **Abuse** includes the definitions in the IO policy (Definitions and Appendix 7 More Definitions) and, more extensively includes a violation of an individual’s human and civil rights by any other person, including without limitation the further examples of: **Physical abuse** e.g. inappropriate restraint, force-feeding, forcible administration of medication; **Emotional/psychological abuse** e.g. bullying, harassment, intimidation, extremism or radicalisation; **Financial abuse** e.g. theft or exerting improper pressure to sign over money from pensions or savings etc.; **Neglect or acts of omission** e.g. being left in wet or soiled clothing, abandonment or malnutrition; **Discriminatory abuse** e.g. harassment or discrimination on the grounds of age, disability, gender reassignment, marriage
and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation; **Personal exploitation** – forcing him/her to perform tasks that are against his/her will e.g. commercial exploitation or trafficking; and **Violation of rights** e.g. preventing an individual speaking his/her thoughts and opinions.

4.2. **Adults-at-risk** (as defined in the IO policy), more extensively includes a person who: has a learning or physical disability; has a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; has a reduction in physical or mental capacity; is in the receipt of any form of healthcare; is receiving community services because of age, health or disability; is living in sheltered or residential care home; is homeless; is experiencing financial difficulties; is an unpaid carer who is overburdened, under severe stress, or isolated; or is unable, for any other reason, to protect himself/herself against significant harm or exploitation.

4.3. Whereas the IO Policy refers mainly to beneficiaries, this policy acknowledges the potential risk to vulnerable donors and refers to the principles in The Code of Fundraising Practice and the Institute of Fundraising Guidance on Treating Donors Fairly, particularly ensuring that donors have capacity to make donation decisions, recognising where they should be given extra support and care and taking extra steps to ensure that data protection legislation is properly complied with.

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**This policy shall incorporate the CBM UK Vulnerable Supporters Policy shown at Annex 2.**

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**5. The Safeguarding Role of Employees and CBM UK Representatives**

**All employees of CBM UK and all CBM UK Representatives must:**

5.1. Understand, follow, encourage, advocate for, and promote the dissemination of this policy and its annexes, particularly in regard to reporting requirements, managing disclosures and treatment of Vulnerable Supporters;

5.2. report to the relevant Focal Person in accordance with Clause 13 below and, where relevant, in accordance with the IO Policy, using the form set out at
Appendix 3 to the IO policy (Safeguarding Incident Reporting Form) as soon as they become aware of anything that may be safeguarding concern.

5.3. sign the CBM Safeguarding Behaviour Code at Appendix 1 to the IO Policy each time the policy is updated;

5.4. actively participate in building and maintaining a safe environment for children and Adults-at-risk; and

5.5. follow the CBM Child Safe Communication Guidelines (Annex 3).

6. The Safeguarding Role of the Human Resources Manager

The Human Resources Manager is responsible for the following matters.

6.1. Monitoring adherence to the Staff Code of Conduct.

6.2. Ensuring all CBM UK Representatives and employees have access to, are familiar with, and know their responsibilities within this policy before they may come into contact with children, young people or potentially vulnerable people in the course of their work with CBM UK.

6.3. Ensuring that all CBM UK Representatives and employees sign the CBM Safeguarding Behaviour Code at Appendix 1 to the IO Policy (amended to make it clear of the reporting obligations in the UK context).

6.4. Ensuring that a DBS check is undertaken on all CBM UK employees listed in the HR policy as requiring such checks.

6.5. Implementing a robust recruitment process which includes:

   6.5.1. shortlisting through a skills matrix before invite to interview;

   6.5.2. including a raw score against answers to interview questions;

   6.5.3. choosing all interviewers for their experience and briefing interviewers before each interview; and

   6.5.4. details of the recruitment procedure within the HR policy.
6.6. Recruitment & accessibility matters consistent with CBM UK being a Disability Confident Employer.

6.7. Ensuring that employees receive training on safeguarding at a level commensurate with their role in the organisation within three months of joining CBM UK, such training to be refreshed at least annually, in connection with the annual review of this policy. The Staff Leads and designated Safeguarding Board member shall receive specialised training.

6.8. Ensuring that the IO Policy is complied with by CBM UK, particularly pages 7 and 8 in relation to recruitment and contracting, implementing stringent safeguarding procedures when recruiting, managing and deploying CBM UK Representatives and employees and associated personnel.

6.9. Reporting any breaches in policy, incidents or safeguarding concerns to a member of the LT promptly according to clause 13.2 of this Policy, using the Safeguarding Incident Reporting Form.

7. The role of the Fundraising & Communications Focal Person

7.1. There shall always be a member of the Fundraising & Communications team designated as Fundraising & Communications Focal Person.

**The Fundraising & Communications Focal Person is responsible for the following matters.**

7.2. Ensuring that CBM UK Representatives and employees follow the CBM UK Vulnerable Supporters Policy at Annex 2 and the CBM Child Safe Communication Guidelines at Annex 3.

7.3. Ensuring that external communications comply with this safeguarding policy, protecting our supporters and treating them in a way that is fair and responsible in accordance with the **CBM UK Fundraising Commitment**.

7.4. Ensuring that CBM UK complies with the Institute of Fundraising Guidance on Treating Donors Fairly, never places anyone under undue pressure and never takes advantage of someone’s lack of knowledge or need for care.
7.5. Reporting any breaches in policy, incidents or safeguarding concerns to a member of the LT promptly according to clause 13.2 of this Policy, using the Safeguarding Incident Reporting Form.

7.6. Ensuring that the IO Policy is complied with by CBM UK, particularly pages 6 and 7 in relation to research, media and communications.

7.7. CBM is registered with the Fundraising Regulator and follows the Code of Fundraising Practice. Feedback and complaints regarding how supporters are treated are logged and acted upon in line with the CBM UK Complaints Procedure.

8. The role of the Programmes Focal Person

8.1. There shall always be a member of the Programmes team designated as Programmes Focal Person.

The Programmes Focal Person is responsible for the following matters.

8.2. Ensuring the IO Policy is complied with in all CBM UK programmes.

8.3. Receiving, except where they are the subject of the complaint, and appropriately recording, acting upon and following up on any breaches in policy, all child and adult safeguarding concerns or incidents (confirmed or unconfirmed) involving CBM UK Representatives and employees throughout CBM UK’s programme portfolio, including reporting to a member of the LT promptly according to clauses 13 and 16 of this Policy using the Safeguarding Incident Reporting Form.

8.4. Participating in all meetings of the CBM International Safeguarding Committee (as defined in the IO Policy) related to active cases within CBM UK’s portfolio, closely monitoring and reporting on incident management and follow-up procedures.

8.5. Reviewing, promoting and, where necessary, supplementing CBM International safeguarding training resources and promoting learning on safeguarding best practice within CBM UK’s programme team as well as among other CBM UK Representatives, employees and partners. In particular, where this has not already been done, prioritising the rollout of the IO Policy to country offices and training their staff in its use.
8.6. Providing advice and guidance to colleagues, management and partners to support improvements in safeguarding practices across CBM UK’s portfolio.

8.7. Maintaining an up to date knowledge of sector-wide, UK and CBM federation safeguarding policies, procedures, laws and regulations, best practice and developments - providing regular updates at Programmes Department meetings.

8.8. Drafting sections of the Board report on Programme safeguarding.

8.9. Overseeing CBM UK’s safeguarding risk management approach, providing key recommendations on current safeguarding risks and mitigations detailed in the programme risk register.

8.10. Developing, maintaining and implementing a due diligence system to:

8.10.1. measure partner safeguarding capacity against contractual and compliance safeguarding obligations before the beginning of and intermittently throughout each CBM UK programme;

8.10.2. evaluate, request and implement the resources required to mitigate any identified safeguarding issues and risks;

8.10.3. create a safeguarding plan for each partner; and

8.10.4. monitor the development of each partner’s safeguarding capacity (including how partners fulfil the safeguarding mandate and their duty of care to beneficiaries).

8.11. Ensuring that all contracts with IO and partners are agreed and signed by all parties and include a requirement to report to CBM UK immediately or in sufficient time to comply with reporting requirements under this policy and the relevant donor contract.

9. Key roles and responsibilities of the Leadership Team

The Leadership Team (LT) is responsible for the following matters.

9.1. Identifying and mitigating safeguarding and organisational risks.
9.2. Receiving and forwarding reports of all serious concerns or incidents to donors (within the timeframe specified in the relevant donor contract) and board-members.

9.3. Setting strategic safeguarding objectives, which align with wider regulatory environment.

9.4. Review, which posts within CBM UK can and must have, a DBS check from the Disclosure and Barring Service.

9.5. Delegating the content development and delivery of staff safeguarding training to relevant staff members, including the Programmes Focal Person, as appropriate.

9.6. Accountability to the board, donors and regulators for the management of safeguarding including reporting serious incidents to the Charity Commission in accordance with Charity Commission guidance and the CBM UK Serious Incident Policy.

9.7. Ensuring that regular updates to the trustee board from Human Resources, Fundraising and Communications and Programmes include a safeguarding section.

9.8. Quarterly reporting to the trustee board on safeguarding matters.

9.9. Annual reporting to the trustee board on the review of this policy and its framework.

9.10. Designing and undertaking all its programmes and activities in a way that protects people from any risk of harm that may arise from their encountering CBM UK. This includes the way in which information about individuals in our programmes is gathered and communicated.

9.11. Ensuring that all contracts with IO and partners are agreed and signed by all parties and include a requirement to report to CBM UK immediately or in sufficient time to comply with reporting requirements under this policy and the relevant donor contract.

10. **Key roles and responsibilities of the Trustee Board**
10.1. There shall always be a member of the Trustee Board designated with sole responsibility for Safeguarding.

**The Trustee Board is responsible for the following matters.**

10.2. Ensure CBM has appropriate safeguarding policies and procedures in place that comply with Charity Commission and donor regulations. Regularly review and update policy and procedures to ensure they are fit for purpose.

10.3. Regularly review CBM UK safeguarding risk register and identify possible and emerging risks to beneficiaries or to anyone else connected to the organisation.

10.4. Consider how to improve safeguarding procedures and culture within CBM UK.

10.5. Ensure that everyone involved with CBM UK knows how to recognise, respond to, report and record a safeguarding concern.

10.6. Ensure the timely disclosure of safeguarding concerns, issues or incidents to the Charity Commission in line with available guidance on serious incident reporting and the CBM UK Serious Incident Policy, and to all donor organisations according to the deadline specified in contractual reporting obligations.

11. **Intersection of CBM International and CBM UK Reporting Processes**

**The reporting procedures in the IO policy shall apply to CBM UK Representatives and employees in any dealings with CBM International.**

11.1. Examples of dealings with CBM International include visiting programmes either managed by CBM country offices or managed in partnership with CBM International or collecting case studies from beneficiaries or programmes either managed by CBM country offices or managed in partnership with CBM International.

11.2. Where a CBM UK Representative or employee has reported in accordance with the IO Policy they must also report to the relevant CBM UK Staff Lead or Focal Person in accordance with this policy. That CBM UK Staff Lead or Focal Person and the Global Safeguarding Manager should each notify the Programmes Focal Person who will follow clause 16 of this policy.
11.3. It is recognised that, subject to local laws and regulations, donor or UK regulatory requirements might dictate the required action of the CBM International Safeguarding Committee. The Programmes Focal Person would manage this in accordance with clause 16 of this policy.

12. Disclosure Management and Information Sharing

12.1. In addition to the guidance on page 9 of the IO Policy and the Incident Management Flowchart in Appendix 2 to the IO Policy, CBM UK Representatives and employees, Staff Leads, LT and Trustee Board shall manage both disclosures and information sharing in accordance with the Seven Golden Rules to Sharing Information (Annex 4 to this policy) and the UK Government Guidance - Information sharing advice for safeguarding practitioners – July 20181 as updated from time to time.

12.2. In emergency situations (e.g. where there is the risk or occurrence or severe physical injury), where immediate action is needed to safeguard the health or safety of the individual or anyone else who may be at risk, the emergency services must be contacted.

12.3. All children and Adults-at-risk should be aware that they do not have to tolerate abuse or exploitation and that they know what do if it occurs. Children and Adults-at-risk must be protected regardless the consent of their families and custodians.

12.4. Children and Adults-at-risk have the right:

12.4.1. to be made aware of this policy;

12.4.2. to have alleged incidents recognised and taken seriously;

12.4.3. to receive fair and respectful treatment throughout;

12.4.4. to be involved in any process as appropriate; and

12.4.5. to receive information about the outcome.

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1 https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
12.5. Informed consent to disclosure is recommended, particularly if the allegation of abuse was disclosed in confidence or not reported by the individual themselves. Where possible, the wishes of those who do not consent to share confidential information should be respected. However, the gaining of the consent is not essential in order for information to be passed on if there is good reason to do so. Consideration needs to be given to the scale of the abuse, the safety, wellbeing and risk of harm to the individual and others who may be affected by their actions and the capacity of the victim to understand the issues of abuse and consent.

12.6. Staff should keep a record of their decision and the reasons for it, whether it is to share information or not, in the Safeguarding Incident Reporting Form. If they decide to share, then they should record what they have shared, with whom and for what purpose.

13. **CBM UK Internal Reporting Process**

The reporting procedures in this policy shall apply in relation to CBM UK operations when there is no involvement of CBM International.

13.1. Where the IO Policy refers to a Safeguarding Focal Person, in relation to CBM UK operations this shall mean the CBM UK **Staff Leads** shown in the diagram at 12.2 below. The section of the IO Policy on Responsive Action that refers to the Safeguarding Committee shall be amended in relation to CBM UK operations according to the Reporting Process set out below, but this section of the IO Policy shall continue to apply in all other respects, particularly regarding confidentiality and managing disclosures.

13.2. The diagram below shows a graphical representation of the reporting process for safeguarding incidents within CBM UK. Each is divided by department and role (for agreement).
CBM UK Representatives and employees shall report any UK safeguarding concern to the relevant Staff Lead immediately.

13.3. Staff Leads shall report any UK safeguarding concern immediately to the LT.

13.4. In the event that the appropriate Staff Lead is not available or they are the subject of the complaint the report shall be directed to another Staff Lead.

13.5. The LT shall convene within two working days of receiving a safeguarding report from a Staff Lead and shall report serious safeguarding incidents to the board within 24 hours of convening. The LT shall refer to the Incident Management Flowchart in Appendix 2 to the IO Policy and clauses 12 of this policy when considering its recommendations.

14. Human Resources Reporting

14.1. CBM UK HR manager is responsible for receiving concerns from CBM UK Representatives and employees and all safeguarding issues that relate to human resources, office management or anything else not covered by the Fundraising and Communications Focal Person or the Programmes Focal Person (except where they are the subject of the complaint) then reporting to the CEO who reports to Board.

15. Fundraising and Communications Reporting

15.1. The Fundraising & Communications Focal person is responsible for all safeguarding issues that relate to communications, (external comms) GDPR,
individual donors, volunteers and all other individuals connected to our work in UK and adherence to the CBM Safe Communications guidelines including case study collection (e.g. 2 adult rule), excluding cases where they are the subject of the complaint.

15.2. The Fundraising & Communications Focal person is responsible for compliance with the parts of the IO Policy applicable to UK volunteers, supporters or champions that visit IO programmes.

16. Programmes Reporting

16.1. The Programmes Focal Person will receive all incident reports arising from CBM UK programmes overseas via the Global Safeguarding Manager, country office teams and partner staff and in compliance with any tripartite or bilateral agreement between CBM UK and IO or partners. All concerns, allegations and incidents will then immediately be escalated to CBM UK’s programme director or appropriate members of the LT.

16.2. A Donor Incident Reporting Register in the form set out at Annex 5 shall identify the circumstances and deadlines for reporting a safeguarding concern to donors. The Programmes Focal Person will provide necessary guidance on specific contractual and reporting obligations per donor, ensuring adherence to these, with reference to the Donor Incident Reporting Register.

16.3. Incident reports and all supporting information relating to the incident management, survivor support and follow-up process are then stored on the password secured file located here. The Programmes Focal Person will play a key role in the ongoing monitoring of the incident management process and ensure that all appropriate steps are taken. In certain circumstances it is recognised that donors and/or Charity Commission may require CBM UK to follow certain procedures in its incident management process. The Programmes Focal Person and LT members will play a key role in embedding this advice and following up with CBMs Global Safeguarding Manager. Lastly, the Programmes Focal Person will be responsible for producing a report following the incident – ensuring continual learning.

17. Reporting to Regulatory Authorities
17.1. CBM UK will follow Charity Commission guidance on serious incident reporting in accordance with the CBM UK Serious Incident Policy.

17.2. CBM UK will report to the Charity Commission if a serious safeguarding risk materialises, including without limitation the following incidents.

17.2.1. Incidents of abuse or mistreatment (alleged or actual) of beneficiaries of the charity (adults or children) which have resulted in or risk significant harm to them and:

17.2.1.1. this happened while they were under the care of the charity;
or

17.2.1.2. someone connected with the charity, for example a trustee, staff member or volunteer, was responsible for the abuse or mistreatment (alleged or actual).

17.2.2. Other incidents of abuse or mistreatment (alleged or actual) of people who come into contact with the charity through its work, which have resulted in or risk significant harm to them and are connected to the charity’s activities

17.2.3. Breaches of procedures or policies at the charity which have put people who come into contact with it through its work at significant risk of harm, including failure to carry out relevant vetting checks which would have identified that a person is disqualified in law from holding their position within the charity. This might be, for example, because they are disqualified under safeguarding legislation from working with children and/or adults at risk

The above may include incidents in the workplace that have resulted in or risk significant harm to trustees, staff or volunteers. The Trustee Board will consider which incidents either individually, or as a collection, are serious enough to require reporting to the Charity Commission.

17.3. A report should always be made to the Charity Commission where the level of harm to the victims and/or the likely damage to the reputation of or public trust in
the charity is particularly high (for example, sexual misconduct by the charity’s Chief Executive or another person in a senior position or position of specific responsibility, such as the head of safeguarding). The Commission would also expect to receive a report if the number and nature of staffing incidents indicate there are widespread or systematic issues connected to sexual harassment, abuse and/or other misconduct in a charity.

17.4. The Trustee Board will consider in the circumstances whether a report needs to be made to any other local, national or statutory authorities.

18. **Confidentiality and reporting**

18.1. When reporting to an external body such as a donor or regulatory authority CBM UK shall inform that body of any information that is particularly sensitive or confidential and explain why this is so in order that such information is appropriately protected.

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### Names of Safeguarding Staff Leads

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Human Resources Manager</td>
<td>Trena Battams</td>
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<tr>
<td>Fundraising &amp; Communications Focal Person</td>
<td>Mark Housden</td>
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<tr>
<td>Programmes Focal Person</td>
<td>Matthew Hanning</td>
</tr>
<tr>
<td>Designated Safeguarding Trustee</td>
<td>Dr Chinwe Osuchukwu</td>
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### Policy Review

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>Author</td>
<td>Jenni Ramos</td>
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<tr>
<td>Approved Date</td>
<td>23 May 2019</td>
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<tr>
<td>Implementation Date</td>
<td>24 May 2019</td>
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<td>Reviewed</td>
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<td>Next Review</td>
<td>May 2020</td>
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<tr>
<td>Agreed By</td>
<td>Leadership Team</td>
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CHILDREN AND ADULTS-AT-RISK
Safeguarding Policy

November 2018
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<th><strong>Definitions</strong></th>
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<td><strong>Safeguarding of children or adults</strong></td>
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<td><strong>Child</strong></td>
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<tr>
<td><strong>Adult</strong></td>
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</table>
| **Adult-at-risk (vulnerable adult)** | 1. Any person aged 18 years and older who may be at risk of abuse or exploitation due to their dependence or reliance on others for services, basic needs or protection, and according to context, for example, in humanitarian situations.
2. An adult may also be at risk/vulnerable when in a relationship (social or work) with another who seeks to misuse their position of authority or trust to control, coerce, manipulate or dominate them.
3. An adult may also be at risk if their decision-making capacity is impaired and/or they do not have the support to make a decision. |
| **Assent** | Assent is the agreement of someone not able to give legal consent to participate in the activity. For example, work with children not capable of giving consent requires the consent of the parent or legal guardian and the assent of the child. |
| **Assisted Decision making** | This is assisting or supporting an individual to make a decision on their own by giving them the tools they need, rather than making the decision for them. This is also where when a person whose capacity to make a decision is in question, they appoint a person to assist or co-decide. It is also when somebody has appointed another to represent them for the purpose of making a decision. |
| **Child Abuse** | Child abuse consists of anything that individuals, institutions or processes do or fail to do that directly or indirectly harms children or reduces their prospect of safe and healthy development into adulthood. |
| **Child Protection** | Child programmes, projects and advocacy measures designed to protection is a programming approach involving prevent and respond to abuse, exploitation, neglect and violence against children. It generally focuses on risks and issues caused externally to the organisation, while safeguarding focuses on those caused internally. |
| **Confidentiality** | For the purposes of this policy, confidentiality means that information about each incident will only be shared on a need-to-know basis. |
| **Free and Informed Consent** | The voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. |
| **Note on Legal capacity** | In accordance with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), CBM recognises that persons with disabilities have the right to recognition as persons before the law and to enjoy legal capacity on an equal basis with others in all aspects of life. |
| **Risk** | Risk means the potential for something to go wrong (an incident or an accident), or the likelihood of a negative consequence to an action. |
| **Risk Assessment** | Risk assessment is a means of identifying potential risks. |
| **Risk Management** | Risk management is identifying potential risks and putting measures in place to prevent, minimise and/or mitigate those risks. |

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INTRODUCTION

CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world. CBM envisages an inclusive world in which all persons enjoy their human rights and achieve their full potential.

Risk background

CBM works in a range of development and humanitarian contexts in which women, men, girls and boys with disability can be at higher risk than the general population. It notes with concern that children with disabilities are more than three times more likely to be abused than children without disabilities. Adults with disabilities – especially women – are also highly vulnerable to experiencing abuse if safeguards are not in place.

CBM believes that every child and adult have the right to protection and to live in ‘safe environments’, regardless of gender, ethnicity, political association, religion, sexual orientation and whether or not they have a disability.

It is CBM’s responsibility to make sure that all children and adults who come into contact with CBM’s development and humanitarian programming are safeguarded to the greatest extent possible.

Purpose of policy

The purpose of this safeguarding policy and procedures is to regulate how CBM’s programmes, operations and representatives work so that the children and adults it comes into contact with are not abused, neglected or harmed in any way.

Who this policy applies to

This safeguarding policy is a mandatory policy that applies to all CBM staff (including International Office, liaison offices, regional hubs, country offices) and others like consultants, contractors, board members, project visitors, interns and volunteers (hereafter referred to as CBM Representatives). This policy is also applicable to CBM Member Association representatives in their dealings with CBM International.

CBM works very closely with and expects partners to uphold high standards of safeguarding based on the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

Adaptation

While this is a global policy, where necessary, the policy and its appendices can be contextualised by CBM entities to fit the local legal and cultural context, without diluting it. Any adaptations besides language translations will be in consultation with the global Safeguarding Manager, who will facilitate internal mechanisms for approval of the adaptations.

5. Because they are independently registered, CBM Member Associations will have their own policies that are aligned to this one.
PREVENTATIVE ACTION

Safeguarding systems and procedures work to protect against risks of or actual abuse, neglect, violence and exploitation. This section of the Safeguarding Policy therefore details measures CBM should take to reduce such harm to children and adults.

Safer programming and risk assessments
In order to enhance access to services and reduce the risks of abuse, neglect, violence and exploitation towards the people CBM works with, it is necessary for CBM staff and representatives to understand safeguarding risks that may sometimes be inherent in programme work so that incidents are prevented before they happen.

Programme and organisational risk assessments will consider the specific safeguarding risks of girls, boys, women and men with disabilities.

Programme managers will ensure that safeguarding risk assessments are conducted in a participatory and comprehensive way when designing and implementing projects and activities that involve (contact, work with or impact on) children and adults-at-risk. The assessment must identify risks and barriers and document steps being taken to reduce or remove them. For example, fast track mechanisms can enhance access to services by the elderly.

Note that the safeguarding risks can differ based on the type of activity, contexts and persons involved among other factors. Find a sample safeguarding risk assessment in appendix 5.

Working with partners
Safeguarding is an integral part of CBM’s partnership commitment and CBM expects its partners to either have or to develop within an agreed timeframe a safeguarding policy or have similar arrangements, which are in line with the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

CBM also expects the following from partners:
1. All partners and sub-partners should develop inclusive and child-friendly (if working with children) approaches to programming for all stakeholders. This includes development of feedback mechanisms that are child-friendly (if working with children) and accessible.
2. Women, men, girls and boys should be actively and meaningfully encouraged to participate in the design, monitoring and evaluation of activities that affect them.
3. Inform girls, boys, women and men involved in their programmes and operations how they can report safeguarding concerns and the follow-up actions that will be taken.
4. Partners’ program managers should ensure safeguarding risks of programs are assessed and managed.
5. If a serious safeguarding incident (abuse, neglect or exploitation) occurs within a partner organisation,
   - CBM expects to be informed at the earliest possible time via the Safeguarding Focal Person or Country Director, about the non-confidential details of the incident, and the partner’s response. Responses may include medical, psychological and legal measures taken in the interest of the concerned child (ren) or adults; investigation of the incident; preventive measures or measures taken by/with the family and community.
   - CBM will offer advice or refer to local expertise if requested by the partner to do so.
   - Should the partner not take appropriate and timely action or ignore the incident, CBM will offer recommendations. As a last resort, CBM reserves the right to withhold funds from the partner until appropriate measures are taken or to end the partnership contract.

Safeguarding in humanitarian action
Humanitarian situations pose some of the highest risk for abuse, neglect and exploitation. These risks are higher for girls, boys and women with disabilities and the elderly.

Article 11 of the Convention of the Rights of Persons with Disabilities highlights the obligation to ensure the protection and safety of persons with disabilities in...
situations of risk, including armed conflict, humanitarian emergencies and natural disasters. Therefore, it is important to mainstream safeguarding in all stages of CBM’s humanitarian action – in disaster preparedness phase, response and early recovery, in order to fulfil its duty of care.

CBM requires this policy and the behaviour code to be adhered to in development and humanitarian programmes.

It is also important that this policy’s provisions are implemented by country programmes as a means of institutional readiness to respond to humanitarian crises, building a solid foundation and frameworks within which the humanitarian staff of CBM and its partners works.

In combination with other provisions of this policy, below are some specific ways CBM will reduce safeguarding risks in humanitarian action:

1. Country Director or Representative or ERU (Emergency Response Unit) Programme Manager will appoint a Safeguarding Focal Person and incident management team among the humanitarian response team for all L3 (Level 3) engagements. This team will report to Emergency Management Team set up for all L3 response, providing strategic oversight and overall management support. For all L1 and 2 responses, under the direct leadership of Country Director/Representative, the locally existing safeguarding focal person and incident management team will ensure this role.

2. For L3 responses, the ERU Program Manager (and Country Director for L1 and L2 responses) will ensure (and transfer these expectations to partners’ leadership):
   - Safeguarding risk assessments are incorporated into humanitarian programme design, budgeting and operational processes like surge capacity recruitment and selection of new partners.
   - All new CBM and partner representatives involved in humanitarian response receive a safeguarding briefing as early as possible in the response phase and existing staff involved in response receive a refresher briefing at the beginning of response.
   - Opportunities are sought for more detailed safeguarding training/refresher as part of the humanitarian training programmes and tailored to different levels; for example, for partners, coordination teams/managers, field work teams, volunteers, community representatives, Partners, Disabled Persons Organisations.
   - Child and adult safeguarding obligations are included in contracts of new partners, sub-partners, staff and representatives.
   - The available feedback and accountability mechanisms are documented and publicised, that they are as accessible as possible, and any complaints are responded to in a timely manner.
   - Safeguarding actions during humanitarian action are documented and reported.
   - CBM’s established incident management procedures are followed when incidents occur.

Research, media and communications

It is important that ethical and protective principles in research, media and communications are followed to ensure that children and adults are represented in a dignified way, that their participation is not exploitative, and that people and organisations do not use photographs and related information beyond the agreed purposes and consent.

The following safeguarding measures should be put in place before commencing research, media or communications activities:

1. Methodologies of research should be reviewed by the project lead and any other stakeholder(s) for safeguarding risks and compliance with other CBM policies and procedures.

2. The contract and terms of reference of consultants, journalists, photographers, researchers, volunteers or other parties involved should be based on the latest versions of approved CBM templates, policies and principles. It should also detail how the information collected will be used and shared. This should be in line with the consent forms used to indicate willingness to participate.

3. All those involved in gathering the stories should be briefed on CBM’s Safeguarding Policy and sign/commit to adhere to the Code of Conduct and Safeguarding Behaviour Code.

4. All people being asked to provide consent will be informed that participation in any media or research activity is voluntary and that they are allowed to decline participation at any time without negative consequences.

5. The ‘two adult rule’ should be adhered to when interviewing children. For adults, the option to have a support person of choice should always be open.

While cultural sensitivities vary from country to country, photographs may be used outside of the country in which they were taken. Therefore, the following directives apply in regard to pictures of children:

9. Refer to CBM document detailing common safeguarding risk by humanitarian activity
10. For more detailed guidance please refer to CBM’s ‘Child-Safe Communication Guidelines’.
11. Find consent forms in appendices 6 and 7.
1. Show children and adults in their true social context and reality.

2. Images, stories and messages about boys, girls, women and men will present them in a dignified, respectful manner, portraying them as equal partners in the development process.

3. In some communities that CBM and partners serve, it is normal that young children are not fully clothed all the time. In view of this, the following standards should be followed during filming and photography:
   - young children should at least have their bottom half covered.\(^1\)
   - All other children must be clothed top and bottom.
   - Clothing must also be appropriate with consideration given to the child’s local context and the international context in which their image will be used.

4. Consent forms will be properly stored, preferably also in soft copy.

5. Pictures, materials and personal information regarding children will be held in a secure access-restricted database and applicable data protection laws will be followed.

6. When publishing the materials, the identity and traceability of the children will be protected, for example, use only the first name and general location like country or state.

7. If a third-party requests to use the picture, for example, a cluster or a sub-partner, they must sign an agreement to adhere to the same conditions of use for which the consent was given.

**Safer recruitment and contracting**

In order to reduce safeguarding risks caused by CBM staff, the following recruitment procedures will apply. Although not 100% sufficient in themselves, taken together they help provide reasonable assurance that attempts have been made to recruit suitable persons and hence reduce risks to children and adults who come into contact with CBM.

1. All CBM job advertisements state that ‘CBM is committed to safeguarding children and adults-at-risk’.

2. Candidates will have their identity checked against original documents.

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12. E.g., toddlers. It is acceptable to use age estimates for this purpose.
3. Candidates will have their employment history checked, including an inquiry of any gaps between jobs.

4. Candidates will be asked specific safeguarding related questions during their interview.

5. CBM will ask for references from a previous employer. If this is not possible, an academic reference or appropriate, respectable community contact\textsuperscript{13} can provide a reference. Where staff will be working directly with children or adults-at-risk or if recruitment is done within the European Union, verbal references must be sought.

6. CBM will require applicants to provide evidence of good conduct through a ‘Police Record Check’, sometimes called a ‘Certificate of Good Conduct’. If this is not available in the candidate’s country of residence, CBM will ask them to sign a written self-declaration of good conduct. \textit{Note that a criminal record is not an automatic disqualification to work for CBM. The Human Resources Manager in consultation with a senior manager can decide whether to proceed with the candidate’s appointment, depending on the nature of crime. When in doubt, do not appoint the candidate.}

7. All candidates must sign CBM’s Code of Conduct and Safeguarding Behaviour Code upon appointment.

8. Respective Human Resource managers will ensure that the new recruit receives an induction in safeguarding within one (1) month and no later than three (3) months after appointment.

**Consultants, suppliers and contractors**

1. Before contracting, the project manager must ensure that all consultants, suppliers, contractors and sub-partners receive information or briefings on the Safeguarding Policy and their obligations under it.

2. All contracts should include a clause stating that the party being hired will adhere to CBM safeguarding policies and procedures and to CBM’s Code of Conduct\textsuperscript{14}.

\textsuperscript{13} For example: community leader, religious leader, doctor, lawyer.

\textsuperscript{14} This Safeguarding Policy should be considered as complementary to CBM’s Code of Conduct, which has a broader scope.
RESPONSIVE ACTION

Incident management processes will be as accessible as possible and specific to the needs of those concerned. Safeguarding Focal Persons shall ensure that each country office has a local safeguarding resource and referral list that is updated at least annually.

Managing disclosures by children or adults
It is likely that a CBM staff member or representative may witness or become aware of abuse, neglect and/or exploitation. Below is some guidance on how to handle this.

1. Always take the allegation seriously and pay attention to the details reported.
2. Do not promise to keep the information they provide secret because you will need to inform the safeguarding focal person and those involved with investigating the incident if an investigation is instigated.
3. Under no circumstances should you try to investigate the allegation yourself. Instead, pass this information on to the Safeguarding Focal Person or Global Safeguarding Manager as soon as possible.

Reporting concerns and incidents of abuse
Below are the options by which safeguarding related notifications can reach CBM’s incident response system. This does not negate the duty to report incidents to local authorities where needed.

1. Notify the nearest Safeguarding Focal Person.
2. Notify the Global Safeguarding Manager (the email for the Global Safeguarding Manager is safeguarding@cbm.org)
3. Report via the programme feedback mechanism
4. Report via the anonymous whistle-blower mechanism on CBM’s website
5. Use CBM’s dispute resolution process, which is an internal mechanism only for CBM staff in country offices and regional hub offices.

If you are emailing a safeguarding incident to a Safeguarding Focal Person or the Global Safeguarding Manager, follow these procedures:

1. Mark the email as ‘Urgent’ and set it as ‘High Importance’.
2. The subject line should read: ATTENTION! Confidential!

There will be no action taken against anyone who reports a concern in good faith that, following investigation, proves unfounded. However, if a CBM representative knowingly and willfully reports information with malicious intent, this will lead to disciplinary action.

All safeguarding notifications will be treated and managed with confidentiality to protect the identity of those concerned, in accordance with European Union data protection and national laws as applicable.

Incident management duties of Safeguarding Committee
Below are steps to facilitate timely and appropriate incident management once a safeguarding notification has reached CBM.

1. On receiving an incident notification, the Safeguarding Focal Person (or whichever safeguarding committee member gets this information first) will convene a meeting of the Safeguarding Committee within 24 to 48 hours. Note that sexual and physical abuse incidents need immediate action due to specific medical and legal procedures needed.
2. The Safeguarding Committee (accompanied by the Global Safeguarding Manager where needed) will consider the following questions:

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15. For example, sign language interpretation for an interview with a deaf person or use of large print for a person with low vision.
17. The full web link for the anonymous whistle-blower mechanism on CBM’s website is: https://www.bkms-system.net/bkwebanon/report/clientInfo?cin=3cbm16&language=eng
18. The Safeguarding Committee consists of 3 to 4 people: The Safeguarding Focal Person, the Country Representative or Regional Hub Director or an equivalent person and a third person, preferably HR. Also, where needed, additional resource persons can be included.
• Does the matter breach organisational policy or local laws?
• Does it require further enquiry? If yes, appoint and delegate an administrative investigation team with clear terms of reference.
  – With more information, complaints or allegations may be substantiated, refuted or unsubstantiated.
  The resulting relevant outcomes may include retraining and/or disciplinary action for substantiated complaints depending on the seriousness of the offence.
• Does this require reporting to the police or any other authority?
• What ‘victim support services’ do the survivor(s) and their family need? Can these services be provided directly or through referral?
• Is this incident management process accessible for those involved to participate?
• What lessons does our organisation learnt from this incident?

3. Note that the safeguarding focal person keeps written records of the incidents management and shares this information with the Global Safeguarding Manager, who then keeps the corresponding CBM Member Association and the International Leadership Team informed.

4. In cases of very serious or complex incidents, CBM’s multi-disciplinary Crisis Management Team will be called upon by the Safeguarding Manager.

5. At resolution of the incident, key stakeholders are informed of the outcomes as appropriate.

Survivor support
It is acknowledged that individuals or groups of survivors of safeguarding violations may need specific interventions to facilitate their wellbeing.

CBM will take the necessary steps within the resources available to promote their welfare and safety. This may include facilitation of or referrals to competent service providers in the area of medical, psychosocial, legal or other support services required by the survivor(s) and, if needed, their caregiver(s). They will also receive appropriate information regarding the outcomes of any incident management procedures.

Care for incident managers
CBM provides confidential telephone-based care support services for staff in case of psychological or emotional issues such as stress, anxiety and depression, pressure, work performance or any other challenges. In case of high stress incidents, CBM staff involved are encouraged to utilise this service, which is also available for staff with hearing impairment. For serious incidents, regular debriefs by the incident management team is also encouraged.

If the above mentioned services are insufficient, please notify your local Human Resources official.

20. This team’s only task is to collect further information for the internal use of CBM if needed. It can consist of the Safeguarding Focal Person and another member of the committee itself. This team has no decision-making authority. Note that such an administrative investigation/enquiry can be outsourced.
GOVERNANCE AND ACCOUNTABILITY

The following actions are intended to support the effective implementation of this policy in order to deliver tangible outcomes for the boys, girls, women and men who come into contact with the CBM federation. They are divided into two main sections – governance and general. In addition, this section sets out the duties of the Safeguarding Focal Person and information about reviewing the policy.

Governance and management policy implementation actions:

1. CBM (via initiative, programme and department heads) will integrate safeguarding measures into relevant core internal processes such as: planning and programme design, partner agreements, risk management, monitoring and accountability mechanisms and recruitment processes.

2. While safeguarding is everyone’s responsibility, managers are accountable to ensure that this safeguarding policy and its provisions are implemented in their respective work domains in both operations and programme departments and that safeguarding risks are identified and reduced.

3. Safeguarding trainings are compulsory and should be made accessible to all CBM federation staff annually.

4. Country Directors (and equivalent leaders) will ensure local implementation of the provisions of this policy in the following ways:
   - Ensure that a Safeguarding Focal Person and Safeguarding Committee are appointed.
   - Note that the country representative, not the focal person, remains accountable for safeguarding policy implementation and follow up at country level.
   - Ensure that all staff, representatives and partners are informed about this policy and their obligations towards it. This may involve translated formats and sensitisation sessions in local languages in order to make this information more accessible.
   - Ensure that their office has a valid 1 to 3 (one to three) year safeguarding action plan that is reviewed at least annually. Where needed, safeguarding action plans should factor in collaboration with partners with regard to strengthening safeguarding systems and practices.

General policy implementation actions:

1. The Global Safeguarding Manager will collaborate with Regional Hubs and Country Offices to monitor practice (through country office safeguarding assessments).

2. All CBM representatives will be required to sign an acknowledgement and consent to the behaviour code in this policy prior to their appointment.

3. The www.cbm.org homepage and every workplace will display information stating that ‘CBM is committed to the safeguarding of children and adults’ and display contact details of the local Safeguarding Focal Person and the Global Safeguarding Manager.

4. The Global Safeguarding Manager will submit an annual report of registered safeguarding concerns and development to CBM’s International Leadership Team and Supervisory Assembly.

Policy review

This version of the Safeguarding Policy replaces the 2014 policy and is based on previous CBM policies, sector lessons learned and consultation with staff and partners globally. This policy will be reviewed and, if necessary, revised every three years, or or earlier if needed.

This policy has been developed with the widest scope to ensure safeguarding and do-not-harm principles are upheld – but CBM recognises its responsibility to be ever vigilant and responsive to ensure effective, robust safeguarding practices are in place.
APPENDIX 1: CBM SAFEGUARDING BEHAVIOUR CODE

The safeguarding behaviour code described below is designed primarily to protect children and adults who come into contact with CBM’s representatives. However, it also serves to safeguard CBM and CBM representatives from false accusations or committing safeguarding violations. The adherence to this behaviour code is mandatory for all CBM representatives. Any violation of this will result in disciplinary procedures that may include legal action or termination of contracts, where the severity warrants it.

CBM Safeguarding Behaviour Code

I, (please insert name)

acknowledge that I have read and understand CBM’s Child and Adults-at-risk Safeguarding Policy 2018. By signing this document, I agree:

• to comply with the Child and Adults-at-risk Safeguarding Policy of CBM.
• to be responsible for observing the Safeguarding Behaviour Code in my work environment.

In this respect I will:

• Be committed to creating a culture of openness and mutual accountability at the work place.
• Adhere to the general principles of the UNCRPD by respecting the inherent dignity, individual autonomy and independence of persons; non-discrimination, promoting full and effective participation and inclusion of persons in society; respect for differences and acceptance of persons with disabilities as part of human diversity and humanity, promoting equality of opportunity and equality between men and women, promoting accessibility and respect for the evolving capacities of children with disabilities.
• Apply the ‘two adult rule’ when conducting any activity with children. This means that another adult (a colleague or child’s caregiver) should be present or easily reachable/nearby. In cases when this is not possible, I will inform my Supervisor in the interests of transparency and accountability. Adults should also have the option of having an adult support person if they request.
• Ensure physical contact is at all times appropriate. (It is the responsibility of CBM representatives to understand the cultural contexts in which they work, and to know what culturally appropriate behaviour is).
• Use positive, non-violent methods to communicate and role-model good behaviour to children.
• Adhere to children and adults’ consent decisions for taking photographs, filming or writing reports for reporting or public relations work.
• Protect and handle personal data of children and adults with care and ensure that this is also respected by third parties who receive information about children from CBM or its partner organisations.
• Notify my Safeguarding Focal Person or the Global Safeguarding Manager (the email for the Global Safeguarding Manager is safeguarding@cbm.org) as soon as possible (no later than 48 hours after receiving a complaint/witnessing an incident) about any concerns, allegations and incidents of abuse, neglect and exploitation regarding CBM staff, representatives, programmes and operations.
• Comply with any safeguarding investigation (including interviews) and make available any necessary information.

I will never:

• Hold, fondle, kiss, cuddle or touch children or adults in an inappropriate and/or culturally insensitive way or engage in activities involving close body contact with children or adults beyond the professional requirements.
• Act in ways that may be abusive or place an adult or child at risk of abuse.
• Spend excessive time alone with a child, away from others, behind closed doors or in a secluded area (see ‘two adult rule’ above). This does not apply to children to whom one has legal or cultural care responsibility.

22. Please see Reporting Protocol in Appendix 3 of CBM’s 2018 Safeguarding Policy.
23. All CBM Offices should have at least one Safeguarding Focal Person.
• Develop relationships with children or adults-at-risk that could in any way be deemed exploitative or abusive.
• Marry a person below the age of 18, regardless of consent and local custom.
• Make sexually suggestive comments or actions to a child even as a joke.
• Engage in sexual activity or have a sexual relationship with a child, regardless of consent or local custom. Mistaken belief in the age of a child is not a defence.
• Engage in sexual activity or have a sexual relationship with an adult beneficiary of CBM or CBM's partner programmes because of the inherently unequal power dynamics.
• Assist a child in intimate tasks that he or she can do unaided, unless requested (such as taking them to the toilet, bathing or changing clothes).
• Hit or otherwise physically assault or physically abuse children or adults.
• Act in ways intended to shame, humiliate, harass, belittle or degrade children or adults (perpetrate any form of emotional abuse).
• Discriminate against or favour particular children or adults to the exclusion of others with whom I am working.
• Take a child engaged with CBM programmes alone in a vehicle or other means of transportation unless it is absolutely necessary and with parent/guardian and managerial consent.
• Invite adults with whom I am in a professional relationship or unaccompanied children into private residences, unless they are at immediate risk of injury or in physical danger.
• Sleep in same room or bed with children unless absolutely necessary (for example, in crisis situations or emergency shelter situations), in which case I must inform my supervisor, and it should be ensured that another adult is present if possible. Note that this does not apply to an individual's own children or children for whom they have legal or cultural care responsibility.
• Condone, or participate in behaviour with children or adults that is illegal, unsafe or abusive, including being part of harmful traditional practices (like female genital cutting).
• Exploit children or adults for their labour (for example, domestic servants, casual labourers) or for sexual purposes (for example, prostitution) or trafficking. Note that the definition of child domestic work (house help) does not include occasional babysitting, gardening, help with house chores during out of school time.
• Use any computers, mobile phones, video cameras, cameras or social media to exploit or harass children or adults, or access child exploitation material through any medium.
• Give or allow children to use illegal drugs, alcohol or restricted substances or encourage their use.

Location and date:

Signature:

Note: If you are unsure whether an action, activity or behaviour may violate the Safeguarding Policy or Code of Conduct please seek guidance from your local Safeguarding Focal Person or CBM’s Global Safeguarding Manager, who can be contacted by email at safeguarding@cbm.org

24. The unawareness of a child's age does not count as an excuse.
On a need-to-know basis, inform persons involved of the outcomes. This includes appropriate feedback to the complainant, victim, witnesses, community, and staff team as necessary.

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25. This is based on Plan International’s ‘Case Management Model Critical Steps’.
APPENDIX 3: SAFEGUARDING INCIDENT REPORTING FORM

Send your email to: your Safeguarding Focal Person or the CBM Global Safeguarding Manager (safeguarding@cbm.org)

E-mail Subject: ‘ATTENTION: Confidential!’

Note: The information contained in this form is confidential.

This form is for reporting concerns about potential violations of CBM’s Child and Adults-at-risk Safeguarding Policy and Code of Conduct. It should only be sent to your local Safeguarding Focal Person or CBM’s Global Safeguarding Manager. Please try to provide as much information as possible in the form. Areas where you have nothing to report can be left blank.

Details of person reporting concern (unless they want to remain anonymous)

Name:
Location:
Contact telephone:
Relationship to child(ren) or adult(s)-at-risk:

Administrative information related to the incident

Applicable CBM Office:
Partner name if applicable:
Project Number:
Funding MA(s):

Type of safeguarding concern or abuse (Please check appropriate box(es)

- Physical
- Sexual
- Emotional
- Neglect/Negligence
- Economic and other exploitation
- Breach of CBM policy and Code of Conduct

Victim’s details

Name* (no need for victim’s name if the case is at a CBM partner):
Age range if known:
Gender:
Health issue or impairment if known and applicable:

Location of incident

26. If there are multiple victims, please note that there are multiple victims. Use a separate form for each victim where the incidents are different.
**Further details of concern or incident:**
(including victim’s direct words if possible):

Who, what, where, when?

---

**If emergency medical care is required, has it been accessed?**

Yes/No

---

**Have any referrals or external entities/stakeholders been informed of this incident?**

---

**Report written by:**

Name:

Position and location:

Signature (on hard copy):

Date:

---

**Submitted to:**

---

**Date submitted:**

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27. Sexual abuse like rape requires urgent immediate medical attention.
APPENDIX 4: SAFEGUARDING INCIDENT CLASSIFICATION AND MANAGEMENT AT CBM

Minor Incidents
Resolution by local safeguarding committee + inform Global Safeguarding Manager

Minor incidents are incidents or allegations that are not criminal but breach CBM’s Safeguarding policy e.g. violation of the ‘two adult rule’, deliberately missing safeguarding trainings.

All such incidents are handled at the most local level and should be recorded by the Safeguarding Focal Person who then notifies the Global Safeguarding Manager.

If committed by a CBM partner’s representative, the partner is expected to manage this and is not obligated to inform CBM unless there are specific contractual requirements (e.g. DFAT-funded partners).

Serious Incidents
Local resolution in collaboration with Global Safeguarding Manager + CBM’s Crisis Management Team if needed.

Serious incidents or allegations are usually (but not always) criminal and pose high levels of risk and impact to vulnerable groups, CBM and its partner organisations. Serious incidents not only pose harm to individuals but are usually coupled with high reputational, media, security and existential threats for an organisation.

Serious incidents include any form of sexual abuse like rape, molestation, child pornography, child marriage, sexual harassment; Serious incidents also include negligence, professional malpractice in CBM’s programme service delivery; corporal punishment to the extent of hospitalisation or bleeding; causing severe bodily harm; harmful traditional practices; human trafficking; labour exploitation; financial exploitation like extortion; exposing children to illegal substances among other offences. Note that minor incidents can become classified as serious if systemically perpetrated or recurring.

Incident management of serious incidents is usually locally-led (by CBM’s local Safeguarding Committee) but is overseen by the Global Safeguarding Manager who can call upon the multi-disciplinary CBM Crisis Management Team if needed. CBM may transfer incident management away from the local Safeguarding Committee, in order to protect from reprisal or conflict of interests. When required and in the best interests of vulnerable groups, CBM will report to/liaise with local authorities.

If a serious incident occurs at a partner organisation, CBM expects to be informed by the partner at the earliest possible time (via CBM’s Safeguarding Focal Person or Country Director). CBM also expects the partner to appropriately manage the incident and may make recommendations if requested or where necessary. If appropriate and timely action is not taken by a partner, as a last resort, CBM may withhold funds.
**APPENDIX 5: SAFEGUARDING RISK ASSESSMENT TABLE EXAMPLE**

<table>
<thead>
<tr>
<th>Activity (Risk Event)</th>
<th>Physiotherapy for children that is administered by briefly trained caretakers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effect on Objectives</strong></td>
<td>How would the risk impact project, people and objectives?</td>
</tr>
<tr>
<td>Impact</td>
<td>High</td>
</tr>
<tr>
<td>Likelihood</td>
<td>Low</td>
</tr>
<tr>
<td>Risk Rating</td>
<td>Medium</td>
</tr>
<tr>
<td>Mitigation Strategies</td>
<td>List the measures already in place (p) and that you are developing (d) that would prevent or reduce this risk from occurring.</td>
</tr>
<tr>
<td>Impact x Likelihood</td>
<td>Medium</td>
</tr>
<tr>
<td>Mitigation Strategies</td>
<td>Increase the frequency of therapy trainings for the caretakers. Encourage caretakers to only perform simple technics and monitor their performance before introducing them to the more complex ones.</td>
</tr>
<tr>
<td>Acceptable risk?</td>
<td>Yes</td>
</tr>
<tr>
<td>Risk Owner</td>
<td>Project Manager at implementing partner</td>
</tr>
<tr>
<td>Timeline</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Monitoring/Reporting</td>
<td>Bi-annual feedback meetings with caretakers and persons receiving physiotherapy. Inclusion in reports to CBM and other donors.</td>
</tr>
</tbody>
</table>

**Impact Table**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

---

**Impact**

- **Low**
  - Children may get injured (e.g., limbs break) if the therapy techniques were not well understood or implemented.

- **Medium**
  - Children may get injured (e.g., limbs break) if the therapy techniques were not well understood or implemented.

- **High**
  - Children may get injured (e.g., limbs break) if the therapy techniques were not well understood or implemented.
### Guidelines on obtaining consent

<table>
<thead>
<tr>
<th>Age of person</th>
<th>Consent of parents/guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child age 0 - 16</td>
<td>Consent of Parents/guardians needed. Observe for children’s willingness to participate.</td>
</tr>
<tr>
<td>Child above age 16 but below age 18</td>
<td>Both child and parents/guardians can consent.</td>
</tr>
<tr>
<td>Adult (any person 18 years and above)</td>
<td>Adults can consent on their own. However, in some cases, assisted decision making may be needed.</td>
</tr>
</tbody>
</table>

### Some Details of Person

- **Name of person**
- **Age**
- **Country / Location**
- **CBM Project/Partner**
- **Date**

### Consent Form for Using Pictures, Images or Stories of Children and Adults

1. I agree to a CBM Representative:

   - [ ] Speaking to me and recording my words
   - [ ] Making a video of me
   - [ ] Taking photographs of me

2. I agree for CBM to:

   - [ ] Mention my name
   - [ ] Mention what country I come from
   - [ ] Use photographs and/or videos of me
3. I understand that the information, photos and/or videos as mentioned above will be used on a voluntary basis (no payment will be received) for the purposes of fundraising, awareness raising, advocacy and other communications with our sponsors, media or the public.

They will be used in printed products, electronically as well as online (CBM websites, social media, e-mail etc) or for broadcast.

I understand that I can revoke my consent at any time with future effect. After revocation, the information will be deleted from the database, but might continue to be accessible if the data has been used by other parties.

Name of person giving consenting:

Relationship to child if consenting on behalf of a child:

Location:

Date:

Signature/thumb-print:

Declaration of translator or person helping with assisted decision making:

- I have translated and or explained the contents of this form into a language understood to the persons concerned.
- I didn’t notice any signs that the contents of the forms may not have been fully understood by the person I am assisting.
- I collected the consent with respect to the CBM Code of Conduct.

Name:

Organisation (if applicable):

Date:

Signature/thumb-print:

Declaration of person collecting consent:

I collected the consent with respect to the CBM Safeguarding Policy requirements.

Name:

Organisation:

Date:

Signature/thumb-print:
| **Types of Abuse** | **Physical abuse** involves the use of violent physical force to cause actual or likely physical injury or suffering, (e.g. hitting, shaking, burning, female genital mutilation, torture.)  
**Emotional or psychological abuse** includes humiliating and degrading treatment such as name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.  
**Sexual abuse** includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse may also include indecent touching or exposure, using sexually explicit language towards a child and showing children pornographic material.  
**Neglect**: a child or adult can be neglected when there is failure to protect them from harm when in a position to do so. **Child neglect** is deliberately not meeting the child’s basic needs. | **Harmful Traditional Practices** | Practices that are accepted, and often expected, by certain cultures and communities but are harmful to children or adults. Examples include: Physical and humiliating punishment; female genital mutilation/cutting; early and forced marriage, and child/forced labour among others. |
| **Grooming/online grooming** | When someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.28 | **Child Labour** | Child labour is work that is likely to be hazardous; interferes with the child’s education; is harmful to the child’s health or physical, mental, spiritual, moral or social development, is mentally, physically, socially or morally dangerous and harmful to children, and interferes with their schooling by:  
- depriving them of the opportunity to attend school;  
- obliging them to leave school prematurely; or  
- requiring them to attempt to combine school attendance with excessively long and heavy work.29 |
| **Sexual Exploitation** | Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. | **Female Genital Mutilation/Cutting** | Female Genital Mutilation (FGM) is internationally recognized as gender-specific abuse. It may involve:  
- partial or total removal of the external female genitalia  
- stitching of the vaginal opening  
- non-cutting procedures such as pricking, piercing and burning  
The procedure carries very serious physical and mental health risks for girls and women and can lead to complications in pregnancy and childbirth. |
| **Sexual Exploitation of a Child** | CBM believes that:  
- a. sexual activity with a child with or without their consent is child abuse e.g. rape, indecent assault;  
- b. consensual sexual activity with a child over the legal age of consent of the country in which she/he lives and/or in which the offence occurs, but below 18 years (although not a crime) will be dealt with as a breach of CBM’s Safeguarding Policy and the Code of Conduct. | **Early and Child Marriage** | Early and child marriage is commonly understood to mean marriage under the age of 18 years. Early and child marriage often deprives girls in particular of their education and options in life and leaves them vulnerable to abuse, sexually transmitted infections and problems associated with early pregnancy. |

28. Definition from NSPCC.  
29. ILO definition of Child Labour.
Annex 2 – CBM UK Vulnerable Supporters Policy

CBM UK Representatives and Employees shall treat all supporters with reference to this policy and the Institute of Fundraising Guidance on Treating Donors Fairly\(^2\).

What is this Policy about?

Our aim in this policy is to ensure that all our fundraising is carried out fairly and in a way that is ethically responsible. We give examples that indicate vulnerability so that those working for and on behalf of CBM can easily spot a vulnerable supporter and respond in a way that is most appropriate.

How do we class a supporter as vulnerable?

We consider a supporter vulnerable if they find it difficult to make an informed decision about the choices offered to them. This can be as a result of a temporary or permanent condition. A number of factors can contribute to vulnerability and the following, although by no means exhaustive, may indicate that a person is vulnerable. These include a person:

- with cognitive impairment, including dementia and mental health problems
- with a significant and impairing physical or sensory disability
- with a learning disability
- with a severe physical illness
- who is homeless
- who is particularly frail
- experiencing financial difficulties
- who is experiencing a time of stress or anxiety, e.g. bereavement, unemployment, family break up
- who is an unpaid carer who is overburdened, under severe stress or isolated
- with a severely reduced understanding of English
- under the influence of drugs or alcohol
- who finds the subject matter of the contact distressing.

How do we identify a Vulnerable Person?

There are a number of indicators that can help make this identification when speaking with a person on the phone or face to face. The person may:

- ask for questions or information to be repeated
- ask us to speak more slowly
- take a long time to respond, find it difficult to respond or respond in an inappropriate manner
- ask several times who the caller is
- be unable to hear or understand what is being said
- ask irrelevant or unrelated questions
- wander off the subject
- respond in an irrational way to simple points
- become upset
- have forgotten that they have given a donation or claim no knowledge of CBM

- mistake the caller for someone else
- repeat questions they have already asked
- display signs of forgetfulness
- be unable to read or understand the information provided to them
- explain that someone else deals with their finances or personal matters
- display signs of ill health, e.g. breathlessness or discomfort.

Sometimes we may be informed of vulnerability through written communication:
- A supporter may email or write to indicate they are permanently vulnerable
- A supporter’s family member or carer may indicate they are vulnerable
- Shaky or hard to read writing may be evident.

How do we deal with vulnerability?

We try to use our best judgement where we have grounds to believe that a supporter is vulnerable to ensure we communicate with them in a way that meets their needs. We may respond in the following appropriate ways:

- Being patient and not rushing the conversation. A longer call is better than a short one which leaves the supporter confused or agitated
- Asking if the individual would prefer another method of communication
- Asking if they need to speak to anyone else or need more time in order to make a decision. We aim to ensure a supporter is fully informed and supported to make a decision that is right for them.
- Checking their understanding of what they have agreed to. It may be appropriate to repeat back what they have agreed to and we may offer to write or email them to confirm what they have decided.
- Decide that it is inappropriate to continue with the conversation, aiming to end the interaction in a positive and pleasant manner.

Other important points

- CBM UK does not identify vulnerable supporters based on age, disability or any other social indicator, but deals with each person on a case-by-case basis. We try to ensure every supporter is given the appropriate information so they can make an informed decision about giving.
- Should CBM UK receive information about a supporter’s vulnerability from a third party, we may not act on any request to alter the supporter’s preferences unless the third party can provide evidence that he or she has the authority to act on behalf of the supporter.
- When we have been given information about, or identified a vulnerable person, we act upon this and ascertain what kind of communication, if any, is acceptable. Our database is then updated to reflect this.
Annex 3 - The CBM Child Safe Communication Guidelines

Child Safe Communication

Objective

Recording and communicating powerful stories of need and impact while keeping children safe
(All principles and guidelines extend to at-risk adults)

Child Safe Communication Principles

(based on the UN Convention of the Rights of the Child)

1. Keep the best interests of child protected above all other competing priorities
2. Respect the dignity and rights of every child
   • To privacy
   • To data & info protection
   • To opinions
   • To decision-making

Child Safe Story Gathering Teams

1. Ensure all formal and informal arrangements for interviewers, photographers and communicators (like contracts, MOUs, …) are in line with CBM policies (including Safeguarding)
2. Explain to all external suppliers and contractors CBM’s Safeguarding Policy and Guidelines and conduct expectations (when or before they sign the contract and the behaviour code)

Child Safe Field Teams

1. Limit the number of interviewers, photographers and support team – ideally a team of 3-4
2. Manage emotions and disappointments of resource team – so as not to communicate displeasure to the clients (e.g. client being late or missing appointments)
3. Observe the two adult principle – no Field Team member should be alone with a child without another adult being present
Child-friendly Interviewing Guidelines

1. Get community & individual consent ahead of interview and photography session, if possible

2. Ensure that the community (and or village leader) is informed about the objectives of the interview and photography/filming and can protect the family from reprisal because of wrong assumptions: e.g. community members may equate a foreign field crew or monitoring team comes with financing for the family

3. Conduct an informal risk assessment of the interview and pictures to gauge if this communication...
   • will cause a child to suffer reprisal?
   • will expose a child to additional physical or psychological harm or rejection?

4. Obtain informed verbal and written consent to use story, photos, footage:
   • From child and guardian (for details, see approved consent forms)
   • Use multiple means of communication to explain need for using story, photos, footage and to seek consent e.g. verbal explanation, written, visual examples of communications

5. Ensure family understands that treatment/services are not contingent on granting consent for story gathering and use

6. Ensure interview location is safe

7. Ensure location truthfully reflects child’s context/environment

8. Tell/show reality (positive or negative) honestly and respectfully

9. Look for ways to place the child at ease, allow space and time for the child (and participating community) to feel more comfortable with the interview and photography

10. For all children, regardless of age, watch for signs of distress or discomfort with interview or photography – such as crying, hiding, deliberate refusal to respond.  
Note: This does not mean that pictures of distressing situations will not be taken or used (e.g. a child doing exercises that might cause him/her pain)

11. Ensure child guardian knows they are talking to a reporter (if so) & explain purpose of the interview or photo-shoot

12. Avoid questions, attitudes, comments that are judgemental, insensitive and expose a child to humiliation

13. Ensure parent/caregiver does not feel pressure, or apply pressure to child, to comply with interview questions or photography requests

14. Observe local customs during resource gathering: e.g. sit on a mat if that is what is offered, and you are able to do so

15. When possible and needed, cross-check the accuracy of what the interviewed child says, with another child or with an adult

16. Always have the local Child Safeguarding Focal Person’s phone number at hand

17. In case you witness or a child (or adult) discloses a child abuse violation, report as soon as possible to the Child Safeguarding Focal Person of CBM
Child Safe Photography Guidelines*  
1. As we photograph our child clients who are among the most vulnerable children in the world – we need to balance respect for culture and social context against the risk of pedophilia.  
   • All children must be clothed from the waist down  
   • Girls who are 5 yrs and above must be clothed top and bottom, or do not take or use the photo  
   • Boys 5-10 yrs can only appear without tops if in a group (5 or more children)  
   • Any exceptions (e.g. medical pictures) must be pre-approved by the Head of the institution with clear justification in writing on the consent form.

* Subject to approval of proposed amendments to CBM’s Safeguarding Policy in 2018

Child Safe Photography Guidelines  
2. Treat all people with respect not pity  
3. Show children and adults in their true social context and reality  
4. Unless pre-arranged, take photos of a child dressed as you find them, so as not to communicate judgement  
5. Only manipulate scenes or emotions in ways that reflect the true story as told in the interview  
6. A child shouldn’t be asked (by interviewer, photographer or caregiver) to say or do something not true to his/her own story (e.g. only ask a child to wash dishes for a photo or film shoot, if that was sited as an activity of the child during the interview)  
7. In case of any doubts about the appropriateness of a picture, consult colleagues

Guidelines for Child Safe Communications  
1. Present a child in context and not only focusing on the intervention or disability  
2. Portray the reality of a child’s situation, positive or negative: e.g. exclusion and discrimination due to an impairment  
3. Avoid sensational language that exaggerates the situation  
4. Avoid condescending euphemisms; check and use currently acceptable terminology in reference to persons with disability
5. Make traceability of a child extremely difficult. Use only the first name (real first name) and country (or large region: e.g. eastern Uganda) and numeric age if needed.

6. It is required to change a child’s name and obscure visual identity if a child falls into one of the following categories:
   - A victim of sexual abuse/exploitation
   - A perpetrator of physical or sexual abuse
   - HIV positive (in some countries where stigma is high)
   - Charged or convicted of crime
   - A current or former child associated with armed groups or forces (formerly referred to as ‘child soldier’)
   - An asylum seeker/refugee/Internally displaced person, in circumstances of risk
   - Local partner or third party media requires it (with clarification ‘not his/her real name’)
   - Or if the family requests their name to be changed

7. For external use, a child’s true identity can be used in the above cases, when a child is a willing part of activism/social mobilization and with parental consent and maintaining principle of un-traceability.

8. Ensure GPS-tagging data is deleted on all client photos.
Annex 4 - The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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3 UK Government Guidance - Information sharing advice for safeguarding practitioners – July 2018
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
### Annex 5 – Donor Incident Reporting Register - Template

<table>
<thead>
<tr>
<th>Donor name</th>
<th>Contract name</th>
<th>Contract term (dates)</th>
<th>Other parties to contract?</th>
<th>Donor required to report to higher funder?</th>
<th>Reporting obligations relating to incidents in this project</th>
<th>Reporting obligations relating to incidents in projects funded by others</th>
<th>Reporting deadlines</th>
<th>Implications of incident (e.g. does this trigger ability for funder to terminate contract?)</th>
<th>Confidentiality notes (record information sharing decisions taken in accordance with Safeguarding Policy)</th>
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