Borneo Orangutan Survival UK

BOS-SAFE-003

Safeguarding and PSEAH Reporting, Response and Case Management Procedure

Policy and procedure

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1. Purpose

To provide a safe, survivor-centred and accountable route for receiving, triaging, referring, managing and learning from safeguarding and sexual exploitation, abuse and harassment (SEAH) concerns.

2. Scope

This Procedure applies to concerns connected with BOS UK trustees, staff, volunteers, representatives, donors, visitors, events, travel, partners, beneficiaries, grantees, and funded activity. It covers children, adults at risk, and any gender, race, disability, or socio-economic background affected by SEAH or other abuse of power. This includes a Gender Equality and Social Inclusion (GESI) sensitive approach. Applicable statutory and local-country routes must also be followed.

3. Policy Statement

BOS UK commitment: Anyone may report a concern. Knowledge, concerns, or reasonable suspicions of SEAH must be reported through a designated route. BOS UK will prioritise immediate safety, dignity, informed choice, access to support, and non-retaliation. Support is available whether or not a victim-

survivor participates in an investigation. BOS UK will share information without consent where required by law or necessary to prevent serious harm, explaining this where safe.

> BOS UK has a zero-tolerance for inaction on sexual exploitation and abuse and sexual harassment.

4. Governing Principles

- SEAH is prohibited. Do no harm.
- Zero-tolerance for inaction.
- Act when a person is in immediate danger.
- Person- and survivor-centred choice, dignity and support.
- GESI sensitive approach.
- Best interests and voice of the child.
- Respond appropriately to suspicions, reports, and incidents of SEAH and any power imbalances.
- Need-to-know confidentiality, data minimisation, and secure records.
- Prompt, impartial and conflict-free decisions.
- No retaliation, blame or pressure to participate.
- Prevention embedded as part of working culture.
- Referral and investigation by competent people only.
- Learning without erasing individual accountability.

These are in line with PSEAH principles.

5. Roles and Accountability

Senior PSEAH Champion

The Senior PSEAH Champion provides leadership, scrutiny, and assurance but does not ordinarily receive, investigate, or determine individual allegations. Operational case management is undertaken by the designated Safeguarding Lead or appropriately qualified independent personnel. The Champion may receive anonymised or need-to-know information sufficient to oversee risk, organisational response, and accountability.

Core responsibility	Evidence expected
Provide visible leadership and set the tone from the top, reinforcing that PSEAH is an organisational priority and everyone's responsibility.	Formal appointment and terms of reference; leadership communications; evidence of PSEAH messages in inductions, staff meetings, and partner engagement.
Promote a safe, respectful and inclusive culture in which concerns can be raised without fear of retaliation and reports are taken seriously.	Staff and partner surveys; awareness materials; whistleblowing and non-retaliation provisions; evidence that reporting routes are understood and accessible.

Core responsibility	Evidence expected
Maintain senior oversight of PSEAH risks, including risks arising from programmes, travel, fundraising, communications, events and work with delivery partners.	PSEAH risks recorded in organisational and programme risk registers; documented reviews; mitigation actions, owners, and deadlines.
Ensure regular scrutiny by senior leadership and the Board, including prompt escalation of serious concerns, systemic weaknesses or overdue actions.	PSEAH as a standing or scheduled Board agenda item; quarterly or proportionate assurance reports; Board minutes; annual substantive review; documented escalations.
Challenge whether PSEAH arrangements are adequately resourced and competent, including safeguarding leadership, training, safer recruitment and access to specialist advice.	Approved safeguarding budget; named operational safeguarding lead; training plan and completion records; safer-recruitment checks; competency or capacity assessments.
Monitor implementation of the Safeguarding Policy, Code of Conduct and associated procedures, rather than relying on the existence of policies alone.	PSEAH implementation plan; compliance dashboard; policy acknowledgements; internal checks or audits; evidence of corrective action.
Seek assurance that reporting and response arrangements are safe, confidential, accessible and survivor-centred, including appropriate support and referral pathways.	Tested reporting mechanisms; referral maps; survivor-support arrangements; anonymised case and response data; evidence of timely action and required regulatory or donor reporting.
Oversee PSEAH expectations throughout the delivery chain, ensuring that partners understand their duties and that requirements are proportionate to risk.	Partner due-diligence assessments; contractual safeguarding clauses; partner action plans; training or capacity support; monitoring and escalation records.
Review trends, incidents and near misses to drive learning and improvement, while protecting confidentiality and avoiding unnecessary access to personal case information.	Anonymised trend reports; lessons-learned reviews; completed improvement actions; revised policies, controls, or training; external review findings where appropriate.
Maintain independence and manage conflicts of interest, using an alternative escalation route where senior personnel or the Champion are implicated.	Declared conflicts and recusals; documented alternative reporting routes; direct access to the Board Chair or another designated trustee; independent investigation arrangements where required.

Broader PSEAH roles

Role	Core responsibility	Evidence expected
Board of Trustees	Approves the safeguarding architecture, provides resources and independent oversight, and decides material or reportable matters collectively.	Approval; safeguarding assurance; serious-incident decisions; action tracking.
Board Chair / trustee safeguarding oversight	Provides an independent route for concerns involving the CEO, coordinates Board visibility, and ensures conflicts do not control a case.	Accessible route; escalation; conflict and recusal record; Board reporting.
CEO / current nominated safeguarding lead	Receives or assigns triage, protects people, secures competent advice, coordinates referrals, and ensures partner and regulator escalation. Prevention through relevant vetting and recruitment processes. Prevention through training.	Case allocation; safety plan; referrals; restricted case log; management action.
Case manager / specialist investigator	Performs only the role formally assigned, maintains competence, independence, terms of reference, and secure records.	Appointment; conflict check; case plan; notes; findings or referral record.
Everyone connected with BOS UK	Reports knowledge, concerns, or reasonable suspicions promptly; protects immediate safety; does not investigate personally or promise secrecy.	Induction; reporting; safe conduct; cooperation; non-retaliation.

6. Preventative strategies

- Training to recognise and address power imbalances and fostering an inclusive and respectful working culture and environment where personnel and communities feel able to raise concerns.
- Dedicated PSEAH staff within organisation
- Regularly assess and monitor the implementation and impact of efforts to prevent and respond to SEAH
- Responsibilities to PSEAH clear within team, not just nominated individuals.
- Consult local people and communities (UK & Indonesia)
- Participate in PSEAH networks and coordination efforts, and use resources to make PSEAH approaches effective
- Inform partners
- Embed PSEAH measures (training, risk management, due diligence, reporting, detection, and vetting) into the culture, design, and running of offices, operations, projects/programmes, and missions.
- Use relevant vetting schemes and recruitment processes to prevent the hiring of perpetrators of SEAH

7. Reporting Channels

- Concerns may be reported to the Senior PSEAH Champion, CEO/current nominated safeguarding lead, the Board Chair, another unconflicted trustee, a manager, or any trusted BOS UK contact, verbally or in writing.
- A receiver must pass the concern promptly to the designated route, even when detail is incomplete or the reporter asks them to keep it entirely secret.
- Anonymous reports and reports made by a third party are assessed on the information available.
- Emergency services, police, child or adult safeguarding services may be contacted directly; BOS UK's internal route is not a barrier.
- Partner and community channels should be communicated in language and format people can understand and use safely.
- Guidance and training implemented so that connected persons know how to identify SEAH if they experience, witness or suspect it.

8. Immediate Safety and First Response

1. Listen without judgement; thank the person and do not press for unnecessary detail.
2. Check immediate safety and urgent medical, psychosocial, child-protection, or police needs.
3. Explain confidentiality and its limits; do not promise a particular outcome.
4. Record the person's own words, essential facts, date, time, and action; distinguish fact from interpretation.
5. Report promptly to the designated route and preserve relevant evidence without investigating.
6. Use a victim-survivor centred approach at all times, ensuring safety, dignity, non-discrimination, and respect of the affected person at the core of care, justice, and institutional responses.

9. Triage

Triage question	Required decision
Is anyone in immediate danger?	Emergency protection, statutory referral, suspension or other interim measure.
Does the concern involve a child or adult at risk?	Apply applicable UK or local statutory safeguarding pathway and specialist advice.
Could this be SEAH, abuse of power or retaliation?	Use PSEAH controls, survivor-centred support and conflict-free senior oversight.
Who may be conflicted or implicated?	Move control to an independent trustee or external specialist.

Triage question	Required decision
What notifications may be required?	Map police, safeguarding authority, Charity Commission, donor, insurer, partner, and employment duties.
What information is necessary?	Limit access and sharing to the minimum needed for safety, fairness, referral and accountability.

10. Support and Informed Choice

- Offer information about medical, psychosocial, advocacy, safeguarding, legal, or other support appropriate to location and need.
- Do not make support conditional on a formal complaint, interview, police report, or participation in investigation.
- Ask about communication, accessibility, language, gender, and safety preferences and record reasonable limits honestly.
- For children, involve an appropriate parent, carer or statutory professional unless this may increase risk; prioritise best interests and evolving capacity.

11. Case Management

- Open one restricted case record with a unique reference and named case manager.
- Maintain a chronology, risk and safety plan, support actions, consent and information-sharing decisions, conflict checks, referrals, interim measures, and review dates.
- Separate support, investigation and disciplinary decision roles where practicable.
- Use written terms of reference and competence checks for any investigation; do not investigate where a statutory authority should lead.
- Keep the reporter and affected person updated at agreed intervals within confidentiality and fairness limits.

12. Employment, Volunteer and Partner Action

- Interim protective measures are neutral risk controls, not findings of guilt, and should be proportionate and reviewed.
- Substantiated SEAH may result in disciplinary action up to dismissal, removal from role, termination of agreement or partnership action, subject to fair process and law.
- A partner must notify BOS UK, protect people, cooperate and preserve evidence under the agreement; BOS UK retains its own escalation and assurance duties.
- Referral to DBS, professional body, police or regulator must be considered where applicable.

12.1 Commitment to CAPSEAH standards

BOS UK will do all they can to prevent and respond to SEAH and implements the six recommended minimum actions:

1. **POLICIES:** Set, communicate, uphold, and implement clear PSEAH policies.
2. **LEADERSHIP:** Prioritise and embed a culture of zero tolerance for inaction.
3. **COMMUNICATION:** Consult, inform, and coordinate with communities and partners.
4. **PREVENTION:** Assess SEAH risk and take action to prevent SEAH across all activities.
5. **RESPONSE**: Encourage reporting, accountability and a victim-survivor centred approach.
6. **MONITORING:** check if efforts to protect against SEAH are working

13. Closure and Learning

- Close only when safety, support, referral, decision, communication, and corrective actions have been addressed; document the outcome and remaining risk; review retaliation; update risk, training, partner controls, and reporting channels; share only anonymised or aggregated learning unless lawful and necessary otherwise.
- Feedback tools on services to evaluate the implementation and impact of PSEAH policies and approaches

14. Records and Information Handling

- Restricted report and case log; first-response note; safety and support plan; consent and information-sharing decisions; referrals; conflict checks; terms of reference; investigation or authority outcome; disciplinary/contract action; serious-incident assessment; closure and learning review.
- Records must be accurate, proportionate, access-controlled and retained in accordance with BOS UK's Data Protection and Information Governance Policy and retention schedule. Confidentiality is not absolute where disclosure is required to protect a person, comply with law, notify a regulator or obtain competent advice.

15. Monitoring, Assurance and Review

- Regular case supervision by a competent unconflicted role; Board safeguarding assurance using anonymised themes; timeliness and channel-accessibility testing; review of support offered, referral quality, retaliation, and overdue actions; proportionate participation in PSEAH coordination and anonymised learning where appropriate.
- Looking for trends/gaps: A need to increase prevention for particular groups e.g. race, disability

16. Breaches, Exceptions and Non-Retaliation

Suspected or actual breaches must be reported promptly through the route relevant to the subject matter. BOS UK will take proportionate protective, corrective, disciplinary, contractual, reporting, and learning action. No person may suffer retaliation for raising a concern in good faith, supporting another person, or participating honestly in a review. Deliberately false or malicious allegations may be addressed under the appropriate conduct process, but an unsubstantiated concern is not by itself evidence of bad faith.

An exception may be authorised only by the role permitted under the Scheme of Delegation, after conflicts and risks have been considered and the reasons, duration, safeguards, and review date have been recorded. No exception can authorise unlawful conduct or disapply a safeguarding duty where this would expose a person to serious harm.

17. Related Governance Documents

- Safeguarding Policy
- Code of Conduct
- Whistleblowing Policy
- Grievance Policy
- Serious Incident Reporting Procedure
- Data Protection and Information Governance Policy

18. External Alignment Reference Points

Charity Commission: Safeguarding and protecting people

CAPSEAH: Common Approach

CAPSEAH: Practical guidance

Charity Commission: How to report a serious incident

Approval Record

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Next scheduled review	12 months after approval, or sooner following a material change

Version History

Version	Date	Status and change
0.1	9 August 2026	Initial working draft produced to implement the gaps identified in the BOS UK Governance Framework v0.8 controlled policy library.
1.0	28 August 2026	Board approved version.