

## Safeguarding in Research and Innovation – Code of Practice

### 1. Introduction

- 1.1 The following code of practice complements the University's Safeguarding Policy by providing specific safeguarding guidance to researchers on their obligations when considering **safeguarding in research and innovation activities** and must be consulted by researchers during their research design process.
- 1.2 The University of Aberdeen has a duty of care to ensure that the welfare of all staff, students and others involved in research and innovation activities on its behalf is a priority, and that potential risks of harm are considered and mitigated against. The University also acknowledges that its activities can affect external individuals and communities (either directly or indirectly), and that consideration of potential harms arising from its research activities should also be considered and mitigation strategies implemented. Potential harms may include raising issues that cause acute distress for any individuals involved in the research, and disclosure of the risk of harm, etc.
- 1.3 The term 'safeguarding' has previously focused on the consideration of potential harms that could arise when working with children or vulnerable adults. Safeguarding in relation to research activities has an extended meaning, thereby ensuring that all staff, students and anyone associated with University of Aberdeen's research and innovation activity (including research collaborators, their research staff, research participants, contractors (e.g. translators), volunteers, etc) must prevent any exploitation, abuse or harm from occurring by anticipating and mitigating any risks associated with their activities, and also by reporting concerns or incidents if they should arise. In the context of research, safeguarding issues may arise in context where participants may be coerced to take part or answer questions in certain ways (e.g. prison populations), where there is a likelihood of research uncovering past or ongoing trauma and harm unrelated to the research in hand, where participation in research could have consequences that are detrimental to individual or all participants, or where the research is concerned with victims/survivors and past trauma or experiences. The expectations of our researchers is go beyond simply 'do no harm' and encompass an obligation to ensure that relevant authorities are informed of any such concerns or incidents, including where researchers become aware of abuse that may not be directly associated with their research activities.
- 1.4 Exploitation, harm and abuse may arise in situations where there is a differential in power or economic standing among those participating in the research as research subjects, volunteers, sub-contractors, or University employees. These situations can also provide the circumstances for bullying and harassment to occur. For research involving victims/survivors there is the potential of participation causing re-victimization or harm caused by re-visiting past trauma. Researchers will need to be alert to such possibilities, particularly if they are acting in a different cultural and social context than their own. For that reason, careful consideration should be given to potential harms arising out of research activities undertaken outwith the UK.
- 1.5 This Code of Practice sets out how these considerations will be applied in respect of research and innovation activities (hereafter referred to as 'research activities'). It acknowledges the requirements of the UK funding bodies and what their expectations are of their grant recipients (including the UKRI policy on Preventing Harm [Safeguarding] in Research & Innovation, National Institute for Health Research Policy on Preventing Harm in Research), the requirements of the Scottish Government in their 'International development: safeguarding statement' and also the guidance provided by the UK Collaborative on Development Research ([UKCDR Guidance for Safeguarding in International Development Research](#)) for research activity in LMICs. It is also a requirement for research and innovation activities funded by UK Aid (currently, mainly Global Challenges Research Funding and some research activity funded by NIHR).
- 1.6 There are two parts to the Code of Practice: the first (sections 3 and 4) deal with **the identification and risk management of safeguarding issues**, and the second (sections 5 and 6) deal with **the process of how to deal with any concerns raised in relation to safeguarding in research issues**.

### 2. Definitions

- **Safeguarding** (in terms of research activities) means the measures taken to ensure that **all** individuals that are employed on, participate in or otherwise come into contact with the research, do not come to harm as a result of their involvement.

- **Child** is defined in this Code of Practice as someone aged under 18 (as per the United Nations Convention on the Rights of the Child). This definition supersedes any national legislation on age of majority/consent.
- **Vulnerable Adult** is defined in this Code of Practice as a person aged 18 or over, who is in receipt of or may be in need of community care or other recognized services by reason of mental or other disability, aged or illness and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.
- **Research & Innovation activities** - The University defines research as “a process of systematic enquiry leading to new insights which contribute to a body of knowledge, effectively shared”. This definition was adopted for the Research Excellence Framework, published in the Guidance on Submissions document in 2019. In the context of safeguarding in research, this refers to the **impact of research activities as they are conducted** e.g. during fieldwork and data collection, and of innovations arising from research.
- **Harm** - In the context of this code of practice, harm refers to all forms of injury or abuse, including bullying, exploitation, psychological abuse, physical violence, and sexual exploitation, abuse or harassment. It encompasses both physical injury and negative psychological impact. It includes harm which is deliberately inflicted as well as harm of an unintentional nature e.g. caused by lack of planning/failing to put appropriate preventative measures in place. It includes harm to individuals as well as to communities or groups involved in or affected by the research (e.g. harm caused by the withdrawal of services or funding; reputational damage which could impact upon tourism). It includes harm which may take place during the course of a research project, and harm which may arise after the research has ended. Researchers should be aware that partner organisations may use different definitions of harm, and thus should seek to engage in discussion with partners to reach an agreed definition in the context of the research being carried out.

### 3. Safeguarding in the Context of Research

- 3.1 Safeguarding in the context of research refers to the measures taken to ensure that **all** individuals that are either employed on, participate in or who otherwise come into contact with the University's research and innovation activities, do not come to harm as a result of their involvement, or as a result of the impact on their lives/communities. This includes anticipating, as far as possible, the **potential** for harm, taking steps to **mitigate** the identified harms, and taking appropriate actions to **address concerns** when they arise. This also includes where researchers become aware of abuse that may not be directly associated with their research activities.
- 3.2 The key groups who should be considered in the context of this Code of Practice are:
- Any University member of staff or student who is engaged in the research activity;
  - Individuals engaged/employed to undertake aspects of research activity on behalf of the University and/or its collaborators/partners;
  - Members of collaborating or partner organisations involved in the research;
  - Research participants/subjects of the research;
  - Members of communities/organisations in which the research is being carried out, where the research may impact upon them.
- 3.3 This Code of Practice covers **both research that requires no ethical approval** and **research activity involving human participants** taking place in the UK or internationally. **All research activity involving human participants requires [ethical approval](#) prior to the commencement of the activity.** The [Research Governance Handbook](#) sets out the policies and procedures that apply to research involving human participants. This includes good practice in obtaining informed consent, transparency and accountability in the aims and objectives of the research and committing to ensure the safety and best interests of all those who agree to participate, and the information and data obtained in the course of these research projects. Where the research involves NHS staff, data, patients, tissue, resources or facilities this may require ethical approval from an [NHS Research Ethics Committee](#).

### 4. Expectations

- 4.1 The University expects staff, students and associated individuals directly involved in University research and innovation activity to:

- Follow the requirements of this code of practice and any other terms and conditions required by funding bodies;
- Treat each other, research and innovation participants and members of the general public with dignity and respect, to act with the highest standards of integrity, honesty and professionalism and to embed good practice in every aspect of their work;
- Adhere to the highest level of research ethics and integrity, in line with requirements set out by national and international regulatory bodies, professional and regulatory research guidance and research ethics frameworks issued in appropriate areas;
- Recognise the inherent power imbalances that exist in research and innovation activities and take all reasonable steps to mitigate them;
- Engage in equitable partnerships throughout the development, delivery and dissemination of a research and innovation activity to avoid exploitative approaches
- Be aware of relevant University policies and procedures and know how to respond to and report concerns about exploitation, abuse and harm;
- Raise any concerns that they have, or those that are reported to them, through the appropriate channels in their organization and/or the appropriate authorities.

## 5 When to report a Safeguarding Concern

- 5.1 The following list provides examples of when a safeguarding report should be made. These are not exclusive and there may be other situations where it would be appropriate to submit a report.
- A research participant discloses an ongoing or risk of exploitation, abuse or harm (irrespective of whether this is directly related to the project or otherwise);
  - A research participant makes an allegation about a member of the University or if any member of staff or associates are concerned about potentially abusive behaviour from a member of the University;
  - There are suspicions or indicators that a research participant is being abused or put at risk;
  - There is concern that the behaviour of any person might cause harm to a research participant, or put them at risk of harm.
  - The research process is distressing to participants who are revisiting upsetting and traumatic experiences and to researchers, research partners, contractors (e.g. translators) who are recording these experiences
- 5.2 Note that for any safeguarding issues raised in connection with UK charities, it may be necessary for this to be reported to the Office of the Scottish Charities Regulator (OSCR) via their Notifiable Events system. Please consult the [University Safeguarding Policy](#) for further guidance.
- 5.3 See also the list of policies and procedures that clearly set out the standards of behaviour expected from staff, students and any associated individuals engaged in research and innovation activities (section 14 'Related Policies' refers).
- 5.4 Protection of Vulnerable Groups Policy
- 5.4.1 The University is committed to providing a safe and protected environment for its staff and students, and all members of the public who come into contact with its research activities. Therefore, the University will take all reasonable steps to ensure that anyone who is unsuitable to work with children, young people and vulnerable adults is prevented from doing so.
- 5.4.2 Anyone who is conducting 'regulated work' with children or vulnerable adults under the Protection of Vulnerable Groups (Scotland) Act 2007 are required to be members of the Protection of Vulnerable Groups Scheme (PVG scheme). HR should be contacted if there is any doubt as to whether a PVG check is required.
- 5.3.3 Staff and students undertaking research and innovation activities which involve children and vulnerable adults must determine if they require a PVG check in accordance with the University's [Protection of Vulnerable Groups Policy](#).

## 6 Associated Responsibilities

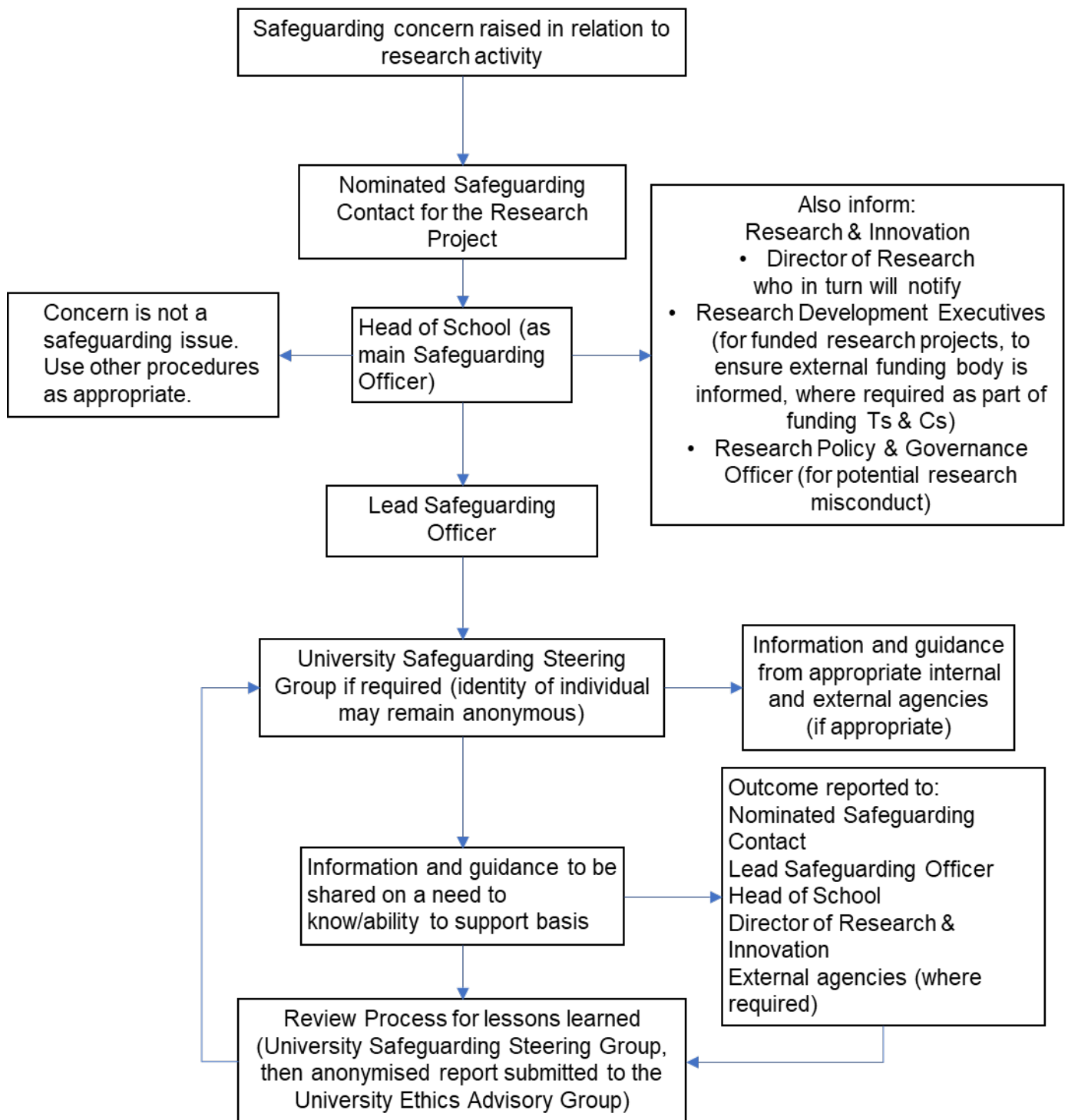
- 6.1 The University (via the **University Research Committee**) is responsible for ensuring that appropriate

policies, procedures, guidance and training are available to enable effective safeguarding of those involved in, or affected by, University research. The University is responsible for taking reports of safeguarding concerns seriously, and responding promptly to such concerns, placing the victim/survivor at the heart of the response. In addition, the University is responsible for ensuring that concerns or incidents are reported to funding bodies where required in line with the terms and conditions for funding. Research & Innovation is responsible for supporting and providing general advice concerning this code of practice and its implementation, on behalf of the Research Policy Committee.

- 6.2 **Heads of School** are responsible for the conduct of the research undertaken in their School (and are the Designated Safeguarding Officers for their School). They are responsible for ensuring that their staff and students are made aware of this Code of Practice, and that appropriate mechanisms are in place to support its requirements. They are also responsible for ensuring that any relevant concerns raised with them are dealt with in line with this Code of Practice.
- 6.3 **Designated Safeguarding Officers for Research** will be appointed by the Head of School and are responsible for reviewing and approving safeguarding plans for research activities within their School. They will work with colleagues in Research & Innovation on signposting researchers to the appropriate guidance and processes in relation to safeguarding, ethics and other research related policies and procedures.
- 6.4 **Nominated Safeguarding Contact for the Research Project** will be the first point of contact for anyone wishing to raise a safeguarding concern or complaint in relation to a specific research project. The Principal Investigator will be responsible for deciding if the research project/innovation activity requires a Nominated Safeguarding Contact. The Nominated Safeguarding Contact will normally be a member of the research team. Depending on the scale of activity there may be additional Safeguarding Contacts appointed. Where research projects only involves one researcher, the School's Designated Safeguarding Officer for Research will be the additional contact. The School's Designated Safeguarding Officer for Research must be independent of the research project, in the event that the subject of the safeguarding concern is the Principal Investigator. For student projects, the Nominated Safeguarding Contact should be the supervisor in the first instance, with the alternative contact being the School's Designated Safeguarding Officer for Research.
- 6.5 **Principal Investigators** (including students and their supervisors) are responsible for the project design and implementation, to ensure it meets the requirements of the Code of Practice by ensuring that any potential harms arising from the research have been carefully considered and mitigated. They are also responsible for establishing a culture within the project in which exploitation, abuse and harm are not tolerated, and which allows safeguarding concerns within the project to be reported. All members of the research team will be made aware of this Code of Practice and their individual responsibilities to uphold the Code of Practice requirements. Where the research setting or the nature of participants, stakeholders or partners indicate that safeguarding issues may arise, the Principal Investigator is required to prepare a [safeguarding plan](#) which sets out clearly the routes for reporting safeguarding concerns or incidents and explaining how these will be dealt with.
- 6.6 All safeguarding information should also be reflected within the ethics application, the safeguarding plan attached, and contact details for the Nominated Safeguarding Contact included in the participant information sheet for the research project. Safeguarding plans and risk assessments will require approval by the School's Designated Safeguarding Officer for Research.
- 6.7 All **individuals involved in the research project** have a responsibility to comply with this Code of Practice. This includes not only University staff or students, but everyone who is involved in the research project e.g. including research partners in collaborating groups. They must ensure they are aware of sources for further information/guidance on the implementation of this Code of Practice and must report any safeguarding concerns that are identified in order that these can be appropriately addressed.
7. **How the University will respond to and investigate reports of exploitation, abuse or harm**
  - 7.1 The University has policies and procedures providing information and routes for reporting concerns or incidents covering a range of issues (see section 3). Where research involves or may affect external participants/communities, specific consideration must be given to ensuring that appropriate routes for raising concerns are made available to them.
  - 7.2 The overriding concern should be to protect the individual who is experiencing exploitation, abuse or harm, thereby supporting their rights, dignity, autonomy and self-determination. It is the right of the

individual to be fully informed about their options to minimise any risk of further harm occurring as a result of the action taken.

- 7.3 If a safeguarding concern is disclosed directly to a member of the research team/member of staff, the individual should be prepared to:
- Listen carefully
  - Check that the individual is not at further risk of harm
  - Signpost to support where appropriate
  - Empathise with the person disclosing a concern
  - Ask **who** is involved, **when** this happened, **where** this happened, and **what** happened (but not why)
  - Repeat/check their understanding of the situation with the person disclosing a concern
  - Explain what will happen next i.e. who else will be informed
  - Report the concern to the Nominated Safeguarding Contact
- 7.4 Researchers must ensure that research participants are made aware from the outset that there may be limits to confidentiality where there is a disclosure relating to exploitation, abuse or harm. This may involve informing the Police or the Social Services department or other authorities if there is a significant risk of harm or a concern that a crime may have been committed.
- 7.5 The Nominated Safeguarding Contact should, where possible, address any immediate safety concerns and offer support to the individual raising the concern, in accordance with the safeguarding plan for handling such concerns within the research project.
- 7.6 The Nominated Safeguarding Contact should try to obtain further information regarding the reported concern, whilst acting sensitively and providing reassurance regarding the process that will be followed for handling the report. Please refer to the University Safeguarding Policy, section 17 'Dealing with suspicions or allegations of abuse'.
- 7.7 The reporting procedure to be followed is detailed in the flowchart below, Fig 1.



**Fig 1. Safeguarding Reporting Procedure for Research-related Concerns**

- 7.8 At the end of the investigation process, the University Safeguarding Steering Committee will provide an anonymised report to the University Ethics Advisory Group of any safeguarding investigations relating to research and innovation activities. This will ensure that any lessons learned from these investigations can be considered and changes to policy/practice adopted, where required.
8. **How individuals reporting concerns will be protected and kept informed of procedural stages and outcomes**
- 8.1 Individuals raising safeguarding concerns should be advised of the investigation process that will follow, and how they will be kept informed of actions being taken. The Whistleblowing Policy provides further advice on how confidentiality and anonymity will be preserved during an investigation, insofar as this



remains compatible with ensuring an effective and fair investigation.

- [Policy and Procedure on Public Interest Disclosure \(Whistleblowing\)](#)

## **9. Disciplinary procedures the University will follow if an allegation of exploitation, abuse or harm is upheld**

9.1 The following University policies will be implemented under these circumstances:

- [Disciplinary Procedure \(Staff\)](#)
- [Code of Practice on Student Discipline](#)

## **10. Research involving partner organisations**

10.1 Where research activities involve external partners, these partnerships should be developed in an open, inclusive and equitable manner. Researchers should ensure that an agreed process is in place for sharing information about upheld allegations against individuals directly involved in the research and innovation activity, and/or risks to the activity by the partner organisations. It should be noted that only limited and necessary information should be shared. Mutually agreed processes for safeguarding within the research project should be documented in writing.

10.2 Researchers should ensure that where research collaborations involve external funding, that the actions to be taken regarding contact with the research funder in the event of the receipt of an associated safeguarding concern are covered in the collaboration agreement.

## **11. Training**

All researchers undertaking research activities that will require a safeguarding plan will be required to complete appropriate training **before** the research activity commences. Further, project specific training may be required as part of the safeguarding plan.

## **12. Further Support for Researchers**

12.1 Despite the above guidance, there may be situations where the safeguarding issues will be unclear. Researchers must maintain confidentiality and anonymity regarding the research participant or the individuals about whom they have concerns and should raise concerns with the Designated Safeguarding Officer for the Research Project as soon as possible. The University also recognises that researchers may require support should they receive a disclosure of exploitation, abuse or harm and counselling and other support will be available in these situations.

## **13. Reporting and Evaluation**

13.1 The University Safeguarding Steering Group will ensure that anonymised reports on the findings of all safeguarding investigations involving research and innovation activities are submitted to the University's Ethics Advisory Group (EAG). The EAG will review all submitted reports to support institutional learning on this issue. The EAG will maintain a central record of all reported safeguarding concerns associated with research and innovation activities on behalf of the University Research Committee (URC).

13.2 An anonymised summary of all safeguarding investigations involving research and innovation activities will be included in the University's Annual Research Governance Statement.

## **14. Related Policy Areas**

This code of practice should be read in conjunction with the University's [Safeguarding Policy](#). It is designed to complement the following University policies and procedures:

- [Research Governance Handbook](#) (incorporating the 'Policy and Guidelines on Good Research

Conduct & Statement on Handling Allegations of Unacceptable Research Conduct')

- [Travel Insurance](#)
- [Overseas Travel Policy and Guidance](#) (including Risk Assessment Form)
- [Field Trip and Travel Risk Assessment](#)
- [Lone Working Policy and Guidance](#)
- [Disciplinary Procedure \(Staff\)](#)
- [Code of Practice on Student Discipline](#)
- [Staffing Policy against Discrimination, Harassment and Bullying in the Workplace](#)
- [Equality, Diversity and Inclusion Policy](#)
- [Health, Safety and Wellbeing Policy](#)
- [Mental Health and Wellbeing Policy](#)
- [Policy and Procedure on Public Interest Disclosure \(Whistleblowing\)](#)
- [Protection of Vulnerable Groups Policy](#)
- [Antiracism Strategy](#)
- [Staff and Student Wellbeing Strategy](#)
- [Prevent Policy](#)

External Policies and procedures:

- [UKRI bullying and harassment position statement](#)
- [UKRI stance on equality, diversity and inclusion](#)
- [UKRI preventing harm in research and innovation policy](#)
- [UKRI Good research resource hub](#)
- [National Institute for Health Research \(NIHR\) Safeguarding Guidance](#)
- [CHS \(Core Humanitarian Standard\) Alliance Guidelines for investigations](#)
- [UKCDR Safeguarding – prevention from harm](#)
- [Wellcome Bullying and harassment policy](#)
- [Wellcome Safeguarding policy](#)
- [Scottish Government International Development: Safeguarding Statement](#)
- [Counter-Terrorism and Security Act](#)



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<b>Subject / Description</b>	This policy sets out the University's duty to safeguard all individuals that are either employed on, participate in or who otherwise come into contact with the University's research and innovation activities, do not come to harm as a result of their involvement, or as a result of the impact on their lives/communities.
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