APPENDIX 7
GUIDANCE FOR INTERNATIONAL DEVELOPMENT RESEARCH

These Guidance Notes are intended to supplement and give practical examples of how to implement the Guidance on organising activities for children or adults in vulnerable circumstances (Protected Persons) (the “Guidance”) under the University Policy on safeguarding children, young persons and adults in vulnerable circumstances (the “Policy”) in relation to International Development Research overseas. It should be read alongside the Guidance and, specifically, Appendix 1 relating to Staff Guidance. Applicable forms in Appendix 2 must be adapted at the Risk Assessment stage (see section 4 below) to take account of relevant circumstances in context.

When conducting International Development Research, the University has a duty to carry out that research in a way which makes it less likely that abuse and harm will occur and act quickly and appropriately in the event that harm is or is likely to be caused, in line with both UK and international standards.

International Development Research (hereinafter referred to as research) must be conducted with regard to promoting a fair, open and positive culture where all involved feel able to report concerns and be confident that they will be heard and responded to. International Development Research is defined by UKCDR as any research undertaken for the social or economic benefit of low – and – middle income countries (LMICs).

All staff involved in research must be aware of the University Safeguarding Policy and the risk assessment relevant to the research, where detailed safeguarding measures will be considered.

The purpose of this guidance is to protect people, particularly children, at risk adults and research subjects, from any harm that may be caused due to their coming into contact with the University. This includes harm arising from:

• The conduct of staff or personnel associated with the University.
• The design and implementation of the University’s research programmes and activities.

This Appendix sets out the commitments made by the University, and informs staff of their responsibilities in relation to safeguarding.
In developing this Guidance, the University drew directly on materials from UKCDR Safeguarding in International Development Research Evidence review; DfID guidance and Bond safeguarding resources (see below).

The Appendix applies to:
• all staff and research students of and contracted by the University (“Staff”).

The University believes that everyone we come into contact with during the course of research, regardless of age, gender identity, disability, sexual orientation or religion, race and ethnic origin has the right to be protected from all forms of harm, abuse, neglect, bullying, harassment and exploitation. The University will not tolerate abuse and exploitation by or to, Staff. Everyone has a responsibility for safeguarding and to ensure that they do no harm.

The University commits to addressing safeguarding throughout its research, by taking all steps reasonable and proportionate under the circumstances, to prevent harm to those involved with research through prevention, reporting and response.

Specific advice is given on the following areas:-

1 Due regard to sector guidance and third parties
2 Ethics and planning
3 Definitions
4 Risk Assessment process
5 Core processes
6 Confidentiality
1. **Due regard to Sector Guidance and third parties**

1.1. **DFID** [https://www.gov.uk/government/publications/dfid-enhanced-due-diligence-safeguarding-for-external-partners/enhanced-due-diligence-safeguarding-for-external-partners](https://www.gov.uk/government/publications/dfid-enhanced-due-diligence-safeguarding-for-external-partners/enhanced-due-diligence-safeguarding-for-external-partners). DFID want to be satisfied that any organisation it directly funds can meet and apply enhanced safeguarding standards. Safeguarding is regarded as everyone’s responsibility with specific policies needed to support research to “do no harm”.

1.2. **UKRI** [https://www.ukri.org/files/ukri-preventing-harm-safeguarding-in-research-and-innovation-policy/](https://www.ukri.org/files/ukri-preventing-harm-safeguarding-in-research-and-innovation-policy/). Funders, researchers and research organisations should recognise their safeguarding responsibilities and commit to taking all reasonable steps to prevent harm to those involved with research.


1.4. **Bond** [https://www.bond.org.uk](https://www.bond.org.uk). A charity providing a network for organisations working in international development.

1.5. Funders and sponsors – ensure adherence to rules and requirements

1.6. Policies and guidance of third parties (for these purposes “Collaborators”) including (but not limited to):

   1.6.1. Other project collaborators
   1.6.2. Joint venture partners/consortium parties
   1.6.3. Any relevant NGO involved in delivery
   1.6.4. Contractors
   1.6.5. Overseas partners
   1.6.6. Participant organisations
   1.6.7. Government bodies in the participant countries

2. **Ethics & Planning**

2.1. Safeguarding must be given specific consideration at the Due Diligence stage and within research ethics frameworks [http://ris.leeds.ac.uk/wp-content/uploads/2020/03/Research_Ethics_Policy.pdf](http://ris.leeds.ac.uk/wp-content/uploads/2020/03/Research_Ethics_Policy.pdf) in respect of both researchers and participants, having regard to any Collaborators in the research, the country where it is to be conducted, external threats, field relationships and the appropriate chain for reporting of incidents.
2.1.1. Safeguarding expectations should be proportionate, contextually sensitive and appropriate to the scope and nature of the research. This involves identifying risks, putting in place reasonable measures to mitigate these and paying attention to the interests of potentially affected individuals and communities, by way of a comprehensive risk assessment process (see 4 below), at the relevant time.

2.2. All staff should be aware that, in respect of research undertaken in developing countries, they may be working with partners and/or in locations where legislation differs significantly to that of the UK.

2.3. At the earliest possible opportunity of any proposed grant application, collaboration, joint venture or sub-contract arrangement, the Faculty Research Manager of the proposed research should discuss and budget for safeguarding with other Collaborators involved, to establish joint understanding and agreement on the following:

2.3.1. The need to address safeguarding as an integral part of the Risk Assessment Process (4 below) and what that will mean in relation to the research project. Research design should involve an assessment of the risk of encountering sexual exploitation, abuse or harassment. All collaborators have a safeguarding duty of care to beneficiaries, staff and volunteers and to ensure that any activity is done in the best interests of children and vulnerable persons. Research partners must establish a shared understanding of Safeguarding. Codes of conduct can clarify expectations of working relationships. Wherever possible, codes of conduct should be agreed (see 5.4 below) between collaborators based on mutual learning, knowledge and discussion. Collaborators must act with integrity, be transparent and be accountable.

2.3.2. Mechanisms for addressing any safeguarding issues arising during the research including an appropriate chain of reporting. When working in a large collaboration, it is important to nominate a central person to whom safeguarding reports can be channelled and designated as a safeguarding focal point.

2.3.3. How both researchers and research participants will be protected; having regard to the factors in 5 below.

2.3.4. Planning clearly from whom advice should be sought in the event of a safeguarding incident, having regard to the risk of unintended harm arising from standards being imposed.
2.3.5. The need to provide for resources for support to survivors of a safeguarding incident such as medical costs, a safe haven and initial counselling. Capacity should be built in to the budget for contingency in this area.

3. Definitions

3.1. Adult at risk (sometimes also referred to as vulnerable or at risk adult) – In UK legislation – someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves. A person who is or may be in need of care by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. In a research context, UKRI acknowledges that vulnerability may be defined in different ways. It may arise as a result of being in an abusive relationship; age; marginalisation; disability or disadvantageous power relationships.

3.2. Child – anyone under the age of 18, regardless of the age of majority/consent in the country where the research is being conducted.

3.3. Harm – Psychological, physical and any other infringement of an individual’s rights.

3.4. Psychological harm – Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

3.5. Protection from Sexual Exploitation and Abuse (PSEA) – The term used by the humanitarian and development community to refer to the prevention of sexual exploitation and abuse of affected populations by staff or associated personnel.

3.6. Safeguarding – In the UK, safeguarding means protecting people’s health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. In this context, it means protecting people, including children and at risk adults, from harm that arises from coming into contact with University staff or research programmes and taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur. UKCDR define safeguarding as preventing and addressing “any sexual exploitation, abuse or harassment of research participants, communities and research staff, plus any broader forms of violence, exploitation and abuse...such as bullying, psychological abuse and physical violence”.

3.7. Sexual abuse – actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

3.8. 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. This
definition includes human trafficking and modern slavery.

3.9. Sexual harassment – unwelcome sexual advances (including but not limited to
touching), including requests for sexual favours, or other behaviour (including verbal)
which may create a hostile or offensive environment.

3.10. Survivor – The person who has been abused or exploited. The term ‘survivor’ is often
used in preference to ‘victim’ as it implies strength, resilience and the capacity to
survive, however it is the individual’s choice how they wish to identify themselves.

4. Risk Assessment process

4.1. A risk assessment must be carried out on an individual project basis, in accordance
with Section 15 of the Policy. It must take account of local advice on potential risks
and focus on the potential types of harm to which the activity proposed may expose
all those involved with research including staff, collaborators, beneficiaries/research
subjects and the wider community. Safeguarding must be a priority in any risk
assessment. Core processes (see Section 5 below) should be utilised to address
risks as appropriate. In addition to the chain of reporting at Appendix 5 and 6 to the
Guidance, specific consideration must be given in the Risk Assessment to training
requirements (see 5.3 below) and the establishment of an appropriate chain of
reporting any concerns both within the country where the research is being carried
out and to the University, funders and regulatory bodies as appropriate. This must be
established, in writing as part of the risk assessment process. Forms should be
developed for use by all staff and collaborators. Forms B, C and D in Appendix 2 of
the Guidance may be used as reference but must be adapted contextually and be
specific to the country and project requirements, as informed by the Risk
Assessment.

4.1.1. When conducting research overseas, Staff and Collaborators must take
account of the following within the risk assessment process:

4.1.1.1. The different risks for Staff (including early career researchers),
volunteers and research participants overseas;

4.1.1.2. The need for suitable reporting and monitoring processes
overseas. Initial discussions with community members about
means of communication and feedback deemed appropriate in the
event of a safeguarding incident should be undertaken;

4.1.1.3. The need to monitor any requirements for change or new systems
once overseas by way of regular reviews of safeguarding issues.
These should review codes of conduct, key referral points for
4.1.2. The risk assessment must take account of the following challenges:

4.1.2.1. Different cultures, practices and legal systems which will require the application of UK standards plus the extra requirements of the overseas country;

4.1.2.2. An unstable environment such as a conflict, post conflict or disaster zone which may give rise to security related, emotional or ethical challenges;

4.1.2.3. Working with multiple Collaborators who will have their own risk assessments and internal policies such as whistleblowing and conduct. Policies, minimum standards and training materials should be shared between Collaborators and contextualised with country level involvement;

4.1.2.4. Project – specific guidance should consider what may be done proactively to prevent safeguarding risks. For example, limiting lone working, one-to-one contact and suitability of interviewers (having regard to, for example, gender).

4.2. First tier research partners have a duty to ensure appropriate safeguarding standards are cascaded down the delivery chain and that all Collaborators are clear about expectations identified in the risk assessment process including conduct and behaviour standards (5.4 below). Safeguarding efforts should be joined up within and between organisations as far as possible with clarity on their nature and scope within the context of each research project. Safeguarding considerations should be addressed collaboratively and include information sharing, limits of confidentiality and reporting policies and involve local partner organisations.

4.2.1. In relation to research involving DfID, their supply partner Code of Conduct will be required to be adopted by all implementing partners.

4.3. The Risk Assessment process must be dynamic and reconsideration must be given to additional factors once Staff are in the country in question in order that the safeguarding plan may be developed, implemented, maintained and monitored in context. This should involve staff from partner organisations in country to utilise local knowledge and expertise including in relation to local policies and society, to identify and respond to potential risks and develop guidance.

4.4. The safeguarding considerations in the risk assessment should adopt a victim/survivor centred approach in order to anticipate, mitigate and address potential and actual harms in the research. This will involve:
4.4.1. Clearly articulating standards of acceptable and unacceptable behaviours.

4.4.2. Identifying routes to raising concerns and reporting abuse, ensuring that these are readily accessible through, for example, websites, leaflets, email, phone, details of named complaint officers (translated as appropriate);

4.4.3. A commitment to the rights and needs of victims/survivors which will include listening to their voices in the development of policies and practice.

4.4.4. Being cognisant of power imbalances and inequalities and giving attention to gender, class, cultural, racial, nationality, sexuality, age, disability, faith related religion and other dynamics of vulnerability, risk and harm.

4.4.5. Ensuring the communities you work with understand your commitment to safeguarding and what to do if concerns arise. Consideration should be given to adapting and translating safeguarding policies, reporting mechanisms, guidance and training into local languages.

4.4.6. Having an awareness and looking proactively for signs of concern but acting within the boundaries of your role and competency.

4.5. Measures to mitigate risks should encourage open engagement, be cognisant of power differentials and be responsive to emergent needs across the research process.

5. Core processes

5.1. Vetting processes and criminal record checks

5.1.1. Recruitment and selection of staff (see section 6.1 Guidance).

5.1.2. DBS – as appropriate according to role to be undertaken (see section 6.2 Guidance)


5.1.4. International child protection certificate – consider [https://www.acro.police.uk/ICPC/](https://www.acro.police.uk/ICPC/).

5.2. Due Diligence

5.2.1. References. In addition to references for individuals (5.1.1 above), references should be followed up in relation to all proposed collaborators.

5.2.1.1. Ensure that no contractors are engaged whose previous record or conduct known, or which ought reasonably to be known to the University, indicates that they are unsuitable.
5.2.2. Consider adequacy of proposed collaborators’ safeguarding policies and procedures. Inadequate systems of small contractors overseas including local field assistants such as in-country research assistants, field workers, interpreters and providers of information and access to communities should be identified as part of the Risk Assessment process. Where possible, processes should be agreed or, if appropriate, the collaborator will be asked to adhere to the Policies of the University, as relevant. There is a need to avoid imposition of corporate style UK standards and processes whilst balancing the need for safeguarding processes to be adopted in partnership and in context.

5.2.3. Consider the impact on research participants of the involvement of local field assistants. Where possible, the participants should be involved in the choice of, for example, translators to increase trust, confidentiality and security of the participant.

5.3. Training requirements will be determined within the Risk Assessment process (see 4 above). Appropriate training according to role should be provided throughout the delivery chain.

5.3.1. Pre-departure team briefings should address issues of emotional and ethical challenges and vulnerability associated with research settings and relationships.

5.3.2. All University Staff must undertake the University Professional Behaviour and Relationship training https://hr.leeds.ac.uk/info/26/conduct_capability_and_grievance/326/code_of_conduct_-_professional_behaviour_and_relationships.

5.3.3. De-briefs should be undertaken in order to identify areas for learning lessons.

5.4. Responsibilities

5.4.1. The University will:

5.4.1.1. Ensure all Staff have access to, are familiar with, and know their responsibilities within this Appendix and as defined in the Risk Assessment. Ethics and behaviours required of all collaborators must ensure a robust safeguarding environment;

5.4.1.2. Design and undertake all its research in a way that protects people from any risk of harm that may arise from their coming into contact with the University. This includes the way in which information about individuals in our research is gathered and communicated;
5.4.1.3. Implement stringent procedures when recruiting, managing and deploying staff;

5.4.1.4. Ensure Staff receive training on safeguarding at a level appropriate to their role;

5.4.1.5. Follow up on reports of safeguarding concerns promptly and according to due process;

5.4.1.6. Treat all people fairly with respect and dignity;

5.4.1.7. Observe all local laws and be sensitive to local customs;

5.4.1.8. Adhere to organisational health and safety requirements and local security guidelines.

5.4.2. Staff must not:

5.4.2.1. Engage in sexual activity with anyone under the age of 18, regardless of the local age of consent/majority (mistaken belief of age is not a defence);

5.4.2.2. Sexually abuse or exploit children;

5.4.2.3. Subject a child to physical, emotional or psychological abuse, harassment or neglect;

5.4.2.4. Engage in any commercially exploitative activities with children including child labour or trafficking.

5.4.3. Staff must not:

5.4.3.1. Sexually abuse or exploit at risk adults

5.4.3.2. Subject an at risk adult to physical, emotional or psychological abuse, harassment or neglect

5.4.4. Staff must not:

5.4.4.1. Exchange money, employment, goods or services for sexual activity, or engage in any form of ‘transactional sex’.

5.4.4.2. Engage in any sexual relationships with research participants, since they are based on inherently unequal power dynamics.

5.4.4.3. Engage in any behaviour which could amount to actual, attempted or threatened exploitation, abuse or harassment (including sexual abuse, exploitation and harassment) whether or not it would be considered a criminal offence either in the UK or the law of the country in which it takes place.

5.4.4.4. Discriminate on the basis of race, gender, age, religion, sexuality, culture or disability or in any way act contrary to relevant University policies and procedures
5.4.5. Any breach of 5.4.2-5.4.4 will be regarded as serious misconduct when considering a response under 5.7.2.

5.4.6. Additionally, Staff are obliged to:

5.4.6.1. Follow the University Code of Conduct on Professional Behaviour and Relationships
https://hr.leeds.ac.uk/info/26/conduct_capability_and_grievance/326/code_of_conduct-professional_behaviour_and_relationships

5.4.6.2. Follow the University Policy on Dignity and Mutual Respect

5.4.6.3. Observe the University statement on modern slavery
https://www.leeds.ac.uk/info/5000/about/559/modern_slavery_statement

5.4.6.4. Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the University Safeguarding Policy and associated Guidance
http://www.leeds.ac.uk/secretariat/documents/safeguarding_policy.pdf. Consideration should be given to the need for site specific policies and codes of conduct for “appropriate” behaviour in research sites.

5.4.6.5. Report any concerns or suspicions regarding safeguarding violations by a University staff member or staff of Collaborators to the University Safeguarding Officer

5.5. Whistleblowing – reporting can be hindered by fear of retribution or causing harm to the perpetrator and/or survivor. Mechanisms must be in place to ensure there are no reprisals for appropriate reporting. These should be clear, accessible and anticipate and address key barriers to reporting by way of:

5.5.1. Advice on local laws, customs and safeguarding processes to ensure that concerns can be raised and resolved at the appropriate level.

5.5.2. University whistleblowing policy
http://www.leeds.ac.uk/secretariat/documents/whistleblowing_procedure.pdf

5.6. Reporting of concerns
5.6.1. The University will ensure that safe, appropriate, accessible means of reporting safeguarding concerns are made available to Staff and the communities we work with (as identified in the Risk Assessment), in accordance with Section 16 of the Policy. Researchers should be provided with the basic preparation for how to respond to disclosures (see section 3 of Appendix 1).

5.6.1.1. If there is an episode of abuse, exploitation or harassment, it must be taken seriously through reporting, learning (e.g. changes to policies and practices) and providing support to those affected, including Staff and Collaborators who have assisted victims or have been exposed to emotionally challenging situations e.g. death, grief or violence.

5.6.1.2. Any University Staff reporting concerns or complaints through formal whistleblowing channels (or if they request it) will be protected by the University’s Whistleblowing Policy http://www.leeds.ac.uk/secretariat/documents/whistleblowing_procedure.pdf.

5.6.1.3. Staff members who have a complaint or concern relating to safeguarding should report it immediately to their Principal Investigator or line manager. If the staff member does not feel comfortable reporting to their Principal Investigator or line manager (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to the University Safeguarding Officer (see section 10 Guidance).

5.6.1.4. Staff and students should report any instances of misconduct against themselves through a grievance procedure as appropriate https://hr.leeds.ac.uk/info/26/conduct_capability_and_grievance/236/support_staff_procedure_agreement and http://www.leeds.ac.uk/secretariat/grievance_procedure.html and http://www.leeds.ac.uk/secretariat/documents/dignity_and_mutual_respect.pdf and https://hr.leeds.ac.uk/info/26/conduct_capability_and_grievance/326/code_of_conduct_-_professional Behaviour_and_relationships;

5.6.2. The University will also accept complaints from external sources such as members of the public, partners/Collaborators and official bodies. It
is hoped that complaints or concerns about research can be dealt with at a local level. Where that is not possible a formal complaint should be made in writing to the University Designated Safeguarding Officer j.r.gair@adm.leeds.ac.uk, tel: 0044 (0)113 3434011, University of Leeds, Leeds, LS2 9JT.

5.7. Response

5.7.1. The University will follow up safeguarding reports and concerns and investigate them according to policy and procedure, including legal and statutory obligations.

5.7.2. The University will apply appropriate disciplinary measures to staff found to be in breach of the Policy, and/or any agreed codes of conduct, ensuring accountability for transgressions. Where reports concern Collaborators, consideration must be given to how to report this and may also involve termination of a contract with a Collaborator based on the actions of their staff.

5.7.3. The University will offer support to survivors of harm caused by Staff, regardless of whether a formal internal response is carried out (such as an internal investigation). Decisions regarding support will be led by the survivor.

5.7.4. In country (authorities). It is important to take account of local context when reporting to authorities. Any report must have regard to local law and be done with sensitivity to local custom and practice. Reports could cause further harm to survivors, perpetrators or researchers and careful, appropriate advice must be sought. Attention must be given to risk of unintended harm that could arise from dictating standards and reporting without due diligence. Care must be taken to ensure that subsequent action does not increase the extent of any harm e.g. sex workers if the response of authorities may be punitive.

5.7.5. Sponsors, collaborators and insurers - In accordance with contractual terms.

5.7.6. In respect of projects where DfID is a funder, there will be an additional requirement to report any concerns regarding a breach in safeguarding policy to DfID’s Reporting Concerns inbox at reportingconcerns@dfid.gsx.gov.uk or through the confidential reporting hotline +44 (0)1355 843 747.

5.7.7. Requirements of charity Collaborators

5.7.8. University – Following receipt of a report in accordance with 5.6 above, and response as appropriate in accordance with paragraph 5.7, the Secretary will record the details in a register of safeguarding issues, which will include details of the University’s response (suitably anonymised). The University DSO will provide a summary report to the appropriate regulatory and funding bodies as and if required. Safeguarding matters have also been added to the University’s institutional risk register.

6. Confidentiality

6.1. It is essential that appropriate confidentiality is maintained at all stages of the research process and when dealing with safeguarding concerns. Participants in research may be placed at risk of violence, stigma, blame or retaliation as a result of participation, increased visibility or failure to ensure confidentiality. Data gathered on sensitive topics may incriminate respondents or subject them to targeting. Information relating to concerns and subsequent case management should be shared on a need to know basis only, and should be kept secure at all times, in accordance with GDPR, Data Protection Act 2018 and the University Policy on Data Protection https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/05/Data-protection-CoP.pdf.

Dated 30 July 2020