## Preventing Harm in Research & Innovation (Safeguarding) Policy
### Process for dealing with reported concerns or incidents, and escalation within the University

**Concern/incident reported to Designated Safeguarding Contact (DSC) by victim (or third party on victim’s behalf)**

NB. Where concerns are reported direct to the Head of Department or Research Ethics & Integrity Manager, the below steps should be taken by that individual in place of a DSC.

**DSC addresses any immediate safety concerns and offers appropriate immediate support** in line with project-specific action plan.

**DSC seeks as much information as possible about the reported concern/incident** from the person making the report (including, where possible, the victim’s preferred course of action).

**DSC notifies PI (if a staff project) or supervisor (if a student project), and the relevant Head of Department**, of the reported concern/incident. PI/supervisor and HoD liaise to agree appropriate steps to be taken to limit immediate/continued risk of harm (e.g. pausing the research).

**DSC notifies Research Ethics & Integrity Manager in Research Services**, who will seek advice regarding the appropriate next steps, with input where relevant from:

- The University’s Safeguarding Panel
- Human Resources
- University Research Ethics Committee
- Vice-President for Research and/or Faculty Directors of Research & Innovation
- Members of partner organisations involved in the research

### Action to be taken may include:

- Initiation of an in-depth fact-finding process
- Convening of an investigation panel to consider the case
- Referral to another University procedure, as appropriate:

  **Safeguarding Policy**: Where the matter falls under the scope of this Policy (relates to current/prospective students (including vulnerable adults), children or vulnerable adults engaged in TUoS activities, staff in the course of their duties and/or external organisations/individuals where we engage (in branded activities)) ([https://www.sheffield.ac.uk/research-services/ethics-integrity/safeguarding/about](https://www.sheffield.ac.uk/research-services/ethics-integrity/safeguarding/about))

  **Disciplinary procedures (staff)**: Where the matter relates to potential inappropriate conduct/behaviour by a member of staff ([https://www.sheffield.ac.uk/hr/guidance/performance/enabling/disciplinary/employee](https://www.sheffield.ac.uk/hr/guidance/performance/enabling/disciplinary/employee))

  **Disciplinary procedures (student)**: Where the matter relates to potential inappropriate conduct/behaviour by a student ([https://www.sheffield.ac.uk/sss/student-code-of-conduct](https://www.sheffield.ac.uk/sss/student-code-of-conduct))

  **Procedure for Investigating and Responding to Allegations of Research Misconduct**: where the matter relates to potential unacceptable practices in research ([https://www.sheffield.ac.uk/hr/guidance/academicstaff/researchmisconduct/overview](https://www.sheffield.ac.uk/hr/guidance/academicstaff/researchmisconduct/overview))

  **Procedure for investigating concerns in relation to compliance with the University’s Ethics Policy Governing Research Involving Human Participants, Personal Data and Human Tissue**: where the matter relates to a potential breach of the Ethics Policy or terms of ethics approval (section 3.1.11 - [https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure/proceduralelements](https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure/proceduralelements))

- Cases may need to be reported to funders in accordance with grant terms and conditions.