

# Fieldwork Handbook: 'Social and Community Based Field Research'



PRIFYSGOL  
**BANGOR**  
UNIVERSITY

A guide to ensuring the  
health and safety of staff, students and participants  
during social field research

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## Background

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A number of Colleges undertake research that requires staff and students to visit research participants in community settings such as sheltered housing, in a participant's own home, or even conducted on the street, for example opinion based street surveys.

Research participants may be from a range of environments and backgrounds, across all social and age groups and in some instances may also have medical or behavioural difficulties, for example mental ill-health issues, chronic health conditions, drugs or alcohol dependency. As such, social research may expose the Researcher to an increased risk, particularly if working in unfamiliar environments or with unpredictable people.

Every College, School, Principal Investigator, Study Manager, Supervisor and Researcher needs to ensure field research is planned so that risks are identified and managed to ensure nobody is placed at unnecessary risk or harmed. However, good health and safety is about the management of risk and not about its complete elimination as risks form part of everyday life.

This Handbook provides an overview of the potential hazards associated with social research, and provides examples of practical ideas to effectively manage these.

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## Potential Risks

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Potential threats and risks to Researchers can take many forms, from physical attacks to the emotional turmoil caused by having to deal with a traumatic situation. When conducting human research in '*the field*' Researchers should expect the unexpected and will learn the value of planning.

Often, Researchers will never have visited the field location before and may have limited understanding of the environment being worked in, for example, a troubled area or a complex social set-up within a participant's home. This limited awareness, combined with uncertainty about the participant's behaviour could potentially put the Researcher, both the new and experienced, at risk.

In rare cases a risk can manifest itself as a 'violent episode' where the Researcher and others, including the participant, can suffer physical or verbal threats or assault. A violent episode is defined as any incident that involves a direct or indirect threat or confrontation by an individual to the Researcher's and/or others health and well-being. This includes:

<b>Physical Assault:</b>	An assault which results in actual physical harm
<b>Physical Threats:</b>	A threat which does not result in physical harm
<b>Verbal/Written Threats:</b>	Where communication is such a risk of harm is perceived
<b>Damage to Property:</b>	Damage or theft of personal or University owned items

Other risks, because we encounter them daily can be overlooked. However, these are often the ones that can cause the greatest problems. Simple things such as driving, pets and even local children making fun can cause problems and need to be considered.

Although we must not lose sight of everyday risks it is important to be realistic, with efforts made to manage the greatest, most foreseeable risks. It should also be accepted that in some cases you may need to ask "*does the research justify the danger posed to the Researchers?*"

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## Risk Assessments

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Most things we do at work and in life are to some extent risk assessed. Usually we do this automatically, for example when crossing the road, but sometimes, a structured, documented assessment is needed.

Before carrying out any social research always check what your School and / or Partner Organisation's procedures are with regards to the preparation and authorisation of Risk Assessments and confirm who is responsible for writing them, eg the Principal Investigator, Study Manager.

In essence, a Risk Assessment is nothing more than a look at what you are doing or planning to see if it is safe and to identify if there is anything more you can do to avoid harm. To determine if there is a real risk to Researchers or others gather as many facts as possible. Brainstorming with your Study Group or colleagues is a good way to identify areas of concern and highlight where information is limited.

Although hopefully rare, do remember to include procedures in case things go wrong or if concerns arise about the Researcher's or participant's welfare. In addition, harm may not always be obvious and immediate for example, damaged property or physical injuries. In some cases, harm may only realise over a period of time, even developing into chronic health conditions, for instance a distressing assault or threat that escalates into panic attacks.

Once foreseeable risks are identified thought should be given as to how to manage them. Controls should be practical with the aim to make things happen but to happen without causing harm, and in many cases will be similar to the precautions we take in our personal life. For example, if visiting somewhere unknown, we plan the route, travel during daylight hours and take a mobile phone in case help is needed. Check if your College or Partner Organisation have existing Safe Operating Procedures (SOPs) which should be followed or which can help guide you.

The final essential element in the Risk Assessment process is communication with all relevant persons informed about the document and any subsequent updates.

A simple risk assessment methodology is to break the activity down into stages, for example:

1. The Participant.
2. The Researcher.
3. The Research.
4. Materials and Equipment.
5. The Location.
6. Travel Arrangements.
7. Emergency Arrangements.

The following Checklist provides examples of what may need to be considered at each stage:

**Relevant** ✓

<b>THE PARTICIPANT:</b>	• Is the person known or randomly selected?	
	• What is their age?	
	• What is their physical and mental health?	
	• Is a pre-assessment carried out as part of the invite to participate?	
	• Can they participate eg an Enquiry preventing this?	
	• Is Informed Consent needed?	
	• Are they old enough or have the mental capacity to Consent?	
	• Do they have a have a history of confrontational behaviour, aggression, violence (verbal / physical), drugs or alcohol abuse?	
	• Are there other personal aspects to be aware of eg use of language?	
	• How will contact be made eg letter, land-line, mobile phone, cold calling?	
• Could their physical or mental health alter over time?		
<b>THE RESEARCHER:</b>	• Experience; are they experienced in the type of research and how to cope with what may arise?	
	• Personal boundaries; could they have difficulties dealing with a specific research topic or participant?	
	• Training; is tailored training / information needed to help them deal with what they may encounter eg De-escalation Training?	
	• Responsibilities; do they understand these eg Mental Capacity Act, Good Clinical Practice (GCP), Informed Consent?	
	• Confidence; does it need to be built before exposure to some situations?	
	• Mannerisms and awareness; can cause offence and be misread. Is awareness of cultural behaviour or tolerance levels needed?	
	• Dress and familiarity; appropriate dress, being professional at all times.	
	• Duty of Care; do they know when to intervene eg signs of abuse?	
<b>THE RESEARCH:</b>	• Is there anything which could provoke the participant eg intrusive questions, sample taking, cold-calling?	
	• Personal samples; how will they be taken to minimise participant stress?	
	• Is the Research Group fluid, especially over long term research eg participant health deteriorating?	

<b>MATERIALS AND EQUIPMENT:</b>	• What peripherals are needed, eg lap top, research mobile phone?	
	• Are special items needed, especially if visiting reception black spots eg pager systems, panic alarm?	
	• Could items be used as a weapon or are valuable and encourage theft?	
	• If taking samples, what is needed to protect the Researcher and sample eg gloves, swabs, refrigerated containers?	
	• Will items be heavy, are lighter versions or trolleys or rucksacks needed?	
	• Is the use of display screen equipment an issue?	
<b>THE LOCATION:</b>	• Is the location known and easy to get to?	
	• Is it isolated and remote from others?	
	• Is it a private house or community or shared setting?	
	• Do you have to call first or use an access system to gain entry?	
	• Will others be present eg family, Care Workers, groups of people, pets?	
<b>TRAVEL ARRANGEMENTS:</b>	• What is the best mode of transport – bus, train, car?	
	• If driving, are directions available, is the route easy, is parking nearby?	
	• Could poor driving conditions be an issue eg poor roads, weather, lighting?	
	• Is vehicle breakdown cover in place?	
<b>EMERGENCY ARRANGEMENTS:</b>	• Duty of Care; does the Researcher know what action to take if they suspect abuse, neglect or suicidal tendencies?	
	• Emergency contacts; who will be available eg colleagues, University Security, Social Services, Care Workers?	
	• How will help be raised, are there issues eg reception black spots?	
	• Do staff know about the 112 and 'emergencySMS' system?	
	• Is help available locally or could it take time to arrive?	
	• Is a 'safe call' or externally supported system needed?	
	• Follow-up; if an incident occurred how is it followed-up to ensure lessons learned eg Accident & Incident, Serious Adverse Event (SAEs) Reporting?	
	• Researcher support; what is in place eg De-Brief Sessions, Counselling?	

Although it is envisaged a generic Risk Assessment will be sufficient for many activities there will be situations where they need to be 'individualised' for a participant who has specific needs / risks.

A Risk Assessment is also a 'live' document and after its initial 'signing off' at the Ethics Approval stage should be reviewed regularly to make sure it remains pertinent, for example participant behaviour may alter over time which necessitates additional controls. Suggested Review periods could be at each research phase, if an incident has highlighted an issue or as a standing Agenda Item for discussion at each Team Meeting / Study Group.

If Risk Assessments do change, please remember to communicate them to all relevant parties, checking old versions are removed from use and replaced with the latest version.

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## Ethical Approval

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Health and safety is not the only consideration when planning social research activities. Ethical Approval will be necessary for any research involving human participants. In addition, if the research involves the NHS or their patients a separate Ethical Approval from an appropriate NHS Ethics Committee will also be required.

The Ethical Approval process is a useful tool to decide what arrangements are needed to make sure research activities are a success. For example:

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|--------------------------|---|
| <b>RISK ASSESSMENT:</b>  | A risk assessment must be submitted as part of an Ethical Approval application. This should also help with planning the general logistics of the research. <i>See Risk Assessment for further guidance.</i>   |
| <b>OTHER STANDARDS:</b>  | Are there specific standards set by Professional Bodies or Partner Organisations that must be adhered to, eg The Social Research Association (SRA), NHS?  |
| <b>INFORMED CONSENT:</b> | Is this required? How will <i>Informed Consent</i> be obtained? Is the participant able to Consent, ie age or mental capacity issues which requires a parent or guardian to Consent on their behalf? Is there something such as an ongoing POVA Enquiry which could prevent the person participating? |
| <b>POVA / DBS:</b>       | If the research involves children or vulnerable adults extra controls are needed, eg DBS Checks, compliance with relevant Child Protection Policies.  |
| <b>HIDDEN COSTS:</b>     | For example, peripherals such as phones, laptops.   |

## Practical Controls – Home & Institutional Visits

Controls should be practical and reflect the level of risk. The following should help:

<b>GENERAL CONTROLS:</b>	
<b>Participant</b>	<ul style="list-style-type: none"> <li>• Know the participant, obtain all available information</li> <li>• Select a suitable Researcher ie gender, age, experience, training, language</li> <li>• Choose a suitable way to make contact</li> </ul>
<b>Location / Travel</b>	<ul style="list-style-type: none"> <li>• Get address and postcode</li> <li>• Find out if it is a house, flat, if there are entry systems</li> <li>• Confirm if others, including pets will be present</li> <li>• Choose the best method of travel, eg train, car, taxi</li> <li>• Get clear 'how to get there' details eg train times, directions, taxi contacts, parking</li> <li>• If driving, check the weather. Inspect car pre-trip. Have car breakdown details</li> <li>• Leave behind or hide valuable items</li> </ul>
<b>Visit Time</b>	<ul style="list-style-type: none"> <li>• Account for journey time and expected research duration</li> <li>• Agree suitable times so if possible the visit is finished during daylight/office hours</li> <li>• Double check the participant is aware of the details</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Collate the equipment and papers needed</li> <li>• Consider how you will carry them eg trolley</li> <li>• Check notes etc are for the correct participant</li> <li>• Have relevant IDs, letter of introduction</li> <li>• Re-check details and email before leaving in case of changes</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• Have means to contact someone eg mobile phone, or seek alternatives like a pager service if visiting 'reception black spots'</li> <li>• Obtain and pre-program emergency contacts</li> <li>• Know call 'out' and 'in' and 'safe call' systems</li> </ul>



<b>ADDITIONAL CONTROLS FOR HIGHER RISK SITUATIONS:</b>
<p>If there is a foreseeable threat to the Researcher's personal safety, health and well-being extra controls may be needed. For example, the participant has a history of violence / substance abuse, initial contact has highlighted concerns, the location is isolated / difficult area or the research is invasive (sample collections) or confrontational. In such cases suggestions are:</p> <ol style="list-style-type: none"> <li>1. Decide if the research justifies the risks to the Researcher</li> <li>2. Move the visit to a different place, eg Clinic or NHS / supervised venue</li> <li>3. If the venue can't be changed can:             <ol style="list-style-type: none"> <li>a. Two people attend</li> <li>b. The visit be completed during daylight and office hours</li> <li>c. A 'call monitoring' system be arranged where Researchers call at set times</li> </ol> </li> <li>4. Arrange additional support eg pagers, dedicated Call Centres</li> </ol>

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## Practical Controls - Street Surveys

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We regularly see Street Surveys being undertaken, in which an *'interviewer'* asks set questions of people *'on the street'* following an informal selection criteria, eg males aged 18 to 25.

Usually, these are carried out by interviewers with some knowledge of the area. However, at the University, many staff and students will not be 'local' to North Wales or the areas being visited. In addition, suitable Survey sites may be limited due to population size and associated demographics, so interviewers will have to travel further afield, for example to a large city such as Liverpool to obtain comprehensive data. This will mean interviewers could find themselves in a position where they do not know the area and will certainly not know the interviewees.

However, this does not mean an overzealous approach should be taken. The practical precautions outlined previously should usually be sufficient to ensure, for example an inexperienced interviewer does not end up isolated in a 'difficult area'. But even if the research can only take place in a 'difficult area' it does not mean the Survey should not go ahead. Simple precautions interviewers can take are:

- Always have access to a fully charged, in-credit mobile phone.
- Have emergency contact numbers, pre-programmed onto the mobile and in hard copy.
- Leave unnecessary valuables at home with essential items eg a purse kept out of sight.
- Stand in a busy well-lit public place with CCTV coverage and a phone box nearby.
- Work in pairs if possible.
- Keep other interviewers in clear sight.
- Make contact with the local Police if in the vicinity.
- Avoid places where confrontation is likely eg outside a pub.
- Tell participants what to expect so there are no surprises. Be honest and open at the outset.
- Never hand out personal contact details.

If filming or photography is to take place the Consent of the participants will be needed and in some cases, dependent on their age or mental capacity that of their parent or guardian. When obtaining Consent it must be made clear what will be filmed / photographed and how the material will be used and who it will be shared with for example, included in an NHS Research Report, made available on the Web or as part of an educational poster.

Other considerations to ensure the health, safety and well-being of Researcher's when filming or photographing others should be covered by the guidance in this Handbook. The information provided in the *Taught Fieldwork Handbook* and *General Day Trip Handbook*, which support the Fieldwork Policy may also be of use.

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## Practical Controls – Home Visits

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This Section contains useful advice when undertaking social and community based research visits.

### Arriving at the Location – Researchers should:

- Park as close as possible to the visit site.
- Keep car keys separate from house keys.
- Hold car keys and a mobile phone on their person at all times.
- Never take items that could identify their personal details eg address.
- Block phone numbers so the number cannot be obtained.
- Look out for pets, an unusual congregation of cars or people.
- Check there are no means to prevent exit eg a lockable garden gate.

### Entering Private Houses – Researchers should:

- **NEVER ENTER IF:**
  - The door is not answered or left open.
  - There are signs of unrest inside eg shouting, loud noises.
  - The participant does not know why you are there or who you are.
- Follow the participant into the house- do not walk ahead.
- Avoid reacting to surroundings eg mess, smell.
- On entering, view the room and identify possible exits.
- If possible choose a seat between the participant and the exit door.
- Keep equipment out of sight until such time it is needed.
- **BE AWARE OF:**
  - Heightened level of anxiety or depression.
  - Display of suicidal tendencies or cries for help.
  - Sudden changes in behaviour.
  - Hostile or aggressive body language, verbal threats.
  - Complaints about the research / visit.
  - Rapid breathing, clenched fists / teeth, restlessness or raised voice.
  - Swearing excessively or sexually / racially explicit language.

### A Quick Exit – Researchers should:

If Researchers notice anything untoward they should leave and contact the 'central contact / point'. A useful strategy is to say something needs to be collected from the car. Other more general methods are to say a colleague is arriving soon or is expecting you at a certain time, or text a colleague to call.

If an immediate exit is not possible efforts should be made to diffuse the situation, leaving at the first available opportunity. If unable to leave, Researchers should discreetly attempt to contact the Police or send an urgent text message to a colleague, friend or family member to raise help.

Even if you make a call but are not in a position to speak to the person on the other end they should be able to hear you and realise there is a problem and start escalation procedures.

## Practical Controls - Handling Aggression

There are many things that can make people aggressive, especially when dealing with people in, or perceived to be in authority. Common behaviour that can cause aggression includes such things as:

- Adopting a patronising attitude.
- Humiliating or ‘talking down’ to someone.
- Using wrong names, inappropriate forms of address, over-familiarity.
- Dress eg cultural awareness.
- Using jargon / technical speak.
- Telling people how they feel – making assumptions.
- Trivialising a person’s problems, worries or concerns.

The following table identifies a range of potential warning signs that a participant is about to respond violently. Column two suggests responses to try and diffuse the situation:

WARNING SIGN	POSSIBLE RESPONSES TO DIFFUSE A SITUATION
<i>Repeated succession of question, over sensitivity to what is said</i>	Appear calm, self-controlled and confident, confirming you are addressing their concerns (in relation to their repeated questions)
<i>Aggressively using other languages</i>	Identify the language if possible; an interpreter may be needed in future. If unable to diffuse the situation, leave
<i>Using obscenities or sarcasm</i>	Remain calm and polite - never match their language
<i>Raised voice, shouting, change in tone of voice</i>	Ask for information in a calm, neutral voice. Avoid an expression of power eg ‘you must calm down’ and never copy their tone or volume
<i>Replying abruptly, refusing to reply, walking away</i>	Calmly review the reason for the visit If the situation continues, politely ask if they wish to withdraw from the research
<i>Rapid breathing, flushed face, sweating</i>	Breathe slowly and evenly
<i>Pacing, fidgeting</i>	Move calmly, politely ask them to sit
<i>Clenching of fists, pointing fingers, stamping of feet</i>	Maintain open body language. Do not react by clenching fists or folding arms
<i>Invading your personal space</i>	Never pull back in an obvious manner, discreetly create a distance
<i>Staring</i>	Maintain normal but broken eye contact
<i>Tight jaw, clenched teeth, muscle tension, shaking, ‘squaring up’</i>	Keep open body language. Respect personal space and stand to the side not directly in front

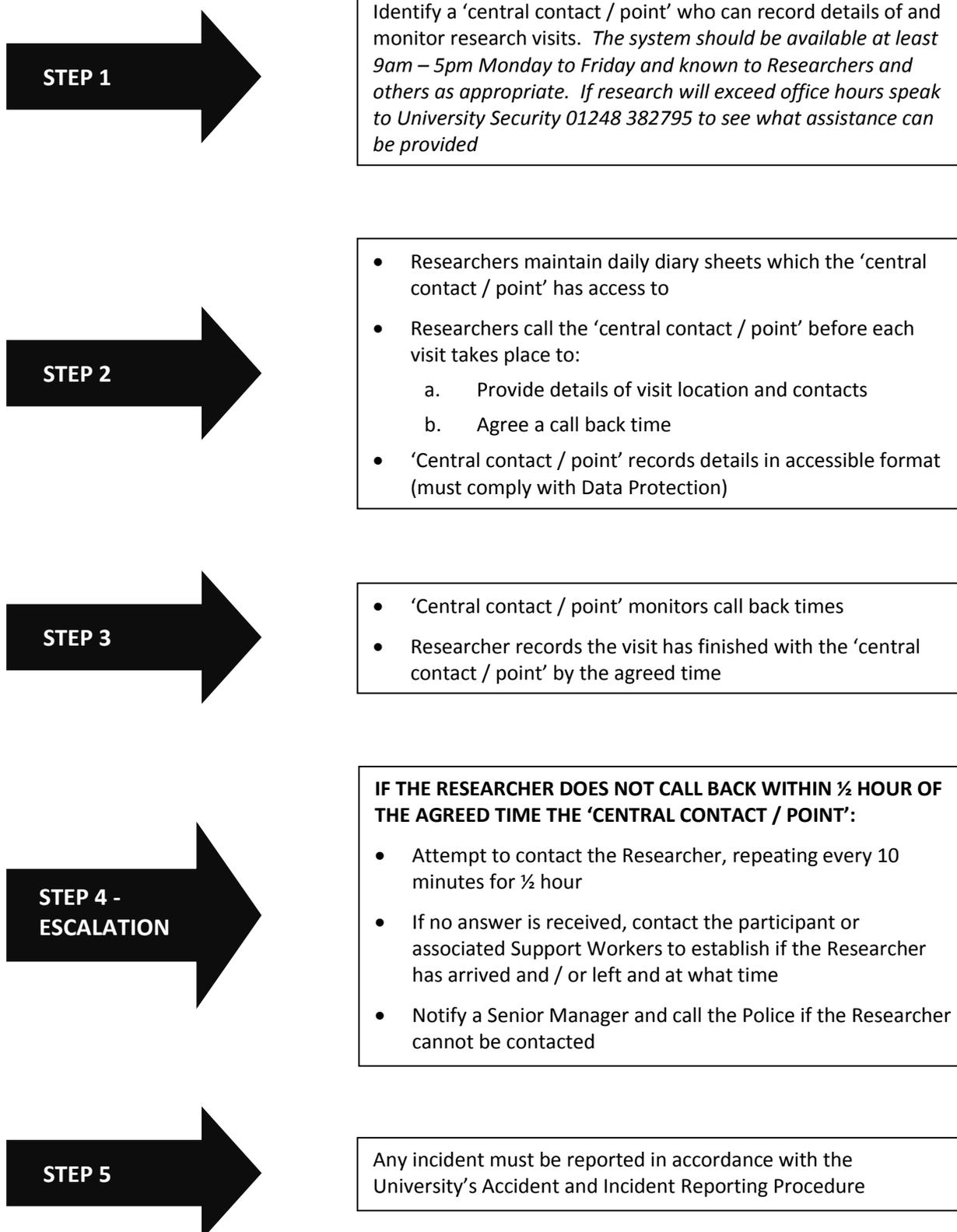
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## Suggested Logging / Call 'Out' and 'In'

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Systems should be put in place to ensure either a 'nominated person' or a 'central point' knows where Researchers are on a daily basis. This system should be supported by an escalation procedure in case concerns about the Researcher's health, safety and well-being during a visit arise.

A simple system is as follows:



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## Researcher's Welfare

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People vary greatly in how they react to another person's aggression. How someone responds can depend on many factors such as previous experiences and exposure to aggression, upbringing, gender, culture, age, health, as well as the how people react to stress in general. The stress of an event should never be underplayed - if it causes distress it should be dealt with.

Possible symptoms that may follow such an experience include:

- Anxiety.
- Disturbed sleep.
- Constantly recalling the event.
- Recurring dreams.
- Physical reactions eg eczema.
- Depression or difficulties in concentration.

It is essential Researchers are not just supported following an event but throughout research to reduce the risk of long term health and well-being problems. Systems should also be established to ensure lessons are learnt and that others are made aware of any concerns associated with a specific participant so arrangements can be put in place if the person is to be re-visited.

Practical ways to support Researchers is to:

- Ensure all Researchers understand they must report events to a Line Manager / Supervisor with the University Accident and Incident Form completed.
- Arrange regular De-brief Sessions between the Researcher and their Line Manager / Supervisor to capture and discuss concerns.
- Attempt to analyse with colleagues what happened eg why the person behaved as they did, how the Researcher reacted.
- Identify if participant selection procedures can be improved.
- Review visit arrangements eg two persons to always attend.
- Encourage Researchers to talk to colleagues about their experiences.
- Implement stress management and relaxation techniques.
- Inform Researchers (staff) of the University's free, confidential counselling service.

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## Participant's Welfare

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It should be clear from the outset what the Researcher's duty of care is with regards to their participants. This includes establishing escalation procedures, if for example, the Researcher has concerns the participant is being abused, neglected or has suicidal thoughts. Procedures should make it clear when support should be obtained and who should be contacted and how, for example out of hours Social Services phone numbers.

Clear guidance on how an event should be followed-up / investigated eg SAEs must also be in place to ensure lessons are learnt not only by the immediate Researcher but others in the Study Group and in some cases across the School, College and Partner Organisation too.

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## The Paperwork

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Once you have considered all the above, planned the research, identified the risks, controls and emergency arrangements put it down on paper (your risk assessment).

The amount of detail should reflect the level of risk and the likelihood of things going wrong if controls are not put in place. For example, if the research is a survey of student attitudes to use of salt in Halls kitchens the risk is low as the environment and participants are familiar, so the paperwork will be minimal. However, if the research involves interviewing homeless people who suffer from alcohol dependency in their day-to-day environment it is expected the level of controls will be greater, and the risk assessment will be more detailed.

In either case, always remember to communicate the risk assessment to all relevant persons.

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## Reviewing Procedures

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It is important that from time to time you review what you are doing and how things work to confirm systems are working. Remember, the purpose is to identify if you are doing enough to safeguard those involved or possibly identify if the process can be simplified – not losing sight that the health, safety and well-being of the Researcher and participant are paramount.

An easy method is to choose a small number of research activities and check against their documented procedures to see if the risks were suitably identified and managed, that the necessary ethical approvals were acquired and informed participant consent was attained. Pay particular attention to research undertaken by inexperienced Researchers, those involving higher risk groups or new types of research.

Don't forget to review emergency arrangements and escalation procedures as part of this process, both those put in place to protect Researchers, for example if the Researcher did not call back at the agreed time and those put in place to protect participant's, for example reporting concerns about abuse. If ever implemented did the emergency arrangements and any mechanisms put in place to subsequently support the participant or Researcher work?

Finally, if procedures are changed following a review, do remember to communicate them!

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## References / Further Information

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The following are links to further information and publications used to develop this Handbook:

- The Social Research Association's (SRA) Code of Practice for the Safety of Social Researchers.
- The UCEA Guidance on Health and Safety in Fieldwork.
- The University of Otago Home and Community Based Research Visits Field Work Health and Safety Guidelines.
- Bangor University Ethics [www.bangor.ac.uk/compliance-unit/ResEthics.php.en](http://www.bangor.ac.uk/compliance-unit/ResEthics.php.en)
- MHRA – Good Clinical Practice - [www.mhra.gov.uk/Howweregulate/Medicines/Inspectionandstandards/GoodClinicalPractice/](http://www.mhra.gov.uk/Howweregulate/Medicines/Inspectionandstandards/GoodClinicalPractice/)
- University Fieldwork H&S Website - [www.bangor.ac.uk/hss/inflink/fieldwork.php.en](http://www.bangor.ac.uk/hss/inflink/fieldwork.php.en)
- Emergency SMS – [www.emergencysms.org.uk](http://www.emergencysms.org.uk)