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# Guidance for debriefing engagement and evaluation participants

# Background to debriefing participants

# The best engagement and evaluation activities often gather a mixture of quantitative and qualitative data1. This relies on individuals giving up their time to participate. Their time given may or may not be compensated (either financially or in kind, e.g., refreshments as part of participation).

Best practice when involving people in engagement and evaluation activities is to ensure the individual is aware of;

* why they have been asked to participate, e.g., want to know opinions from users of a certain health service
* what they are being asked to do, e.g., fill in a paper questionnaire
* what commitment is expected of them, e.g., complete a series of questionnaires to gather their feedback over time
* what the person can expect to happen following their participation, e.g., receive a copy of a report that shows the findings
* what will happen to the information they provide, e.g., who will have access to this and who will use it

The individuals leading the engagement and evaluation activity need to also;

* manage participants expectations around change as a result of the participation
* provide avenues for support if an individual has found the participation experience to be distressing
* allow enough time for meaningful participation, making adaptions where necessary for the population being engaged with (e.g., people living with dementia require more time to respond to questions than people without cognitive impairment2)

# Best practice for debriefing

The welfare of individuals participating in engagement and evaluation is key3. Participation is generally a positive experience for both those undertaking the work and individuals’ participating4. However, occasionally there may be times where an individual becomes distressed from participating and steps need to be put in place to support that individual. Therefore in addition to ensuring an individual is fully briefed at the start, at the end of the engagement/evaluation activity participation debrief is also important.

Debriefing ensures the individual is aware of a number of factors, some of which may be reiterations of the information provided at the start of the participation5;

* Purpose of the project
* How and when the results will be available, and if you are planning on sending a copy of the results to the individual
* Restate what will happen to the information that the participant provided, and the right to withdraw individual data (if applicable)
* Whom the participant should contact if they would like further information about the work
* Sources of support in case participation has caused distress to a participant (these sources will depend on the topic you are consulting on, however, a 24-hr available helpline for people such as the Samaritans (Tel: 116 123) should always be included)
* Sources of further information if other personal issues have been discussed, or they want to give other feedback on services e.g. Citizen Advice, local Healthwatch or complaints teams.
* In some cases it is suitable to provide one or two easily accessible references for further reading for those interested in learning more about this work (e.g., reference to a document available on the Integrated Care Board website).

# Other local evaluation guidelines

The Bristol, North Somerset and South Gloucestershire (BNSSG) Evidence & Evaluation Toolkit Stakeholder Group have created guidelines for best practice in the ethics and governance of service evaluation6 and guidelines for patient and public involvement in evaluation7. Using these guidelines in addition to the debriefing guidelines will help to ensure engagement and evaluation activities are carried out well.

# References

1. The Health Foundation (2015). Evaluation – what to consider. <https://www.health.org.uk/publications/evaluation-what-to-consider>
2. Edwards, R., Voss, S. E., & Iliffe, S. (2015). The development and evaluation of an educational intervention for primary care promoting person-centred responses to dementia. *Dementia*, *14*(4), 468-482.
3. British Psychological Society (2014). Code of human research ethics. Available to download; <https://bit.ly/2V3oAFG>
4. Griffin, M. G., Resick, P. A., Waldrop, A. E., & Mechanic, M. B. (2003). Participation in trauma research: Is there evidence of harm?. *Journal of Traumatic Stress*, *16*(3), 221-227.
5. Durham University (2017). Debriefing Sheet. <https://www.dur.ac.uk/research.innovation/governance/ethics/considerations/people/consent/debriefing/>
6. Evidence & Evaluation Toolkit Stakeholder Group (2020). Guidelines for best practice in the ethics and governance of service evaluation. <https://arc-w.nihr.ac.uk/training-and-capacity-building/evaluation-best-practice-and-guidelines/>
7. Evidence & Evaluation Toolkit Stakeholder Group (2017). Guidelines for patient and public involvement in evaluation. <https://arc-w.nihr.ac.uk/training-and-capacity-building/evaluation-best-practice-and-guidelines/>