

Girls at Greater Risk Focus Group Protocol for Partners

Introduction

Good afternoon (morning, evening) and thank you for agreeing to participate in this focus group. We greatly appreciate your taking the time to assist us with learning more about the _____ program for girls. My name is _____ and I will be the guiding the discussion and asking questions about your thoughts and experiences with the _____ program. I'd also like to introduce _____ who will take notes on our focus group conversation. This session will last one hour and a half.

You have been invited to participate in this focus group because your organization has partnered with _____ in providing services for girls at risk for juvenile delinquency and HIV. You also may have participated in capacity building activities offered _____ in how to work more effectively with girls in your community.

You each bring a unique perspective to this focus group. Therefore, we want to benefit from your individual and group experiences. I will ask a series of questions and allow each of you to respond. Ideally, it would be nice to get a response from each of you to each question but you do not have to answer a question if you do not want to. My major job is to guide this discussion. I will do this by asking questions and giving you an opportunity to share your experiences and opinions. Hopefully, sharing your thoughts will allow others to feel comfortable enough to share theirs.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 1.5 hours per response including the time to review instructions, search existing data resources, the gather data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

U.S. Department of Health & Human Services
OS/OIRM/PRA
200 Independence Ave., S.W., Suite 531-H
Washington D.C. 20201

Attention: PRA Reports Clearance Officer.

So that everyone is heard and can express her opinions, we will follow these discussion guidelines:

1. Cell phones: We ask that you place them on vibrate or silent so that they will not ring during the focus group.
2. Only one person should speak at a time. It is difficult to hear if we are all speaking at once. We don't want to lose any information.
3. If possible, we would like to hear from everyone on each question asked,
4. We also ask that focus group members keep the feelings or opinions shared in this group by others confidential.
5. We will be taping this group so that we have an exact record of our discussion. This tape will be transcribed (put into words, removing any personal identifiers). Each of you has been given a place card that has a number on it. Although, it feels somewhat less personal, each of you will refer to yourselves and to others by your number instead of by your first name, that way when we transcribe the tape no names will appear.

Also, so that the transcriber will be able to tell who is speaking, I need you to state your number before you speak. It takes a few minutes to get used to doing this. I also need you to speak up, especially if you tend to be soft-spoken. Is there anyone who is not comfortable with being taped?

Facilitator Note: If a participant has questions about being taped, the facilitator will indicate that the participant can turn off the tape when he or she is speaking.

Administer approved IRB consent form. (To be submitted.)

6. Background Information Form. We are asking each of you to complete this form just to help us to describe the individuals and organizations participating in the focus group.

Focus Group Questions

1. How did you learn of the _____ program?
2. How long have you known about the _____ program?
3. Before the _____ program did you have a prior partnership or relationship with _____ (name of organization).
4. How do the goals and activities of the _____ program relate to the mission of your organization?
5. How many youth are served by your organization?
 - a. What percentage of these youth are girls.
6. What population does your organization serve?

- a. Probe for ethnicity, whether or not youth are at risk and for what, ages, whether organization serves youth, families or both, etc.
7. How many staff is employed by your organization?
 - a. How many of those staff participated in or partnered in some way with the _____ program?
8. What types of linkages does your organization have in the community and with other community based organizations?
9. What relationship did your program have with the _____ program?
10. With what, if any, partnership and capacity building activities have you been involved?
11. Did your organization receive any capacity building or training from _____?
 - a. If yes, what type(s) of capacity building or training did you receive from _____ and over what period of time?
12. In what ways have you utilized the training received?
 - a. Probe for number of activities held after training.
 - b. Probe for changes in population served.
 - c. Probe for type of activities offered.
 - d. Probe for additional training for staff
13. What were the benefits of training?
 - a. Probe for whether or not organization does any thing differently as a result of training or increase in capacity
14. What other types of training are needed?
15. In what ways could capacity building training be improved?
16. How satisfied were you with the capacity building training that you received? If one is not very satisfied and five is very satisfied, how would you rate your satisfaction?
17. Overall, did the training you receive increase your organizational capacity?