

Attachment E: Focus Group Consent



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SOP Data Collection Project [Focus Group]

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PARTICIPANT INFORMED CONSENT FORM

This study is sponsored by money from the Family and Youth Services Bureau (FYSB) and is being conducted by [AGENCY NAME] in cooperation with the University of Nebraska-Lincoln.

The goal of this study is to find out how we can best help runaway and homeless young people. We want to know what kind of experiences homeless young people have had. We will use this information to identify the services that will best help young people who do not have a regular place to live.

If you are between the ages of 14 and 21 and don't have a regular place to live right now, we would like to ask you to be part of our study. Whether you say yes or no will not make any differences in the services you can get from any service agency.

If you want to participate in this study, we will want you to be part of a focus group. The focus group will consist of a group of four to six young people and two facilitators or group organizers from [AGENCY NAME]. The focus group will last approximately 1.0 – 1.5 hours. During the focus group, the facilitators will ask the group questions. You can share as much or as little as you want for each question. The focus groups will be tape-recorded so the conversations can be transcribed or typed to text. You will be given a \$20 gift card for participating in the focus group.

During the focus group you will be asked questions about your family, where you have been staying, why you left home, and what has happened to you since you haven't had a regular place to live. You will also be asked about your feelings, your daily activities, and how your life is going. Additionally, I will ask you about the types of services and supports you have used while you don't have a regular place to stay.

Some of the questions may bring back bad memories or make you feel sad, but you don't have to answer questions that you don't want to. You can leave the focus group at any time, but you won't receive the \$20 gift card unless you participate in the focus group for most of the session (for at least 30 minutes).

Participant's Initials: _____

Privacy

Everything you say during the focus group will be kept private by agency staff and the University of Nebraska-Lincoln. By agreeing to be part of the study, you and the other young people in the focus group agree to not discuss with anyone else things said during the focus group after the focus group ends. We cannot guarantee that someone attending the focus group will not share your answers, so only share what you are comfortable telling others. The people who will see the transcription of the focus group will not know your name; they will only see an ID number. Any forms you sign, like this consent form, will be kept in a locked file away from the focus group transcriptions. Although the information you provide will be private, there are three things that the interviewer is required to tell someone else about, including your caretaker and/or public agencies.

1. Any case of suspected physical or sexual abuse and/or neglect of children must be reported to Child Protective Services. This may be yourself or a sibling or someone you know that you tell us about.
2. If you tell me you are going to hurt yourself badly, or I think you might try to kill yourself, I will get help for you. If the researchers have very serious concerns, they will need to report the situation to the appropriate authorities.
3. If you say that you are aware of serious harm that may be done to someone else, the interviewer is required to take steps to protect that person, which includes reporting the situation to the appropriate authorities.

The focus groups will be audio recorded and later transcribed (typed) for analysis. The audio recordings will not be identified by name. The audio files will be stored on secure computer servers at the University of Nebraska-Lincoln while we work on this project and will be transcribed and securely stored only until we have finished the study. Upon completion of our study, the files will be destroyed.

If you withdraw (or are withdrawn) from this study, any information collected up to the point of withdrawal for the purpose of this research may still be used in order to protect the integrity of the information collected.

Risks and Benefits

If at any time the discussions bring up memories or thoughts that create distress, you may refuse to answer the question. If you feel upset during or after a session, please let one of the facilitators know and he or she will contact a staff person at [AGENCY NAME] to help you.

The benefits from participating in this study are: 1) You will be providing important information that will help agencies develop and sustain programming specific to homeless youths' needs, 2) You will be able to tell your stories and share your life experiences with the interviewers, 3) You will be able to provide information regarding the unique needs of homeless youth in your community, 4) Interviewers will provide you with referrals for food, housing, health, and mental health programs in your community.

Voluntary Participation

You do not need to participate in this study. You may leave the focus group at any time and ask that your contributions be deleted from the transcriptions and never used without negatively affecting your relationship with the facilitators, project administrators, or your community. If you decide you do not want to be part of this study, you will not have any services taken away.

Participant's Initials: _____

Contact Information

This study is completely voluntary and it is your choice to decide whether or not you would like to be involved. You may ask any questions concerning this research and have those questions answered before agreeing to participate or at any point during the study. If you have any additional questions of concerns, you may call the principal investigator, Les Whitbeck, telephone (888) 567-5285. If you have questions about your participation in this study that have not been answered by this individual, or to report any concerns, you may contact the University of Nebraska-Lincoln Institutional Review Board, telephone (402) 472-6965.

**Focus Group Informed Consent
SOP Homeless Youth Project**

Your signature on this form indicates the following:

- I agree to participate in the SOP Homeless Youth Project.
- I agree to have my discussions in the focus group audio recorded for this study.
- I understand that I will receive a \$20 gift card for completing the focus group.
- I agree to respect the privacy of the other focus group participants, and not discuss their answers after the focus group ends.
- I understand that all information I provide will remain private and the audio recordings will be destroyed after the study has ended.
- I understand that participation is voluntary and I may leave the focus group at any time.
- I understand that if I stop the interview, the services I may be receiving will not be affected.
- I know that if I have any questions about this study I can talk with someone at the agency where the focus group was conducted and they will answer my questions.
- I agree to the study’s purpose and my involvement.
- I do not give up any of my legal rights by signing this form.

If you are not sure you understand everything we just read, I will be happy to answer any questions you have now, or I can give you some time to talk to agency staff before you decide. You can be in the study if you have no regular place to live, and we aren’t worried about you hurting yourself or other people. Please feel free to ask me any questions about the study before you sign the consent. You will be given a copy of this consent form to keep.

Participant’s Printed Name

Date

Participant’s Signature

I was present when this was read and I think that he/she understood everything and has agreed to participate in the study.

Staff Signature

Date

Participant’s Initials: _____