

ATTACHMENT D
FOCUS GROUP PROTOCOLS

PARENT/GUARDIAN FOCUS GROUP CONSENT TO PARTICIPATE

The Social Security Administration is sponsoring a study of the [PROMISE/ASPIRE] program to find out how it is working and how it can be improved. The study is being conducted by researchers at Mathematica and BCT Partners. We thank you for your interest in participating in this important study. By signing this form, you are agreeing to take part in the study. As a participant in this study, the following will happen:

- 1) You will complete a short form to provide a description of your background.
- 2) You will participate in a group discussion with researchers and parents or guardians of other Supplemental Security Income (SSI) youth to talk about your experiences with [PROMISE/ASPIRE] and the services you have received.

It is your decision whether or not to participate in the study. All information we collect about you through the discussion group or agency records will be kept private to the extent allowed by federal law and the information will be used for research purposes only. Your name will never be used in any reports and no information will be reported in any way that can identify you. You may decline to answer any questions on the background information questionnaire or during the group discussion.

I have read this form (or it has been read to me). I understand the information provided in this form and voluntarily agree to participate. If I have questions I can call a member of the study team at toll-free number 1-8xx-XXX-XXXX.

PARTICIPANT'S NAME (Printed)

PARTICIPANT'S SIGNATURE

DATE

Public reporting burden for this collection of information is estimated to average 90 minutes per respondent. Send comments concerning this burden estimate or any other aspect of this collection of information to [agency and address]. According to the federal government's Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this information collection is 0960-XXXX. Expiration Date [date].

PARENT/GUARDIAN BACKGROUND INFORMATION QUESTIONNAIRE

Please take a few moments to answer some questions before we begin the discussion group. This will help us learn more about you so we can better understand the comments you share with us today. We will not identify you or share your specific answers; we will only report your answers combined with the responses of the other discussion group participants. Thank you!

1. How old are you? _____
2. What is your gender? Male Female
3. Are you (please check one box):
 - Married, living with your spouse
 - Married, living apart from your spouse
 - Unmarried, living with a partner
 - Unmarried, not living with a partner
4. How long has your child been receiving SSI? _____years _____months
5. Please describe the disability for which your child is receiving SSI:

6. Do you yourself have a disability for which you are receiving SSI or SSDI? No Yes
(If yes, please describe your disability below)

7. What is the highest level of education you have completed (please check one box)?
 - Less than high school
 - High school diploma or GED
 - Some college, no degree
 - Associate's degree
 - Bachelor's degree or higher
8. Are you currently enrolled in a training or education program? No Yes
9. Are you currently employed (check one box)?
 - No
 - Yes, full time (35 or more hours per week)
 - Yes, part time (less than 35 hours per week)

PARENT/GUARDIAN FOCUS GROUP PROTOCOL

Introduction

My name is [name] and I am from [Mathematica /BCT Partners]. I will facilitate our discussion today. We are doing a study on the [PROMISE/ASPIRE] program. My understanding is that you have a child who is signed up to be in [PROMISE/ASPIRE]. We are holding discussion groups with children in [PROMISE/ASPIRE] and separate groups with their parents or guardians to learn more about their experiences with the program.

What we learn from you today will help [state] do a better job of helping youth who are receiving SSI benefits with school and work.

As you have been told, at the end of the discussion, you will each receive a \$30 gift card for talking with us today.

Your participation in this discussion group is voluntary. There is no risk to you participating. Whether or not you choose to participate in this discussion, there will be no effect on your child's SSI benefits or on the SSI benefits of anyone in your family. Before we begin or at any time during the discussion, you can choose to not participate. You also do not have to answer any question you don't feel comfortable answering.

Anything you say today will be kept confidential to the fullest extent possible by law. This means that we will keep everything you say here today private, unless that information could cause harm to you or to someone else. Otherwise, the information will be shared only with our study team--not with anyone who handles SSI benefits or earnings. Nothing you say will be linked to your name and our reports will not identify you in any way.

I also want to let you know that I am not an expert on SSI, so I cannot answer questions or give advice about benefits or your personal circumstances.

Today's discussion should last about 90 minutes. I hope you will share your experiences and opinions freely in our discussion. To respect the privacy of other people in the group, once today's discussion group ends, please don't share or talk about anything you've heard anyone else say. As part of the discussion, you can disagree with each other, but please do not argue.

During our discussion, you might see me jotting down notes. Please do not be alarmed, I am listening; the notes will help me keep track of ideas that come up that I want to follow up on. In addition, with your permission, to make sure I hear everything you have to say, I will record the discussion. The recording is for research purposes only, will only be available to the [Mathematica/BCT] study team, and will be destroyed at the end of the study. Do I have your permission? Please raise your hand if I do not. *[Facilitator: do not record conversation if there is any objection.]*

So we get a good recording, please speak clearly and one at a time. Before we get started, I'm going to test the recorder. *[HIT THE RECORD BUTTON. SAY A FEW WORDS. PLAY IT BACK].*

Does anyone have any questions before we begin our discussion?

Okay, let's get started. [*HIT THE RECORD BUTTON*].

I have hit the record button. Everyone in the room has agreed to being recorded and to participating in the discussion. Let's begin by going around the room and having each person introduce him or herself by first name and telling us a little bit about the child that brought you to this group today.

A. Enrolling in [PROMISE/ASPIRE]

Let's start by talking about how you first heard about the [PROMISE/ASPIRE] program and how you signed up for it.

1. How did you first learn about [PROMISE/ASPIRE]?
 - a. Did you receive a call or a letter about [PROMISE/ASPIRE]?
 - b. Who told you about the program?
 - c. Did you see information about the program somewhere, like on a flyer?
2. What did you have to do to sign up for [PROMISE/ASPIRE]?
 - a. Did you fill out paper work? Go to a meeting?
 - b. Was it easy to enroll in the program? Difficult (and why)?
3. Did you have any concerns about the program? Any worries that it might not be right for you or your child?

B. Services for Youth

Let's talk next about what you think of the services your child has received so far from [PROMISE/ASPIRE].

1. What services has your child received so far?

PROBES: vocational education or GED classes, career counseling, job search and job skills classes, paid work opportunities, work accommodations, benefits counseling, life skills classes, case management
2. What services have been helpful? Why? What services have not been so helpful? Why?
3. Do you think [PROMISE/ASPIRE] is doing enough for your child? What else could it be doing?

C. Services to Promote Parent/Guardian Involvement

1. Before hearing about and enrolling your child in [PROMISE/ASPIRE], by a show of hands, how many of you thought your child would be able to support him/herself and live independently someday? [*Facilitator: state the number of hands raised so the number becomes part of the recording*]
2. Before enrolling in [PROMISE/ASPIRE], what were your hopes and expectations for your child's future?
3. By a show of hands, how many of you currently think your child will be able to support him/herself and live independently someday? [*Facilitator: state the number of hands raised so the number becomes part of the recording*]
4. Has [PROMISE/ASPIRE] changed your hopes and expectations for your child's future? How?
5. What kinds of things has [PROMISE/ASPIRE] done to encourage you to help your children do well in the program and at school or work?

PROBES: encourage you to attend individualized education program (IEP) meetings, help you set expectations for your child?

D. Staff and Peer Support for Parents/Guardians

1. Do you ever communicate with any [PROMISE/ASPIRE] staff one-on-one? (What staff?/Title?)

If so:

- a. How often do you talk to each other? How do you typically talk to each other (e.g., telephone, in-person, texting)? Would you like to talk with [PROMISE/ASPIRE] staff one-on-one more, less, or is this about right?
- b. What kinds of things do you talk about?

If not:

- c. Is there someone at [PROMISE/ASPIRE] you could reach out to with any questions you may have or to raise concerns?
- d. How comfortable do you feel reaching out to [PROMISE/ASPIRE] staff to ask questions or raise concerns?

2. Have you ever been in any support groups with other parents or guardians in [PROMISE/ASPIRE]?

- a. How helpful were these groups?
- b. What kinds of things did you talk about?

E. Services for Parents/Guardians

Now, let's talk about [PROMISE/ASPIRE] activities **you yourself** have received.

1. First, by a show of hands, how many of you are currently in school or a training program?
[Facilitator: state the number of hands raised so the number becomes part of the recording]

Have you used services through [PROMISE/ASPIRE] to help you stay in school, do better in school, or go back to school? [PROMISE/ASPIRE] staff may have provided these services or referred you to services provided by other organizations.

PROBES: vocational education classes, GED classes, peer support workshops

- c. For those who used these services, what services were most helpful to you? Why? What services were least helpful? Why?
 - d. For those who have not used any education-related services, why didn't you use them? What might have encouraged you or made it easier for you to use them (e.g., knowing about them, flexible hours, more accessible location, different types of services, shorter wait times)?
 - e. Are there education-related services that you would like to receive through [PROMISE/ASPIRE] but haven't gotten? What services? Why haven't you gotten them??
2. By a show of hands, how many of you are working? *[Facilitator: record response]*

Have you used services through [PROMISE/ASPIRE] to help you find or keep a job or to get a better job? [PROMISE/ASPIRE] staff may have provided these services or referred you to services provided by other organizations.

PROBES: resume preparation, career counseling, mock interviewing, job search workshops, job site tours

- a. For those who used these services, what services were most helpful to you? Why? What services were least helpful? Why?
- b. For those who haven't used these services, why didn't you use them? What might have encouraged you or made it easier for you to use them (e.g., knowing about

them, flexible hours, more accessible location, different types of services, shorter wait times)?

- c. Are there work-related services that you would like to receive through [PROMISE/ASPIRE] but haven't gotten? What services? Why haven't you gotten them?
3. Have you used services through [PROMISE/ASPIRE] to help you manage your money? [PROMISE/ASPIRE] staff may have provided these services or referred you to services provided by other organizations.

PROBES: individual benefits counseling, money management workshops

- a. For those who used these services, what services were most helpful to you? Why? What services were least helpful? Why?
 - b. For those who didn't use these services, why didn't you use them? What might have encouraged you or made it easier for you to use them (e.g., knowing about them, flexible hours, more accessible location, different types of services, shorter wait times)?
 - c. Are there money-management services that you would like to receive through [PROMISE/ASPIRE] but haven't gotten? What services? Why haven't you gotten them?
 - d. Do you think about what will happen to your household income if your child begins to work and becomes more independent? Has [PROMISE/ASPIRE] changed your thinking about this at all? How?
4. Have you yourself participated in any other [PROMISE/ASPIRE] activities? What activities? What did you think of them? Were they helpful? Why or why not?
 5. (*Facilitator: only ask questions specific to your state*)

IN AR and MD ONLY:

Has PROMISE helped you pay for anything your family has needed, like food, gas or other transportation costs, or work clothes? What kinds of things has PROMISE helped pay for?

IN WI ONLY:

By a show of hands, how many of you have received a tablet with a data plan from PROMISE? [*Facilitator: state the number of hands raised so the number becomes part of the recording*] What have you used this for? Has it been helpful? Why or why not?

IN WI ONLY:

By a show of hands, how many of you have opened a savings account with help from PROMISE? [*Facilitator: state the number of hands raised so the number becomes part of the recording*] Has it been easy or difficult to have a savings account? Why?

6. Have other members of your family participated in any [PROMISE/ASPIRE] activities? If yes:
 - a. Which family members and which activities?
 - b. What did they think of these activities?
 - c. Were they helpful? Why or why not?

F. Wrap Up

To finish up, I would like everyone to think about all of the things you and your child have done in [PROMISE/ASPIRE] and tell me:

1. What has been your overall experience with [PROMISE/ASPIRE]?
 - a. Would you recommend [PROMISE/ASPIRE] to other families like yours? Why or why not?
2. What comments or advice about [PROMISE/ASPIRE] would you give to the people who designed the program?

Those are all the questions I have. Thank you so much for participating in this important discussion. Please don't leave before I give you your gift card for your participation. I will be asking you to sign this form [*Facilitator: hold up form*] so that I have a record that you received a gift card. Thank you again.