# PROGRAM STAFF FOCUS GROUP PROTOCOL
## PHASE 1: CO-DEFINITION, FOCUS GROUP 1

*Thank you for taking the time to talk with us today. My name is [NAME] and this is [co-facilitator/notetaker NAME(s)]. We work as research analysts with The Policy & Research Group (PRG). On behalf of the Health Resources and Services Administration (HRSA), and in collaboration with the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), we are implementing a project designed to identify, develop, study, and disseminate evidence-informed strategies and resources that early childhood home visiting (ECHV) programs may use to strengthen home visiting services, and, ultimately, achieve better outcomes for children and families. The focus of our discussion today is informal contact strategies your program has implemented in an effort to connect with families, provide useful information, and/or check in on the caregiver or child in order to enhance services received.*

*We are particularly interested in hearing about your experiences with using informal contacts to communicate with families between home visits, including the strategies you use and why, and your perception of the benefits and challenges to these strategies.*

*Your participation in our discussion today is completely voluntary, and you can leave the call at any time. There is no penalty if you choose not to participate in this focus group. I may ask you a question directly, but you don't have to answer anything you don't want to. This is just an effort to make sure we hear from everyone today. Please know that the information you share today is confidential and only study staff will have access to the notes, recordings, and transcripts. Study staff may summarize what we discuss today to share with interested parties (e.g., staff in your program, HRSA, or other programs participating in the study), but no identifiable information or individual responses will be shared. We ask you to please respect each other's privacy by not sharing any personal information or experiences discussed during the focus group.*

*I'm going to record our discussion today so that we can make sure we accurately capture what is said (that we remember the discussion correctly). By joining the discussion, you are agreeing to participate and to have the discussion recorded. Does anyone have any questions before I start recording?* **[Answer questions.]**

*As we are getting things set up to record and get our discussion underway – I'm going to send out a link to a quick survey in the Zoom Chat [or via email, if using phone]. The survey asks you to answer a few questions about yourself, so we have an understanding of who participated in our discussions. Like your participation in this discussion, filling out the survey is voluntary. You do not have to respond to all or any of the questions. Your name is not on the survey and will not be connected to your responses. By filling out the survey you are agreeing to allow the study team to see your responses and use your answers to describe (summarize) who was involved in the focus groups we conducted. Is everyone able to click on the link? [*__troubleshoot as necessary__*]. Great. If you are willing to fill out the survey, please take a few minutes to do so now and we'll get started in [5 minutes, at TIME].*

*Ok. We are set up and I'm going to begin recording now.* **[Start to record.]** *Before we get started, I'd like us to set a few ground rules for the conversation.*

*[***If using Zoom***]*
*Since we are using Zoom today, I'll keep my video on the whole time, but you can choose to have your video on or off. We want to make sure that everyone has the opportunity to have their thoughts and opinions heard. So, to avoid us talking over each other, I'll be helping to direct the conversation. If you want to speak, you can let me know in the chat, click the "raise hand" button, or just chime in when there is a pause in conversation. Also, I want to emphasize that there are no right or wrong answers and we are interested in hearing both positive and negative comments and opinions – or whatever you think is important to share. We only ask that you do not use the names of clients or staff outside of this focus group to help maintain everyone's privacy. Those are all of the guidelines I have - does anyone have additional guidelines for our conversation that you would like us to consider? Does anyone have any questions about Zoom or the guidelines for our discussion?* **[Confirm that everyone understands Zoom features and can mute/unmute.]**

*[***If using Phone***]*
*We want to make sure that everyone has the opportunity to have their thoughts and opinions heard. So, to avoid us talking over each other, I'll be helping to direct the conversation. If you want to speak, you can chime in when there is a pause in conversation, otherwise, before we move on to different topics, I will provide an opportunity for people to voice their opinions. Also, I want to emphasize that there are no right or wrong answers and we are interested in hearing both positive and negative comments and opinions – or whatever you think is important to share. We only ask that you do not use the names of clients or staff outside of this focus group to help maintain everyone's privacy. Those are all of the guidelines I have - does anyone have additional guidelines for our conversation that you would like us to consider? Does anyone have any questions about the guidelines for our discussion?* **[Confirm that everyone understands how to mute/unmute.]**

*In all, this should take about an hour to an hour and a half. Does anyone have any questions before we get started?* **[Answer questions.]**

## PART 1: PROGRAM SETTING/BACKGROUND

**[This section builds our baseline understanding of the program and its use of strategies for informal contacts. This section also addresses primary research question 1: How have home visitors used informal contacts to improve service delivery and promote caregivers' engagement and satisfaction with the home visiting program?]**

*During our previous conversations when we were identifying programs to participate in this study, you provided information about your program and how it operates. I'd like to briefly review that information with you and discuss any additional cultural, community, or program-specific contexts that we should be aware of and that influence your programming.*

**[Facilitator quickly reviews information on home visiting model used by the program, the setting and target population for the program, services offered to families, program capacity, current program staffing and caseload, and use of virtual service delivery. Ensure that we know:**

- **population served**
- **site location and location of families served**
- **# home visitors on staff and serving families**
- **# families enrolled and receiving services**
- **average or typical case load for home visitors**
- **Important context for providing services, as discussed by staff]**

**Question:** Is all of this information, correct? If not, what needs to be amended?

**Question**: Is there any other context we should know about how your program works?
  - o    **Probe:** cultural, community, or program-specific contexts
- **Follow-up:** Is there anything else we should know about your program structure or service capacity as we start to think about strategies you use to communicate with families between home visits?

**[Before moving on to the next question, make sure everyone has had the opportunity to voice their opinions.]**

## PART 2: INFORMAL CONTACT STRATEGIES IMPLEMENTED

**[This section addresses primary research question 1: How have home visitors used informal contacts to improve service delivery and promote caregivers' engagement and satisfaction with the home visiting program? This section is intended to provide a shared foundational knowledge of the strategies used and how they have been implemented by the program.]**

*Thank you for going over information about your program. Now I am interested in hearing about informal contact strategies your program uses or has used, when they are used, and how you use them.*

*And just to be clear, when I talk about informal contact strategies, I'm referring to communication or exchange of information between a home visitor and family (caregiver) that occurs outside of formal, scheduled communication from the home visiting program (i.e., occurs in between home visits and is not a component part of or mandated by the home visiting model). Informal contacts are initiated by a home visitor or other program staff, in an effort to connect with the families, provide useful information,*

*and/or check in on the caregiver or child. Caregivers are able to, but not necessarily expected to, reciprocate communication with the home visitor once a contact has been made.*

**Question:** Does anyone have any questions about how we are defining informal contact strategies?

*Over the course of our discussion, we want to hear about what you have been doing and we will work to understand how your experiences and practices align with the definition of informal contacts we are using for this study. The ultimate goal of the conversation will be to come up with a list of strategies that that your program may be interested in testing during this study and that reflect/encompass the study definition.*

**Question**: Before we start talking about informal contact strategies your program uses, let's first establish what formal communications you use. Aside from home visits, are there any other types of communications or contacts you make with families that are a component of your home visiting program and/or mandated by the home visiting model you use?
- o **Probe:** family connections/meetups; appointment scheduling/confirmation; information request; assessments

**Question:** Okay. Now that we have discussed formal contact strategies and our working definition of informal contacts for this study, I'd like to hear about all of the ways that your program has made informal contact with families. What are the ways your program connects with families outside of visits?
- **Follow-up:** What methods has your program used to contact a family between home visits (e.g., text, email, phone call) and why ? Is one method preferred over another?
- **Follow-up:** What types of services or content did/do you provide during an informal contact (for example, mental health check-in, brief conversations about child's health and development)?

**[Facilitator makes a list as people share, then asks the following questions about the list of strategies broadly.]**

**Question**: Can you tell me a little more about what [strategy] entails?
- **Follow-up:** What types of services or content have you provided using [strategy] (for example, mental health check-in, brief conversations about child's health and development)?

**Question**: What does [strategy] require in terms of:
- Training/guidance/technical support
- Time for oversight/ongoing guidance
- Time to implement (such as dropping off materials)
- Materials (such as cell phone, computer, wireless internet.)

**Question**: Considering what [strategy] requires - how practical or feasible is it for your program and home visitors to use this strategy?
- o **Probe**: ease or difficulty for program to provide resources needed to implement [strategy]; ease or difficulty for home visitors to implement

**Question:** How well does [strategy] fit with the home visiting model that your program uses?
- **Follow-up:** Are there any issues related to this strategy and model that should be considered?

**Question:** How accepted is [strategy] by home visitors, administrators, and families?

> o **Probe**: Who likes/dislikes it; how well liked or received is it; what is liked/disliked; response of families (negative/positive)

**Question:** How applicable and appropriate is [strategy] to/for all families?
- **Follow-up**: For whom, and in what instances, does [strategy] work best?
  - o **Probe**: Content or purpose of contact, family characteristics; rapport between home visitor and family; length of time families have been in the program; length of time between visits
- **Follow-up**: For whom, and in what instances, does [strategy] not work well?

**Question**: To what extent did home visitors use informal contacts before the PHE and how has your use of informal contacts changed over time?
- **Follow-up:** How did your approach or strategies change during the PHE?
  - o **Probe:** restrictions on in-person contact; frequency of contact; content of communication; method of communication

**Question**: What do you think is the role of informal contacts in your program?

**Question:** How are communications and interactions through informal contacts different from formal scheduled communications from your program or home visits (both virtual and in-person)?

**Question**: Overall, which strategies do you think have the most potential to be scaled up/implemented at other programs?

[**Facilitator: Before moving on, ensure the group understands the definition of informal contacts used in this study**]

*Now we'd like to talk about your recent experience with informal contacts.*

**Question:** How has your/your program's use of informal contacts been going recently?
- **Follow-up:** Can you provide some examples of how you've been using informal contacts?
  - o **Probe:** situations where informal contacts are used
- **Follow-up:** Have you been using specific methods to reach families (text, email, phone)?
- **Follow-up:** What did the contact(s) entail (e.g., were you reaching out to check in, to provide information, did you try to start a conversation)?
- **Follow-up:** What are typical topics you share information about or discuss with families during an informal contact?

**Question**: What considerations have you been making around using informal contacts, recently?
- **Follow-up:** How often did you use informal contacts?
- **Follow-up:** How did you decide how frequently to contact families outside of the visit?
- **Follow-up:** How did you decide which families to use informal contacts with?
- **Follow-up:** How did you decide on a specific method of communication (e.g., text, email)?
- **Follow-up:** How did you decide on the content you will provide?
  - o **Probe:** whether specific informal contact communication methods (e.g., email, text) were used for specific content

**[Before moving on to the next question, make sure everyone has had the opportunity to voice their opinions]**

# PART 3: FACILITATORS OF AND CHALLENGES TO IMPLEMENTATION

**[This section addresses barriers and facilitators to implementation and helps to respond to primary research question 2: How can the implementation of informal contacts by program staff be improved?, especially sub question 2.a.: What facilitated implementation of informal contacts? What are the barriers to implementation?]**

*In this section, I would like you to reflect on the strategies we've been discussing and share where the barriers and challenges have been. Are there general or program specific barriers to these strategies? I also would like to hear about how your program has succeeded in implementing these strategies and if there are tips or specifics you can think of regarding how to effectively implement informal contacts.*

**Question:** Considering the strategies you've used, what barriers or challenges have come up when you've used them?
- **Follow-up:** Is there particular content – types of information shared or topics of discussion - that makes each of these strategies easier/harder to implement? Please explain.
- **Follow-up:** Are there situations or issues that have made it particularly difficult to effectively communicate with families between visits? If so, please explain.

**Question:** Can you think of and describe any program-specific barriers or challenges?
- **Follow-up:** How good of a fit are each of the strategies for the home visiting model you use?
- **Follow-up:** To what extent does case/workload affect ability to implement the different strategies?
- **Follow-up:** Do particular strategies add undue burden or strain to a home visitor's workload?

**Question:** Can you think of and describe any community/setting-specific barriers or challenges have come up when implementing each of these strategies?
- **Follow-up**: Are there certain areas where phone/texting/email is harder for families to access? Or groups that you work with who have less access to technology needed to receive and/or respond to informal contacts?
- **Follow-up**: Are there attitudes towards outsiders or programs like this that interfere with or make informal contacts more difficult?

**Question:** Can you think of and describe any family/caregiver specific barriers or challenges that have come up when implementing each of these strategies?
- **Follow-up:** Do family dynamics or caregiver schedules interfere with or make informal contacts more difficult?
- **Follow-up:** Have there been issues that made it particularly difficult to identify and/or address a family's needs through informal contacts?
- **Follow-up:** Have families expressed concerns about informal contacts and the strategies you've used (for example, frequency of contacts, concerns related to cell phone minutes)?

**Question:** Is there anything specific to your program that facilitates or makes implementing each of the strategies easier or more successful?

**[Before moving on to the next question, make sure everyone has had the opportunity to voice their opinions]**

## PART 4: PERCEPTIONS OF STRATEGIES

**[This section addresses two primary research questions: 1. How have home visitors used informal contacts to improve service delivery and promote caregivers' engagement and satisfaction with the home visiting program? 2. How can the implementation of informal contacts by program staff be improved?**

*In this section I am interested in your perception of the value of informal contacts, and specifically, how they affect/influence the quality of families' home visiting experiences, engagement, and rapport.*

*By engagement, I'm referring to how interested or involved a family/caregiver appears to be with different aspects of the program.*

*And when I talk about rapport, I'm referring to the relationship between home visitors and their families – rapport is characterized by agreement, comfort, mutual understanding, or empathy that makes communication possible or easy.*

*Considering each of the strategies you've used, I'd like you to consider what you see as the utility of the strategy – or what you see as the function, the purpose, or value of the strategy, especially as it relates to the quality of families' home visiting experiences, engagement, and rapport.*

**Question**: In your opinion, what is valuable about using informal contacts with families – what do you see as the benefit of using the strategies we've discussed?
  - o **Probe:** quality of home visits; family engagement in program; program satisfaction; retention; rapport with staff/home visitor; caregiver social/community connectedness; resource connection; mental/emotional health

**[Facilitator makes a list of the perceived benefits to reflect on in next set of questions.]**

*Great. Now, I'd like us now to consider how the strategies you've used compare to one another in terms of the benefits you discussed.*

**Question:** How have caregivers and families responded to your efforts to contact them between visits?
    **Follow-up:** Considering each of the strategies you've tried, are there any common elements to strategies that families respond well to? What about with strategies they don't respond well to?

**Question:** In your experience, which strategies would you say are most effective or promising, overall, with regards to the benefits we've discussed?

**Question:** Which strategies would you say are *least* effective, overall, with regards to the benefits we've discussed?

*Now that we have an idea of how you see or understand the strategies to be working, I'd like to get a sense of how confident and comfortable you personally feel implementing these strategies.*

**Question:** Which strategies do you feel most confident in your ability to implement?

**Question:** Which strategies do you feel least confident in your ability to implement?

**Question:** How do you feel about the guidance provided by your program and/or model for these strategies?

**Question:** Is there anything else you want to share about why you do /do not feel confident in your ability to implement a particular strategy?

**[Before moving on to the next question, make sure everyone has had the opportunity to voice their opinions.]**

## PART 5: WRAP-UP/FINAL QUESTIONS

**[This section is the closing of the focus group and is used to make sure we address any outstanding questions and ensure we ask if anyone has anything additional to share before we end the focus group.]**

*Before we wrap-up, I want to reflect back on the strategies we've discussed and have you consider a "short list" that you are interested in testing or that you think other sites might be interested in testing during the study. Once we've talked to all of the sites participating in the study, we'll send you a list of the strategies you identify here along with what other people are identifying as the most promising or appealing strategies We'll need to make sure that the list of strategies aligns with or reflects the definition of informal contacts we discussed previously, so we may need to consider some adjustments to some of the strategies.*

**Question**: Considering our conversation - the strategies we've discussed, what you see as the benefits and challenges of those – are there any strategies that you feel are really rising to the top for you – that you definitely think your program should consider testing during this study? If so, can you identify the strategy and discuss why you think it should be kept on the list of strategies to consider?
  - **Follow-up**: By a show of hands **[if by phone, ask participants to say yes out loud]** who thinks it should be kept on the list. Now a show of hands for people who think it should be dropped **[facilitator notes #s]**.

**Question**: Are there any strategies that you think definitely *should not be* considered? Please explain why you think it should be dropped from the list of strategies to consider.
  - **Follow-up**: By a show of hands **[if by phone, ask participants to say no out loud]** who thinks it should be kept on the list. Now a show of hands for people who think it should be dropped **[facilitator notes #s]**.

**[Facilitator identifies on the running list of strategies, which are to be included not to be included. If there are some strategies that are not identified, ask following question.]**

**Question:** Okay, it looks like there are a few strategies that no one has identified as either "keep" or "drop." **[Facilitator goes through the list one strategy at a time.]** For [strategy], let's see a raise of hands for people who think it should be kept on the list. Now a show of hands for people who think it should be dropped.

*Great. Now we need to decide which strategies will remain on the list to consider. I suggest we keep a strategy on the list if a majority of you agree it should remain on the list and no one believes it definitely should be dropped. I'll go through the list again, just to ensure you all agree with this strategy.*

**Question**: [**For each strategy**]: [#] people said keep and [#] said drop. I'm going to [keep/drop] based on this – unless you all want to talk it through a little further. Does anyone one to talk about this strategy? **[Facilitator asks group to talk out any disagreements and decide amongst themselves whether a strategy should remain.]**

**Question**: Thinking about the study definition [**repeat definition if needed**], and this list of strategies – are there any that you think we may need to adjust if we want to consider them? If so, please identify the strategy and let's discuss what adjustments you think could or should be made.

- **Follow-up**: [**facilitator goes through the core elements of the definition one at a time for instance:  1. communication that happens in between home visits; 2. not a formal component of the home visiting model**; **3. goal to connect with the families, provide useful information, and/or check in on the caregiver or child; 4. caregivers are able to, but not expected to, reciprocate communication with the home visitor once a contact has been made.**] Does the strategy meet this part of the definition? If not, can you think of any elements of the strategy that would need to be added or adjusted?

*Great. So, based on our conversation – this is the short list of strategies that you would like to consider for the study: [**read list**]. Again, we will include these along with strategies from other sites as we develop a final set of strategies that all sites can consider for the study. We will send this to you at least a week in advance of our next focus group so you have plenty of time to read through and discuss.*

**Question**: In closing, is there anything else you'd like to share?

*Thank you very much for participating in this discussion! If you have questions after you leave the call, feel free to contact me.*

*Our next focus group will be [provide timing] and will be the second focus group in Phase 1: Co-Definition, of the study process. Before we meet again, we will email everyone here a list of the different strategies discussed today. We will use this list as our starting point for the next focus group, during which we will decide, as a group, which strategy will be chosen for study implementation.*

*If you have any questions about the study, please contact Teresa Smith at The Policy & Research Group (teresa@policyandresearch.com or (225) 281-3783).*

*If you have questions about your rights as a research volunteer, you can call Health Media Lab Institutional Review Board at (202) 549-1982.*