**ADMINISTRATION FOR CHILDREN & FAMILIES**
**Office of Refugee Resettlement**

# Refugee Support Services (RSS) Set-Asides Assessment
# Youth Mentoring Local Provider Focus Group Guide

| Facilitator(s): | City, State: | Date: |
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| | | |

## Introduction Script

Thank you for agreeing to join this meeting. I'm [NAME] and this is my colleague [NAME], and we work in the Office of Refugee Resettlement (ORR). ORR is conducting an assessment of the Refugee Support Services (RSS) Youth Mentoring Set-Aside Program. With this assessment, ORR seeks to understand program implementation and funding, with the goal of using this information to make recommendations for how ORR might improve program design and data collection processes for the Youth Mentoring Program.

We will ask some questions to better understand how your agency implements YM. There are no right or wrong answers to any of our questions. Our goal is to gather information that can be used to make changes and improvements to ORR's programs and services. Please know that your name and other identifying information will not be included in any notes or reports. The reports are for internal planning and programmatic purposes and not for any kind of public dissemination, even if deidentified.

Our meeting will last up to 60 minutes. Please know that your participation in this meeting is voluntary. You may choose to not answer any question and may stop participating in the meeting at any time.

I have one final point to make. We value the time and information you will share with us today and want to make sure we accurately include all the details. With your permission, we will take notes (written and/or on a laptop computer). Those notes will not include your name. During the discussion, if you would like to stop the notetaking while you make a particular comment, please let us know and we will do so.

**Internal only - Facilitator Tips**:
- This focus group is semi-structured and therefore the sequence of the questions might vary as well as the level of probing for information by the facilitator.
- The goal is to collect data on each topic area. Keep in mind that participant responses may cover multiple categories/data points. You may skip a question if you feel the data collection on that topic is sufficient and asking the question would be repetitive.
- Optional questions should be asked only if there is enough time to do so.
- **ORR learning questions:**

o How do recipients and subrecipients design and implement their YM Programs?

o How are recipients and subrecipients utilizing YM Program funds?

## Interview Questions:

### 1. Introductions

a. To start, would you please tell me your name, name of your agency, and your position at your agency? [*Facilitator note:* please only include participants' initials in the notes.]

### 2. Program Activities and Services

a. Please describe your YM service delivery model. What goals do you have for the program, or in other words, what do you hope will be achieved using the funding? [*Facilitator note: we are asking about general YM services; not services funded through the Afghanistan Supplemental Appropriation Act, 2022.*]

   i. Do you match youth with mentors?

   ii. [Examples of types of services to prompt] Do you work with youth on career development, social and life skills, health and financial literacy, or culture and community engagement? How?

   iii. How do you determine which services and activities an eligible youth will participate in?

   iv. Do you offer incentives in your YM program? For example, these could be registration fee/tuition payment for youth's educational, vocational, apprenticeship, or career development activities, or donated goods like computers.

b. *[If program matches youth with mentors:]* How do you recruit mentors into the program, and what are their main responsibilities?

   i. What are your screening procedures for mentors, if any?

   ii. What qualifications do you require mentors to possess, if any?

   iii. What training and/or orientations do you provide mentors to prepare them for working with youth, if any?

c. *[If program matches youth with mentors:]* Describe your program's mentor pairing/matching process.

   i. What criteria do you use to match youth with mentors?

   ii. Do you match youth with mentors on a one-on-one basis, with multiple mentors, or in a group format?

   iii. How do these processes differ for any youth under the age 18 who are enrolled in your program, if at all? For example, coordination with caregivers, criteria for mentors and/or matching process, etc.

d. How effective do you find the mentoring strategies and approaches used?

   i. What barriers do you face finding qualified mentors, if any?

**3. Ongoing Needs**

a. What refugee youth needs are not consistently being met in this locale, if any?

    i. Why are these needs not being met? *Probe service gaps, policy gaps, etc.*

b. Do you have any final thoughts or recommendations for ORR about the Youth Mentoring Program?

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970 – 0531. The control number expires on 9/30/2025.*