OMB Control Number 0985-xxxx

Expiration Date: xx/xx/xx

Administration for Community Living

Adult Protective Services (APS) Client Outcomes Study

# FOCUS GROUP GUIDE FOR APS CASEWORKERS

Conducted by: New Editions Consulting, Inc.

Site Name:

Moderator Names:

Date:

## Public Burden Statement

According to the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for time for introduction, reviewing instructions, responding to questions, and concluding. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201, attention Stephanie Whittier Eliason, Administration for Community Living, Mary E. Switzer Room 1132A or email Stephanie.WhittierEliason@acl.hhs.gov and reference the OMB Control Number 0985-xxxx.

## Instructions to Focus Group **Moderators**

The purpose of this guide is to help the moderators gather data during focus groups with APS caseworkers. APS “caseworkers” include those who are involved with investigations of elder maltreatment and the provision of supports and services to APS clients. They may not include caseworkers who additionally provide supervision, management, or other forms of oversight to fellow caseworkers.

Each participant will provide informed consent before each focus group. These focus groups are one data source in the larger APS client outcomes study designed to address the following research questions:

1. **Satisfaction**. What changes do clients report as a result of receiving APS services? How satisfied are clients with the APS services they receive? To what extent do clients report APS helps them achieve their goals? To what extent do clients report APS supports their right to self-determination?
2. **Safety/Risk**. To what extent do APS programs affect client risk of maltreatment? How do APS programs intervene to reduce risk of maltreatment (or increase safety)? What factors help or hinder APS efforts to reduce client risk of maltreatment?
3. **Well-Being**. To what extent do APS programs affect client well-being (e.g., quality of life, financial, physical health, etc.)? How do APS programs intervene to improve client well-being? What factors help or hinder APS efforts to improve client well-being?

The APS caseworker focus groups will be semi-structured. The information gathered from these discussions will be used to better understand the needs and experiences of both APS workers and their clients. Throughout the focus group session, moderators will refer to the guide for discussion topics and questions. However, moderators should recognize valuable diversions and allow important discussion to continue even if it is not included in the guide. Throughout the interview, interviewers should summarize/reflect key points with caseworker participants to confirm understanding.

During focus groups, the moderators will document key themes and salient findings using Table 1, provided at the end of the focus group guide. Space is also provided to record other topics discussed and to list any documents received from APS Caseworkers. The moderators should use the completed tables during a debrief meeting immediately following each focus group to address questions and clarifications, agree on key themes and salient findings, and discuss any differences of opinion and interpretation of the participant responses.

* Introduce yourselves.
* Thank the participants for their time.
* Use the summary below to let them know who we are and why we are having the focus group.
* Use part I of the informed consent form (Information Sheet) to let them know who we are and why we are having the interview.
* Provide a copy of the consent form to participants.
* Review part II of the consent form.
* Ask if there are any questions and respond to them, if possible.
* Have participants sign the certificate of consent.
* Ask the participants for permission to start the digital recording.
* Turn on both digital recorders.
* Capture date and interview type along with the participants’ consent to record on the digital recorder.
* Begin the focus group.

# INFORMED CONSENT FORM

APS Caseworkers

Title of Study: Adult Protective Services Client Outcome Study

Sponsor: Administration for Community Living, Department of Health and Human Services

Third-Party Evaluator: New Editions Consulting, Inc.

Participant’s Printed Name:

## Part I. Information Sheet

**Introduction**

My name is [*insert name of moderator*] and this is [*insert name of support staff*]. We work for a company called New Editions Consulting, located in Falls Church, Virginia. We were hired by the Administration for Community Living, which is an agency within the U.S. Department of Health and Human Services, to conduct a national study titled ‘Adult Protective Services (or APS) Client Outcome Study’. We will explain the study to you and invite you to be part of it.

Taking part in this study is entirely voluntary. We urge you discuss any questions about this study and your participation with us. If you decide to participate, you must sign the consent form to show that you want to take part.

**Purpose of the Study**

As you know, APS is an important social services program to help older adults and adults with disabilities who have experienced abuse, neglect, self-neglect, or financial exploitation. At this time, we know little about the impact of APS on the lives of the individuals they assist, or APS clients. Thus, we want to learn more about APS programs, client’s experiences using APS, and the impact APS has on clients’ lives. The purpose of our conversation today is to understand your experiences providing APS and your opinions about the impact of those services on clients. Your insights and feedback will be used by federal personnel to consider ways to support and improve APS programs.

**Procedures and Duration**

We are conducting focus groups with APS caseworkers like yourself in 4 states, and 3 counties in each of those states, including yours. Our goal is to complete 12 focus groups with a total of approximately 84 APS caseworkers. The focus group today will take approximately 90 minutes and we will ask your opinion, insights and feedback about APS and how it affects clients. The questions will focus on your role within APS, the services and supports your program provides, and the difference APS makes for clients’ lives.

This focus groups will be digitally recorded. The recording will be used as a reference for the study team only to ensure accuracy in reporting. Recordings will not be shared outside of the research team and will be erased once the study report is developed.

**Voluntary Participation**

Your participation is completely voluntary. You are welcome to share whatever information you are comfortable sharing. You may choose to answer some questions and not to answer other questions for any reason. You may exit the focus group at any time for any reason.

**Risks and Benefits**

The risks of participating in this focus groups are minimal. As noted, you may exit the focus group at any time for any reason. You will receive a $30 gift card as a thank you for your time [Skip for sites where gift card incentive does not apply – e.g., where caseworker union rules prohibit this kind of compensation]. There will be no other direct benefits to you for participating in the focus group. However, the information you share might benefit APS programs and future clients.

**Privacy**

Your focus group record will not have any information that identifies you (e.g., name, Social Security Number) and will be reviewed, stored, and analyzed on a secure server at New Editions Consulting. Only staff involved in this study will have access to the record. Your responses will be considered along with all the other participants. You will not be identified in public reports and nothing you say will be personally attributed to you or your APS program. The evaluation team will not share anything you say with anyone outside the evaluation team. Participants will be advised not to share anything they heard from other participants with other staff in their programs. Your signed consent form will be kept separate from your focus group record.

**Study Funding**

This study is funded by the Administration for Community Living, Department of Health and Human Services.

**Who to Contact**

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following: [name, address/telephone number/e-mail]. This study has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact [name, address/telephone number/e-mail].

## Part II. Certificate of Consent

Before making the decision regarding participation in this study, you should have:

* Discussed this study with a member of the research team
* Reviewed the information in this form
* Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the study, and have received answers to those questions. You will receive a copy of the signed and dated form to keep for future reference.

**Participant:** By signing this consent form, you indicate that you are voluntarily choosing to take part in this study.

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 Signature of Participant Date Printed Name

**Person Explaining the Study:** Your signature below means that you have explained the study to the participant and have answered any questions about the research.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of person who Date Printed Name

 explained this research

#

# FOCUS GROUP WITH APS CASEWORKERS

### Introduction and APS Case Initiation (15 minutes)

*First, we’d like to ask you about your specific background and role here.*

1. Can everyone introduce themselves and provide a brief description of your role here at [*name of APS program*]?

*Thank you. Now let’s begin by talking about how clients generally become involved with [name of APS program]*.

1. Can you tell us a little bit about the general process for how your APS program initiates services?

PROBE 1: How do clients and others get referred to you or otherwise connect with you?

PROBE 2: How do you initiate contact with clients?

PROBE 3: How do you build relationship with clients?

1. Based on your experience, to what extent are clients generally accepting of your involvement?

PROBE 1: To what extent are clients generally accepting of the investigation?

PROBE 2: To what extent are clients accepting of assistance and services you offer?

PROBE 3: What do you think makes it more likely that a client will accept services?

PROBE 4: What reasons do clients give for not accepting services?

### APS Services (25 minutes)

*Next, let’s talk about the kind of services and supports [name of APS program] offers and how you help ensure the services are used by clients.*

1. What kinds of services and supports does [*name of APS program*]provide directly?

PROBE 1: To clients?

PROBE 2: To family members?

PROBE 3: To perpetrators?

1. To what kinds of services and supports does [*name of APS program*] make referrals?

PROBE 1: For clients?

PROBE 2: For family members?

PROBE 3: For perpetrators?

1. Overall, to what extent do clients actually receive the referral services?

PROBE 1: What factors contribute to clients actually receiving the referral services?

PROBE 2: When clients do not receive the referral services, why do they not receive them (e.g., are the recommended or referred services not available; do the services not match their needs)?

#### Self-Determination

1. How do you involve clients in planning and decision-making about the help and services they receive or other aspects of their case?

PROBE 1: Describe any formal processes or procedures that you and [*name of APS program*] use to ensure client involvement (e.g., standard protocols, techniques, frameworks, assessments, quality assurance measures).

PROBE 2: Do you help clients come up with goals for themselves?

PROBE 3: Describe any other ways that you and your program help promote client involvement.

1. Based on your experience, what are the things that make it difficult for clients to use help or services from [*name of APS program*]? How about for referral services?
2. Based on your experience, what are the things that make it easier for clients to use [*name of APS program*] services? How about for referral services?

### Outcomes (25 minutes)

*Now we’d like to talk about how [name of APS program] makes a difference for clients.*

1. What are the intended client outcomes of [*name of APS program*]? In other words, once you provide clients with help and services through [*name of APS program*], what kinds of changes do you expect to see for them?

PROBE 1: What are the things that make it more difficult to achieve these outcomes for clients?

PROBE 2: What are the things that make it easier to achieve this outcome for clients?

1. Based on your experience, what other changes occur for clients as a result of the help and services they get from [*name of APS program*]?

#### Safety

*Next, we’d like to ask specifically about how [name of APS program] affects client safety.*

1. Based on your experience, do you think *[name of APS program]* improves client safety (e.g. helping them be free from maltreatment, and the threat of violence or maltreatment)? If so, how?

PROBE 1: What are the things that make it difficult for you to improve client safety?

PROBE 2: What are the things that make it easier for you to improve client safety?

#### Satisfaction

*Next, we’d like to ask specifically about clients’ satisfaction regarding the help and services they receive from [name of APS program].*

1. Based on your experience, do you think clients are generally satisfied with the help and services they receive from [name of APS program]?

PROBE 1: What are the things that help ensure client satisfaction?

PROBE 2: What are the things that make it challenging to ensure client satisfaction?

#### Well-Being

*Next, we’d like to ask specifically about how [name of APS program] affects client well-being.*

1. Based on your experience, do you think *[name of APS program]* improves client well-being? If so, how?

PROBE 1: What are the things that make it difficult to improve client well-being?

PROBE 2: What are the things that make it easier to improve client well-being?

### Conclusion (15 minutes)

*That brings us to the last part of the focus group. We’d like to conclude by asking about your recommendations for [name of APS program].*

1. If money and resources were unlimited, what would you change about APS programs or services in order to do a better job of improving clients’ lives?
2. What do you think could be done right now, if anything, to improve the APS program?

*Thank you all that concludes our focus group. [Turn off digital recorders].*

# APS CASEWORKER KEY THEMES AND SALIENT FINDINGS

# FOCUS GROUP

*The following information should be completed by the moderators, and it is not part of the actual Focus Group Guide.*

**Table 1: Discussion Topics Covered in APS Caseworker Focus Group**

| Check if discussion topic was covered | Section | Key Findings/Themes by Topic Area |
| --- | --- | --- |
| ☐ | **Introduction and APS Case Initiation** |   |
| ☐ | **APS Services** |   |
| ☐ | **Self-Determination** |   |
| ☐ | **Intended Outcomes** |   |
| ☐ | **Other Outcomes** |   |
| ☐ | **Safety** |   |
| ☐ | **Satisfaction** |   |
| ☐ | **Well-Being** |   |
| ☐ | **Recommended Changes**  |   |

**Other Topic Areas Discussed:**

**List of Documents Obtained:**

**Debrief Notes:**