NOTES FOR FOCUS GROUP AT SEBOKENG HOSPITAL

WEDNESDAY 16 FEBRUARY 2005

The most important thing to remember when running a focus group is that you want to encourage DISCUSSION amongst the participants. A focus group is not like an interview where you ask questions and wait for everybody to give their answer in turn.

In a focus group, you ask questions, but then you wait for participants to start discussing these issues amongst themselves. Sometimes you have to help them to get the discussion started, but don’t take over. Sometimes you may intervene, to ask a participant to explain in more detail what she means. In a focus group, you want to go “below the surface” to really explore how people are thinking and feeling.

If you see that the discussion has gone right off track, you need to intervene to bring the discussion back to the main themes and topics.

RUNNING THE GROUP

1. Session should be relaxed – a comfortable setting, refreshments and sitting around in a circle.
2. Ideal group size is from 4 – 8 people.
3. Sessions may last around one to two hours.
4. Begin with introductions and explanation of the purpose of the group.
5. Obtain informed consent for participation and recording of interview.

As participants arrive, welcome them and put them at ease by friendly conversation, avoiding the research topic. When the group is complete, the facilitator makes a more formal start to the session, with a personal introduction, outline of the research topic, and background information on the purpose of the study. Confidentiality is stressed, and an explanation given of what will happen to the data. This introduction should be too long or too technical – it should emphasize points that may increase participants’ motivation to take an active role in the discussion.
Switch on the tape recorder and ask the group members to introduce and identify themselves – first name, where they live, name and age of child, description of child’s abilities.

Start off the general discussion by introducing the opening topic. This should be something fairly neutral, general and easy to talk about. The aim at this point is to promote discussion and to engage as many of the participants as possible. This may be slow initially, but a spirited discussion may start straight away. It is useful to try and get everyone to say something at the beginning of the discussion – as the longer someone stays quiet, the harder it becomes for them to enter the discussion and they feel more and more left out.

To end the discussion – don’t end abruptly. Prepare the participants by saying “Now onto the final topic…..”, or “Does anyone else have anything to add ……, or anything that we have left out…..”. Finish on a positive and completed note, thank the group and stress how helpful the discussion has been.

ROLE OF THE FACILITATOR

1. Explain that the aim of the discussion is to encourage people to talk to each other, rather than to address themselves to the researcher. Explain that the session will be the form of a discussion and that group participants should not wait to be invited to contribute to the discussion. The facilitator stresses that there are no right or wrong answers and that everyone’s views are of interest, and that the aim is to hear as many different thoughts as possible.

2. Vital for each group member to participate actively.
TOPICS OR THEMES FOR DISCUSSION

1. Start by asking the participants to tell you their stories – about their child, how they found out that their child was disabled, how did that make them feel; what was the reaction of the family?

2. How is the day to day life now, living with the child? Who helps the caregiver? Who gives her support? What kind of support does she get? What about the child’s other brothers and sisters? What about the father of the child- how helpful is he?

3. What do the caregivers feel caused the child to have this problem, this disability?

4. When they first came for therapy, what did they expect that they would get from the therapy? What did they think that therapy could do?
   - What help do they get from coming to therapy these days?
   - Are there some things that they think therapists should be doing, which they not doing at the moment, things that they think would help them as mothers, or help their children?

5. If there is time, ask the participants about the future – what do they see in the future for their children? What would they like to see happen to or for their children in the future?