

**‘From Start to Finish’: Practical and Ethical Considerations in the Use of Focus Groups
to Evaluate Sexual Health Service Interventions for Young People**

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Abstract

Focus groups have become an important method in qualitative psychological research and are also used widely in evaluation studies. However, there has been a surprising lack of attention in the literature in terms of exploring the entire process of conducting focus groups with young people on potentially psychologically sensitive issues such as sexual health. This article draws on our experiences of using focus groups during a specific piece of qualitative research that involved three discrete but inter-related evaluations of sexual health services for young people in the South of England. We focus particularly on the process of using focus groups as an important and useful empirical method to generate primary qualitative data. In doing so, we consider a number of both practical and ethical considerations when planning, facilitating, and following up focus groups with young people that aim to investigate psychologically sensitive issues, in this case, sexual health. As a result, we propose a heuristic framework for conducting focus groups 'from start to finish' including preparing focus groups, facilitating focus groups and following up participants, that offers a contribution to the advancement of qualitative inquiry in psychology. Key recommendations are elicited both for the teaching of qualitative psychological research methods and for the training of qualitative researchers interested in psychological phenomena.

Keywords: focus groups, qualitative methods, young people, ethics.

‘From Start to Finish’: Practical and Ethical Considerations in the Use of Focus Groups to Evaluate Sexual Health Service Interventions for Young People

Focus groups are a well-established technique within qualitative research and evaluation and are commonly used within the health and social sciences, particularly psychology, sociology, health promotion, education, public health, and other related fields (e.g. Bergin, Talley, & Hamer, 2003; Hyde, Howlett, Brady, & Drennan, 2005; Jackson & Sherriff, 2013; Morrow, 2001; Sherriff, 2007a; Sherriff & Coleman, 2013; Sherriff, Hamilton, Wigmore, & Giambrone, 2011; Shrimpton, McKie, Hurworth, Bell, & Richardson, 2008; Wilkinson, 1998). Using focus groups in qualitative research or evaluation studies is commonly considered unproblematic and therefore researchers often fail to provide adequate justification or detailed descriptions for this choice of data generation. However, when researching psychologically sensitive topics such as sexual health with potentially vulnerable and ‘hard-to-reach’ groups such as young people, focus groups can be both complex and challenging.

Research with young people cannot always be conducted in the same way that it is with adults because it has to be tailored to meet their specific needs (Drew, Cuncan, & Sawyer, 2010): for example, young people might not have developed fully all the necessary skills and competencies to articulate complex understandings in group settings (MacDonald, Gagnon, Mitchell, Di Meglio, Rennick et al. 2011). Furthermore, the power relationship between researchers and the researched can be particularly unequal when participants are young due to relative age differences, social position (e.g. socio-economic status, professional standing), and education. Such discordant power relationships may potentially render young people vulnerable in certain circumstances (Perry, 2011).

Nevertheless, focus groups have been used previously with young people in a range of psychologically relevant studies such as explorations of peer group cultures, self-concept, and social identities (Jackson & Sherriff, 2013; Sherriff, 2007a); quality of life and psychosocial development in adolescents with epilepsy (McEwan, Espie, Metcalfe, Brodie & Wilson, 2004); youth violence (Aubert, Melgar, & Valls, 2011; Pösö, Honkatukia, & Nyqvist, 2010); sexual health (Hyde, et al., 2005; Roberts, Oyun, Batnasan, & Laing, 2005; Van Teijlingen et al., 2007); young people's perspectives on their environments (Morrow, 2001); perceptions of health risks of smoking (Gough, Fry, Grogan, & Conner, 2009), and; youth homelessness (Ensign, 2003). However, despite the popularity of focus groups as a method, few authors have defined precisely how they conceptualise focus groups in psychological research or how they have applied them (ontologically, ethically, and practically) to their particular study or research context.

It is perhaps likely that this lack of criticality might well exist *because* the focus group method has become so well-known; meaning that researchers might wrongly assume it is therefore also relatively low risk, for example in terms of ethical positioning, epistemology, and practical implementation. In this article, we define focus groups as a specific empirical method to generate primary data from a group. Unlike the group interview, which is a way of interviewing several individuals at a time, we see the focus group as a useful method for facilitating qualitative insights into a group's (as opposed to the individuals') shared (collective) social and psychological experiences and group interactions. However, the focus group is more structured than, say, the German tradition of the group discussion where a central aim is to let the group take over the structuring and choice of issues discussed (Bohnsack, 2010; Gugglberger, Adamowitsch, Teutsch, Felder-Puig & Dür, 2013). Instead, focus groups aim at allowing as much interaction between and amongst group members as possible, whilst making sure that the discussion stays focused on a particular issue and that

every participant shares their opinions and experiences (Bagnoli & Clark, 2010; Kitzinger, 2005; Robinson, 1999).

In this article, we examine the qualitative research process of conducting focus groups with young people that aim to investigate psychologically sensitive topic areas, in this case, sexual health. To highlight and demonstrate the points we make, we draw both on our own collective and professional experiences as qualitative researchers (all authors) and psychologists (authors 1 & 3), as well as on our recent experiences of conducting a qualitative evaluation study of sexual health services for young people in the South of England. In doing so, we propose a heuristic framework for conducting focus groups ‘from start to finish’; preparing focus groups, facilitating focus groups and following up participants. Given that in each of these identified stages the need to consider the potential vulnerabilities of participating young people demands careful consideration, we focus specifically on some of the key ethical and practical issues likely to be of relevance to advancing qualitative inquiry in psychology as well as the teaching of qualitative psychological research methods and for the training of qualitative researchers interested in psychological phenomena.

Background

The qualitative evaluation study of sexual health services for young people in the South of England (SE) comprised three discrete but inter-related services including: a nurse-led sexual health service in secondary schools (11-18yrs) and sixth form and further education colleges (16yrs+); Pulse Innov8 (a service to help young people make healthy choices; 16-25yrs); and a Young Men’s Health Worker Service (YMHWS) designed to meet the health and social needs of disadvantaged young men (e.g. those who were not in

education, training or employment (NEET; Sherriff, Hall, & Coleman, 2011). Together, these services were delivered by the County Council Children's Services, and commissioned within the broader context of reducing health inequalities and the provision of early interventions to support young people through adolescence and early adulthood, with health outcomes aligned with the *Choosing Health* outcomes (Department of Health, 2004). The objectives of the overall evaluation study (including qualitative and quantitative components) were to explore 1) the number and characteristics of young people using the services; 2) the types and number of services accessed; 3) the number of young people accessing external services following a consultation with the respective services, and; 4) the psycho-social impact (e.g. attitudes, self-reported health and social behaviors, self-esteem, confidence, and so on) of the three services as well as any further added-value.

To achieve these evaluation objectives, we sought to investigate experiences by comparing young people's understandings of their encounters of service provision focused around sexual health issues with the views of others (e.g. project workers), together with monitoring data using quantitative secondary data analysis. Qualitative methods were employed specifically in addressing the fourth evaluation objective (investigating the psycho-social impact of the services), and involved engaging with young people through a series of focus groups and individual semi-structured interviews. The data presented within this paper, and experiences cited, relates mainly to this fourth evaluation objective.

A total of 32 young people aged 16 to 24 years old, participated in either one of six focus groups (n=24) or an individual interview (face-to-face or by telephone; n=8) across the three services being evaluated between March and June 2011 (Table 1). An additional 14 individual semi-structured interviews (face-to-face or telephone) were carried out between March and June 2011, with staff involved in the delivery of the services (n=14).

>> Table 1 here <<

This article puts a clear focus on the *process* of the focus groups we conducted (as well as, but to a lesser extent, the content) which enables us to define key learning points from the qualitative research methodology employed. These learning points have been compared with those reported in the literature. The literature search was conducted via the databases SCOPUS and CINAHL, using different combinations of the search words: method, focus groups, qualitative, young people, vulnerable, and sensitive, as well as through hand searching. We scanned the literature systematically for any relevant information about ethical and practical issues concerning the use of focus groups with young people, particularly on psychologically sensitive issues. This information was then compared, structured and aligned with our experiences from the South of England (SE) study.

Focus Groups from ‘Start to Finish’

Choosing and Preparing Focus Groups

Focus groups can be valuable because they have the capacity to capture group interactions, group dynamics, and specific social and psychological processes and phenomena that prevail in group settings. The interaction of group members can reveal insights into the group’s specific expression of culture, such as ways of dealing with issues, their language, their shared belief and value systems and so forth, as the group constructs and re-constructs particular experiences and incidents during their shared narratives (Bergin et al., 2003; Heath, Brooks, Cleaver, & Ireland, 2009; Hyde et al., 2005; Warr, 2005). In this respect, focus groups can generate data about the “social construction of experience” (Kitzinger, 1994: 172) because themes are constructed and negotiated in a given social setting (Gough et al., 2009).

Similarly, Bergin and colleagues argue that adopting a focus group approach can allow entering “into the interpersonal world of young adolescents” (Bergin et al., 2003: 15). However, despite these advantages, careful consideration has to be given as to how to recruit participants from hard to reach groups and justify how psychological vulnerability can be managed in a focus group from the design stage of the research.

Focus groups can also promote both self-disclosure and mutual social and psychological support (for example through the development of a shared collective social identity) as group members interact, respond to each other, and in the process, trigger ideas between group members (Hyde et al., 2005; Roberts et al., 2005; Van Teijlingen et al., 2007; Warr, 2005). The group setting can therefore potentially generate data that might not have been accessible through other means such as individual interviews (Gough et al., 2009; Robinson, 1999). However, providing research opportunities to generate such previously ‘inaccessible’ data does raise other issues including the potential for inappropriate disclosure by individuals as they psychologically identify with other in-group members. In preparing for focus groups, consideration of self-disclosure in group settings with young people thus needs to be handled with particular care in order to keep the group psychologically safe, while at the same time allowing expression regarding sensitive topics. For the researcher/facilitator, this can result in dilemmas that require attention from the initial design stage of the study all the way through to the operation (Owen, 2001). In the SE study for example, it was necessary to address explicitly this issue given the potential not only for participant distress, but to consider the lack of anonymity and confidentiality when discussing sexual health in a focus group forum. Therefore, in preparing for the focus groups we explored the need to create an affirming, collaborative, and non-judgmental space in which young people would be able to co-construct narratives relating to their experiences of the sexual health services under evaluation. More specifically, it was hoped to be able to provide a social situation in which

young people could feel comfortable in order to engage fully in the process and disclose without fear of judgment (Sherriff, 2005). One way to achieve this in our study was to ensure that the focus group schedules (questions) were designed to act more as aide-mémoires to remind the researchers of the general areas to be covered, rather than as prescriptive tools which can be inflexible and communicate an atmosphere of structure, power, and due process. The intention therefore was to provide a framework to ensure coverage of the same kinds of questions in each group to address the evaluation objectives, whilst at the same time allowing flexibility in the discussions and to facilitate young peoples' agency in directing the discussions as their co-narratives developed (see supplementary information).

An additional consideration was to ensure that the groups were single-sex as opposed to mixed. This was a deliberate decision given the sensitive topic under discussion (sexual health). Although the literature regarding preference for single or mixed gendered groups is unclear, the reasons why mixing groups can be problematic for girls are much more certain. For instance, in a study exploring young people's views about sex education and their views regarding interaction in single-sex and mixed-sex groups, Vicki Strange and her colleagues (Strange, Oakley, and Forrest, 2003) report how girls identified mixed sex education sessions as an 'unsafe environment' because the topic provided boys with opportunities to use sexual language to denigrate girls, as well victimize, and harass them (sometimes physically). The authors concluded that their findings support the view that sex education in group settings should be delivered in single-sex groups.

As focus groups generate data from several individuals at once, they can be portrayed as a practical and pragmatic method to generate detailed and rich data within a relatively short time span (Robinson, 1999). For this reason, focus groups are frequently used in applied social and psychological research, evaluations, and market research (Mitchell & Branigan, 2000). However, in addition to any such pragmatic reason to choose focus groups, the

approach should of course be related specifically to the particular research or evaluation question and/or objective under consideration (Bergin et al., 2003). Although, in the design of our SE study, it was necessary to use a data generation method that was both pragmatic and practical (e.g. working within the timescale of the commissioning body), we also wanted to allow participants the freedom to explore, express and compare their experiences of participating in the respective sexual health services situated broadly within a realist framework (Pawson & Tilley, 1997). In other words, we wanted young people to be able to articulate what worked well, for whom, and in which specific circumstances as well as to be able to examine which aspects of the services might require improvement in the context of their everyday lived experiences.

In choosing focus groups as a method for generating data within the SE study of sexual health services for young people, three characteristics were especially important: First, a primary reason to use focus groups was to create a 'natural' setting (e.g. youth service location) in which young people could feel safe, comfortable, and thus more likely to engage (Gough et al., 2009; Heath et al., 2009; Robinson, 1999; Sherriff, 2005). Second, data generated in focus groups can provide more than the sum of separate individual interviews because it allows a focus on the broader collective rather than just the individual. This therefore not only permits the researcher to move beyond the individual, but also permits the individual participant to co-construct their narratives beyond themselves in collaboration with other group members (Field, 2000; Madriz, 2000). For the SE study design, selecting focus groups therefore provided a valuable opportunity for the researchers to consider young people's shared views of the sexual health services being evaluated (e.g. in terms of probing the perceptions and assumptions underlying attitudes, esteem, confidence, and so on). For young people, this method meant that participants could consider wider issues relating to the topics under discussion than just those impacting on them as individuals, and in doing so, co-

construct more collective narratives by constant querying, confirming, moderating, and refuting of each other's talk.

Third, use of the focus group method can allow participants' voices to become more dominant in the research process (Bergin et al., 2003; Kitzinger, 1994; Mosavel & Oakar, 2009). In our SE study, we approached the respective groups of young people to learn from them (Shedlin, Decena, Mangadu, & Martinez, 2011) thus creating settings in which the common psychological power differential between the researcher and the researched lessened as the participants became the experts teaching the researcher about their experiences (Mosavel & Oakar, 2009) and empowering participants to find their voices (Robinson, 1999). Moreover, the existence of peers within the group (as opposed to an individual interview, for example) may also have assisted in lessening any power differential between the facilitator and the participants as social psychological processes of group behaviour came into play (e.g. identification with other group members, and the formation of a positive social identity creating distinctiveness from out-group members, in this case, the facilitator; see Sherriff, 2007).

In conducting the qualitative research within the SE study, and as experienced when conducting other focus groups, it was important that we paid close attention to what the young people said regarding accessing services specifically, and information exchanged about sexual health promotion more broadly. This was important because focus groups can have "the potential to be counter-educational" (Hyde et al., 2005: 2596), meaning that participants can learn wrong information from each other. Despite this caution, a goal was to enable the participants to enjoy the focus groups, to find interest in what others had to say (Kroll, Barbour, & Harris, 2007; Robinson, 1999) and to potentially learn from each other (Kroll et al., 2007; Hyde et al., 2005). Informal follow up with the young people by the

researchers immediately after the discussions, suggested that the focus groups had been successful in these respects.

A specific lesson that we learned in the SE study was that researchers need to be very careful when making assumptions about how participants would prefer to be consulted. In consultation with the Institutional Review Board (IRB) during the study design, it was decided that ethically, it would be appropriate to offer young people alternative forms of participation. For instance, young people could be offered (telephone) interviews for those who felt they might not be comfortable discussing their experiences of accessing sexual health services in a group context. Somewhat surprisingly (to us), eight young people – a fourth of all participants – chose individual interviews (face-to-face or telephone) over focus groups. Although we did not explore specifically young peoples' reasons for their choice, it is conceivable that their reasons may well have been based on worries around privacy and confidentiality but also on practical and other considerations such as issues around self-disclosure and potential peer pressure within a group setting.

Recruitment, organising the group, and venue

A task we have found that should never be underestimated is the time and resources required to sample and recruit young people to focus groups, particularly those that center on sensitive topics such as sexual health issues. Commonly the participants of a focus group are selected based on their relevance and relationship to the particular topic under study rather than rigidly prescribed as in many quantitative studies; such methods might include word-of-mouth, advertising, snowball sampling, and so on (Coyne, 1997). In our SE study, sampling was purposive given the evaluation objectives necessitated targeting specifically, those young people who had accessed the sexual health service(s). This was achieved through negotiation and collaboration between the authors and the respective service workers. Workers displayed

posters and the evaluation PIS forms in public spaces where young people accessed the services. This allowed young people to ‘opt-in’ by approaching service staff in the first instance to explore possible participation. At that point, service staff then referred the young people to contact the researchers directly to express their interest in participating.

The recruitment procedure itself has been described previously as rather a “delicate process” (Hyde et al., 2005: 2589) that is time-consuming and stressful for the researchers (Mitchell & Branigan, 2000). For instance, some young people, particularly those who might be considered disadvantaged and/or vulnerable, may also experience quite chaotic lives which can make keeping dates and times difficult – thus presenting obvious challenges for the researchers (e.g. Sherriff, Lowe, & McDonnell, 2012; Sherriff et al., 2012; Sherriff, 2007b). However, the process can often be assisted considerably by gatekeepers and colleagues working in organizations where young people spend their time, like schools and youth clubs (Hyde et al., 2005; Mosavel & Oakar 2009; Sherriff et al., 2012; Sherriff, 2007b). Although the benefits of engaging young people through such gatekeepers are that young people can be approached in surroundings familiar to them and thus may often have chance to discuss any concerns or worries they might have about participation, consideration also has to be given to the influence they might have over the selection process (Morrow, 2001; Stevens, Lord, Proctor, Nagy, & O’Riordan, 2010; Warin, 2011).

In our SE study, project staff (service providers), youth workers, and other professionals (e.g. teenage pregnancy coordinator) were invaluable in assisting the recruitment by raising awareness of the purpose of the evaluation and providing information about different ways young people could potentially participate (e.g. focus group, telephone interview, face-to-face individual interview). Ethically, this also helped to ensure that participants could choose to opt-in to the study via accessing promotional material (e.g. posters, participant information sheets) rather than be approached directly by a member of the

research team which can make it more difficult for some young people to refuse participation. Moreover, the focus groups were intentionally conducted at venues relevant to the services being evaluated (as opposed to a more 'neutral' location) so as to be easily accessible by young people and in surroundings familiar to them (Heath et al., 2009; Mosavel & Oakar, 2009). They were also scheduled at times most likely to encourage young people to attend such as late afternoon or early evening. Finally, in conjunction with the various service related staff, promotional material regarding the focus groups were posted on Facebook pages, and display via posters at different youth venues, supplementing the 'word of mouth' and opportunistic information-giving.

In terms of constructing the focus group, heterogeneity and homogeneity (e.g. age, gender) of the groups need to be defined in the context of the research question. However, with regards the formation and composition of the groups, due consideration should also be given to the impact on group interaction and group dynamics (Hyde et al., 2005). With potentially vulnerable groups, such as young people, the literature suggests that the use of pre-existing, homogenous groups (usually regarding gender) is often supportive for the research process (Bergin et al., 2003; Owen, 2001; Van Teijlingen et al., 2007). It was apparent during aspects of our SE study that friendship groups were certainly a key factor that determined group participation. Whilst this can perhaps raise a concern over further increasing bias, in this particularly study we felt it was worth the 'trade' because of the potential for participants to feel more relaxed in the group setting, and speak more openly about their experiences of the sexual health services being investigated.

Group size also needs to be considered when organizing focus groups. Whilst the ideal group size is dependent on the research question; it usually ranges between six and eight participants (Mitchell & Branigan, 2000; Wilkinson, 1998). Larger groups have been perceived as being more relaxed than smaller groups, albeit they are more difficult to

facilitate and to transcribe from recordings (Hyde et al, 2005). In our SE study, the groups were unintentionally small (between 4 and 5 participants each), mostly because of the difficult recruitment process. However, such group sizes transpired to be beneficial in helping to ensure discussions were manageable and focused.

Facilitating Focus Groups

Participant information, consent, and confidentiality

Providing timely and appropriate participant information is a crucial step in any study but perhaps more so when researching with young people on their experiences of accessing sexual health services. Information has to be understandable and detailed but without overburdening participants. Young people are often unlikely to have come into contact with research previously and therefore, considerable care is required with regards managing participants' expectations in terms of *what* the research might produce and *how* it may impact on participants. For instance, two of the three services we evaluated in the SE study were discontinued independent of the evaluation results. It is therefore important to make realistic yet tentative statements of any likely impact or outcomes of participating in focus groups as part of the broader evaluation, and to not make any promises (that the researchers cannot keep) with regards the sustainability of any projects or services under review. Moreover, care is also required in ensuring that any decision to participate is as informed as possible, for instance regarding the actual process of data generation, what happens if something goes wrong, where to get more information about the study, as well as assurances regarding confidentiality, anonymity, and there being no right and wrong responses (Morrow, 2001; Mosavel & Oakar, 2009).

In the SE study, dedicated participant information sheets (PIS) and consent forms were thus developed in collaboration with the service staff and IRB to provide young people with clear guidance on aspects of participation such as how self-disclosure and confidentiality would be addressed (see supplementary information). For example in terms of the self-disclosure, 48 hours prior to participation and the provision of initial (staged) informed consent, young people were sent a PIS either through a gatekeeper, from the researchers, or directly from the sexual health worker (e.g. school nurse) which advised:

“As it is a [focus] group discussion, we will not be asking you directly about any personal matters although these may arise in the discussions (for example, whether you feel your behaviour has changed as a result of using the service). However, if you raise sensitive or personal issues that may not be appropriate to the group setting, the group will be reminded of this and you will be asked to raise these issues with the nurse after the session.”

Similarly in terms of confidentiality, through the PIS and also raised by the focus group facilitator, prior to consenting to participate young people were advised:

“At the start of the group (or interview) a ground rule will be agreed that all discussions should remain within the group and not be discussed with parties outside of the group. You will also at this point be reminded that the evaluation is asking about your experiences of the service and is not about personal issues. Moreover, it is important to note that if someone discloses something that means they have been or are at significant risk of harm, either physically or emotionally – the person leading

the group will need to inform an appropriate authority. The group leader will tell you first if s/he needs to do this.”

However, it is important to note that confidentiality in group settings is a complicated issue and not resolved entirely through the provision of a PIS form. Even when confidentiality is encouraged, researchers cannot be sure that all members of the group will respect it particularly because outside of focus group, participants are not bound by any contract or professional codes (see Tolich, 2009). Furthermore, young people might not yet fully understand and appreciate the importance and limits of confidentiality (Hyde et al.; 2005) and so may need to be reminded to exercise caution in what they share with the group. Respecting this position means that the researcher might have to relinquish some potential data collection in favor of limiting the risk of an individual unwittingly disclosing prejudicial or private information that demands formal action or referral (e.g. researchers' obligations with regard to illegal activity or child protection), to ensure first and foremost the “dignity, safety and wellbeing” of participants (Tamin, 2010: 76). In the SE study, no instances of disclosure from participants required onward referral or action by the facilitator.

In the SE study, in addition to the PIS and consent form (sent prior to participation), we also took additional measures to ensure not only rigor in handling of the issue of confidentiality but also to ensure young people understood as fully as possible what they were consenting too by staging the process of giving consent. PIS forms were given out again just before the start of the focus group to allow any clarifications or concerns to be raised. The facilitator then reiterated the importance of respecting confidentiality in the discussions (and the limitations of that confidentiality), as well as provided assurances regarding the safe storage of recorded data, and the destroying raw data once used for analysis. It was made clear that participants were free to withdraw from the study at any time throughout the

duration of the research (with time boundaries of up to one month after participation). Participants were then given again a consent form to read, encouraged to ask any questions, and then asked to sign. However, given that gaining informed consent in focus groups can be particularly problematic compared to individual interviews (e.g. due to the 'group effect' whereby the researcher necessarily yields a degree of control to group members but which can mean the topics under discussion may move away from what was stated initially at the outset of the group; see Tolich, 2009), this received written consent was then revisited at the end of the focus groups to ensure young people were still happy for their data to be used (no participants wished to withdraw their consent).

Fieldwork: focus group questions and the role of the researcher

Since usually more than one focus group is conducted within any psychological research project or evaluation, researchers often work with a set of previously developed schedule of questions, topic guides, or aide memoires (Hyde et al., 2005; Loeb and Steffensmeier, 2011; Mitchell & Branigan, 2000). In general, these pre-planned questions should be well prepared, clear, and open-ended, although questions might also be focused to provoke discussion and comparison between groups (Mitchell & Branigan, 2000). It is of course difficult to say how many questions are appropriate as it depends on the group's responsiveness to the topics, the research objectives, planned duration, and so on. For the SE study we used a topic guide of five to seven general topics (depending on the service evaluated) with approximately five to ten specific questions for each topic to focus the discussion in the groups in order to elicit responses which addressed the key research questions (see supplementary material for the topic guide). Additional prompts were also used along with a simple 'ice breaker' activity to help young people relax such as sharing

information about their favourite food/drink/hobby with the intention of reducing any nervous tension and raising some laughter and rapport with and between participants.

When researching sensitive topics it may well be advised not to record the discussions for fear of inhibiting participation and disclosure. It may also be inadvisable due to the challenges of ensuring adequate recording quality, and to capture clearly spoken commentary. Focus groups are about capturing the collective voice of a group and thus often alternative methods of recording data are preferred. For instance, the use of flip charts to record headline topics or notes so group members can see the issues as they arise and comment on them: arguably an empowering technique to give back power to the group. Moreover, in this way the group can not only visibly see what is being recorded, but can also verify that those data can be used in the study.

In our experiences of researching with young people however, we have found that young people are often amenable to discussions being recorded without detriment to those discussions. In our study all young people agreed to the discussions being recorded and we found the transcripts of the focus groups beneficial for the data analysis. Although young people might be reticent about voice recorders at first, in our experience they quickly forget about the recorder once they are engaged in the topic under discussions.

With regards the role of the focus group facilitator, two distinctions are clear: first, to ensure the discussion contributes to achieving the research or evaluation aims, and; second, to ensure that participants can contribute by creating the right atmosphere such as setting ground rules, and keeping the participants psychologically, emotionally, and physically safe (Hyde et al., 2005; Robinson, 1999). Experienced researchers, demonstrate ability to manage the group and to create a balanced contribution from all participants, and to appropriately mediate and control sensitive issues and conflicts should they arise, especially when working with vulnerable groups (Hyde et al., 2005). Their task is to conduct the group in such a way as to

ensure every voice is heard and differences are explored in an open and relaxed manner. Owen (2001) describes the researcher's role as an "ideal guest" (p.566), in other words being interested and positive toward the participants. The experience shown by the researchers and the size of the focus groups in the SE study undoubtedly facilitated the engagement of more reserved young people.

Homogenous gender groups might require a facilitator(s) of the same gender as the participants (Mosavel & Oakar, 2009; Van Teijlingen et al., 2007,), a factor that was particularly relevant within one strand of the SE study that looked at a service for young men (Young Men's Health Worker Service) which included aspects of sexual and emotional health (e.g. contraception, condom provision, relationships etc.). However, assumptions about how young people want to participate should not be made without consulting them first. For example, some young men might find it easier to talk to women, perceiving women as being more approachable (Sherriff, 2007b), overriding any gender stereotypes. In this instance, it was decided that the first author (a male) would run the focus groups with young men in consultation with the youth worker and via the young men themselves.

Although some authors argue that wherever possible two facilitators should be present at a focus group (one to ask the questions and one to observe and to handle the technical equipment or work with a distressed participant should this arise (see Hyde et al., 2005; Pösö et al., 2008), in our SE study only one of the researchers was present because we felt that young people would feel 'outnumbered' and/or intimidated if two were present. Furthermore, we elected not to use a youth worker in the groups because we felt it was too inhibiting for young people to talk freely about the service the youth workers' provided. Indeed, the five focus groups that were conducted without a youth worker yielded more information than the one occasion where a teenage pregnancy coordinator insisted she was present.

Finally, a key role of the researcher is to make concerted efforts to minimize any potential risk to participants (psychological and physical). This therefore necessitates contingency planning should an individual become affected and distressed during or as a result of a focus group. In the SE study, as a way of minimizing risk to participants, and in addition to the use of the consent process, several strategies were found to be helpful:

- The PIS made explicit what the focus groups involved including limits to confidentiality;
- Consent procedures were sufficiently detailed, appropriate to the participant group, and staged;
- The location of the focus group represented a setting in which the group felt comfortable and in which the facilitator was confident that they were well supported;
- The focus group was facilitated in a democratic and balanced way, with respect given to differences of opinion, but in a way that was sensitive to potential group conflict and with due attention to supporting the psychological wellbeing of the participants;
- A second party (in this case a youth worker) was available before, during (but not present in the group), and after the focus group in case a participant became distressed.

Respecting and appreciating participation

It is common to offer some sort of ‘thank-you’ to participants after completion of a focus group such as a voucher, reimbursement of travel expenses, and/or cash (although the latter is less common; Ensign, 2003; Gough et al., 2009; Mosavel & Oakar, 2009). ‘Thank-you’s are a mark of appreciation and can help to reduce attrition if follow-up contact is required (Robinson, 1999). However, with young people (particularly when discussing

sensitive topics) it is important that ‘thank-you’s’ are proportionate and not perceived as compensation for any potential ‘risk’ of participation, nor as an incentive which could entice and/or coerce young people into participating where they would not otherwise have done so.

It is also necessary to consider the kind of ‘thank-you’ gift that would be appreciated by the participants (Ensign, 2003; Mosavel & Oakar, 2009). Literature suggests different forms: Ensign (2003) gave the participants (homeless youth) prepaid phone cards declaring them to be the most satisfactory and useful form of remuneration for their participants. Mosavel and Oakar (2009) gave small gift certificates for a local accessible shop, whereas, Bergin et al. (2003) provided pizza after the focus group. In our study, participants were informed that they would receive a ‘thank-you’ on completion of the full focus group within the PIS so that this could form part of their informed decision regarding participation. We offered participants a £10 (approx. \$15) gift voucher for a well-known High Street store as well as reimbursement for any travel expenses incurred. Nevertheless, one participant was disappointed because he had mistakenly expected a food voucher. This shows that when making the decision about which token of appreciation to give, it is important consult the target group and their preferences whilst respecting any message the researchers (and their sponsors) might wish to convey.

Following up Focus Groups

Ending the focus groups

Focus groups can have one clear disadvantage in comparison to individual interviews: Through individual interviews, the researcher and the interviewee develop a relationship, usually enabling the researcher to debrief easily and follow up on the interviewee’s psychological and emotional wellbeing after the interview. In contrast, within a focus group,

this is not so practical but nevertheless important (Owen, 2001). Following up with research participants - especially potentially vulnerable participants and when dealing with sensitive issues - is very important to make sure the data generation process has not caused any psychological distress and the participants were happy with the process. Owen suggests that it is necessary to build in mechanisms to follow up or to discuss issues in more detail (Owen, 2001). Informally, the researcher could 'hang back' once the focus group has been completed, thus creating the opportunity for a participant to follow up on ideas or to seek to debrief. Data that is provided 'off the record' also requires consent for use. A thank you text or e-mail) also offers opportunity for a participant to contact the researchers should they feel a need to discuss matters further. The PIS provides contact details and as well as details of an independent person to whom a participant could make a complaint should they had any concerns.

Within the SE study, a youth worker or equivalent was present in the locality before and after the focus groups in case the participants wanted to seek them out to discuss matters arising from the focus group. In addition, we offered the participants the choice to receive the transcript of their focus group (or interview) for comment or editing before the data were used within the analysis (although no participants took up this offer). Contact details of the researchers (and an independent third party) were provided in the PIS in case of potential follow up by participants.

Preparation for analysis and analysis of data

Where audio recording is preferred, transcribing focus group meetings can be demanding with participants talking at the same time, speakers changing quickly and use of native terms, colloquialisms, and slang. Transcribing focus groups therefore is more time consuming and costly than transcribing interviews. Once transcribed, the transcripts of the

focus groups should be verified by both the facilitator and (ideally) participants, for accuracy and to ensure the key issues are truly aligned to the intention of the group (Leob & Steffensmeier, 2011). Following transcription, the research procedure employed will determine the way in which the focus group data are to be analyzed. In the SE study, data from the focus group discussions (and interviews) were transcribed verbatim by agencies external to the research team (a fact that was also disclosed to participants in the information sheets and the ethics application) and then analyzed thematically. In the first instance, the focus group data were transcribed and those transcriptions were checked for accurate transfer of information also facilitating familiarity with the data and enabling the beginnings of an interpretative process. Analysis of the qualitative data consequently focused on the generation and emergence of common themes and explanations derived from the transcripts. The digital recordings were stored until completion of the analysis and then deleted.

A Framework for Conducting Focus Groups from Start to Finish

In this article so far we have argued that when conducting focus groups with young people on sensitive issues such as sexual health, there is a wide range of practical and ethical issues that need to be considered. We have presented the process of conducting focus groups from ‘start to finish’, and as we have hopefully demonstrated, the generation of focus group data is by no means a strictly linear process especially when researching psychological topics. Rather it is a more a flexible and iterative process which requires a rigorous audit trail of every decision from design to write up within in the research process. As a result of our research, evaluation and experiences as qualitative researchers in psychology, we propose a heuristic framework for conducting focus groups ‘from start to finish’ including ‘choosing and preparing focus groups’, ‘facilitating focus groups’ and ‘following up’ which is

characterized by an appreciation of the flexibility needed to plan, conduct and follow up focus groups, as well as an understanding of the cyclical nature of focus group processes (see Table 2).

>> Table 2 here <<

Recommendations and Conclusions

This paper has offered a detailed and step-by-step analysis of the use of focus groups within qualitative research and with young people. The findings are highly relevant in psychological research and evaluation and offer a practical heuristic framework for use in qualitative inquiry in psychology. Summing up and bringing together the most crucial arguments made throughout this paper, a number of interrelated considerations and recommendations can be made that are useful both for the teaching of qualitative psychological research methods as well as for the training of qualitative researchers in psychology:

Focus groups are often perceived as being unproblematic, however when deconstructed and consideration is given to practical and ethical issues concerned, it becomes apparent that they have to be designed carefully and critically with consideration given to the needs (psychological, emotional and practical) of the individual participants and in relation to the particular research/evaluation issue(s). Deconstructing the method of the focus group implies that it is necessary to consider and deliberate over every decision during the course of generating the empirical data. Special attention needs to be paid to trying to foresee and carefully ‘design out’ any overriding ethical and practical concerns, and to develop ‘ethical mindfulness’ (Warin, 2011).

The use of focus groups with young and potentially vulnerable groups in the context of psychological qualitative research, particularly when dealing with sexual health, needs to have clear ethical safeguards in place in order to minimize risks to psychological and emotional wellbeing of participants. Such safeguards may include vigilantly developed structures and procedures and involving a wider network of identified professionals whom may be called upon as and when implementation of safeguarding procedures is required. These safeguards extend to ensuring participants are sufficiently informed about the research they are invited to join. This includes due regard to the limits to confidentiality that can be realistically expected in a focus group. Consulting with 'experts' like youth workers or teachers, ensures these procedures are transparent and comprehensive.

Ethics and methods are inextricably linked; for example, it can be very helpful to offer alternative methods of participation such as face-to-face or telephone interview even if researchers assume that most young people might prefer to be among their peers when discussing certain issues. Furthermore, it is necessary to ensure the presence of a trusted third party, for example a youth worker before and after the focus groups if this provides reassurance to participants and to ensure that psychological and emotional wellbeing are supported throughout the research process.

We also found that triangulation of qualitative data obtained from all sources (i.e. face to face and telephone interviews and focus groups) as well as data from other sources (i.e. the quantitative data), enabled the research questions to be most effectively addressed. Our experience has shown that whilst focus groups can be a valuable way to harness experiences of young people within psychological qualitative research, if carried out as part of a broader study, other key stakeholders should also be sufficiently consulted as part of this work, using either focus groups or face to face interviews and to enable the findings to be fully

contextualized. Employing this method strengthened the impact of SE study by providing richer context to the research.

Overall, focus groups can be a very valuable method to deploy within psychological qualitative inquiry with young people, although sensitivity in their design and implementation needs to be applied. We have found that when well designed and managed by an experienced researcher, they are useful in eliciting information pertinent to the defined research questions and when they take place within a 'protected' and supportive forum. Careful design, consideration of ethical issues and advanced planning of practical concerns can enable a focus group to be used effectively when the topic addresses sensitive issues such as sexual health.

With evidence-led practice and research-informed curriculums becoming of increasing importance, the key learning points as summarized in this paper should be highly relevant to practicing psychologists, those involved in teaching qualitative psychological research methods, and for those involved in the training of the next generation of qualitative researchers in psychology.

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Table 1. Summary of Evaluation Participants

Service Evaluated	Young Service Users (16-25yrs)	Staff Delivering Services	Totals
Nurse-led Sexual Health Provision	10	8	18
Pulse Innov8	11	5	16
Young Men's Health Worker Service	11	1	12
Totals (N)	32	14	46

Table 2. A heuristic framework to consider the practical and ethical issues in using focus groups with young people on sensitive issues such as sexual health

Phase	Step	Examples of key questions for consideration
Choosing and Preparation for focus groups	Define why focus groups are the right method	<ul style="list-style-type: none"> Is the research question the primary determining factor for the decision to use focus groups (or not)? Have you reflected on your own /research team's assumptions about how young people might prefer to be consulted? What alternatives could be offered?
	Ethical approval	<ul style="list-style-type: none"> What measures need to be put in place to support young people before, during, and after the focus group?
	Define the aspired group size	<ul style="list-style-type: none"> What size of focus group is appropriate? How might the topic itself impact on this decision? For sensitive issues smaller groups can often be more suitable.
	Developing topic guides	<ul style="list-style-type: none"> How many questions do you wish to ask and how long should the focus group be? A maximum of one hour is likely to be the most productive (any longer may lead to disengagement) which could mean between five and seven topics (each with five to ten questions).
	Recruitment of participants	<ul style="list-style-type: none"> How could gatekeepers for young people (e.g. project workers, 'front desk' staff) support the recruitment process?
	Organization of the venue	<ul style="list-style-type: none"> What practical demands might conducting a focus group raise? E.g. provision of a 'safe' space may be needed that is away from busy areas (so young people are not seen attending) or in contrast one that <i>is</i> in a busy area so going into the room where the group is to be held is not 'noticed' i.e. it is normalized.
Facilitating focus groups	Piloting the topic guide	<ul style="list-style-type: none"> Have questions been piloted? Should young people be consulted in determining the 'right' kinds and number of questions? How might you do this in a participatory and meaningful way?
	Participant information	<ul style="list-style-type: none"> Is information about the focus group/study purpose accessible/relevant/appropriate for young people? What information might different groups of young people need to know?
	Consent, expectations & confidentiality	<ul style="list-style-type: none"> Are procedures for gaining informed consent robust and staged over time? How will you ensure consent is truly informed? How will young people's expectations about the purpose/outcome of the focus group be managed? What procedures need to be in place to ensure data is handled securely and confidentially? How can you ensure young people understand what is meant by confidentiality?
	Facilitating the focus group	<ul style="list-style-type: none"> Are proposed researchers skilled in running focus groups with young people? What training might they require?
	Use of voice recorders	<ul style="list-style-type: none"> Are voice recorders appropriate to use? How will you 'record' responses if young people do not agree to using voice recorders? How long (and why) will voice recordings be kept for after the group has finished?
	Respecting and appreciating participation	<ul style="list-style-type: none"> If appropriate, what types/kinds of 'thank you' remuneration or vouchers are suitable? For some vulnerable young people food vouchers (e.g. for supermarkets) might be more welcome than ones for music/book stores.
Following up focus groups	Debrief and follow up	<ul style="list-style-type: none"> How can participants be debriefed after the focus group? How will you ensure you leave the field without any participants remaining emotionally harmed? If follow-up is desired, has this been set out in the preparation stage as it will require further consent?
	Leaving the field	<ul style="list-style-type: none"> Focus group transcription can be expensive and time-consuming (more so than individual interviews). To answer the study questions, do you need full transcription or just partial? Is there a middle ground?
	Preparation of data for analysis	<ul style="list-style-type: none"> Do you plan to 'validate' transcripts with participants? How might this impact the data analysis and ability to address the study questions?