

## **Caregiver Informed Consent**

### National Survey of Child and Adolescent Well-Being (NSCAW)

#### **NSCAW**

The Administration for Children and Families (ACF) provides funding for activities that support the well-being of children and families. ACF hired RTI International (RTI), a research company in North Carolina, to conduct a national survey of children and families in the child welfare system. RTI works with researchers at the University of North Carolina at Chapel Hill and Washington University in St. Louis to carry out the study.

#### **SELECTION OF CHILDREN AND OTHER PARTICIPANTS**

RTI selected over 4,000 children to take part in this study. Selected children had contact with the child welfare system during a 12-month period. We are following up with children and their caregivers roughly 36 months after the initial interview. The study includes interviews with selected children. The study also includes interviews with the child's caregiver and caseworker if the child and/or family received services since the last interview. We must have permission from a parent or legal guardian to include the child in the study.

#### **PURPOSE OF THIS NSCAW CAREGIVER INTERVIEW**

We want to interview you about your child and your experiences with the child welfare system. Your answers combined with answers of other caregivers in the study will help us describe the needs of children and their use of available child welfare services. What we learn from this information will help policy makers make improvements to the child welfare system.

#### **TYPES OF QUESTIONS FOR CAREGIVERS AND OTHER INFORMATION GATHERED**

Your interview will take 45 minutes. The first part of the interview can take place over the telephone or in person. The second part of the interview will take place over the Internet. The interview includes questions about your child's learning, health, behavior, and relationships with friends. We will ask about services your family may receive and your level of satisfaction with those services. We also want to learn about your attitudes about raising children, your life experiences, and your involvement with school and community activities. The part of the survey that takes place on the Internet will ask about things that may have happened in your life like drug abuse, and other risky behaviors such as drinking and involvement with the police.

#### **YOUR RIGHTS**

You can decide to take part in this study or not. You can refuse to answer any questions. Taking part in this study does not affect any benefits you or your child may receive.

#### **RISKS**

Taking part in this study presents no physical risks to you and your child. Some questions might make you feel uneasy or feel various emotions, such as sadness. We have significant protections in place to collect and store our information securely. However, there is a small risk that if someone does not follow the rules we set, someone outside the study team might see your information. We minimize this risk by transferring and storing your information and interview data using a study ID and not your name.

#### **BENEFITS**

Taking part presents no direct benefits to you or your child for answering our questions. What we learn from you may help to improve child welfare services and programs. By taking part, you will help us understand the needs of children and the services available to them.

#### **FUTURE CONTACTS**

We may contact you again for another round of interviews. This will help us understand changes over time. You can decide whether to talk with us at that time.

#### **PRIVACY**

We keep your answers private to the extent allowed by law. We keep your answers on a secure computer labeled with an ID number. We do not identify you or your child by name. All staff involved in this research have signed a Privacy Pledge.

Part of the study will ask you to enter information in a secure website. We anticipate your participation in this study presents no greater risk than everyday use of the Internet. Though we are taking precautions to protect your privacy, you should be aware that if you email information in an unsecure manner, it could be read by a third party before it reaches our secure environment.

This research is covered by a federal protection called a Certificate of Confidentiality. This means the researchers cannot share the information they gather that may identify you. The Certificate prevents researchers from revealing this information even if it is subpoenaed by a court.

However, the Certificate does allow researchers to share information in some situations. For example, researchers must follow reporting laws about child and adult abuse. Also, as a part of agreeing to be in this study, you are giving permission for researchers to share information in the rare circumstance that it is needed to prevent serious risk to yourself or others. In addition, the agency that funds this research (the Administration for Children and Families) is permitted to access information to confirm that the research is being conducted properly.

In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of children and families with the child welfare system. The information that is shared will only include a study ID number and not your name.

We never identify a single person or family in our reports. Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about the combined information. You will not be identified in any published or presented materials.

### **QUESTIONS**

If you have questions, please call Jennifer Keeney at RTI, 1-800-334-8571 extension 919-316-3525 (toll-free number). If you have questions about your rights as a study participant, please call RTI 's Office of Human Research Protections at 1-866-214-2043 (a toll-free number).

You will receive a \$50 gift card as a thank you for your input. If you skip some of the questions or decide to stop participating, you will still receive the \$50. If you take part in future interviews, you will also receive a similar amount for those interviews.

### **Agreement to Participate in NSCAW**

Do you agree to participate in the NSCAW interview? You can choose not to participate at any time.

1 = Yes, I agree to participate in the NSCAW interview.

2 = No, I do not agree to participate in the NSCAW interview.

### **Release of Contact Information**

At some point in the future, a different group of researchers may take over this study. If that happens, with your consent, we would give contacting information for you and your child to the other group. Do you agree to have your contact information given to another research company if they start doing this study?

1 = Yes, I agree to have my contact information given to another research company if they start doing this study.

2 = No, I do not agree to have my contact information given to another research company if they start doing this study.

### **Audio Recordings Statement**

We use a laptop quality control (QC) system for this study. The system runs on the computer and will record what you and I say to each other during parts of the interview. Neither you nor I will know when the computer records what we say. The recordings are used to review my work. The recordings are securely stored on my computer and transmitted back to RTI within 12 hours after this interview. They are stored on secure computers and only members of the project team can review them. The recordings will be destroyed at the end of the study after data have been cleaned and analyzed.

Do we have your permission to run this system during the interview?

1 = Yes, I agree to have parts of this interview recorded by the computer.

2 = No, I do not agree to have parts of this interview recorded by the computer.

*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 OMB number and expiration date for this collection are OMB #: 0970-0202, Exp: 08/31/2026. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Dr. Melissa Dolan; 230 W. Monroe Street, Suite 2100 Chicago, IL 60606.*

*The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.*