

## **Caregiver of Emancipated Youth 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 has 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. We selected a child currently or very recently in your care to take part in the study. That child gave us their permission to approach you for an interview. 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 also includes interviews with the child's caseworker if the child and/or family received services since the last interview.

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

We want to interview you about the child, your experiences with the child welfare system and your family. Your answers combined with the 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 PARENT**

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 the child's learning, health, behavior, and relationships with friends. For older children, we ask about their involvement in potentially risky behaviors. We also ask about services your family may receive and your satisfaction with those services. We want to learn about your attitude towards raising children, your life experiences, and your involvement with school and community activities. The interview also includes questions about the community in which you live, and about things that may happen in your life like violence in the home, involvement with police and risky behaviors such as sexual activity and drug use.

### **YOUR RIGHTS**

You can decide to take part in this study or not. You can refuse to answer any question. Taking part in the study does not affect any benefits you or the youth may receive. You have the right to stop the interview at any time.

### **RISKS**

Taking part in the study presents no physical risks to you. Some questions might make you feel uneasy or feel emotions like 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.

If we learn a child's life or health may be in danger during your interview, we will share this information with the appropriate authorities. The Privacy section provides more detail below.

### **BENEFITS**

What we learn from you can help to improve child welfare services and programs. By taking part, you will help us understand the needs of children and services available to them.

### **FUTURE CONTACTS**

To help us understand changes over time, we may contact your child in the future for another round of interviews.

### **PRIVACY**

We keep your responses private to the extent allowed by the law. We keep your interview answers on a secure computer labeled with an ID number. We never identify you 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 any 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 gift card. If you participate in future rounds, we will provide a similar amount in appreciation of your participation in 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 Statement**

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 your contact information to the other group. Do you agree to have your contact information given to another research company if they start doing the 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 if they start doing the study.

### **Audio Recordings Statement**

We use a laptop quality control (QC) system for this study. The system runs on the computer. This system will make audio recordings of what you and I say to each other during the interview. Neither you nor I will know when the computer records what we say. Project staff at RTI will listen to the recordings only 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.*