

ATTACHMENT A: PRETEST AND POSTTEST CONSENT FORMS AND INSTRUMENT



An Employee-Owned
Research Corporation

1600 Research Boulevard
Rockville, MD 20850-3129
tel: 301-251-1500
fax: 301-294-2040
www.westat.com

INTRODUCTION AND PURPOSE OF STUDY

The U. S. Department of Health and Human Services has hired Westat, a research company, to study the RISE program, a new local program working with the Los Angeles County Department of Children and Family Services (DCFS). The goal of the LAGLC initiative, RISE (Recognize, Intervene, Support, Empower), is to reduce the number of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth in long-term foster care in Los Angeles County. RISE is a program supported by the Permanency Innovations Initiative (PII), a federal initiative that seeks to build the evidence base for innovative interventions to enhance well-being and improve permanency outcomes for children who are in or at risk for long-term foster care.

One part of the study will help us learn which services help children stay out of foster care or leave foster care sooner. Another part of the study involves examining ways organizations can better support and serve LGBTQ children through a staff survey. We are asking for your help with this latter part of the study.

PROCEDURES

We invite you to participate in a voluntary anonymous survey. The survey asks about your views and experiences with LGBTQ clients and the availability of agency resources to help you work with this population. The survey will take no more than 15 minutes to complete.

This is the first of two surveys that we will ask you to complete. In three months, a Westat researcher will return to your organization to ask you to participate in a similar survey.

RISKS

We do not expect any risks to you in participating in the survey. You can skip questions that you do not want to answer.

BENEFITS

There are no direct benefits to you. However, you will help your organization and others come up with better ways to serve families and children.

PARTICIPANT AND DATA PRIVACY

Your survey responses will be anonymous and identifiable only by a unique study identification number. We will keep your information private. We will use your information for research purposes only. We will not include information that identifies you in any reports we write.

To help us protect your information, we received a Certificate of Confidentiality from the U. S. Department of Health and Human Services. With this Certificate, no one can force us to share information that could identify you, even in any court or legal proceeding, under a court order or subpoena.

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PARTICIPATION DECISION

To ensure that your responses remain anonymous, you will not sign a consent form to indicate your decision to complete the survey. You agree to participate by just completing the survey. Please keep this copy of the consent information form for your records.

If you *agree* to participate, you can proceed with completing the survey. When you are done, please place this form and the completed survey in the envelope provided.

If you *do not agree* to participate, please check the box below and place this form and the survey in the envelope provided.

I do not want to participate in this survey.

QUESTIONS

If you have questions about the survey, you may ask the Westat researcher facilitating the survey data collection. You may also contact the individuals below.

For questions about the study, please contact: For questions about your rights as a participant in this study, contact:

Liz Quinn, *Westat Study Contact*
1-800-WESTAT1 (937-8281), x3878
LizQuinn@westat.com

The Westat Institutional Review Board (IRB)
Administrator, 1-800-WESTAT1 (937-8281),
x8828

OMB No: 0970-0355

EXPIRATION DATE: 01/31/2015

THE PAPERWORK REDUCTION ACT OF 1995: Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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.



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PROCEDURES

Three months ago, we invited staff from your organization to complete a voluntary anonymous survey. We are inviting you to participate in a second round of surveys today. You are eligible to complete the survey regardless of whether you participated in the first round of surveys. All staff receiving (or previously received) ORB training are invited to participate.

The survey asks about your views and experiences with LGBTQ clients and the availability of agency resources to facilitate your work with this population. The survey will take no more than 15 minutes to complete.

RISKS

We do not anticipate any risks to you in participating in the survey. You can skip questions that you do not want to answer.

BENEFITS

There are no direct benefits to you. However, you will help your organization and others come up with better ways to serve families and children.

PARTICIPANT AND DATA PRIVACY

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OMB No: 0970-0355

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| Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) Competence Scale | | | | | |
|--|----------------|---------|----------------------------|----------|-------------------|
| <i>PLACE A CHECK IN THE BOX THAT INDICATES HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT.</i> | | | | | |
| It's important for me to: | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| 1. Verbalize respect for being LGBTQ or gender-variant. | | | | | |
| 2. Be knowledgeable about LGBTQ and gender-variance resources. | | | | | |
| 3. Educate myself about LGBTQ and gender-variant people. | | | | | |
| 4. Help LGBTQ children and youth develop positive identities as LGBTQ and gender-variant individuals. | | | | | |
| 5. Challenge misinformation about LGBTQ and gender-variant people. | | | | | |
| 6. Help children and youth reduce or get rid of shame about LGBTQ or gender-variant feelings. | | | | | |
| The office or agency where I work provides: | | | | | |
| 7. Support and resources for LGBTQ and gender-variant children and youth. | | | | | |
| 8. Professional development opportunities to improve knowledge, skills, and attitudes for effective practice with LGBTQ and gender-variant children and youth. | | | | | |
| 9. Information about issues unique to LGBTQ and gender-variant individuals. | | | | | |
| <i>PLACE A CHECK IN THE BOX THAT INDICATES HOW FREQUENTLY YOU DO EACH OF THE BEHAVIORS.</i> | | | | | |
| In my work with children and youth, I: | Always | Usually | Sometimes | Rarely | Never |
| 10. Verbalize that an LGB orientation is as healthy as a heterosexual orientation. | | | | | |
| 11. Verbalize that gender variance is as healthy as gender conformity. | | | | | |
| 12. Demonstrate comfort about LGBTQ and gender-variance issues to LGBTQ and gender-variant children and youth. | | | | | |
| 13. Educate myself about LGBTQ and gender-variance concerns and issues. | | | | | |
| 14. Create a climate that allows for voluntary self-identification by LGBTQ and gender-variant children and youth. | | | | | |
| 15. Discuss sexual orientation and gender identity in a nonthreatening manner with children and youth. | | | | | |