

B1. ADES Youth, Care Provider, and Caseworker Study Contact Form

B1. ADES Youth, Care Provider, and Caseworker Study Contact Form

Youth Name

Is the youth more comfortable reading in Spanish?
 Yes No

Out-of-Home Care Provider Contact Information

Name

Phone: _____ Alternate Phone: _____

Address: _____

Apt/Room/Bldg: _____

City: _____ State: _____ Zip Code: _____

Alternate Address:

Apt/Room/Bldg: _____

City: _____ State: _____ Zip Code: _____

CPS Specialist Contact Information

CPSS Name

Phone: _____ Alternate Phone: _____

Address: _____

Apt/Room/Bldg: _____

City: _____ State: _____ Zip Code: _____

FOR OFFICE USE

Staff person who completed this document: _____

Date document completed: _____

/ /

Burden Statement: This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.

B2. ADES Child Assent Forms

B2. ADES Child Assent Forms

ADES Child Assent Form (AGES 7-17.5)



An Employee-Owned
Research Corporation

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

Westat, a research company, is inviting you to take part in a research study about services you are getting from your CPS Specialist and the Arizona Department of Economic Security (ADES) Division of Children Youth and Families (DCYF). Please read this form carefully before you decide whether to take part or not.

What is a research study?

A study collects information so people can understand something better.

Why is Westat doing this study?

We want to find out if the services you receive help you. If they do, they may also help other children and families.

Why are you asking me to take part in the study?

You and other children are being asked to take part because you are getting services through ADES.

What will happen if I am in this study?

If you agree to be in the study, you will meet with a researcher who will ask you questions about you and your family. In addition, if you are 11 years old or older, you will also answer some question using a computer. If you need help with the computer, the researcher will help you. The researcher will come back 6 months later to ask you similar questions. The questions will take about 30 minutes to answer each time. There are no right and wrong answers.

Do I get anything for being in the study?

Yes. You will get a \$15 gift card each time you meet with the researcher.

Are there any risks or discomforts to being in the study?

We do not think being in the study has any risks. If some of the questions make you feel upset or sad, you can talk with your CPS Specialist. You can also skip questions that you do not want to answer. You can end the questions at any time.

Will what I share in the study be kept private?

We will keep your information private to the extent permitted by law. The researcher will always meet with you in a private place. We will not use any information that names you or your family in any reports we write.

To help protect your privacy, the government has provided the research team with a Certificate of Confidentiality. This Certificate means we must not tell anyone that you took part in the study or share any of the information that you tell us with anyone else. However, if you tell us that someone has hurt you or that you want to hurt yourself or someone else, we have to tell the authorities to keep everyone safe.

To make sure the researchers are following rules when asking you questions, someone else may ask to be there during your interview. If someone wants to be there, we will let you know ahead of time and ask if you agree to that.

Do I have to be in the study?

You do not have to be in the study. No one will get mad at you if you do not want to be in the study. Your decision will not affect the services you currently receive from your caseworker.

What if I have questions?

If you have questions right now, please talk to the person who reviews this form with you. You can also call the people below.

For questions about the study, please call:

Karla Eisen, *Westat Study Contact*
1-800-WESTAT1 (937-8281), x5927
KarlaEisen@westat.com

For questions about your rights as a participant in this study, call:

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

SIGNATURE

Signing this form means that you read or listened to someone read this form to you and you understand what it says. It means that you agree to let Westat collect and use your interview answers in the study. You will receive a copy of the signed consent form.

Check the “Yes” box if you want to take part in the study. Check the “No” box if you do not want to take part in the study. Then, sign your name and give this form to the Westat researcher.

<input type="checkbox"/> Yes, I agree to let Westat collect and use my interview answers in this study.	<input type="checkbox"/> No, I do not agree to let Westat collect and use my interview answers in this study.
---	---

Child’s Signature

Print Name

Date

Burden Statement: This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer

(Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.

ADES Child Assent Script (AGES 5-6)

Hi [insert child's name],

My name is [*interviewer's name*] and I am here to see if you would answer some questions about you and your family. I want to talk to you today and come back one more time to talk with you again, if you are okay with that. You should know that you do not have to talk with me. It is up to you. No one will get mad at you if you do not want to talk with me.

During our talk, you can tell me if you do not want to answer what I ask you. You can also stop our talk at any time. I will only share what we talk about with the people that I work with on this study. I will not share what we talk about with your caseworker or caregiver. However, if you tell me that someone has hurt you or that you want to hurt yourself or someone else, I have to let someone know so everyone can stay safe.

You will get to choose a gift after our talk to thank you for talking with me. Our talk will last about 30 minutes.

Do you have any questions about the talk?

Are you okay with me asking you some questions?

Participation Decision

Interviewer, please check the box below to indicate the child's decision to participate in the interview. You will receive a copy of this form.

The child agrees to participate.

The child does not want to participate.

.



An Employee-Owned
Research Corporation

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

CHILD ASSENT SCRIPT AGES 7-17.5

Westat, a research company, is inviting you to take part in a research study about services you are getting from your CPS Specialist and the Arizona Department of Economic Security (ADES) Division of Children Youth and Families (DCYF). Please read this form carefully before you decide whether to take part or not.

What is a research study?

A study collects information so people can understand something better.

Why is Westat doing this study?

We want to find out if the services you receive help you. If they do, they may also help other children and families.

Why are you asking me to take part in the study?

You and other children are being asked to take part because you are getting services through ADES.

BEFORE I GO ON, LET ME MAKE SURE YOU UNDERSTAND WHAT I'M TELLING YOU. BASED ON WHAT I'VE SAID SO FAR...

1. WHAT IS THIS STUDY ABOUT?

CORRECT ANSWER: CPS SERVICES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

1ST ATTEMPT (NO REPEAT NEEDED)

2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)

3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)

4TH ATTEMPT INDICATES LACK OF UNDERSTANDING

Ok that's good. Is it ok if we keep going?

What will happen if I am in this study?

If you agree to be in the study, you will meet with a researcher who will ask you questions about you and your family. In addition, if you are 11 years old or older, you will also answer some question using a computer. If you need help with the computer, the researcher will help you. The

researcher will come back 6 months later to ask you similar questions. The questions will take about 30 minutes to answer each time. There are no right and wrong answers.

Do I get anything for being in the study?

Yes. You will get a \$15 gift card each time you meet with the researcher.

Are there any risks or discomforts to being in the study?

We do not think being in the study has any risks. If some of the questions make you feel upset or sad, you can talk with your CPS Specialist. You can also skip questions that you do not want to answer. You can end the questions at any time.

AGAIN I WANT TO MAKE SURE YOU UNDERSTAND WHAT I'M TELLING YOU. BASED ON WHAT I'VE SAID SO FAR...

1. WILL YOU GET ANYTHING FOR BEING IN THE STUDY?

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

1ST ATTEMPT (NO REPEAT NEEDED)

2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)

3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)

4TH ATTEMPT INDICATES LACK OF UNDERSTANDING

2. IS IT POSSIBLE THAT I MIGHT ASK A QUESTION WHICH MAKES YOU FEEL UPSET?

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

1ST ATTEMPT (NO REPEAT NEEDED)

2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)

3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)

4TH ATTEMPT INDICATES LACK OF UNDERSTANDING

Will what I share in the study be kept private?

We will keep your information private to the extent permitted by law. The researcher will always meet with you in a private place. We will not use any information that names you or your family in any reports we write.

To help protect your privacy, the government has provided the research team with a Certificate of Confidentiality. This Certificate means we must not tell anyone that you took part in the study or share any of the information that you tell us with anyone else. However, if you tell us that someone has hurt you or that you want to hurt yourself or someone else, we have to tell the authorities to keep everyone safe.

To make sure the researchers are following rules when asking you questions, someone else may ask to be there during your interview. If someone wants to be there, we will let you know ahead of time and ask if you agree to that.

Do I have to be in the study?

You do not have to be in the study. No one will get mad at you if you do not want to be in the study. Your decision will not affect the services you currently receive from your caseworker.

JUST SO I'M ABSOLUTELY SURE YOU UNDERSTAND WHAT I SAID...

1. OTHER THAN IN CASES WHERE YOU OR SOMEONE ELSE MAY BE IN DANGER WILL YOUR INFORMATION BE KEPT PRIVATE DURING THE STUDY?

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- 1ST ATTEMPT (NO REPEAT NEEDED)
- 2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)
- 3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)
- 4TH ATTEMPT INDICATES LACK OF UNDERSTANDING**

2. DO YOU HAVE TO BE IN THE STUDY?

CORRECT ANSWER: NO

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- 1ST ATTEMPT (NO REPEAT NEEDED)
- 2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)
- 3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)
- 4TH ATTEMPT INDICATES LACK OF UNDERSTANDING

Thank you we're almost finished.

What if I have questions?

If you have questions right now, please talk to the person who reviews this form with you. You can also call the people below.

For questions about the study, please call:

Karla Eisen, Westat Study Contact
1-800-WESTAT1 (937-8281), x5927
KarlaEisen@westat.com

For questions about your rights as a participant in this study, call:

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

IF "4TH ATTEMPT INDICATES LACK OF UNDERSTANDING," IS SELECTED ONE OR MORE TIMES THANK THE YOUTH AND TELL HIM OR HER THAT HE OR SHE WILL NOT HAVE TO BE IN THE STUDY.

IF THE YOUTH HAS ANSWERED ALL QUESTIONS CORRECTLY WITHIN THREE ATTEMPTS CONTINUE WITH THE SECTION BELOW.

SIGNATURE

Signing this form means that you read or listened to someone read this form to you and you understand what it says. It means that you agree to let Westat collect and use your interview answers in the study. You will receive a copy of the signed consent form.

Check the "Yes" box if you want to take part in the study. Check the "No" box if you do not want to take part in the study. Then, sign your name and give this form to the Westat researcher.

<input type="checkbox"/> Yes, I agree to let Westat collect and use my interview answers in this study.	<input type="checkbox"/> No, I do not agree to let Westat collect and use my interview answers in this study.
---	---

Child's Signature

Print Name

Date

B4. ADES Child-Youth Interview

B4. ADES Child-Youth Interview Supportive Connections Inventory (Ages 8-17.5)

Participant ID #: _____ Date: _____

Participant's Age: _____ [IF YOUNGER THAN 8, STOP] Assessment Phase: Pre Post

STATEMENTS IN BRACKETS AND ALL CAPS SHOULD NOT BE READ ALOUD.

Introduction

I'm going to ask you about people in your life who are a supportive connection for you. Supportive connections are adults you can depend on to support you, help you, or care about you. These people can be any adult like parents, relatives, foster parents, adult siblings, friends of the family relatives of your foster family or former foster family, neighbors, coaches, teachers, or group home staff.

1. Can you think of anyone like that in your life?

- Yes [CONTINUE AND LIST IN QUESTIONS 2a - 2h]
 No [STOP - SKIP TO CONCLUSION]

Now, I'm going to ask you about these people.

Burden Statement: This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.

2a. Please think about those adults who are the most supportive in your life. Starting with an adult who is the most supportive, please tell me the first name of that person. How is this person related to you--how do you know them?

FOR EACH PERSON IDENTIFIED IN QUESTION #2, ASK QUESTION #3 AFTER EACH PERSON IS IDENTIFIED.

NOTE THAT YOU SHOULD NOT READ THE RELATIONSHIP CODES FOR QUESTION #3 ALOUD. USE THE CODE THAT MOST CLOSELY MATCHES THE YOUNG PERSON'S DESCRIPTION OF THE SUPPORTIVE CONNECTION FOLLOWED BY THE WORD OR WORDS THE YOUNG PERSON USES TO DESCRIBE THAT RELATIONSHIP (E.G., "5, THE GRANDMA AT MY LAST FOSTER HOME"). IF THE YOUNG PERSON'S DESCRIPTION DOES NOT MATCH ONE OF THE RESPONSES LISTED, USE THE PROMPT QUESTION TO CLARIFY HIS/HER ANSWER.

<p>2b. - 2h.</p> <p>Is there another adult who is a supportive connection to you?</p> <p>[IF YES] What is the first name of the next most supportive person to you, and what is their relationship to you?</p> <p>[IF NO - SKIP TO CONCLUSION]</p>	<p>3. Who is this person to you?</p> <p>[PROMPT] <i>How do you know this person, for example is this person your aunt, a teacher, a family friend, your dad, or a former foster parent?</i></p> <p>[USE ONE OF THE CODES BELOW FOLLOWED BY THE WORD OR WORDS THE YP USES TO DESCRIBE THE RELATIONSHIP]</p> <p>RELATIONSHIP CODES [DO NOT READ THESE CODES]</p> <p>1 = BIO PARENT</p> <p>2 = RELATIVE</p> <p>3 = ADULT SIBLING</p> <p>4 = FOSTER PARENT, CURRENT OR FORMER</p> <p>5 = FICTIVE KIN (BEST FRIEND OF MOM REFERRED TO AS AUNT, ADULT SON/DAUGHTER OF A CURRENT OR PREVIOUS FOSTER PARENT, EX STEP-PARENT)</p> <p>6 = MENTOR (TEACHER, COACH, BIG BROTHER/SISTER)</p> <p>7 = PROFESSIONAL (CPSS, COUNSELOR, CASA, GROUP HOME STAFF)</p> <p>8 = OTHER (PLEASE SPECIFY)</p>
2a.	3a.
2b.	3b.
2c.	3c.
2d.	3d.
2e.	3e.
2f.	3f.

<p>2b. - 2h.</p> <p>Is there another adult who is a supportive connection to you?</p> <p>[IF YES] What is the first name of the next most supportive person to you, and what is their relationship to you?</p> <p>[IF NO - SKIP TO CONCLUSION]</p>	<p>3. Who is this person to you?</p> <p>[PROMPT] <i>How do you know this person, for example is this person your aunt, a teacher, a family friend, your dad, or a former foster parent?</i></p> <p>[USE ONE OF THE CODES BELOW FOLLOWED BY THE WORD OR WORDS THE YP USES TO DESCRIBE THE RELATIONSHIP]</p> <p>RELATIONSHIP CODES [DO NOT READ THESE CODES]</p> <p>1 = BIO PARENT</p> <p>2 = RELATIVE</p> <p>3 = ADULT SIBLING</p> <p>4 = FOSTER PARENT, CURRENT OR FORMER</p> <p>5 = FICTIVE KIN (BEST FRIEND OF MOM REFERRED TO AS AUNT, ADULT SON/DAUGHTER OF A CURRENT OR PREVIOUS FOSTER PARENT, EX STEP-PARENT)</p> <p>6 = MENTOR (TEACHER, COACH, BIG BROTHER/SISTER)</p> <p>7 = PROFESSIONAL (CPSS, COUNSELOR, CASA, GROUP HOME STAFF)</p> <p>8 = OTHER (PLEASE SPECIFY)</p>
2g.	3g.
2h.	3h.
ASK IS THERE ANYONE ELSE.....	

FOR #4 AND #5 HAND OUT RESPONSE CARD SO THAT THE YOUNG PERSON CAN REFER. YOU CAN, IN ADDITION, READ THE RESPONSE CATEGORIES ALOUD AFTER EACH NUMBERED STATEMENT.

FOR EACH PERSON IDENTIFIED ABOVE, ASK THE FOLLOWING

4. How likely would _____ (person identified) be to:

- 0 = don't know
- 1 = not likely
- 2 = a little likely
- 3 = likely
- 4 = very likely

Person	Person	Person	Person	Person	Person	Person	Person
a	b	c	d	e	f	g	h

Ages 8 - 18

- i. Invite you for a holiday dinner or celebration like Thanksgiving
- ii. Celebrate your birthday with you
- iii. Talk with you when you're feeling bad
- iv. Help you join or be part of a group like a school club, a sports team, the band, or a church group
- v. Still love you when you make a mistake
- vi. Take you to do something fun like go to the park, watch a movie, or play games
- vii. Make you feel special or loved
- viii. Help you understand things about you or your family's background
- ix. Make you feel safe just being with them
- x. Make you feel like you belong

Sum

FOR CHILDREN YOUNGER THAN AGE 16 SKIP TO NEXT INSTRUMENT.

THE FOLLOWING QUESTION #5 IS FOR YOUNG PEOPLE AGES 16-17.5 ONLY

5. How likely would this person be to:

- 0 = don't know
- 1 = not likely
- 2 = a little likely
- 3 = somewhat likely
- 4 = very likely

Ages 16 - 18

Person a	Person b	Person c	Person d	Person e	Perso n f	Person g	Person h
-------------	-------------	-------------	-------------	-------------	-----------------	-------------	-------------

- i. Help you fill out a job application
- ii. Give you access to a computer
- iii. Cosign on an apartment when you are on your own
- iv. Help you find a doctor or pharmacy
- v. Talk with you about your options for college or vocational school
- vi. Help you fill out a financial aid application
- vii. Give you a ride when you need it
- viii. Let you do your laundry at their house when you're on your own
- ix. Tell you how to do things in your own place, like how to turn off the water to the toilet
- x. Teach you to cook or prepare meals
- xi. Take you grocery shopping
- xii. Be there for you in an emergency like if you needed something in the middle of the night
- xiii. Talk with you about your romantic relationships
- xiv. Give you advice on how to handle a conflict you're having with a friend or someone at work
- xv. Help you figure out how to handle a problem

Sum

RESPONSE CARD:

- 0 = don't know
- 1 = not likely
- 2 = a little likely
- 3 = likely
- 4 = very likely

Youth Interview Child Readiness For Permanency Inventory (Ages 5-10)

Interviewer: _____ Date: (MM/DD/YYYY) _____

First Name of Young Person: _____ Participant ID # _____

We are asking young people in foster care to tell us about themselves. No matter what experiences you have, your answers will help us understand what it's like for young people in foster care. There is no right or wrong answer to any question. It is important that you answer each question the best you can.

Do you agree with these statements? Just answer yes or no to each one.

Item ¹	YES	NO
1. You can't trust anyone	1	2
2. If I need people, they will come through for me.	1	2
3. Trusting people is not smart	1	2
4. I don't believe what people tell me	1	2
5. People shouldn't trust their friends	1	2
6. People don't keep their promises	1	2
7. People who trust others are stupid	1	2
8. My friends are there when I need them	1	2

Item ²	YES	NO
9. Even when I am with friends and family, I don't feel like I belong	1	2
10. Some of my happiest times are with other people	1	2

¹ Adapted Subscale from Trauma and Attachment Belief Scale (TABS), Pearlman -- Measures Ability to trust

² Adapted Subscale from Trauma and Attachment Belief Scale (TABS), Pearlman -- Measures Ability to feel connected to others; belonging

11.	I feel close to lots of other people	1	2
12.	I feel cut off from people	1	2
13.	I don't feel much love from anyone	1	2
14.	When I am with people, I feel alone	1	2
15.	No one really knows me	1	2
16.	I feel left out everywhere	1	2

Item ³	YES	NO	
17.	I daydream about my life before I entered foster care.	1	2
18.	I feel close to the family I lived with before I lived in foster care.	1	2
19.	I seem to be grumpy since being placed in foster care.	1	2
20.	I am always thinking about being in foster care.	1	2
21.	I have felt very much alone since being placed in foster care.	1	2
22.	I blame myself for being in foster care.	1	2
23.	I find it hard to do my school work since being placed in foster care.	1	2
24.	I am ok being away from my family.	1	2
25.	I cry when I think about being placed in foster care.	1	2
26.	I don't feel part of my family.	1	2
27.	I feel it is unfair that I was placed in foster care.	1	2
28.	I find it hard to sleep since being placed in foster care.	1	2
29.	I feel I am ok about being in foster care.	1	2
30.	Since being placed in foster care I find it harder to get along with certain people.	1	2
31.	I get angry when I think about being placed in foster care.	1	2
32.	I am unable to accept the fact that I was placed in foster care.	1	2

³ Anticipatory Grief Scale - Adapted to reflect foster care -- measures grief and loss; Jordan, Ross, and Deutsch

Child Readiness For Permanency Inventory (Ages 11-17.5)

Interviewer: _____

Date: (MM/DD/YYYY) _____

First Name of Young Person: _____

Participant ID # _____

We are asking young people in foster care to tell us how you view yourself and others. No matter what experiences you have, your answers will help us understand what it's like for young people in foster care. Please remember that this is a personal survey and people differ from one another in many ways. There is no right or wrong answer to any question. It is important that you answer each question the best you can. You will be asked to select an answer that most clearly matches your own beliefs about yourself and your world.

The first few questions are about you.

A. In what month and year were you born?

-----/-----

B. What is the last grade you completed in school?

The next questions ask you to answer based on a 6-point scale where 1 means that you strongly or really disagree and 6 means you strongly or really agree.

Item ⁴	Disagree Strongly 1	Disagree 2	Disagree Somewhat 3	Agree Somewhat 4	Agree 5	Agree Strongly 6
1.	Most people see me as loving and affectionate.					
2.	Maintaining close relationships has been difficult and frustrating for me					
3.	I often feel lonely because I have few close friends with whom to share my concerns or worries.					
4.	I enjoy personal and give and take conversations with family members or friends.					
5	I don't have many people who want to listen when I need to talk.					
6.	It seems to me that most other people have more friends than I do.					
7.	People would describe me as a giving person, willing to share my time with others.					
8.	I have not experienced many warm and trusting relationships with others.					
9.	I know that I can trust my friends, and they know they can trust me.					

⁴ These questions are from the Ryff Wisconsin Well Being Scale, which measures positive relationships—higher scorer has warm, satisfying, trusting relationships with others; is concerned about the welfare of others. Please note that some of these items will need to be reverse-scored.

Item ⁵	Disagree Strongly 1	Disagree 2	Disagree Somewhat 3	Agree Somewhat 4	Agree 5	Agree Strongly 6
10.	I live life one day at a time and don't really think about the future.					
11.	I tend to focus on the present, because the future nearly always brings me problems.					
12.	My daily activities often seem trivial and unimportant to me.					
13.	I don't have a good sense of what it is I'm trying to accomplish in life.					
14.	I used to set goals for myself, but that now seems like a waste of time.					
15.	I enjoy making plans for the future and working to make them happen.					
16.	I actively carry out the plans I set for myself.					
17.	Some people wander aimlessly through life, but I am not one of them.					
18.	I sometimes feel as if I've done all there is to do in life.					
19.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.					
20.	My decisions are not usually influenced by what everyone else is doing.					
21.	I tend to worry about what other people think of me.					
22.	Being happy with myself is more important to me than having others approve of me.					
23.	I tend to be influenced by people with strong opinions.					
24.	I have confidence in my opinions, even if they are contrary or different to what everybody else thinks.					

⁵ These questions are from the Ryff, Wisconsin Well-Being Scale, which measures purpose of life (higher score has goals in life and a sense of directedness; feels there is meaning to present and past life).

25. It's difficult for me to voice my own opinions on controversial matters.
26. I often change my mind about decisions if my friends or family disagree.
27. I judge myself by what I think is important, not by the values of what others think is important.
28. When I look at the story of my life, I am pleased with how things have turned out.
29. In general, I feel confident and positive about myself.
30. I feel like many of the people I know have gotten more out of life than I have.
31. I like most parts of my personality.
32. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
33. In many ways, I feel disappointed about my achievements in life.
34. My attitude about myself is probably not as positive as most people feel about themselves.
35. The past had its ups and downs, but in general, I wouldn't want to change it.
36. When I compare myself to friends and acquaintances, it makes me feel good about who I am.

Item ⁶	Disagree Strongly 1	Disagree 2	Disagree Somewhat 3	Agree Somewhat 4	Agree 5	Agree Strongly 6
37.	You can't trust anyone					
38.	If I need them, people will come through for me.					
39.	Trusting people is not smart					
40.	I don't believe what people tell me					
41.	People shouldn't trust their friends					
42.	People don't keep their promises					
43.	People who trust others are stupid					
44.	My friends are there when I need them					

Item ⁷	Disagree Strongly 1	Disagree 2	Disagree Somewhat 3	Agree Somewhat 4	Agree 5	Agree Strongly 6
45.	Even when I am with friends and family, I don't feel like I belong					
46.	Some of my happiest times are with other people					
47.	I feel close to lots of other people					
48.	I feel cut off from people					
49.	I don't feel much love from anyone					
50.	When I am with people, I feel alone					
51.	No one really knows me					
52.	I feel left out everywhere					

⁶ Subscale from Trauma and Attachment Belief Scale (TABS), Pearlman -- Measures Ability to trust

⁷ Subscale from Trauma and Attachment Belief Scale (TABS), Pearlman -- Measures Ability to feel connected to others; belonging

This next question asks you to answer based on a 5 point scale where 1 means that you strongly or really disagree and 5 means you strongly or really agree.

Item ⁸	Disagree Strongly 1	Disagree 2	Agree a Little 3	Agree 4	Agree Strongly 5
53.	I daydream about my life before I entered foster care.				
54.	I feel close to the family I lived with before I entered foster care.				
55.	I seem to be more irritable since being placed in foster care.				
56.	I am preoccupied with thoughts about being in foster care.				
57.	I have felt very much alone since being placed in foster care.				
58.	I blame myself for my placement in foster care.				
59.	I find it hard to concentrate on school work since being placed in foster care.				
60.	I have the ability to cope with the separation from my family.				
62.	I feel detached from my family.				
63.	I feel it is unfair that I was placed in foster care.				
64.	I find it hard to sleep since being placed in foster care.				
65.	I feel I have adjusted to being in foster care.				
66.	Since being placed in foster care I find it more difficult to get along with certain people.				
67.	I get angry when I think about being placed in foster care.				
68.	I am unable to accept the fact that I was placed in foster care.				

⁸ Anticipatory Grief Scale - Adapted to reflect foster care-- measures grief and loss; Jordan, Ross, and Deutsch

B7. ADES Caseworker Interview with Consents

B7. ADES Caseworker Interview with Consents



An Employee-Owned
Research Corporation

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

PROSPECTIVE-HOMES-FOUND CONSENT

INTRODUCTION AND PURPOSE OF STUDY

The U. S. Department of Health and Human Services has hired Westat, a research company, to study the Arizona Department of Economic Security (ADES), Division of Children, Youth and Families (DCYF), Fostering Readiness and Permanency Project (FRP). The FRP Project 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 will help us learn about the decision making for youth in foster care. We are asking for your help with the first part of the study now.

PROCEDURES

We invite you to participate in a voluntary telephone interview. The interviewer will ask you about the number of prospective homes found for young people in your caseload who are enrolled in the study. The interview will take no more than 15 minutes to complete.

RISKS

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

BENEFITS

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

PARTICIPANT AND DATA PRIVACY

We will keep your information private to the extent permitted by law. Your survey interview responses will be kept private and labeled only with a unique study identification number. We will use your information for research purposes only. We will not include information that identifies you in any reports.

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.

PARTICIPATION DECISION

To ensure that your responses remain private, you will not sign a consent form to indicate your decision to complete the interview. You agree to participate in the survey interviews by providing verbal consent, which will be recorded. Please keep one copy of the consent information form for your records.

A Westat researcher will be contacting you soon to explore your interest in participating in the telephone interview. If you *agree* to participate, the researcher will begin the interview with you at that time or schedule a time that is convenient for you. You can indicate that you do not want to participate once the Westat researcher calls you about the interview.

QUESTIONS

If you have questions about the interview, you may also contact the individuals below.

For questions about the study, please contact:

Karla Eisen, *Westat Study Contact*
1-800-WESTAT1 (937-8281), x5927
KarlaEisen@westat.com

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

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

Burden Statement: *This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.



An Employee-Owned
Research Corporation

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

Decision-Making Consent

INTRODUCTION AND PURPOSE OF STUDY

The U. S. Department of Health and Human Services has hired Westat, a research company, to study the Arizona Department of Economic Security (ADES), Division of Children, Youth and Families (DCYF), Fostering Readiness and Permanency Project (FRP). The FRP Project 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 will help us learn about the decision making for youth in foster care. We are asking for your help with the second part of the study now.

PROCEDURES

We invite you to participate in a voluntary telephone interview. The interview will focus on a case on your caseload. The interviewer will ask you about the activities and people involved in making permanency decisions about one of your cases. The interview will take no more than one-half hour to complete.

RISKS

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

BENEFITS

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

PARTICIPANT AND DATA PRIVACY

We will keep your information private to the extent permitted by law. Your interview responses will be kept private and labeled only by a unique study identification number. We will use your information for research purposes only. We will not include information that identifies you in any reports.

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.

PARTICIPATION DECISION

To ensure that your responses remain private, you will not sign a consent form to indicate your decision to complete the survey interview. You agree to participate in the survey interviews by providing verbal consent, which will be recorded. Please keep one copy of the consent information form for your records.

A Westat researcher will be contacting you soon to explore your interest in participating in the telephone interviews. If you *agree* to participate, the researcher will schedule times that are convenient for you. You can indicate that you do not want to participate once the Westat researcher calls you about the interview.

QUESTIONS

If you have questions about the interview, you may contact the individuals below.

For questions about the study, please contact:

Karla Eisen, *Westat Study Contact*
1-800-WESTAT1 (937-8281), x5927
KarlaEisen@westat.com

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

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

<p>ASK QUESTION 3, BY FIRST FILLING IN THE DATE GIVEN IN QUESTION #1. THIS QUESTION ASKS THE CPS SPECIALIST IF ANY HOMES WERE FOUND AT ALL IN THE TIME PRIOR TO THE LAST SIX MONTHS.</p>	
<p>3. Prior to _____ (INSERT DATE IDENTIFIED IN #1), did the agency make any attempts to locate prospective homes for _____ (YP)?</p>	<p>___ YES ___ NO ___ UNKNOWN</p>

Decision-Making Interview

Interviewer: _____ Today's Date: (MM/DD/YYYY) _____

First Name of CPS Specialist: _____ First Name of Young Person: _____

Participant ID # _____

Introduction: For this interview, we will ask questions about your perceptions as a CPS specialist of the decision-making on efforts to achieve permanency for _____ (STATE FIRST NAME OF YOUNG PERSON). Please refer to only this young person's case when answering questions.

Did you get the Response Cards I emailed?

(IF CPSS DID NOT RECEIVE RESPNSE CARDS, PLEASE EMAIL THEM NOW)

First I would like to ask you some questions about this case

1. How long have you been working with this case? (CIRCLE ONE)

- Less than 6 months
- 6 month – 1 year
- 1-2 years
- Over 2 years

2. How many hours a week do you estimate you have put into permanency decision making for this case? (CIRCLE ONE)

- 0-2 hours a week
- 3-5 hours a week
- 5-10 hours a week
- More than 10 hours a week

3. As of today, is the young person in a permanent placement? (CIRCLE ONE)

- YES (GO TO Q# 4)
- NO (SKIP TO Q# 8)

4. When was the young person placed in a permanent placement?

_____ (date)

5. Who were they placed with? (CIRCLE ONE)

- a. Returned Home
- b. Relative
- c. Non Relative
- d. Other (specify) _____

6. Did you have more than one family to choose from? (CIRCLE ONE)

- Yes
- No

7. What was the most important factor in choosing this particular family for the young person?

GO TO Q #9

8. Is there a prospective permanent placement currently under consideration? (CIRCLE YES OR NO)

A. Yes

If yes, what type of placement is this? (CIRCLE ONE)

Reunification

Adoption

Permanent Guardianship

Other _____

B. No

If no, what is the main barrier to finding a placement? (CIRCLE ONE)

No barriers, just began looking

Child does not want to be placed

Court

Child has too many problems (behavioral, mental health, and/or physical)

Other (SPECIFY) _____

9. Based on your experience with permanency planning efforts for this case over the past six months [PRIOR TO CASE CLOSURE], please indicate the most appropriate response to the following questions about the program principles applied in the permanency decision making process.⁹ (REFER CPSS TO 5-POINT SCALE CARD-1)

	Never	Rarely	Sometimes	Most of the time	Always
a. Were families informed and involved participants in the permanency planning and decision making process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Was diversity valued and embraced during the permanency planning and decision making process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were participants seen as experts about their own lives and circumstances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Were multiple perspectives valued and decision making responsibilities shared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Were the perspectives of the youth foremost in the permanency decision making process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Was creativity encouraged and respected in the discussion of the resolution of barriers to permanency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Were action steps relating to the permanency goals made a top priority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. - Was all necessary information provided for participants to make informed decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⁹ Source: Guiding Principles Arizona Fostering Readiness and Permanency Project CARE Team Policies and Procedures Manual, DRAFT 5.15.2012 p. 1-2. Also <http://www.nrcpfc.org/>

The next two questions ask you to consider partners involved in permanency decision making, first asking who was most helpful and then asking you who created the most barriers.

10. From the categories below, please identify up to three key partners who were most helpful to the permanency planning decision making process for this case.

(REFER CPSS TO LIST OF PARTNERS CARD)

*Note as above, the term “**partners**” refers to the parties involved in permanency planning for THIS CASE, such as attorneys, CPS Supervisors, therapists, community social service organizations, and service providers, as well as the young person, his or her biological and foster family members, relatives, etc.*

LIST OF PARTNERS

Legal

- Attorney General (Assistant)
- Child’s Attorney
- Guardian Ad Litem
- Judge/Hearing Officer
- CASA

Service Provider

- Behavioral Health Provider (RBHA)
- CPS Contract Service Provider
- Foster Care Placement Provider
- Youth Advocate
- Care Coordinator

Family

- Child/ Young Person
- Parent
- Relative

Community

- Tribal Representative
- Educator/Teacher/ Counselor
- Community Support/ Mentor
- Other: please specify _____

10a. Please tell me in your own words, how and why these partners were the most helpful?

11. From the categories below, please identify up to three key partners who created the most barriers to the permanency planning decision making process for this case.

(REFER CPSS TO LIST OF PARTNERS RESPONSE CARD)

*Note as above, the term “**partners**” refers to the parties involved in permanency planning for THIS CASE, such as attorneys, CPS Supervisors, therapists, community social service organizations, and service providers, as well as the young person, his or her biological and foster family members, relatives, etc.*

LIST OF PARTNERS

Legal

- Attorney General (Assistant)
- Child’s Attorney
- Guardian Ad Litem
- Judge/Hearing Officer
- CASA

Service Provider

- Behavioral Health Provider (RBHA)
- CPS Contract Service Provider
- Foster Care Placement Provider
- Youth Advocate
- Care Coordinator

Family

- Child/ Young Person
- Parent
- Relative

Community

- Tribal Representative
- Educator/Teacher/ Counselor
- Community Support/ Mentor
- Other: please specify _____

11a. Please tell me in your own words, how they created barriers?

12. Referring to the same list of partners were there any partners missing from the permanency decision making process that you thought needed to be there? If so, who?

13. Please tell me why did you need these partners in the process?

Next, in thinking about the partners who were helpful, I would like to ask you some questions about your perceptions of the effectiveness of partners in the permanency planning and decision making process.

**14. Based on your experience with this case during the past six months, please rate the overall effectiveness of partners for the following problem solving aspects of permanency planning and decision making from the following 5-point scale.
(REFER CPSS TO 5 POINT RESPONSE CARD-2)**

Note that we are defining “effective” as meaning to producing the intended or expected result. The term “partners” refers to the parties involved in permanency planning for THIS CASE, such as attorneys, CPS Supervisors, therapists, service providers, etc. as well as the young person, his or her biological and foster family members, relatives, etc.

	Not Effective	Minimally Effective	Effective	Very Effective	N/A
a. How effective were partners in the preparation of young person for a permanent placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How effective were partners in developing strategies to address barriers to permanency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How effective were partners in searching, identifying, and selecting permanency families for the young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How effective were partners in the preparation of a family to become a permanent placement for a young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How effective were partners in demonstrating a sense of urgency regarding permanency planning and decision making for the young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How effective were partners in developing a timeframe for permanency for the young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Based on your experience with this case over the past six months, how important was each of these aspects to the permanency planning decision making process for this case? (REFER CPSS TO RESPONSE CARD-3)

Please choose the most appropriate response. Remember that we are interested in your experience and perceptions of the importance of these aspects to this case only. There are no right or wrong answers.

IF WORKER STATES "NOT APPLICABLE," INDICATE ON FORM

	Unimportant	Slightly important	Important	Very Important	Critical
a. How important was the assessment of young person's needs in identifying a permanent placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How important was the preparation of young person for a permanent placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How important was the identification of potential people as assets for the young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How important was the reunification assessment and efforts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How important was the parental input in developing the permanency plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How important was the input of the young person for developing the permanency plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. How important was the input of the current caregiver in developing the permanency plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How important was the identification of barriers to permanency for the young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How important was the development of strategies to address barriers to permanency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How important were the search efforts for a relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Unimportant	Slightly important	Important	Very Important	Critical
placement?					
l. How important was preparing a family to become a permanent placement for a young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. How important were the legal aspects of permanency to include termination of parental rights, adoption, guardianship, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. How important was the establishment of formal and informal supports (services and resources) for the young person and permanent family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. How important was the development of a timeframe for permanency for the young person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Now I am going to ask you to think back over the past six months you worked with this case and the number of meetings you had to discuss permanency planning. I am going to read through a list of types of meetings. For each meeting type, please tell me how many meetings did you have of that type.

	None	1-3	4-6	5-10	More than 10
Permanency Review Hearing					
Report & Review Hearing					
FCRB Hearing					
CARE Team (FRP Project)					
Conference with the Assistant Attorney General					
Clinical Supervision Staffing					
Child & Family Team					
Adoption Selection					
Team Decision Making					
Monthly Child/Placement Contact					
Other (SPECIFY)					

**That was my final question.
Thank you very much for taking the time to complete this interview.**