

## C2. DCFS Biological Parent FAQ Letter and Consent Script

### FAQ Letter

*This document will be on Illinois Department of Children and Family Services Letterhead*

Dear Parent,

Westat invites you to take part in a study with the Illinois Department of Children and Family Services (DCFS). Westat, a company hired by the U.S. Department of Health and Human Services is leading the study. Please read the following information carefully. Your choice to take part in the study or not will not affect your case or the services that you and your family get.

Westat will also ask your child, [insert child's name], to take part in the study.

#### **Why is Westat doing this study?**

The study will assist us in learning whether the services you and your child receive help children leave foster care sooner. We want your help in finding out if these services work.

#### **Why are you asking me to take part in this study?**

DCFS assigned your family (using a random process like a coin flip) to get one of two types of services that are meant to help you. With either service, a caseworker will continue to meet with you and your child, make home visits, refer you and your child to needed services, and check on how you and your child are doing. However, you and your child may also receive additional services depending on your DCFS assignment. These extra services will focus on helping you to understand your child's emotions and behaviors, improve the way you respond to your child's emotions and behaviors, and learn ways to lower your stress. You will be told if you are chosen to receive these extra services.

While you are getting these services, Westat wants to study whether the services you receive help families.

#### **What am I being asked to do now?**

At this time, we are asking you to agree to let DCFS share your contact information with Westat. If you do not want your contact information shared with Westat, please call the number below to let DCFS know. If you do not call the number below by (date TBD), DCFS will share your contact information with Westat and a researcher will call you to tell you more about the study.

#### **Do I have to take part in this study?**

No. After the researcher tells you more about the study, you can decide if you want to take part in the study. Even if you agree to be in the study, you can stop being in the study at any time. Taking part in the study or not will not affect the services that you and your child receives.

**Burden Statement:** *This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of the collection of information described in this FAQ is estimated to average 15 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.*

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### **What will I be asked to do if I agree to take part in the study?**

In order to study the services you and your child receive, we are asking you to take part in two phone interviews: at the start of services and 6 months later. During the interviews, you will answer questions about your thoughts and feelings in response to stress and the way in which you respond to others, and about the supports you have in your life.

The phone interviews will happen at a time that is best for you. Each interview will take no more than 15 minutes.

### **Do I get anything for being interviewed?**

Yes. You will receive a \$15 gift card for taking part in each phone interview. The gift card will be sent to you by postage mail after the interview.

### **Are there any risks to taking part in the study?**

We do not think there are any risks to you from participating in this study other than normal discomfort from talking about sensitive topics. If any of the questions make you feel upset or sad, you can talk with your caseworker. You can also skip questions that you do not want to answer or end the interview at any time. The researcher also has a list of local mental health agencies that he or she can provide you.

### **Will what I share during the interviews be kept private?**

We will keep your information private to the extent permitted by law. We will not include information that identifies you or your family in any reports; information will only be reported for the entire group of families studied. The information you provide will not be shared with your caseworker. However, it may be shared with a therapist that serves you and/or your child to help with service planning. We will use your information for research only.

To help us keep your information private, 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 may identify you, even in any court or legal proceeding or under a court order or subpoena. But, we will in all cases take necessary action, including reporting to authorities, to prevent harm to yourself or others. This includes reporting suspected child abuse or neglect.

### **What if I do not want DCFS to share my contact information with Westat?**

If you do not want DCFS to share your contact information with Westat, please call [insert DCFS contact name] at [insert DCFS contact number] by (DATE TBD).

### **What if I have questions about the study?**

If you have any questions about the study, please call Raquel Ellis 1-800-WESTAT1 (937-8281), x5173, or [raquelellis@westat.com](mailto:raquelellis@westat.com). If you have any questions about your rights as a person taking part in the study, please contact the Westat Institutional Review Board (IRB) Administrator at 1-800-WESTAT1 (937-8281), x8828.

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### Consent Information Script

Hello, my name is \_\_\_\_\_. I work with Westat. May I speak with [insert parent name]? [*Allow time for person on phone to reply that they are the parent or to go get the parent.*] I am calling to follow up on a letter that the Illinois Department of Children and Family Services (DCFS) sent you about a study you can take part in. Do you have a few minutes for me to tell you more about the study?

**If no, ask:** When can I call you back to talk to you about the study? [Schedule date/time to call respondent back to discuss the study.]

**If not interested in participating, say:** Okay, that is no problem at all. Thank you for your time.

**If yes, say:** Okay, before I go on, I need to let you know that I am going to record this phone call so I can record if you want to take part or not.

[Interviewer, start recorder and proceed with reading the script below.]

#### INTRODUCTION AND PURPOSE OF STUDY

The U. S. Department of Health and Human Services has hired Westat, a research company, to study the services Illinois Department of Children and Family Services (DCFS) provides to families. The study will assist us in learning whether the services you and your child receive help children leave foster care sooner. We want your help in finding out if these services work.

Westat is asking you to take part in this study because your child, [insert child's name], has been selected to take part in a study. It is important that you know that you do not have to be in the study. It is up to you. Even if you agree to be in the study, you can stop being in the study at any time. Your choice will not affect the services that you and your child receive.

#### PROCEDURES

Now, I'd like to explain more about what the study involves. DCFS assigned your family (using a random process like a coin flip) to get one of two types of services that are meant to help you. With either service, a caseworker will continue to meet with you and your child, make home visits, refer you and your child to needed services, and check on how you and your child are doing. However, you and your child may also receive additional services depending on your DCFS assignment. These extra services will focus on helping you to understand your child's emotions and behaviors, improve the way you respond to your child's emotions and behaviors, and learn ways to lower your stress. You will be told if you are chosen to receive these additional services.

While you are getting these services, Westat wants to study whether the services you receive help families.

#### *Participating in interviews:*

In order to study the services you and your child receive, we need to find out information about you and your child. We are inviting you to take part in two phone interviews: at the start of services and 6 months later. During the interviews, you will answer questions about your thoughts and feelings in response to stress and the way in which you respond to others, and about the supports you have in your life.

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The phone interviews will occur at a time that is best for you. You can ask the researcher questions at any time during the interview. You can also skip questions that you do not want to answer. Each interview will take no more than 15 minutes. There are no right and wrong answers.

*Studying your interview responses with DCFS client records:*

During the study, the researchers will review the information from questions we ask you and will also review information from the records DCFS has. These records have information about your family, services received from DCFS, and your family's case progress. We are asking if you will agree to let us study your answers together with the information we get from your family's DCFS records. We will use this information only for the study.

### **RISKS**

We do not think there is any risk to you from participating in this study other than normal discomfort from talking about sensitive topics. If any of the questions make you feel upset or sad, you can talk with your caseworker. You can also skip questions that you do not want to answer. The researcher also has a list of local mental health agencies that he or she can provide you.

### **INCENTIVE FOR PARTICIPATING IN THE STUDY**

You will receive a \$15 gift card for taking part in each phone interview. The gift card will be sent to you by postage mail after the interview.

### **BENEFITS FOR PARTICIPATING IN THE STUDY**

There are no direct benefits to you in taking part in the interviews. But, taking part will help DCFS find better ways to serve children and families.

### **PARTICIPANT AND DATA PRIVACY**

We will keep your information private to the extent permitted by law. We will not include information that identifies you or your family in any reports; information will only be reported for the entire group of families studied. The information you provide will not be shared with your caseworker. However, it may be shared with a therapist that serves you and/or your child to help with service planning. We will use your information for research only.

To help us keep your information private, 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 may identify you, even in any court or legal proceeding or under a court order or subpoena. But, we will in all cases take necessary action, including reporting to authorities, to prevent harm to yourself or others. This includes reporting suspected child abuse or neglect.

To make sure that Westat researchers are collecting the data right, another Westat researcher may ask to listen in during your interview. We will ask you ahead of time so you can decide if the other researcher can listen in or not.

### **VOLUNTARY PARTICIPATION**

As mentioned before, you can decide if you want to take part in the study. Even if you agree to be in the study, you can stop being in the study at any time. Your decision about whether or not to take part in the study will not affect the services that you and your child receive.

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### CONTACTS FOR QUESTIONS ABOUT THE STUDY

If you have any questions about the study, please call Raquel Ellis 1-800-WESTAT1 (937-8281), x5173, or [raquelellis@westat.com](mailto:raquelellis@westat.com). If you have any questions about your rights as person taking part in the study, please contact the Westat Institutional Review Board (IRB) Administrator at 1-800-WESTAT1 (937-8281), x8828. This information is in the letter that DCFS sent to you about the study.

### PARTICIPATION DECISION

Do you have any questions about anything I read to you? Do you understand everything that I have read to you?

Do you agree to take part in the interviews and let Westat use your interview answers in the study?

No

**If no, say:** Okay, that is no problem. Thank you for letting me tell you about the study.

Yes

**If yes, say:** Please repeat the following statement if you are willing to take part in the study: I, [insert parent's name], agree to take part in the study interviews.

**Then ask:** Do you agree to let Westat study your interview answers with the information we get from the DCFS records on your family?

Yes  No

RESEARCH STAFF USE ONLY:

Child Evaluation ID \_\_\_\_\_

\_\_\_\_\_  
Study representative's signature

\_\_\_\_\_  
Date