

## C5. DCFS Foster Parent FAQ Letter and Consent Form

### FAQ Letter

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

Dear Substitute Care Provider,

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. It is important that you understand the purpose of the study and what it will involve. Your choice to take part in the study or not will not affect your case or the services that you and your family get.

We are inviting you to take part in this study because a child currently in your care, [insert child's name], has been selected to participate in this study. We will also invite [insert child's name] to take part in the study. This letter is to give you information about your invitation to participate. You do not have to be in the study. Your choice will not affect the services that you and the child receive.

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

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

#### **Why do you want me to take part in this study?**

DCFS assigned the child in your care and his/her family (using a random process like a coin flip) to get one of two types of services that are meant to help this family and benefit you as well. With either service, a caseworker will continue to meet with you and the child, make home visits, refer you and the child to needed services, and check on how you and the child are doing. However, you may also receive extra services depending on your DCFS assignment. These extra services will focus on improving your understanding of the youth's emotions and behaviors, improving the way you respond to the youth'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 and the child 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 participate. 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 the child in your care receive.

**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 45 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 take part in the study?**

In order to study the services you and the child's family receive, we need to find out information about you and the child in your care. We are inviting you to participate in two in-person interviews: at the start of services and 6 months later. During the interviews, you will answer questions about the supportive network you have in your life, your parenting practices with the child in your care, and the behaviors of the child in your care.

The interviews will occur at your home at a time that is best for you. For your privacy, you will use a computer to answer the questions. If you need help using the computer or answering the questions, 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 45 minutes. There are no right and wrong answers.

### **Do I get anything for taking part in the study?**

Yes. You will get a \$20 gift card for taking part in each interview.

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

We do not expect being in the study has any risk. The interview questions do not include sensitive topics. But, if any of the questions make you feel upset or sad, you can talk with the child's caseworker. You can also skip questions that you do not want to answer. The Westat researcher also has a list of local mental health agencies that he or she can provide you.

### **Will what I share during the study 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 the child in your care 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?**

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 Form

#### 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 the child in your care receive help children leave foster care sooner. We want your help in finding out if these services work.

We are inviting you to take part in this study because a child currently in your care, [insert child's name], has been selected to take part in a study. You do not have to be in the study. 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 the child receive.

#### PROCEDURES

DCFS assigned the child in your care and the child's family (using a random process like a coin flip) to get one of two types of services that are meant to help this family and benefit you as well. With either service, a caseworker will continue to meet with you and the child, make home visits, refer you and the child to needed services, and check on how you and the child are doing. However, you may also receive extra services depending on your DCFS assignment. These extra services will focus on improving your understanding of the youth's emotions and behaviors, improving the way you respond to the youth'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.

#### *Participating in interviews:*

In order to study the services you and the child's family receive, we need to find out information about you and the child in your care. We are asking you to take part in two in-person interviews: at the start of services and 6 months later. During the interviews, you will answer questions about the supports you have in your life, the way you parent the child in your care, and the behaviors of the child in your care.

The interviews will occur at your home at a time that is best for you. For your privacy, you will use a computer to answer the questions. If you need help using the computer or answering the questions, 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 45 minutes. There are no right and wrong answers.

#### *Studying your interview responses with DCFS client records:*

During the study, Westat 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 the child, the

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child's family, services received from DCFS, and the family's case progress. We are asking if you will agree to let us to study your answers together with the information we get from the family's DCFS records. We will use this information only for the study.

### RISKS

We do not think being in the study has any risk. The interview questions do not include sensitive topics. But, if any of the questions make you feel upset or sad, you can talk with the child's 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 \$20.00 gift card for taking part in each 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 names 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 the child in your care 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 the researchers are collecting the data right, another researcher may ask to sit in during your interview. We will ask you ahead of time so you can decide if the other researcher can sit in or not.

### VOLUNTARY PARTICIPATION

You can decide if you want to take part 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 the child in your care receives.

### CONTACTS FOR QUESTIONS ABOUT THE STUDY

If you have any questions about the study, please contact:

Raquel Ellis, *Westat Study Contact*  
1-800-WESTAT1 (937-8281), x5173  
[raquelellis@westat.com](mailto:raquelellis@westat.com)

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

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

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**SIGNATURE**

Signing below means that you read or listened to someone read this form to you, that you understand what it says, and you agree to take part in the study. You will receive a copy of this form. If you do not want to take part in the study, please let the researcher know.

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature

Participant's Name

Signing below means that you agree to let Westat study your interview answers with the DCFS records for this child's family.

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature

Participant's Name

\_\_\_\_\_

Date

<p><b>RESEARCH STAFF USE ONLY</b></p> <p><input type="checkbox"/> Parent declined to participate in data collection.</p>
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