

## CAPP Caregiver Informed Consent

Official Title of Project: Evaluation of the Permanency Innovation Initiative: California Partners for Permanency II

Principal Investigator: Dr. George Gabel

Institution Conducting the Research: Westat

Date

Dear Potential Participant,

The U.S. Department of Health and Human Services has asked Westat, a research organization, to do a study on how child welfare services are helping families like yours. They want to know if the services you receive help the children in your care. One of the ways you can help us learn to better serve you and the children in your care is by filling out the enclosed questionnaire.

If you agree to participate, please fill out the questionnaire, put it in the enclosed pre-paid envelope, and drop it in any United States Postal Service mailbox. You will be mailed a \$50.00 Visa gift card to thank you for your time and responses.

**Your responses will not be provided to your social worker, cannot be used in court and will not affect your child welfare case.**

Thank you for your participation.

### Frequently Asked Questions

#### **What is the study for?**

The study will help us learn if the services you get from child welfare help the children in your care.

#### **How do I participate? How does the study work?**

We are asking you to agree to let Westat gather information about you and your family. Westat will get this information through this questionnaire. The questionnaire asks questions about how you work with your social worker and the support and service you receive from your social worker. Other questions will be about other family members' and friends' involvement with one of the cases of a child in your care.

The questionnaire will take about 36 minutes to answer. You can skip questions that you do not feel comfortable answering. There are no right or wrong answers. We just want you to answer the questions honestly. If you do not answer all the questions on the survey, or if we cannot understand your answers, Westat may contact you by telephone or mail to better understand your responses.

**What are the possible risks and discomforts?**

This questionnaire has questions that may make you feel upset or uncomfortable. If that happens please speak to your social worker. You can also skip questions that you do not want to answer.

**Will everything I tell you during the study be kept private?**

We will keep your information private to the extent permitted by law. We will not include information that specifically names you or your family in any reports. All responses will be compiled with responses from other families and will be used 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. We are mandated reporters, so if we are informed of any abuse or neglect we are required by law to report this information to child welfare. We are also required to report to authorities if we are concerned that you might harm yourself.

**What are the benefits to participating in the study?**

Your participation will help (*insert CAPP agency name*) find better ways to serve families and children.

**Are there other ways to participate in the study?**

There are no other ways to participate in the study other than completing this questionnaire.

**Could I be injured by participating in the study?**

We do not expect that you will experience any injuries because of participating in the study. Therefore, no treatment will be available to address any injuries.

**Does Westat have a conflict of interest with the Department of Social Services (DSS)?**

Westat has no financial or other relationships with (*insert CAPP agency name*) that will affect conducting this study, including interpreting and reporting the study results.

**Will I get anything for taking part in the study?**

We will mail you a \$50.00 Visa gift card to thank you for participating once we receive your mailed survey.

**I would like to participate in the study, but I have questions. Who can I contact?**

If you have any questions about the study, or would like to complete the questionnaire by telephone, please call Westat at 1-855-538-6735. They are available from 9:00 a.m. to 3:00 p.m. PST and are happy to speak with you.

If you have any questions about your rights as person taking part in the study, please contact the Committee for the Protection of Human Subjects at (916) 326-3660. You can also learn more about your rights as a part of the study from the *Research Participant's Bill of Rights* document in this packet.

**Do I have to take part in the study?**

You do not have to be in the study. You can stop being in the study at any time. Your choice will not affect your case or the services that you and your family get. We hope that you will be part of the study so that we can learn ways to better serve families.

**Participation Decision**

I have received a copy of the Research Participant’s Bill of Rights, and I agree to take part in the survey.

Yes     No

If you answered yes to the question above, please sign below and proceed to complete the questionnaire.

\_\_\_\_\_ Print Your Name Here

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Mailing Address for Incentive**

Please list the address for Westat to mail the \$50.00 Visa gift card.

**Name:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Phone (please include area code):** ( \_\_\_\_\_ ) – \_\_\_\_\_ – \_\_\_\_\_

**Date of IRB approval of this consent:** TBD

**Expiration date of IRB approval of this consent:** TBD

**OMB NO:** TBD

**EXPIRATION DATE:** TBD

**Burden Statement:** Public reporting burden for this collection of information is estimated to average .6 hours per respondent. These estimates include the time for reviewing instructions, 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.

## **Participant's Bill of Rights for Non-Medical Research**

You have been asked to participate in a research study. Any participant in a research study has the right to:

- a. Be told the nature and purpose of the study.
- b. Be given an explanation of what will happen during the study and of how the research participant is expected to participate.
- c. Be given an explanation of any risks or discomforts that may be experienced as a result of participating in the study.
- d. Be given an explanation of any benefits that may be expected from participation in the study.
- e. Be told of other appropriate choices that may be better or worse than being in the study, and be told of the risks and benefits of those other choices.
- f. Have the opportunity to ask questions about the study or about your participation in it, both before agreeing to participate in the study and during the course of the study.
- g. Be told that you may withdraw your consent and participation in the study at any time, and that your withdrawal will not affect your services.
- h. Be told that you may refuse to answer any question.
- i. Be given a copy of the signed and dated consent form.
- j. Be free of pressure when considering whether to consent to, and participate in, the study.
- k. Be informed, upon request, about the results of the study.

# CAPP Caregiver Questionnaire

## Instructions

Please use a black or blue pen to complete this form.  
Mark  to indicate your answer.  
If you want to change your answer, mark  on the wrong answer.  
Your answers are very important to us, please print clearly in uppercase letters.

Thank you for answering the questions on this questionnaire. Many of the questions will ask you about a child in your care who is involved in Child Welfare Services, sometimes called "CPS", and the social worker at <<MERGE>> who has been working with the child. They are named below.

PII-ET to insert sticker here with  
social worker name and child  
first name and last initial.

Please think about these two individuals above whenever you are asked about "this social worker" or "this child." **Your responses will not be provided to the child's social worker, cannot be used in court, and will not affect the child welfare case.**

## Section A

Please think about your experiences with the social worker named at the beginning of the questionnaire, and your response to the following statements. Please  your response.

1. **In the last 3 months, this social worker has taken the time to listen to things I have to share about this child.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

2. **In the last 3 months, this social worker has kept me informed about appointments, meetings and court dates.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

3. **In the last 3 months, this social worker has asked about relatives and other people in the life of the child and our family who might be helpful to the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

4. **In the last 3 months, this social worker has asked me about supports and services that I think the child needs.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all



5. **In the last 3 months, this social worker has asked me about supports and services that I think our *family* needs.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

6. **In the last 3 months, this social worker has tried to learn about the values, beliefs, culture and traditions of the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

7. **In the last 3 months, this social worker has respected the values, beliefs, culture and traditions of the child and our family when making decisions about supports and services for us.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

8. **In the last 3 months, this social worker has tried to understand the things that have had a major impact on the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

9. **In the last 3 months, this social worker has been honest.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

10. **In the last 3 months, this social worker has been respectful.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

11. **In the last 3 months, this social worker has made an effort to understand the grief and pain the child may be feeling as a result of being placed in foster care.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

12. **In the last 3 months, this social worker has made an effort to understand how the grief and pain this child may be feeling is affecting our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all



## Section B

These questions ask you about the people in your life, such as family members and other people in your community or tribe who work closely with you and support you and the child during the Child Welfare Services case. These are people other than the Child Welfare Services social worker or other child welfare staff. The social worker may sometimes call this group of people a "circle of support." Please think about the people who have played an important role in helping and supporting the child and your family during the child's involvement with Child Welfare Services **over the past 3 months**.

**13a. Please indicate whether each person below has been helping the child and your family by marking Yes, No, or NA. Mark N/A (Not Applicable/Does not apply) if the person is deceased; or you don't have a brother, a sister, etc.; or if the person is not in your life.**

Person Category	13a. Is this person a part of your circle of support?		
	Yes	No	N/A
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your adult child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your cousin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your aunt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your uncle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbor(s)/co-worker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family of the child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child's counselor(s) or therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual leader/advisor, minister, pastor or priest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder(s), leader(s), member(s) of your community or tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13b. Which 3-5 persons in your circle of support have been the most helpful to the child and your family during your involvement with Child Welfare Services over the past 3 months? (You may mark up to 5 boxes below.)

Relationship Codes		
<input type="checkbox"/> 1. Your mother	<input type="checkbox"/> 8. Your stepmother	<input type="checkbox"/> 14. Child's father/mother
<input type="checkbox"/> 2. Your father	<input type="checkbox"/> 9. Your stepfather	<input type="checkbox"/> 15. Family of child's father/mother
<input type="checkbox"/> 3. Your sister(s)	<input type="checkbox"/> 10. Your aunt(s)	<input type="checkbox"/> 16. Child's teacher
<input type="checkbox"/> 4. Your brother(s)	<input type="checkbox"/> 11. Your uncle(s)	<input type="checkbox"/> 17. Child's counselor(s) or therapist(s)
<input type="checkbox"/> 5. Your grandparent(s)	<input type="checkbox"/> 12. Your friend(s)	<input type="checkbox"/> 18. Spiritual leader/advisor, minister, pastor or priest
<input type="checkbox"/> 6. Your adult child(ren)	<input type="checkbox"/> 13. Your neighbor(s)/ co-worker(s)	<input type="checkbox"/> 19. Elder(s), leader(s), member(s) of your community or tribe
<input type="checkbox"/> 7. Your cousin(s)		





**14. In the last 3 months, the child's circle of support and I have worked together to find solutions to the problems that the child and our family have faced.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**15. In the last 3 months, the child's circle of support has helped me do what I need to support permanency for the child.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**16. In the last 3 months, the child's circle of support and I have worked as a team to develop services and supports for the child that respect the child's way of life, preferences and priorities.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**17. In the last 3 months, the child's circle of support and I have worked as a team to develop services and supports for our family that are respectful of our family's way of life, our preferences and our priorities.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**18. In the last 3 months, when I'm in meetings with Child Welfare Services about the child, the child's circle of support and I have had the opportunity to express our goals for the child and our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

## Section C

*These questions ask about how you feel about your family's future in relation to the child in your care. Think about the child involved with Child Welfare Services that was named at the beginning of the questionnaire when you answer these questions. Please ☒ your response.*

**19. In the last 3 months, I have gotten the support I needed to help me with my feelings in caring for this child.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**20. In the last 3 months, this child has gotten the support he/she needed to deal with his/her feelings about his/her *living* situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all



**21. In the last 3 months, this child has gotten the support he/she needed to deal with his/her feelings about his/her *family* situation.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**22. I believe that this child will have family and other loving relationships to support him/her through his/her life.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**23. I feel I can influence the decisions that are being made about this child's future.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**24. I believe that in the future this child will live permanently in *my family* without Child Welfare Services being involved.**

- a. Yes → **CONTINUE TO QUESTION #25**
- b. Maybe → **CONTINUE TO QUESTION #25**
- c. No → **SKIP TO QUESTION #28**

**25. I believe that friends and family will give the help and support needed for this child to be a permanent part of our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**26. I believe our family can handle most of the difficulties we might face in caring for this child as a permanent member of our family.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**27. I feel I can make plans for the future of this child and our family and take steps to make those plans come true.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all

**If you answered Questions 25-27, skip to Question #29.**

**28. I believe that in the future this child will be able to live permanently in *a family* without Child Welfare Services being involved.**

- a. Very much so
- b. For the most part
- c. Somewhat
- d. Only slightly
- e. Not at all



## Section D

These questions are about activities that you and other important people participate in with the social worker and child involved with Child Welfare Services from page 1 of the questionnaire. Please answer yes or no to the following questions:

**29. I have participated in one or more team meetings with this social worker about this child.**

- a. Yes
- b. No

**30. I have told this social worker about people who are important sources of support for this child and our family.**

- a. Yes
- b. No

**31. The people I identified as important sources of support are helping our family care for and support this child.**

- a. Yes
- b. No

**32. The people I have identified as important sources of support have participated with me in one or more team meetings with this social worker.**

- a. Yes
- b. No

## Section E

**33. Which best describes your caregiving relationship to this child?**

- a. Relative Caregiver
- b. Non-Relative Extended Family Member Caregiver
- c. County Licensed Foster Parent
- d. Foster Family Agency Foster Parent
- e. Other

Please specify:

**34a. Is this child Hispanic, Latino, or Spanish?**

- a. Yes
- b. No

**34b. What is this child's race?**  
*(Please mark one or more)*

- a. American Indian
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other

Please specify:

**35. How many children do you currently have placed with you who are involved with Child Welfare Services?**

<input type="text"/>	<input type="text"/>
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 Number of children

**36. What is your gender?**

- a. Male
- b. Female

**37. What is your age?**

<input type="text"/>	<input type="text"/>
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 years

**38a. Are you Hispanic, Latino, or Spanish?**

- a. Yes
- b. No

**38b. What is your race?**  
*(Please mark one or more)*

- a. American Indian
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other

Please specify:



**You have reached the end of the questionnaire.**

Have you: \_\_\_ Completed all sections of the questionnaire?  
\_\_\_ Signed the Informed Consent?  
\_\_\_ Included a mailing address for the incentive?

**Please place this survey in the pre-paid envelope and place in any United States  
Postal Service mailbox.**

**Thank you for participating.**