

## **Consent to Participate in a Research Study**

### **Survey of Youth Transitioning from Foster Care**

#### ***What Is the Research About?***

We are inviting you to take part in a research study about the experiences of young adults who were recently or are currently involved with the child welfare system. If you take part in this study, you will be one of 800 young adults to do so. You are being invited to participate in a research study because you were living in foster care when you were 17 years old.

#### ***Who Is Doing the Study?***

The U.S. Department of Health and Human Services, Administration for Children and Families, is sponsoring the study. The study is being carried out by RTI International, an independent, nonprofit research institute.

#### ***Do Any of the Researchers Stand to Gain Financially or Personally From this Research?***

None of the researchers participating in this study stand to gain financially or personally.

#### ***What Is the Purpose of This Study?***

By doing this study, we hope to identify services and supports that may help young adults who have been in foster care, including young adults who have traded sexual acts for something of value or been taken advantage of in work or sexual situations. We also hope to learn more about the things that may influence whether youth have these experiences. Information that you and others provide can help the child welfare system improve services and supports for young people, hopefully helping the next generation of youth.

#### ***What Will I Be Asked to Do?***

If you decide to participate, an interviewer will come to your home or other private location you agree on. Your interview may last between 50 and 60 minutes. The interviewer will ask you some of the questions directly and others you will answer privately using a computer.

We want to interview you about your life experiences. The questions will ask about your involvement with the child welfare system, places you have lived, and services you receive now or received in the past. The questions will ask about your work and education, health, behaviors, and social support system. The questions will also ask about things that may have happened in your life like experiencing violence, being involved with the police, trading sexual acts for something of value, being taken advantage of in work or sexual situations, and running away from home or foster care.

You may skip over any questions or stop your participation in this study at any time and for any reason.

#### ***What Are the Possible Risks and Discomforts?***

You may find some of the questions we ask to be upsetting or stressful. If so, we will provide you a list of resources that you can contact where there are people who may be able to talk with you about your feelings. We have significant protections in place to collect and store your information securely. However, there is a small risk that if someone doesn't follow the rules we set, someone outside the study team might see your information. We minimize this risk by transferring and storing your information and interview data using a study ID and not your name.

#### ***Will I Benefit from Taking Part in This Study?***

You will not get any personal benefit from taking part in this study. Your input will help us better understand the issues that affect young adults like you. This information can help the child welfare system make improvements, hopefully helping the next generation of youth.

#### ***Do I Have to Take Part in this Study?***

You can decide to take part in the study or not. There will be no penalty, and you will not lose any benefits or rights you would normally have if you choose not to participate. If you do participate, you can refuse to answer any questions.

**What Will It Cost Me to Participate?**

There are no costs associated with taking part in this study.

**Will I Receive Anything in Return for Taking Part in This Study?**

You will receive a \$75 gift card for taking part in this study. If you skip some of the questions or stop participating before the survey is over, you will still receive the gift card.

**Who Will See the Information I Give?**

We keep your responses private to the extent permitted by the law. We keep your interview answers on a secure computer labeled with an ID number. We do not identify you by name. All staff involved in this research signed a Privacy Pledge.

This research is covered by a federal protection called a Certificate of Confidentiality. This means the researchers cannot share the information they gather that may identify you. The Certificate prevents researchers from revealing this information even if it is subpoenaed by a court.

However, the Certificate does allow researchers to share information in some situations. For example, researchers must follow reporting laws about child or adult abuse. Also, as part of agreeing to be in this study, you are giving permission for researchers to share information in the rare circumstance that it is needed to prevent serious risk to yourself or others. In addition, the agency that funds this research (the Administration for Children and Families) is permitted to access information to confirm that the research is being conducted properly.

In the future, information from this study may be securely shared with qualified individuals to help learn more about the experiences of young adults who have been in foster care. The information that is shared will only include a study ID number and not your name.

We never identify a single person or family in our reports. Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about the combined information. You will not be identified in any published or presented materials.

**What If I Have Questions?**

Before you decide whether or not to participate in the study, please ask any questions that come to mind. Later, if you have questions about the study, you can contact the study director, Melissa Dolan, toll-free at 1-800-334-8571 extension 25247. If you have any questions about your rights as a research participant, contact the RTI Office of Research Protection at 1-866-214-2043.

**Research Participant Statement and Signature**

I understand that my participation in this research study is voluntary. I may refuse to participate or stop participating without penalty or loss of benefits.

I have received a copy of this consent form to take with me.

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Signature

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Printed Name

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Date

In order to make sure I (the interviewer) am doing a good job, my bosses use a system on the computer to check in on my work. The system runs on the computer and will record what you and I say to each other during parts of the interview. Neither you nor I will know when the computer records what we say. My bosses will listen to the recordings only to review my work. We keep the recordings private and destroy the files after my bosses listen to them. My bosses who listen to the recording will know who I am but will not know who you are. Do we have your okay to run this system during the interview?

**Check one box.**

- Yes, I agree to have parts of this interview recorded by the computer for quality reviews.
- No, I do not want any part of this interview recorded.

*The described collection of information is voluntary and will be used to make improvements to the child welfare system and better support youth during and after foster care. Public reporting burden for the collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for the described collection are OMB #: 0970-0546, Exp: 04/30/2022. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Melissa Dolan; 3040 East Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC, 27709-2194.*

*The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.*