# Appendix F. Informed Consent for Parents/Program Participants

**PARENT CONSENT FORM**

**Acknowledgment of Voluntary Participation and Audio Recording**

*Before we begin, I want to tell you a few things about this study and your participation in it. Please feel free to ask me any questions you might have. We will also provide you with a paper copy of this information.*

A team of researchers from the Urban Institute, a non-profit research organization in Washington DC, is working with the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) to see if services provided by child welfare agencies are working.

We would like to invite you to participate in an/an [interview/focus group] that will last about [60/90] minutes.

Before we get started, there are several important things for you to understand:

* We will use what we learn today and from other interviews and discussion groups to contribute to a public report describing the outcomes of our evaluation and people’s experiences receiving services. Our report will describe people’s experiences in general and will not identify you personally. We will not quote you by name in project case studies or reports. The information we learn from the interviews will be combined and summarized into key themes and will be archived with the National Data Archive on Child Abuse and Neglect at Cornell University. These files as part of the archive will not include any names or quote anyone personally and will only be available under password protected secure access. If you choose to participate today, your input may help shape policies, programs, or services going forward.
* We will keep the information you provide private and will not share it with anyone except for research staff working on the study. This includes anything that can identify you such as your full name, address, or telephone number. Information is never repeated with the name of a participant in any reports or in any discussions with program staff or anyone else. When we write our report and discuss our findings, information from all the people we speak with is combined and presented so that no one person can be identified. Everyone on the Urban Institute team who works on this study has signed a document stating we will not reveal any of your personal information and can be severely penalized if we do. The only exception is if you tell us about your intention to harm yourself or someone else. We may be required by law to report this kind of information.
* Your participation in this interview is voluntary. You can choose not to answer any question or not participate in the interview at all. There will be no consequences to you if you choose not to participate.
* Participating or choosing not to participate in this research will have no effect on your child welfare case or the services you receive.
* [FOR FOCUS GROUPS ONLY] We ask that you do not repeat anything heard in this discussion outside the group. We also request that participants do not take screenshots or record the conversation. While the Urban Institute promises to respect your privacy, we must note that your fellow participants may not. We advise you to be moderate in your responses due to the fact that not all participants might follow these guidelines. If possible, please participate in the focus group discussion from a private location where others cannot readily hear the discussion or with headphones if you do not have a private location to respect the privacy of yourself and the others in the discussion.
* This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot release or use information that may identify you in any action or suit unless you say it is okay. The Certificate DOES NOT stop reporting that is required by law which includes laws that require reporting of child or elder abuse, some communicable diseases, and threats to harm yourself or others.
* If you agree, we will also record this [interview/focus group] today so that we make sure that we accurately capture the details of everything you tell us. The recording will be used only by the research team and kept on a secure computer drive. Once the project is complete, all recordings will be destroyed. During the discussion, we can also stop the recording if you want to make a particular off-the-record comment. It is okay if you do not wish to be recorded. We will take typed or hand-written notes.
* The discussion will last about [an hour/an hour and a half].
* You will receive a $50 gift card as a thank you for participating in the [interview/focus group].
* While you will not receive any direct benefit for participating in the study, you will be contributing to research that will fill critical gaps in knowledge and help policymakers, practitioners, and advocates understand the full and potentially very valuable impact of services provided for families involved in the child welfare system. The knowledge gained by the study can help inform improvements to services and can further contribute to the growing evidence base for child welfare interventions.

DO YOU AGREE TO PARTICIPATE IN THE [INTERVIEW/FOCUS GROUP]?

DO WE HAVE YOUR PERMISSION TO USE THE RECORDER?

DO YOU HAVE ANY QUESTIONS?

This information is being collected to inform the evaluation of Project Connect conducted by a research team at the Urban Institute. This information will be used to inform the US Department of Health and Human Services Administration for Children and Families (HHS ACF) to improve the evidence base for programs relevant to the child welfare population. All the information you provide will be kept confidential to the extent permitted by law.

If you have questions or concerns about the study, please contact:

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If you agree to participate in this study and feel that your rights have been violated or that you have

not been treated fairly, contact:

The Institutional Review Board Administrator

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*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 # and expiration date for the described information collection is OMB #: 0970-0XXX; expiration XX/XX/XXXX.*