

**CHAFEE STRENGTHENING OUTCOMES FOR
TRANSITION TO ADULthood (CHAFEE SOTA)
SAMPLE INFORMED CONSENT FOR YOUTH/YOUNG ADULT FOCUS GROUP**

INVITATION TO TAKE PART AND INTRODUCTION

We invite you to take part in a focus group as part of a study on services for youth and young adults transitioning out of foster care. Today we are focused on understanding how the services and supports work for youth and young adults at [PROGRAM]. We especially want to learn from your experiences and hear your ideas on what works well for youth, why particular services and supports work or do not work, and what could be done to better meet your needs. You are the experts on how well the services work, and we are grateful for your thoughts and ideas.

PURPOSE OF RESEARCH

Our goal is to understand how this program works, what services and supports it provides, how easy it is to get them, how well they meet the needs of youth who use them, and what can be done to improve them.

YOUR RIGHTS

It is important for you to know that:

- Your participation is entirely voluntary. In other words, you choose whether or not to participate. It's up to you, and nothing bad will happen if you choose not to participate.
- You may decide not to take part in the focus group at any time, even during the group, without any changes in the services or supports you receive.
- We will keep your answers private.

PARTICIPATION

Your participation in this focus group is completely voluntary and it should take about an hour and a half to complete. By signing this consent form, you are giving your consent to participate and that you are here voluntarily.

Your participation or decision not to participate will have no effect on the services you receive. If you decide to participate, you can change your mind at any time during this session. You may also refuse to answer any questions during the focus group without consequence. In addition, if it makes you feel more comfortable, you may use your initials or a pseudonym (a fake name) during the group instead of providing your name.

We will be recording this group for research purposes. The recordings will be used to back up our notes and make sure we have fully captured everyone's comments and ideas. Only the

research staff will ever listen to the recordings. The recordings will be destroyed as soon as the recordings are written up. Nothing will be reported in a way that would let anyone be identified. We will never identify you by name. The things you say may be put in a written summary of this focus group but we will not use your name. The information gathered during this focus group will be stored securely and privately. If you are uncomfortable being recorded, you may leave the group now or choose to stay but not answer any questions.

RISKS

It is possible that you may feel uncomfortable discussing sensitive issues and talking about unpleasant memories related to your experiences being in or transitioning out of foster care. If you become upset during our meeting or after it is over, we can put you in touch with somebody to talk to. Please let me know if that happens to you, either by stating that you are upset and need to leave, or standing up and walking away from the group

BENEFITS

There is no direct benefit to you from being in this study. However, as a token of appreciation, you will receive a gift card for your participation in this focus group.

PRIVACY

Your privacy is important to us. All your answers will be kept private. No information will be shared with service providers, your parents or family members, the police, schools, or other organizations unless you tell us that someone is harming you, or that you intend to hurt yourself or someone else; in that case, we may need to report that to the proper authorities to keep you and others safe. As we said, we will write up a summary of the group that will not use any individual names. We will instruct all participants to keep what is said private, but we cannot guarantee that participants will keep each other's comments private after they leave the session.

QUESTIONS

If you have questions about your rights and welfare as a research participant, please contact the Westat Human Subjects Protections Office at (888) 920-7631; please leave a message with your first name, the name of the study (Chafee Strengthening Outcomes for Transition to Adulthood), and a phone number beginning with the area code. If you have any other questions about the study, you can call Dr. Kathryn Henderson, the Project Director, at 301-610-4849. You may take as much time as needed to think this over.

I, _____ [PRINT YOUR NAME], understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this focus group. I recognize that I can change my mind later and leave the focus group at any time. I have been given a copy of this form.

Signature of Respondent

Date