**Family Partners for Research Study**

**Instrument 1: Online Parent Pre-Screener and Screening Call**

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# Instrument 1: Online Parent Pre-Screener and Screening Call

## Online Parent Pre-Screener

Thank you for your interest in participating in an RTI study! Please respond to the following questions to determine if you are eligible:

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1. Do you have a child between the ages of 2 and 5 years who currently lives with you?

0: Yes

1: No [*Go to Q2*]

* 1. [*IF Q1=YES]*: You are eligible to participate in our study! Please provide your name, phone number, and email address so we can move forward with scheduling your introductory phone call.
		1. Parent Full Name: \_\_\_\_\_\_\_\_\_\_\_
		2. Email Address: \_\_\_\_\_\_\_\_\_\_\_
		3. Phone Number: \_\_\_\_\_\_\_\_\_\_\_
		4. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_
		5. Child’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_
		6. Child DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Once all information has been entered, the participant will be allowed to hit “next” and move to b*].

* 1. [*On the top of the scheduler screen*] We will schedule an introductory phone call with an RTI interviewer, which should take about 10 minutes. Please identify a few preferred days and times that may work, and an RTI interviewer will call during one of those times.

Preferred Date/Time 1

Preferred Date/Time 2

Preferred Date/Time 3

* 1. Thank you for your interest! Someone from our team will be in contact soon.

[*END*]

1. [*IF Q1=NO*]: Thank you for your interest in this RTI study, but the current study is only enrolling parent mentors who currently live with their child who is between the ages of 2 and 5.

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:  The purpose of this information collection is to gather feedback to inform future National Survey of Child and Adolescent Well-Being data collections.  Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number.  The OMB is* #*0970-0356 and the expiration date is 01/31/2027.  If you have any comments on this collection of information, please contact Melissa Dolan:* *mdolan@rti.org*.

[*END*]

## Screening Call Script

1. **Confirm parent name, phone, mailing address, email address**

I would like to confirm your:

* Name:
* Phone Number:
* Mailing Address:
* Email Address:
1. **Confirm child age and race/ethnicity**
2. I would like to confirm your child’s:
	* Name/Initials:
	* Age:
3. What is your race/ethnicity? Please check all that apply.
	* American Indian or Alaska Native

*For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

* + Asian

*For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.*

* + Black or African American

*For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

* + Hispanic or Latino

*For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*

* + Middle Eastern or North African

*For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*

* + Native Hawaiian or Other Pacific Islander

*For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.*

* + White

*For example, English, German, Irish, Italian, Polish, Scottish, etc.*

1. **Confirm receipt of Family Mentor Advance Letter, Consent Form, and Fact Sheet**

I would like to confirm that you received the **Family Mentor Advance Letter, Consent form, and Fact Sheet sent by your organization in their email.**

[*IF YES*]: Great. We will go over this information together. I will also send a printed copy of these forms to you via the regular mail. [*trigger hardcopy mailing*]

[*IF NO*]: Is it ok to email you these forms now? We will go over this information together. I will also send copies via the regular mail. [*trigger email and hardcopy mailing*].

1. **Introduction to the Study**

Thank you for your interest in participating in a study to inform possible future data collections for the National Survey of Child and Adolescent Well-Being (NSCAW). NSCAW is a study on the experiences of children and families who have had contact with the child welfare system (CWS). This NSCAW sub-study, called Family Partners for Research, focuses on understanding the possible questions that could be included in a future survey and how to engage participants in possible future studies. Both this sub-study and NSCAW are funded the by the Administration for Children and Families (ACF) and carried out by RTI International.

We are inviting you to participate in a survey in two ways at two different times: **Time 1**: remotely (online and by telephone); and **Time 2**: in-person (with an interviewer). The survey will be about one of your children who is between 2 and 5 years old. After each survey, we will ask you to provide feedback. We will be contacting about 70 family mentors to participate and provide feedback on the way information is collected. **You can receive up to $150 as a token of appreciation for taking part in this study, and your child can receive a $10 token of appreciation for their participation during the in-person visit.**

**Time 1 (remote)**: You will complete an online survey and a telephone survey about your child. The survey includes questions about your child’s well-being, including their communication, learning, emotions, and behaviors. Afterwards, you will provide feedback about the survey questions online. The survey and feedback questionnaire will take about one hour and fifteen minutes. The exact length depends on the age of your child and other factors. You will receive a $50 virtual gift card as a token of appreciation.

If you need any assistance accessing the online survey, an interviewer will be available to provide support by phone.

**Time 2 (in-person)**: Two weeks later, an interviewer will come to your home to complete an in-person survey with you for 30 minutes. The interviewer will also observe your child during a play session for another 30 minutes, for which they will receive a $10 virtual gift card as a token of appreciation. Right after the in-person survey, we will ask you to complete a follow-up interview where you will be asked to provide any feedback you have on your experience completing the activities, study materials, as well as any suggestions or questions you have. This will take about 45 minutes. As a token of appreciation for your participation completing the in-person survey and this interview, you will receive a final $100 virtual gift card. The feedback you provide on your experience will help inform how we administer NSCAW to other parents in the future.

**How will this information be used?**

* The project team will explore any potential differences between conducting these types of surveys in-person vs. online. This information may be used to inform the way NSCAW data could be collected in possible future studies.
* The feedback you provide on your experiences and suggestions will help shape how we administer any possible studies in the future with other parents. This includes how we ask for consent and provide information about the survey, the length of the survey, the types of questions asked, and the general look and feel of the survey.
* With your consent, the project team may include anonymous quotations from you in a study report, presentation, or other written material where we describe information we learned. However, we will not include your name or any other personal information about you in these quotes, which will remain anonymous. The use of anonymous quotes allows us to accurately communicate your suggestions and feedback without having it be associated with your name.

**How will my information be protected?**

 All your personal information will be kept private as permitted by the law– only the project team will have access to it and will only use it for contacting purposes. This includes your name, address, email address, child’s name, and child’s age. We keep your answers on a secured computer and do not identify you or your child by name. We combine your answers with the answers from other family mentors participating in the study and report our results only in summary form. All staff involved in this research have signed an RTI Confidentiality Agreement. At the end of the study, only the deidentified data will be shared or transferred for research purposes. Deidentified data means that any names and contact information have been removed. Your information will not be used in future studies.

A Certificate of Confidentiality (CoC) covers this research. A CoC helps protect your identifiable and private information from all legal proceedings. Unless you consent, information from this research study that identifies you will not be shared outside this study.

**What are my rights?**

Participation is voluntary and you can decide to take part in this study or not. You can skip or refuse to answer any questions without any consequence. Taking part in this study does not affect any benefits you or your child may receive.

**Is there any risk in me taking part?**

Although the purpose of your participation is to receive your feedback, there is the potential for uncomfortable feelings to come up when answering questions about your child that are out of our control. The survey does not ask sensitive questions and therefore the project team does not anticipate any distress or uncomfortable feelings will arise.

There is a chance your information could be seen by someone who shouldn’t have access to it. We are minimizing this risk by making sure the interviews take place in a private location, and by keeping your answers on a password-protected computer separate from any names and contact information.

**Is there any benefit in me taking part?**

Although there is no benefit to you, personally, the information gathered will inform future data collection efforts with families who have contact with the child welfare system.

**Token of Appreciation**

You can receive up to $150 as a token of appreciation for your participation, and your child can receive a $10 gift card.

**Who is conducting the study? Who can I talk to about it?**

RTI is conducting this study. The Administration for Children and Families (ACF) is funding this study. If you have any questions or concerns about the study, you can contact the Study Coordinator, Natasha Aranguren, by email (naranguren@rti.org) or phone (917-650-2707).

If you have questions about your privacy rights as a study participant, you can call RTI’s Office of Human Research Protections toll-free at 1-866-214-2043.

**What else do I need to know?**

If you feel upset when you take part in this study and would like to talk with someone about your feelings, we suggest you call your current clinician or reach out to another provider or organization. If you don’t have a clinician, we encourage you to call the **National Parent Helpline**: 1-855-427-2736 (Call or Text); email: **help@nationalparentyouthhelpline.org**.

**Research Participant Statement**

I understand that taking part in this study is voluntary. I can refuse to participate or drop out at any time.

Do you agree to take part in the study?

[1] = Yes, I agree to take part in the Family Partners for Research Study. [GO TO SECTION V.EQUIPMENT]

[2] = No, I do not agree to take part in the Family Partners for Research Study. [QUIT the program and thank respondent for their time]

OMB #0970-0356

Expires 1/31/2027

1. **Equipment**

Q1. Do you have a personal tablet such as an iPad or an Android device (that is not your phone) with a touchscreen?

Yes 🡪 Great. [*GO TO Q2*]

No 🡪 That is not a problem. We can arrange to have a tablet sent to your home. The package will have instructions on how to operate the tablet. Then when I come to your home for the in-person interview, I can pick up the tablet. Can you confirm the mailing address I should use to send the tablet? [*Read and update Mailing Address, go to Q2*]

Q2. Do you have access to reliable internet in your home?

Yes 🡪 Great. I will talk you through accessing an application on your tablet that will allow you to complete your online assessment. [*GO TO Q3*]

No 🡪 That is not a problem. We can arrange to have a hotspot sent to you, which you should receive in the mail within the next few days. The package will have instructions on how to operate the hotspot. If you don’t have any other questions, you are free to complete the online assessment(s) on your own time, although we do ask that you do this within the next week. One of the parts of Time 1 is going to be conducted over the phone. It is a series of questions I will ask you about your child’s behavior. Would you like to complete this part now? It will take about 20 minutes. If not, let’s schedule a time for me to call you back and ask these questions. Once you have completed these parts of the study (Time 1), I will call you to schedule the in-person visit (Time 2).

[*Interviewer – Either Launch DAYC-2 Telephone Questions or Document Appointment Date/Time, thank the respondent, and end call]*

Q3. Follow steps to access assessments on personal tablet.

Q4. If you don’t have any other questions, you are free to complete the online assessment(s) on your own time, although we do ask that you do this within the next week. One of the parts of the Time 1 survey is going to be conducted over the phone. It is a series of questions I will ask you about your child’s behavior. Would you like to complete this part now? It will take about 20 minutes. If not, let’s schedule a time for me to call you back and ask these questions. Once you have completed these parts of the study (Time 1), I will call you to schedule the in-person visit (Time 2).

[*Interviewer – Either Launch DAYC-2 Telephone Questions or Document Appointment Date/Time, thank the respondent, and end call]*