

## **Caseworker Consent**

### National Survey of Child and Adolescent Well-Being (NSCAW)

#### **NSCAW**

The Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services, provides funding for activities that support the well-being of children and families. ACF hired RTI International (RTI), a research company in North Carolina, to conduct a national survey of children and families in the child welfare system. RTI works with researchers from the University of North Carolina at Chapel Hill and Washington University in St. Louis to carry out the study.

#### **SELECTION OF PARTICIPANTS**

RTI representatives are contacting families of children randomly selected from child welfare agencies throughout the United States. There are 4,000 children and families taking part in this study. You have been identified as the primary caseworker or service provider for one of the participating children. We are following up with sampled children and their current caregivers approximately 36 months after their initial interview.

#### **PURPOSE OF NSCAW CASEWORKER INTERVIEWS**

The caseworker interview collects information about the child's history with the child welfare system and services recommended or provided by the agency. Your answers combined with the answers of others in the study will help us describe the needs of children and their use of available child welfare services. Research reports will summarize the collected information and help policy makers improve the child welfare system. We will not share your answers with the child or the child's caregiver. They will not know how you responded to the questions.

#### **TYPES OF QUESTIONS FOR CASEWORKERS**

The caseworker interview takes about 50 minutes. The interview focuses on the child's history in the child welfare system and the services the child receives. The interview will take place over the telephone.

#### **YOUR RIGHTS**

You can decide to take part in this study or not. You can refuse to answer any questions. Your decision to take part will not affect you, your job, or any services the child may receive. You have the right to stop the interview at any time.

#### **RISKS**

Taking part in this study presents no physical risks to you. Some questions might make you feel uneasy or feel various emotions, such as sadness. We have significant protections in place to collect and store your information securely. However, there is a small risk that if someone does not 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.

#### **BENEFITS**

Taking part in this study presents no direct benefits to you, the caregiver, or to the child. Your input will help us learn about the needs of children and the services available to them.

#### **PRIVACY**

We keep your responses private to the extent permitted by law. We keep your answers on a secure computer labeled with an ID number. Your name and that of the child will not be reported with any information you provide. All staff involved in this research have 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 and adult abuse. Also, as a 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 children and families with the child welfare system. 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.

**QUESTIONS**

If you have questions, please call Jennifer Keeney at RTI, 1-800-334-8571 extension 919-316-3525 (toll-free number). If you have questions about your rights as a study participant, please call RTI's Office of Human Research Protection at 1-866-214-2043 (a toll-free number).

**Agreement to Participate in NSCAW**

Do you agree to participate in today's interview? You can choose not to participate at any time.

1 = Yes, I agree to participate in the NSCAW interview.

2 = No, I do not agree to participate in the NSCAW interview.

**Audio Recordings Statement**

We use a laptop quality control (QC) system for this study. The system runs on the computer. This system will make audio recordings of what you and I say to each other during the interview. Neither you nor I will know when the computer records what we say. Project staff at RTI will listen to the recordings only to review my work.

The recordings are securely stored on my computer and transmitted back to RTI within 12 hours after this interview. They are stored on secure computers and only members of the project team can review them. The recordings will be destroyed at the end of the study after data have been cleaned and analyzed.

Do we have your permission to run this system during your interview?

1 = Yes, I agree to have parts of this interview recorded by the computer.

2 = No, I do not agree to have parts of this interview recorded by the computer.

*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 this collection are OMB #: 0970-0202, Exp: 08/31/2026. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Dr. Melissa Dolan; 230 W. Monroe Street, Suite 2100 Chicago, IL 60606.*

*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.*