IRB Synopsis of Proposal

Maintaining Sibling Connections – A Program Evaluation

This research will be completed in two phases – a program evaluation and a qualitative study involving children in foster care. Both studies will be completed with a local organization, Family for Life, which facilitates visitation between siblings in foster care who have been placed in different foster homes or substitute care facilities. **This IRB application is for the program evaluation only** – the first phase of the research. A separate IRB application will be submitted for the research involving the siblings in foster care once approval has been obtained from the appropriate state agency (Department of Family & Protective Services/Child Protective Services division).

1. The sources of potential subjects for the program evaluation will be a local organization, Family for Life. Participants will be identified by the agency executive director and/or stakeholders. The subject population will consist of agency staff, volunteers who assist in the overnight camps whereby siblings are allowed to visit with each other, the board of directors members, and any other identified stakeholders. No special classes of subjects will be included because all of the above-mentioned persons are adults.

2. All above-mentioned persons will be invited to participate in the study via an invitation letter that will be distributed describing the study, purpose of the study, and contact information for the researcher. This information will also be included in the consent form as well as the risks and benefits of participating. All participants will be required to sign a consent form agreeing to participate in the study and all participation will be voluntary.

3. The study will be exploratory, seeking to explore the perceptions of stakeholders about the strengths and areas in need of development within the organization. The participants will be asked to complete a survey soliciting their perceptions of the organization and any changes and/or modifications they believe should be implemented within the organization, organizational infrastructure, and/or services provided. The participants will also be asked to participate in individual interviews which will allow them to provide more in-depth responses and clarify responses provided on the survey. The researcher will facilitate completion of the written surveys and conduct individual interviews. Individual interviews will be audiotaped and transcribed by the researcher and/or a graduate research assistant. Survey and interview questions are attached. The surveys will be analyzed utilizing SPSS (t-tests) to determine frequencies, group means and make comparisons.

4. There should be little to no risk associated with participating in the study. The participants will not be asked to disclose personal information beyond demographic information, but will be asked primarily for their perceptions of the organization.

5. Participants will be informed that their responses will be kept confidential. In addition, they will be informed, verbally and on the consent form, that the written responses and audiotapes will be kept in the researcher’s locked office. In addition only the researcher and graduate research assistant will have access to or be able to view the data collected. If it is determined that participation in the study has contributed to any mental health issues, a referral for a mental health provider will be provided by the researcher.

6. Benefits of participating in the study include assisting the target organization with improving their services. This will ensure that those children in foster care who participate are being provided the highest quality services available. In addition, participating in the research will allow members of the research population to be voice their opinions, share their knowledge and expertise, and serve as change agents.

7. Participants will be compensated with TX State University items such as t-shirts, tote bags, etc.

8. The risks of participating in the research are far outweighed by the benefits of assisting a local organization with improving the services they provide to children in foster care.

9. Family for Life is the organization included in the research. A letter of approval to conduct the study is attached.

10. N/A – The researcher is not a student.

11. N/A – Not a student project.

12. The proposed study has not been approved by another IRB.

13. The researcher and a graduate research assistant will be the only individuals to have access to the results of the study. If the study is published, the results will be presented in aggregate form and no identifying information of participants will be included.

May 27, 2009

To Research Participant:

You are cordially invited to participate in research being conducted by Dr. Angela Ausbrooks, Assistant Professor at Texas State University-San Marcos in the School of Social Work. The purpose of this research is to conduct a program evaluation of Family for Life. The program evaluation will be utilized by agency administrators to identify the strengths of the program, and areas in need of development or modification. The overall purpose of the program evaluation is to ensure the agency is providing the highest quality services to those children (siblings) in foster care that participate in agency programs throughout the year.

You have been identified as someone who has knowledge of this organization; therefore, your participation in the research will be appreciated. Your participation is voluntary and there are no consequences for not participating. You will be asked to complete a brief survey and participate in an individual interview. You should be able to complete the survey within 30 minutes and the individual interview should take no longer than 30 minutes. Therefore your participation should require no more than one hour of your time.

Attached is a consent form you must sign to indicate your willingness to participate in the research. The researcher will also sign and a copy of your consent form will be provided to you. Please return the form in the self-addressed stamped envelope. The researcher will then contact you to arrange a date and time for you to complete the survey and interview.

If you have any questions, please feel free to contact Dr. Angela Ausbrooks at the phone number or e-mail listed below.

Thank you in advance for considering this request,

Angela R. Ausbrooks, PhD, LMSW

Assistant Professor

School of Social Work

Texas State University-San Marcos

601 University Dr.

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512-245-9067

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CONSENT FORM

Maintaining Sibling Connections – A Program Evaluation

IRB# 2009B8721

Research Conducted By:

Angela Ausbrooks, Assistant Professor

School of Social Work

Texas State University-San Marcos

512-245-9067

aa16@txstate.edu

You are being asked to participate in a research study. This research is funded by a research grant provided by Texas State University-San Marcos. This form provides you with information about the study. The researcher/principal investigator (Dr. Ausbrooks) will also be available to describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not you would like to participate.

Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you might otherwise be entitled. You can stop or terminate your participation at any time and your refusal will not impact current or future relationships with Texas State University-San Marcos or participating sites. To terminate participation in the study, simply inform the researcher of your desire to stop participation. You can also choose not to answer any question(s) asked for any reason. The researcher will provide you with a copy of this consent form for your records. As described above, there will also be no penalty or consequences for not answering all questions whether written or verbal.

**The purpose of this study** is toconduct a program evaluation of Family for Life. This evaluation will identify strengths and areas in need of development and/or modification within the agency.

**If you agree to participate in this study, you will be asked to do the following:**

* Complete a survey.
* Participate in an individual interview.

**Total estimated time to participate** in the study is about one hour. Thirty (30) minutes to complete the survey and 30 minutes for the individual interview.

**Risk** of being in the study is no greater than in every day life. You will not be asked to disclose personal information other than demographic information. The primary information obtained from you will be only your perceptions and opinions about the Family for Life agency and the services it provides. If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed at the top of this form.

**Benefits** of being in the study are the information that will be learned about the organization, being able to share your knowledge, opinions, and areas of expertise, and assisting Family for Life in improving the services they provide to children in foster care throughout central Texas.

**Compensation:** You will receive no monetary compensation for participating in the study.

**Confidentiality and Privacy Protections:**

The data resulting from your participation may be made available to other researchers and/or research assistants in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could identify you or associate you with your participation in the study.

The **records** of this study will be stored securely in the researcher’s locked office and kept confidential. Authorized persons from Texas State University-San Marcos, members of the Institutional Review Board, and (study sponsors, if any) have the legal right to review the research records and will protect the **confidentiality** of those records to the extent permitted by law. All publications that result from the research will exclude any information that will make it possible to identify you as a subject. Survey data and audiotapes will be kept in the researcher’s locked office for a period of one year at which time they will be destroyed.

**Contacts and Questions:**

If you have any questions about the study please feel free to ask. If you have questions later, want additional information, or wish to withdraw your participation, inform the researcher. The researcher’s name, phone number, and e-mail address are at the top of this page. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research, please contact Dr. Jon Lasser, IRB Chair: 512-245-3413, lasser@txstate.edu, **or** Becky Northcut, Texas State University OSP IRB administrator: 512-245-2102 or email: bnorthcut@txstate.edu

**Statement of Consent:**

I have read the above information and have sufficient information to make a decision about allowing my child to participate in this study. I consent for my child to participate in the study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator

Survey

Maintaining Sibling Connections – A Program Evaluation

This survey asks you to identify your perceptions and opinions about the Family for Life agency and the services it provides to children in foster care throughout central Texas. Please select the response that best represents your opinion. Please be as honest as possible as this will enhance the researcher’s ability to identify strengths of the organization as well as areas that should be further developed or modified. The first 5 questions ask for personal demographic information about your association with the agency.

If you have any questions, please ask the researcher, Dr. Angela Ausbrooks. Your participation is voluntary and you are encouraged, but not required, to answer all questions. You may choose not to answer any questions for any reason – your decision will not be questioned. Thank you for participating!



**Demographic Information:** Place a checkmark ( ) next to the answer that best describes you and your association with the agency.

I. I am:

\_\_\_\_\_ a volunteer

\_\_\_\_\_ an agency staff person

\_\_\_\_\_ a board member

\_\_\_\_\_ other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Gender

\_\_\_\_\_\_\_ Male \_\_\_\_\_\_ Female

3. Age:

\_\_\_\_\_ 18 – 22 \_\_\_\_ 31 – 35 \_\_\_\_ 46 – 50 \_\_\_\_ 61 – 65

\_\_\_\_ 23 – 25 \_\_\_\_ 36 – 40 \_\_\_\_ 51 – 55 \_\_\_\_ 66 – 70

\_\_\_\_ 26 – 30 \_\_\_\_ 41 – 45 \_\_\_\_ 56 – 60 \_\_\_\_ 71 – 80

3. I have volunteered/worked for/been associated with Family for Life for

\_\_\_\_ less than 1 year

\_\_\_\_ 1-2 years

\_\_\_\_\_ 3-4 years

\_\_\_\_ 5 years or more

\_\_\_\_ other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Evaluation:** Please select and circle the response that bests identifies your opinion(s).

4. Family for Life provides a valuable service to children in foster care.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

5. Family for Life staff appear knowledgeable.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

6. Family for Life staff appear qualified to provide services to children in foster care.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

7. The training I received provided the knowledge necessary to perform my role with the agency.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

8. My role was clearly defined to me.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

9. Expectations of me were clearly communicated.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

10. I received training prior to volunteering.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

11. I will volunteer in the future.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

12. I will recommend or have recommended the organization to others.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

13. I felt welcomed by agency staff.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

14. The training I received included multicultural (race/ethnicity, age, religion, sexual orientation, ability, etc.) content.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

15. Family for Life staff appear competent in providing services to children with multicultural needs.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

16. The training I received prepared me to work with children who have experienced abuse and/or neglect.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

17. Behavioral issues with children are handled appropriately.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

18. Staff/volunteer conflicts are handled professionally.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

19. I can ask questions when there is something I don’t understand.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

20. There are resources available for medical emergencies.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

21. There are resources available for mental health emergencies.

1 2 3 4 5

Strongly Disagree Neither Agree Agree Strongly

Disagree nor Disagree Agree

Maintaining Sibling Connections – Individual Interview

1. What is the best aspect of the Family for Life agency?

2. What is the most beneficial service provided by the agency?

3. What do you believe is the benefit of services provided for the children who participate?

4. What is the benefit to you for volunteering/working with the agency?

5. Are there any aspects of the organization you would change?

6. Are there any services not currently provided that you would like to see included?

7. What will be your future role(s), if any, with the agency?

8. Anything else you would like to share?