

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
AGENCY POLICY AND PROCEDURES**

RESEARCH INVOLVING PERSONS SERVED

POLICY

Research, as used here, includes all forms of internal or external research involving persons served and/or their records.

It does not include:

- internal program evaluations, outcomes research, or projects conducted by students and interns as part of their education
- reports of child abuse/neglect made to the Central Registry
- research required by the Ohio Department of Job and Family Services

To be considered, a research project must:

- be supported for reliability, validity, and necessity
- not cause harm to the participants
- not use deception in conducting the research or reporting the findings
- only be minimally invasive to the participants
- mask identifying information about the participants before it is shared with the researchers

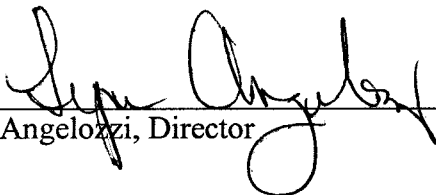
This policy, in no way, binds the Director or TCJFS to participate in research projects.

PROCEDURES

1. All research proposals are submitted in writing to the Director.
2. Proposals must include:
 - a. a literature review;
 - b. a description of the purpose of the research including a problem statement and hypothesis;
 - c. methods used to gather data and validate the information;
 - d. the expected benefit to the clients, agency, or field of study;
 - e. the manner in which the privacy rights of clients will be guaranteed;
 - f. method for keeping client information confidential;
 - g. methods for equally distributing any incentives to the participants.
3. If approved, the Director designates the staff who will:
 - a. be responsible for monitoring the activities of the researcher;
 - b. determine what information is appropriate to be made available;
 - c. coordinate in-house research activities, including privacy safeguards;
 - d. communicate the research activities to staff and to assure smooth implementation.

4. The researcher shall be required to sign an agreement which addresses the following:
 - a. Information provided by TCJFS shall remain the property of TCJFS.
 - b. The researcher shall not disseminate confidential information that could lead to the identification of any individual or out-of-home care setting.
 - c. TCJFS shall review the research prior to its dissemination or publication to ensure that the material is void of names or data which could reveal confidential information.
 - d. The researcher must accept full responsibility for liability for unauthorized dissemination of information given to him for research purposes which leads to identification of any client.
 - e. The researcher will provide general information about the study's outcomes to the participants in an understandable format.

5. When the research involves client participation, each participant or his/her advocate must voluntarily sign a copy of the Research Consent Form, JFS 112, prior to the start of any research.



Lynn Angelozzi, Director

2-24-06

Effective Date

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
RESEARCH CONSENT FORM**

See Policy 100.26.0

1. You are invited to participate in a study of *(state what is being studied)*
2. I am a(n) *(employee, student, faculty member)* at *(name of agency, university department)*
3. I hope to learn *(what the research is designed to discover)*
4. You were selected as a possible participant in this research because *(why and how the client was selected)*
5. You will be one of *(the number of participants in the research)* people chosen to participate in this study.
6. Your participation is completely voluntary. If you decide to participate, I will *(describe the procedures to be followed, how long it will take, the frequency, any risks, discomforts, inconveniences and benefits expected. Any standard treatment that is being withheld must be disclosed).*
7. Any information obtained in this study, that can be identified with you, will remain confidential and will be disclosed only with your written permission. *(Persons or agencies to whom information will be furnished, the nature of the information and the purpose of the disclosure must be identified)*
8. Your decision whether or not to participate will not prejudice your future relations with Tuscarawas County Job and Family Services or *(name of agency, university, department)*
9. If you decide to participate, you are free to stop participating at any time without prejudice. Your decision either way will not affect our services to you. Your services with Tuscarawas County Job & Family Services are only based on your needs and the Risk Assessment, Case Plan, and/or court order.
10. You will be given a copy of this form to keep.
11. Your signature below indicates that you have read this information, or had it communicated to you, and have decided to participate in this research.

Signature of Participant/Advocate

Date

OR

Signature of Parent/Legal Guardian

Date