# Case Study Data Collection: consent form FOR PaRENTS / carers

THET believes in upholding the rights of its contributors to participate and to be heard, to experience respect and dignity, to make free and informed decisions, and to be protected from risk and harm.

THET uses photographs, video clips, and stories to communicate messages and document the work of projects. These images and stories become a valuable resource not only for us, but for Health Partnerships, our supporters, and potential donors. These images and stories appear on our website, social media sites, publications, and at events. Our **Code of Conduct of Ethical Storytelling** sets out how photographs and videos of people involved in our activities should be taken, and how their images and the stories they tell should be shared.

We believe that every person – child, young person, and adult – must be consulted about the use of their image and their stories, and that they must give consent to these being used and shared. THET recognises the need to ensure the welfare and safety of all people whose images and stories we use.

# **If you have any questions, concerns, or become aware that images of your child and the stories s/he have shared are being used inappropriately, please contact safeguarding@thet.org**

## Information sheet for parent / carers

**Insert title of project/event (if there is one)**

*Proposed text: Your child is being invited to take part in a* ***[image collection, video, workshop etc.]*** *Before you decide if you would like your child to take part, it is important that you understand why this initiative is taking place and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.*

**Why are we doing this initiative?**

*Explain the purpose of the images/video/story telling e.g. to keep access to health care for women at the forefront of any foreign aid programmes.*

**Why has your child been invited to take part?**

*Reason for inviting the child, e.g. part of a particular group, specific age etc.*

**How will your child’s image/video be used?**

*Please explain with whom the child’s image and story will be shared and for what purpose. For example, who is likely to see the child’s image or read her/his story and what measures will be taken to anonymise the child in the image/story. Explain that for children, only first names will be used and the location of the child will be kept confidential.*

**What will happen if you agree for your child to have their picture/video taken?**

*Outline any preparation and any follow up, explain who else will be participating (if others will also be photographed/filmed/be sharing their story) the date and location of when the images/video/story telling will take place and the estimated duration of the child’s involvement.*

**How will your privacy and confidentiality be protected?**

*Proposed text: This project is taking every possible step to ensure confidentiality, i.e. to prevent any personal information from being known to people outside the data collector team. We know that breaches of confidentiality could lead to problems for interviewees, so we have put in place measures to avoid this from happening. If you agree for your child to have their picture/video taken and their story told, their name will not appear in any reports. Any information they provide will remain confidential, unless there is reason to believe that a child, a young person, or another person is at risk of harm. If this happens, we have a responsibility to share that information with* ***[THET + partners etc.]*** *so that this person can be helped.*

**What are the benefits?**

*Proposed text: Your child will not get paid for taking part and they won’t receive any immediate benefit (for example, by receiving preferential treatment by the Hospital). But the image/video/story will help THET with [fundraising, raising awareness etc.].*

*Please see THET’s Code of Conduct on Ethical Storytelling for guidance on benefits. Please explain what the image aims to achieve. E.g. helping ensure that the UK Government will continue to support and fund women’s health. Outline the benefits of why these images/videos/stories will help THET. For example, by helping raise funds. But don’t raise false expectations and it should be made clear that participants will not get paid for taking part and they won’t receive any immediate benefit (for example, by their child or family members of the child receiving preferential treatment by the Hospital or Health Centre).*

**What are the risks?**

*Please insert relevant risks for the participants and please add the following text:*

*There is always a very small risk that a breach of confidentiality could take place and while this is a very small risk, it is our duty to warn you of this even as we give you our assurance that we do everything to keep your child’s data and identity safe.*

**Can you change your mind and let your child withdraw from the initiative?**

*Proposed text: Having your child’s picture taken, and having them tell their story is entirely voluntary. It is up to you and your child if you would like to have it taken/told or not. You can always ask for the photographer and the story collector to pause or stop at any time. This won’t have any negative consequences. Or if you later realise that you don’t want us to use the pictures/video taken of your child, or the story they have told, that is fine too. Just get in touch through the details below and we will delete all images of your child that have been taken, as well as their story. This does not have any bad consequences, and nobody will be upset with you if you chose to do this. However, if you get in touch after [****insert date****] we might not be able to retrieve the image/information from the internet. We can ensure THET will no longer use it, but once it has been shared it might be difficult to retrieve.*

**How can you find out more about the initiative?**

*Please include contact details for the THET + partner office that participants can follow up with for complaints or questions or to withdraw their consent.*

**Support services you can contact:**

*Proposed text: If you or your child are worried about something, or feel uneasy about someone, it is important that you know there are people you can go to. Please talk to* ***[details of safeguarding focal point of the data collection team]*** *about your concerns. You can approach her/him during or after the initiative. She/he will ensure that your concerns are addressed properly.*

*If you don’t want to talk to the photographer/person filming, or the person collecting your child’s story, or we are the cause of you or your child feeling uneasy, then you could speak to* ***[contact details for THET’s safeguarding focal point AND other local services, such as helplines]****. Your child’s protection is very important to us!*

**Do you have any questions for us?**

# Case Study Data Collection: consent form for parent / carers

**[INSERT TITLE OF PROJECT/EVENT]**

**Child participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I confirm that [I have read the information sheet concerning this initiative/ the information sheet concerning this initiative has been read to me]
2. I understand what is required of my child if she/he takes part in this initiative.
3. I understand why you are taking pictures/videos of my child, and asking them to share their stories.
4. I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.
5. I understand that participation is voluntary and that my child may withdraw at any time without giving a reason.
6. I understand that if I withdraw my consent after [INSERT DATE] that THET will no longer use my child’s image or story, but that it has already been distributed to others and it might not be possible to retrieve the image.
7. I consent that pictures/videos taken of my child and the stories they have told might be used in future reports, articles, or presentations by THET.
8. I understand that my child’s name will not appear in any reports, articles, or presentations.
9. I give permission for my child’s picture/video to be taken, and for them to tell you their stories.
10. I understand who I can speak to should I have any questions about the initiative.
11. I give permission for my child to take part in the above initiative.

Yes ☐ No ☐

# Written CONSENT

**Child’s name: Parents/ Caretaker name OR initials:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verbal consent has been given by parent/carer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Collector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Verbal CONSENT

**Child ’s name: Parents/ Caretaker name OR initials:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verbal consent has been given by parent/carer**  Yes [ ]  No [ ]

**Data Collector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PLEASE USE **EITHER** THE WRITTEN CONSENT BOX **OR** THE VERBAL CONSENT BOX AS APPROPRIATE. DELETE THE BOX THAT IS NOT NEEDED.