# ‘I am’ Digital Stories

## Example of two-step informed consent process.

This example is based on work with autistic children in schools, but the text can be adapted as needed for different contexts and groups.

**Step 1**

**Project Information for parents / carers: Using Digital Stories to support children’s transitions to their next school or placement.**

Researcher names: [add here]

You are being invited to join a project about using Digital Stories to support the transition to a new school or placement for children who may be on the autism spectrum (or have similar difficulties).

This document provides information about the project. If you are happy to take part you will be asked to sign a consent form.

You can ask [researcher names and email addresses] any questions about the project.

**What is the project about?**

This is a project that [collaborator name] and [researcher name] are doing together.

We want to find out whether Digital Stories can support children and young people in their transition to a new school or placement. Digital Stories are short videos that show who the child is based on child-led interests and skills.

**Why have I been asked to take part?**

You are being asked to take part because your child attends [school name], is on the autism spectrum or has similar needs, and is due to transition to a new school or placement at the end of this school year.

**What will happen if I take part?**

If you agree to take part, [school name] will help to prepare a Digital Story with your child, which will show who they are, the things they like doing, their strengths and communication preferences. This Story will be made with your child and they, with the help of staff, will be able to choose what is included.

This Digital Story will be included in transition meetings and planning and used to aid discussions regarding your child’s transition and their strengths, needs and interests.

We will also share this Story with you and ask if you would like to take part in a 30-minute interview, in order to gain more feedback about the Digital Stories, which we will audio record. We will arrange this with you to see what works best e.g. via telephone, email, video (Zoom, MS Teams) or in person.

**Are there any benefits in taking part?**

There may be no direct benefits to you personally, though we hope that taking part will develop an understanding how Digital Stories can be used to support children in their transitions to new schools or placements. You may find it beneficial to see the Story of your son / daughter that is produced.

**Are there any risks involved?**

Not really, these transitions will be going ahead anyway and the Digital Stories are one of the ways the school will use to help share information about your child with their new school or setting.

We will not use your name or the name of your child in anything we write about the project, unless you agree to this later on.

Once the Stories have been completed and the transition taken place, we will ask you whether you are happy for anyone else to see the Digital Story. This could be very helpful for other schools to see, for example.

**What information will be collected?**

* your name and contact information
* the name of your child
* the Digital Story of your child
* what you say in an interview (only if you agree to take part in the interview)

What you say in an interview will be typed up and then the audio recording will be destroyed.

**Will anyone else know you have taken part?**

These are the people who will know you have taken part:

* Members of the research team
* Members of staff at [school name]
* Other people who attend meetings about your child, such as an Educational Psychologist, and staff from the new school or placement.

No one else will know you have taken part or about the things you say. We will not include your name in anything we write about the project. The Digital Stories will not be shown to anyone outside the project and the meetings between [current school name] and the school your child may transition to.

Managers at the University of XXXX may ask to see the information we collect to make sure the researchers are keeping it safe.

All information will be stored securely on computers that are protected by a password.

**Do I have to take part?**

No. This is your decision and we don’t mind either way. If you decide to take part, we will ask you to sign a consent form.

**What happens if I change my mind?**

You can change your mind at any time up until the end of the project (add date) without giving a reason. Please just let [researcher name] know.

**What will happen to the results of the research?**

We will write summary of what we find out and send this to you, and also include this summary on our website [URL]; your name and your child’s name will not be included in this.

The name of the school will appear in the summary, however your name and child’s name will not be included.

**Where can I get more information?**

Please ask [researcher name] if you have any questions about the project [email address], or you could talk to [key contact name] at the school.

You can also contact [name of project lead]: [add email and phone number]

**What happens if there is a problem?**

If you have any concerns about the project please speak to [key contact names] first.

If you are still unhappy or have a complaint, please contact [key governance information details at the University].

**Data Protection Privacy Notice**

By law, the [University name] has to protect and use the information collected in this project in specific ways. This can sound very formal and complicated.

The main thing to know is that we treat any information very carefully. There is detailed information about this that we have to let you know, and this can be found on the next page. [we have not included this in this example but you should include the relevant information from your own context on the next page].

**CONSENT FORM for parents / carers**

Project title: Using Digital Stories to support children’s transitions to their next school or placement

Researchers:

*Please initial the box(es) if you agree with the statement(s):*

|  |  |
| --- | --- |
|  | Your initials go here   |
| I have read and understood the information sheet [date, version#] and have had the opportunity to ask questions about the project. |  |
| I understand that taking part in the study involves my child taking part in video recording of themselves and the places / things / people that matter to them. |  |
| I understand that other people will see this video as part of the transition to a new school or placement that my child is making. |  |
| I understand that the video will not be made publicly available without my permission and I will be asked separately about this permission nearer the end of the project. |  |
| I agree to let my child take part in this project and for information about them and their contributions to be used in the study. |  |
| I understand their participation is voluntary and I may withdraw them at any time for any reason without their rights being affected. |  |
| I understand that they will not be directly identified in any reports of the research. |  |
| I understand that my personal information collected about me such as my name or where I live will not be shared beyond the project team. |  |
| I agree to be contacted about my involvement in the evaluation of the project. |  |

Please see next page.

Name of your child (print name):

Age of your child:

Your name (print name):

Contact number/email address:

Your signature:

Date:

Name of researcher (print name):

Signature of researcher:

Date:

**Step 2**

**Example follow-up information letter for Step Two of the consent process.**

On school headed paper.

[Date on sending]

Dear parent / carer,

You may remember that we wrote to you before and you kindly signed a consent form to say that your child could be part of a project that the school is doing with the [University name]. The project is called **‘Using Digital Stories to support children’s transitions to their next school or placement’.** The information that you were sent originally is included with this letter as a reminder.

The project involved the children making short videos about themselves (‘I am…’ Stories) that we have now shared with you (including at our Leavers Assembly) as part of your child’s move to their new school.

We feel that this project was very successful in supporting your child to tell us important information about themselves, and for helping staff at the new school to get to know your child.

We promised that we would come back to you to ask for your permission to use and share the videos so that other people can see the benefits of what we did. We felt it was important to do this once you had seen the video which is why we are now writing to you.

**We are now asking for your permission:**

* To share the video with other professionals who we work with at the school (such as educational psychologists; speech and language therapists) and in the local authority so that they can see how valuable this approach is;
* For the research team to share the video in talks about the research to other researchers and education professionals (such as at conferences and seminars, and in teaching at the University);
* For the research team to share the video on the [project website] to show the work we together [add URL];
* For the research team to deposit the video on a secure national database called the UK Data Service (https://ukdataservice.ac.uk/) so that other researchers can see the videos too.
* **You can agree or not agree to any of the above on the next page.**

**Please let us know your preferences by signing and returning this form to the school in the envelope provided or emailing us to let us know by [DATE] and do contact me if you have any questions [add school contact details here].**

**You can also contact [researcher name] at [University name] if you’d like more information: [email address]**

**Thanks very much**

**Signed by key contact.**

**Example Step Two consent form.**

Project title: Using Digital Stories to support children’s transitions to their next school or placement

ERGO number:

Research team:

Please initial the box(es) if you agree with the statement(s) [and leave blank if you do not]:

|  |  |
| --- | --- |
|  | Your initials go here   |
| I agree that [school name] can share the ‘I am…’ Digital Story [‘the video’] of my child with other professionals at the school and local authority |  |
| I agree that the research team can share the video in talks about the research to other researchers and education professionals (such as at conferences and seminars, and in teaching at the University) |  |
| I agree that the research team can share the video publicly on the project website [add URL] |  |
| I agree for the research team to deposit the video on a secure national database called the UK Data Service (<https://ukdataservice.ac.uk/>) so that other researchers can see the video too |  |

\*Name of your child (print name):

\*Your name (print name):

\*Your contact number/email address:

\*Your signature:

Date:

\*Please note that we only keep these contact details for our own records and this information will not be shared or used for any other purpose.

Name of researcher (print name):

Signature of researcher: Date when form received:

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