

## **Agreement to Participate in Photovoice**

### *Fatherhood TIES*

*This consent will be implemented in Qualtrics.*

Each time you share a photo with us, you will be asked to agree to participate in this activity.

You are invited to take part in an exciting approach to learn about how fatherhood programs support the fathers they work with. You are being asked to take and submit photos relating to your experiences in [Name of the program] as part of an approach called “photovoice.” You will also be asked to participate in an interview or focus group to talk about your photos and what they mean to you. If you agree to participate, we will ask you to sign this form and we will give you a copy. Your participation is voluntary. We value your input and your experiences.

#### **Why am I being asked to do this?**

Photovoice is one way the Testing Identified Elements for Success in Fatherhood Programs study, or Fatherhood TIES, study team is trying to learn more about how fatherhood programs support the fathers they work with. You may recall agreeing to participate in Fatherhood TIES when you enrolled in [Name of the program]. A nonprofit organization called MDRC is running the study with MEF Associates, Mathematica Policy Research, and Abt Associates.

#### **Why is the study being done?**

Fatherhood TIES is an important project that aims to find out which parts of fatherhood programs are most effective at improving the lives of participating fathers and their children and co-parents. Photovoice will help the study team to better understand how programs like [Name of the program] support fathers in achieving their goals.

#### **What is photovoice and why are you being asked to participate?**

You will have a unique role as both a participant in the study who shares information about your own life and experiences, and a researcher who works with MDRC and other participants to learn from the photos people take for this project overall. We call this role being a “participant-researcher.” Your role as a participant-researcher will be to take and share photos, talk with other participant-researchers about those photos, and decide how you want to share this information publicly. This method is called “Photovoice.”

#### **What does it mean to participate in Photovoice?**

Taking part in the Photovoice study will take about 5 hours over several weeks. Most of the activities for the project will take place online using Zoom. The activities that are part of the study are:

- You will be asked to participate in a 2-hour training conducted in-person or over Zoom, where you will learn more about your role as a participant researcher; how to tell stories through pictures, photo taking and upload photos; and about legal and ethical guidelines for taking photos. You will receive a \$100 gift card as a “thank you” for your participation in the 2-hour training.
- Starting [DATE], you will be asked to take and upload photos once a week for three weeks in response to question prompt. Photos can include interactions with your children that reflect

parenting, healthy relationships, and your experiences with [Name of the program]. You will be asked to submit the photos by uploading them to a Qualtrics web page. You will receive up to \$75 in gift cards as a “thank you” for recording and sharing your photos (\$25 gift card for each week you submit photos).

- On [DATE], you will be asked to participate in 90-minute individual or group conversation, facilitated by the Fatherhood TIES team, to collaboratively discuss and analyze the photos. You will receive a \$75 gift card as a “thank you” for your participation in the interview or focus group. The interview or focus group discussions will be recorded, and the study team will be taking notes to keep track of what is discussed. The recordings will be used by the Fatherhood TIES team. For focus groups, we cannot guarantee that others in the group will keep private what is said here. Please do not talk about anything people say here once you leave. Respecting the privacy of others in the group is important.
- On [DATE], you will be asked to participate in 60-minute follow-up conversation. The research team will share the themes developed during the focus group and ask fathers to check that what we’ve said reflects their understanding of the conversation. Fathers will also be asked to check the photos and captions that will be used and provide feedback on the photovoice process. You will receive a \$50 gift card as a “thank you” for your participation in the follow-up conversation.

### **What are the benefits and risks of participating in Photovoice?**

Taking part in Photovoice may help to improve services for fathers.

Some questions or photos may involve sensitive topics and may be stressful to think about. You do not have to answer any questions that you do not want to answer. It is your choice to participate. If you decide not to participate, there is no penalty. Your decision will not affect the services you or others receive.

Any data storage has a small risk of information being seen outside of the study team in the unlikely event of a data breach (such as a breach in the computer security). However, we follow strict rules to protect your data. No reports will include your name or identifying information. The study team will follow strict rules to protect your personal information. The study team is trained to protect your information. The team signs a pledge.

The information about you will be marked with a special code number, not your name. No reports will describe you in a way that would allow you to be identified.

### **Will the Photos be kept private?**

Yes, unless you or others that you photograph agree that MDRC can use them publicly by signing a separate document, a photo release form. If you or others sign the release for a specific photo, your photo will not be kept private. Signing that document means that you (or others) give permission for MDRC to use your photo on MDRC’s website, social media, reports and presentations, newsletters, handouts, and other communications. You can decide to agree to participate in Fatherhood TIES and Photovoice but refuse to give MDRC permission to use your photos publicly – there will be no impact on your involvement in the program.

### **Who can I call with questions?**



MDRC and Fatherhood TIES can be reached at [FatherhoodTIES@mdrc.org](mailto:FatherhoodTIES@mdrc.org) or at the Fatherhood TIES hotline (855) 907-6696.

**Participant’s statement:**

Do you agree to participate in the photovoice study?

Yes

No

If yes, please read the following statement, then sign and date below.

“The research procedures, risks, and benefits have been explained to me. I know I am free to ask any questions. I understand taking part in the project is my choice. I understand that taking part in the project will not affect any benefits that I or members of my family receive, now or in the future. I understand that the project will collect information about me. I know I can stop being a part of the project at any time. I know I can refuse to answer any questions during an interview. I understand my information will be kept private, unless there is a concern that I or someone else may be harmed. I agree to provide contact information so I can be reached in the future.”

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YOUR NAME (PRINT)	YOUR SIGNATURE	DATE
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PRIVACY STATEMENT: The consent is covered by the Privacy Act. This means that your participation is voluntary, so you can decline to participate. If you decide to decline to participate, you will still have access to program services. The purpose of this study is to find out which parts of fatherhood programs are the most effective at improving the lives of participating fathers and their children and co-parents. The information you provide may be shared with state and federal agencies and researchers involved in similar work. The legal authority for this project is Social Security Act Title IV-A § 403 [42 U.S.C. 603] (a) (2). If you would like more information about this project, please see Systems of Records Notice (SORN) 09-80-0361, OPRE Research and Evaluation Project Records.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of the described information collection is to gather preliminary information about the fatherhood field and explore with fatherhood programs the research questions that are of interest and the design options that are feasible. This is a voluntary collection of information. The answers you give will be kept private. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # for the described information collection is 0970-0622 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Dina



OMB #: 0970-0622  
EXPIRATION: XX/XX/XXXX

Israel; Dina.Israel@mdrc.org, and Michelle Manno; Michelle.Manno@mdrc.org; Attn: OMB-PRA (0970-0622).

## Fatherhood TIES Photovoice Protocol

**Over the course of 3 weeks, Fathers will be asked to take and submit photos (1 photo a week) in response to the following research question:**

How has the [parent coaching or systems navigation] you received affected you in the following areas? (Think about what that looks like in your everyday life. Photos can be taken of things you do, places you go, or even objects that are meaningful to you.)

- Parenting goals, skills, and habits
- Relationship with child(ren)
- Personal mental health and well-being
- Relationship with co-parent
- Navigating systems, like family court or child support

The submitted photos will be discussed during the focus group, where the facilitator will use the following prompts to generate a discussion between fathers around what these photos mean to them and how they relate to their experiences with the program, parenting, and their goals and lives more broadly.

### Photo data collection focus group discussion questions:

1. What do you see in this photo?
2. What is happening in this photo? *Probe: What is really happening in the picture?*
3. Why do you think the things that are happening in this photo are taking place? (Why might things be the way they are in this photo)
4. How does this relate to our lives? *Probe: Parenting goals or skills; How you interact with you children and/or co-parents; Your mental health and sense of well-being; How you navigate systems and services*
5. What could other fathers, co-parents, or people generally learn from this photo?
6. What can we do about any challenges, struggles, or feelings that were brought up in this photo? *Probe: What does this photo make us want to change?*

**Photovoice use debrief questions:**

- What was your experience like using photovoice to reflect on your emotions and experiences and how [parent coaching or systems navigation] affected your life through photos?
- How could we improve the photovoice experience in the future?

## FATHERHOOD TIES Photovoice Study

### Consent and Photo Release Process

How do I document my or someone else's agreement to be in photo? Or, how do I document agreement for my child/children to be in a photo?

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There are three steps in the photo release process that are outlined below. You must complete the steps for everyone included in the photo.

**Step 1: Explain the purpose and uses of the photo.** Explain that you are requesting permission to use a photo that includes the person's likeness in a research study and how the photo will be used. A recommended script is provided below.

If the person does not want to have their or their child/children's likeness used, thank them for their time and end the conversation. If they are willing to participate, continue to step 2.

**Step 2: Obtain written permission to use a person's likeness.** If your photo includes yourself or another person in it who is identifiable and the photo was taken in a location where someone would have a reasonable expectation of privacy, the person(s) in the photo must agree to participate. Everyone that is recognizable in the photo must sign a release form. Minors must have a parent/guardian sign a release form. The release form will be an online form (in Qualtrics) that is accessible quickly from your phones. The release form will be completed on your phone and transmitted directly to MDRC. The research team will send the link to Photovoice participants along with the photo prompt each week. A link will also be included in the training materials provided to participants. Those providing their permission will be emailed a copy of the agreement they signed.

#### **Step 3: Take the photograph.**

The research team recommends obtaining a release prior to taking the photo, as described above. However, there may be cases in which a photo is taken beforehand. In this event, you should approach the person afterwards and complete steps one and two. If the person does not want to sign a release, you should not submit the photo to MDRC and should delete the photo.

The research team will maintain a record of each photo, whether it requires a release, and whether the release(s) has been secured. Only photos with the appropriate release(s) will be included in the analysis focus groups and online gallery. The research team will destroy photos that do not have the necessary release 90-days after receipt.

## Photo Release Script

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*Hi. I'm taking photos as a part of a study called FATHERHOOD TIES. The study is using photos to learn how different aspects of fatherhood programs are affecting fathers' lives.*

*I'd like to take your and or your child/children's photo as a part of this study. With your permission, the photo may be posted to an online gallery or used in public reports.*

*Do you agree to have your/your child/children's photo taken [photo used] for this study?*

*If yes: Great. For us to use the photo, I'll need you to complete a short release form that I have on my phone. I'll give you a minute to read it. Let me know if you have any questions before signing it.*

*If no: I understand. Thanks for letting me know. I respect your decision and will not take any photographs.*

## Photo Release Form for Adults (will be in Qualtrics)

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If your photo includes yourself or another person in it who is identifiable and the photo was taken in a location where someone would have a reasonable expectation of privacy, the person(s) in the photo must agree to participate. Use this form to document their agreement.

### **Start of Block: Default Question Block**

Q1 Name of photovoice participant/photographer: [write in]

Q2 Prompt #: [select from drop down]

Q3 A separate release form will be required for each person. How many people need to provide their permission? [select from drop down 1-10]

Please hand your device to someone in the photo for them to complete this permission form.<br><br>

### **End of Block: Default Question Block**

### **Start of Block: person 1**

As part of the Fatherhood TIES, Photovoice participants take photos of their surroundings and daily life to answer questions from the Fatherhood TIES study team. The study is being conducted by MDRC, a nonprofit research organization.

I will be photographed today by a participant in the Fatherhood TIES study (the "Photos/Recordings"). I understand that the Photos/Recordings of me may be used by MDRC for non-commercial purposes in the following: an online photo gallery, the MDRC website, social media, reports and presentations, and other

communications. I hereby consent to the use, reuse and publication of my image and likeness in the Photos/Recordings for these purposes.

I understand that I will not be given the opportunity to review the Photos/Recordings or the use of the Photos/Recordings.

I understand that my name will not be used in connection with these videos or images. However, someone may recognize me, or it may be possible to use technology to identify me even if MDRC does not use my name. I release MDRC and any of its employees or agents from any liability in connection with the use of my likeness in the Photos/Recordings for the purposes described above.



Q1 Full name:

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Q2 do you give permission to use the photo for the purposes described above?

- yes
- no

Q3 \${date://CurrentDate/DS} \${date://CurrentTime/ST}

Q4: enter your email address to get a copy of this form.

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[back button] [SUBMIT button]

Thank you. Please hand the device back to the photographer.

**End of Block: Person 1**

***Blocks will be repeated for each person in the photo.***

## Photo Release Form for Minors (Will be in Qualtrics)

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If your photo includes another person in it who is identifiable and under 18, both the minor(s) in the photo and their parent/guardian must agree to participate. Use this form to document their agreement.

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**Start of Block: Default Question Block**

Q1 Name of photovoice participant/photographer: [write in]

Q2 A separate release form will be required for each person. How many people need to provide their permission? (Note, a parent/guardian can give permission for multiple children in one form.) [select from drop down 1-10]

Please hand your device to the parent/guardian of someone in the photo for them to complete this permission form. They should read this aloud and share it with their child.

**End of Block: Default Question Block**

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**Start of Block: person 1**

As part of the Fatherhood TIES Photovoice Study, study participants take photos of their surroundings and daily life that reflect the knowledge and skills learned in the program. The study is being conducted by MDRC, a nonprofit research organization.

My child/children will be photographed today by a participant in the Fatherhood TIES Photovoice research study (the "Photos/Recordings"). I understand that the Photos/Recordings of my child/children may be used by MDRC for non-commercial purposes in the following: an online photo gallery, the MDRC website, social media, reports and presentations, and other communications. I hereby consent to the use, reuse and publication of my child/children's image and likeness in the Photos/Recordings for these purposes.

I understand that I will not be given the opportunity to review the Photos/Recordings or the use of the Photos/Recordings.

I understand that my child/children's name will not be used in connection with these videos or images. However, someone may recognize my child/children, or it may be possible to use technology to identify my child/children even if MDRC does not use my child/children's name. I release MDRC and any of its employees or agents from any liability in connection with the use of my child/children's likeness in the Photos/Recordings for the purposes described above.



Q1 Full name of parent/guardian:

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Q2 As parent/guardian, do you give permission to use the photo for the purposes described above?

yes

No

Q3 \${date://CurrentDate/DS} \${date://CurrentTime/ST}

Q4: enter your email address to get a copy of this form.

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Q4 Full name of photo subject(s) (minor):

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Please hand your device to the minor child in the photo for them to complete this next question.<br><br>

Q5 I (child) understand and want to participate.

yes

No

[back button] [SUBMIT button]

Thank you. Please hand the device back to the photographer.

**End of Block**