

Experiences of social work students, faculty, and staff with disabilities

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RESEARCHERS' STATEMENT

We are members of CSWE Council on Disability and Persons with Disability, and we are asking you to be in a photo-voice inspired project. The purpose of this consent form is to give you the information you will need to help you decide whether to participate or not. Please read the form carefully. You may contact the researchers to ask questions about the project, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When we have answered all your questions, you can decide if you want to participate or not. This process is called “informed consent.”

PURPOSE OF THE PROJECT

The purpose of this project is to get a more in-depth understanding of the experience of social work students, faculty and staff who identify as disabled. We want to offer a creative way of documenting and expressing your lived experience in your social work program and on your college/university campus.

PROJECT PROCEDURES

To participate in this project, you must identify as having a disability. You don't need a medical diagnosis to participate. You also need to either work in a social work program and/or be a student in a social work program.

If you are eligible and interested, we would ask you to document your lived experience either through photographs, sound collages, poetry and creative writing, drawings and art, or any other creative product that best suits your needs and best expresses your college/university experience. You can submit one or several photos or other creative products. You can also decide to submit a brief description with your photography, if this seems fitting to you. It is also up to you if you would like to submit your works anonymously without any identifying information, or if you would like to include your name or some other personal information. Let us know if you need access to a one-time use camera or thumb drive. Please upload your material on Google Drive https://drive.google.com/drive/folders/1ZXJ_i4UBY4uqPLhzZjv4SIq7MwljuPts?usp=sharing or send us a thumb drive.

One goal of the project is an exhibition at CSWE's APM conference and a digital version of the submissions accessible through the CSWE website. For the digital and in-person exhibition, we will use your name to recognize your work, if you included your name with your submission.

Another goal is to analyze the submissions and publish the findings in peer-reviewed journals.

These submissions will not include any personal identifying information independent of how you submitted your works.

RISKS, STRESS, OR DISCOMFORT

Engaging with your experience in social work programs, could bring up positive or negative thoughts or feelings. Participation that brings up negative thoughts or feelings might result in discomfort or distress. If you decide to have your work recognized by attaching your name, people seeing the exhibition will know that you identify as having a disability. This might be a level of disclosure that is not comfortable for you.

BENEFITS OF THE STUDY

Participation in this study might not provide any personal benefits to you, but your experience will be critical for informing social work education and improving policies to better support students, faculty and staff with disabilities. We hope that this creative endeavor is also inspiring to you personally.

CONFIDENTIALITY OF RESEARCH INFORMATION

As mentioned above, you can submit everything without including any personal information. Your submission would be anonymous. Please consider the consequences if you decide to include identifying information for the exhibition. The submissions will be stored on a password-protected computer. Any publication or presentation of the results will be reported in aggregate format. Individual submissions might be used to support research findings; however, this data will not contain any identifying information.

SOURCE OF FUNDING

This project received funding from the CSWE Special Project fund.

OTHER INFORMATION

You may refuse to participate, and you are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. Once you submitted your works, you can send us an email and we will send a \$25 Amazon gift certificate. Your email address will not be linked to your submission.

PROJECT-RELATED INJURY

If you think you have been harmed from being in this project, contact Dr. Sellmaier at (253) 693-5865 or sellmaic@uw.edu or Dr. Michael Clarkson-Hendrix at 716.673.4611 michael.clarkson-hendrix@fredonia.edu; or Dr. Laura Wernick at (212) 636-6650 lwernick@fordham.edu

The UW does not normally provide compensation for harm except through its discretionary program for medical injury. However, the law may allow you to seek other compensation if the harm is the fault of the researchers. You do not waive any right to seek payment by signing this consent form.

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this

consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098 or call collect at (206) 221-5940. I can print or electronically save a copy of this consent form.

You consent to participate in this project by submitting your works to the Drive or us directly.