APPENDIX O

UNIVERSITY OF THE WITWATERSRAND
DEPARTMENT OF PHYSIOTHERAPY
RESEARCH STUDY : PHASE 2
CAREGIVER INFORMATION LEAFLET

(To be read to the caregiver of the disabled child in his or her own language)

TITLE OF THE STUDY

*Parental perceptions and experience of rehabilitation services for children with cerebral palsy in poorly resourced areas.*

INTRODUCTION

My name is _______________ and I am the mother of a disabled child. I am working together with Gillian Saloojee, the researcher for this study. Gillian is a full-time student at the University of the Witwatersrand.

You are invited to participate, as a volunteer, in this study. This information leaflet is to help you to decide if you would like to participate.

By participation, we mean that we are asking you to agree to be interviewed. We will ask you some questions about the therapy the child has received and what you think about this therapy and how it could be improved.

Before you agree to be interviewed, you should fully understand what is involved. If you have any questions which are not fully explained, do not hesitate to ask me or Gillian. You should not agree to be interviewed unless you are completely happy to do so.

WHAT IS THE PURPOSE OF THIS STUDY?

We are interested in learning more about the feelings and experiences of caregivers looking after children with cerebral palsy have about the therapy they have received. We want to know if the therapy has changed anything in the life of the child or the family. The information which we learn from this study will be used to improve the therapy that children with cerebral palsy receive in public hospitals.

WHY WAS I CHOSEN FOR THIS STUDY?

We chose caregivers from the first part of the study who have taken their children for therapy for a long time and who feel comfortable about talking about their experiences of therapy.
WHAT DOES IT INVOLVE AND HOW LONG WILL IT TAKE?
I will be asking you some questions in a language which you understand and then I
will write down your answers. The interview will take between 45 and 60 minutes to
complete. We will record this interview on a tape recorder and later we will write it all
out and translate it into English. You will be given a chance to listen to the interview
or to read the transcript of what you have said and you can change anything that you
are not happy with.

We would also like to look in your child’s file in order to confirm that your child has
cerebral palsy and when he or she attended therapy.

If after the interview, you have more questions about your child or you would like to
talk to somebody, then we will make arrangements for you to talk to a doctor or to
one of the therapists at the hospital.

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talk to somebody, then we will make arrangements for you to talk to a doctor or to
one of the therapists at the hospital.

You are not obliged to take part in this study. Your participation is entirely voluntary.
You can stop the interview at any time without giving any reason. If you decide not to
take part, your therapy and treatment at the hospital will not be affected in any way.

There is no direct benefit to you for taking part in this study.

WILL I BE PAID FOR TAKING PART IN THIS STUDY?
Taking part in the survey by agreeing to be interviewed will not cost you anything.
However if you have any transport costs, we will cover these. You will not be paid
anything for participating in the study.

WHERE CAN I GET MORE INFORMATION ABOUT THIS STUDY?
If you have any questions about the interview, please contact the researcher, Gillian
Saloojee Her telephone number is 072 483-5766. You can also contact the study
supervisor, Dr. Aimee Stewart at the Physiotherapy Department at Wits University.
Her telephone number is 717-3718.

CONFIDENTIALITY
We will not write down or record your name or the child’s name. The information
which you give us is anonymous and all information obtained during the interview is
strictly confidential.

Thank-you very much for your help.
UNIVERSITY OF THE WITWATERSRAND

DEPARTMENT OF PHYSIOTHERAPY

RESEARCH STUDY : PHASE 2

Parental perceptions and experience of rehabilitation services for children with cerebral palsy in poorly resourced areas.

WRITTEN PATIENT INFORMED CONSENT FORM

I, __________________ confirm that I have been informed by the interviewer, __________________ , about the study in a language that I understood. I have also received, read and understand the above written information regarding the study.

I understand that I am not obliged to take part and that I can withdraw from the study at any time. I also understand that this will not affect my therapy or treatment in any way. I have been given the opportunity to ask questions and am satisfied that they have been answered satisfactorily.

I hereby volunteer to take part in this study and I give my permission for the interview to be tape-recorded.

I agree that the interviewer, __________________ and Gillian Saloojee can look in the child’s file to check the diagnosis and when the child came for therapy.

Parent’s / Caregiver’s name: _____________________________ (please print)

Parent’s / Caregiver’s signature: _____________________________ (Date)

Interviewer’s name: _______________________________ (please print)

Interviewer’s signature: _______________________________ Date _________
UNIVERSITY OF THE WITWATERSRAND

DEPARTMENT OF PHYSIOTHERAPY

RESEARCH STUDY : PHASE 2

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**VERBAL CAREGIVER INFORMED CONSENT FORM**

*(ONLY TO BE COMPLETED WHEN THE CAREGIVER IS UNABLE TO READ OR WRITE)*

I, ____________________, have read and have explained fully to the caregiver, named ____________________, the caregiver information leaflet, which explains what the study is about.

The caregiver indicated that he/she understands that he/she is not obliged to take part and that he/she can withdraw from the study at any time. He/she understands that this will not affect the treatment or therapy in any way. The caregiver has been given the opportunity to ask questions and is satisfied that they have been answered satisfactorily.

I hereby certify that the caregiver has agreed to volunteer to take part in this study and gives permission for the interview to be tape-recorded. I certify that the caregiver agrees that the interviewer, ______________ and Gillian Saloojee can look in the child’s file to check the diagnosis and when the child came for therapy.

Caregiver’s name : ____________________________ (please print)

Interviewer’s name : ____________________________ (please print)

Interviewer’s signature : ____________________________ Date __________

Witness’s name : ____________________________ (please print)

Witness’s signature : ____________________________ Date __________