

# Evaluation of the Taku Wairua Program

## Caregiver Information Sheet



### ***Purpose of this study***

The purpose of this study is to evaluate the impact of the Taku Wairua program, and identify areas for improvement.

Taku Wairua is a personal development program that focuses on four main themes: Belonging and identity, self-discovery, goal setting, and citizenship. The program uses a mix of activities to encourage participants to learn about themselves, their family, what they are good at, what is important to them, how to set goals, and participate in a community project.

The Taku Wairua program is designed by Te Tamawai Trust with school staff members and is delivered with community partners, such as Waikato Bay of Plenty Magic.

### ***What you are being asked to do***

The Te Tamawai Trust request your child's participation in the study.

Participation in the study is voluntary and can be withdrawn at any time. You do not have to provide a reason or explanation, and any information collected about your child will be destroyed.

Your child will be asked to complete a survey at the beginning and end of the program, and up to two audio recorded interviews: one interview about one theme in the program and another interview at the end of the program. The survey will take about ten minutes to complete and covers the following four topics: identity, self-discovery, goal setting, and citizenship. The interviews will take about ten minutes each. Your child's interviews will be audio recorded. The key questions are: How has the program helped you? How could the program be better?

### ***What will happen to the information your child provides?***

The information your child provides will contribute to an evaluation of the Taku Wairua program. This report will be distributed to funders, partners, and schools who supported the program and Te Tamawai Trust. The data may also be used in future

research, and you and the child under your care will be contacted if this is the case. No future research will occur without your consent. Anonymising devices will be used to protect your child's identity in any written material. Ethics approval was granted from the New Zealand Ethics Committee.

***Who can you speak to about your participation in this study?***

If you have any questions about your participation in the study, you are encouraged to contact the Te Tamawai Trust Manager or the researcher.

Brittany Frew - Taku Wairua Manager - [brittany@takuwairua.co.nz](mailto:brittany@takuwairua.co.nz) - 022 1580 415

Lynley Uerata - Researcher - [lmuerata@gmail.com](mailto:lmuerata@gmail.com) - 027 520 4328

If you are open to you child taking part in this study, you will need to sign a consent form.

Ngā mihi,

Te Tamawai Trust

**The Taku Wairua program and study is supported by**



# Caregiver Consent Form

This consent form is to be signed by the caregiver of a child participating in the study.

Please tick to indicate the following:

<p>I have read, and I understand the Caregiver Information Sheet and have been given enough time to consider whether to participate in this study, including time to talk to others.</p> <p>I have been given a copy of this consent form and information sheet and understand that taking part in this study is <b>voluntary</b> and that my child or I may choose not to participate at any time.</p> <p>I understand that participation in this study is <b>confidential</b> and that no material, which could identify my child, will be used in any reports on this study without my consent.</p> <p>I know who to contact if I have any questions about the study.</p> <p>I consent to the research staff collecting and processing my child's survey and interview information.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I agree to my child's interview being <b>recorded</b>.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I wish to receive a <b>summary</b> of the results from the study.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Declaration by the caregiver:** I consent for the person under my care to take part in this study.

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Caregiver name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration by the Researcher:** I have given a verbal explanation of the study to the participant, and caregiver and have answered their questions.

I believe that the participant and their caregiver understand the study and have given informed consent to participate.

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Researcher's name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

