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“That’s the price we pay”
Kaupapa Māori Programme stakeholder experiences
of external evaluation

A thesis
submitted in fulfilment
of the requirements for the degree
of
Doctor of Philosophy in Psychology
at
The University of Waikato

by
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(Te Rarawa, Ngai te Rangi, Tūwharetoa ki Kawerau)



THE UNIVERSITY OF
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Te Whare Wānanga o Waikato

2015

Dedicated to my parents:

Hector James Masters
(5 May 1941 – 20 July 2011)

my father, who dared me to ask questions;

and

Rangiamohia Masters (nee Whetu)
(2 January 1941 – 16 May 2010)

my mother, who taught me to critique the answers.

ABSTRACT

This thesis takes a critical approach to the evaluation of Māori social and health service provision programmes through an in-depth exploration of the dynamics, impacts and politics of such exercises within Māori communities, and upon relationships between Māori and the Crown, and its agents. Since the mid 1980s, New Zealand government devolved responsibilities that heralded a change in economic focus and provided a pathway for targeted service provision, such as social and health programmes, amongst communities. The combined shift to Neoliberal economics and the virtual hegemony enjoyed by right wing economic commentators, policy-makers and business leaders meant that newly anointed Māori service providers were not fully prepared for the subsequent rise in demand for narrowly defined accountability requirements that did not reflect Māori aspirations or values.

This study sought to critically engage with the experiences of stakeholders affected by an external evaluation of “By Māori, for Māori” services. Qualitative data capturing stakeholder narratives, demonstrated the complex relationships and range of emotions experienced by programme stakeholders. Four case studies contain stories that highlight: service provider relationships built on betrayal that contributed to programme tensions and influenced the design of the evaluation; different stakeholder information needs that shaped their expectation of an evaluation; service provider vulnerability when implementing cultural values with their funder, who then seeks financial gain from that knowledge, and; the close links of Kaupapa Māori programmes and their evaluations to socio-cultural and political agendas.

The cases highlight ways Māori evaluators operated from a reflexive approach that recognised two worldviews (Mātauranga Māori and the dominant models of Western social science) and sought to facilitate engaged evaluation relationships with different stakeholders. A proposed Cultural Confluent Evaluation model lays out the dynamics and tensions in an attempt to make visible the underlying agendas, but also the glossed ideologies of power and control attached to conventional evaluations. As existing programmes continue to be examined for their cultural responsiveness, and as new culturally-centred programmes are proposed, the need for culturally embedded evaluation is even more evident.

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While my name may appear as the sole author, this thesis is not the result of my work alone. Along the way there have been many people who have helped, guided and influenced me. Without all of your help, I would not have been able to acquire the skills, knowledge and patience needed to complete a doctorate degree.

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PROLOGUE

My orientation to the research

*Ko Whangatauatia te Maunga
Ko Karirikura te Moana
Ko Ngatokimatawhaorua te Waka
Ko Nukutawhiti te Tangata
Ko Te Rarawa te Iwi
Ko Ngati Moroki te Hapū
Ko Roma me Korou Kore ngā Marae
Ko Ahipara te Kainga*

Kātahi anō te iwi kairarawa, ko Te Rarawa kaiwhare

I have come to realise that this thesis will reveal a lot about the person I am to anyone who reads it. So before you engage with my thesis, I thought it appropriate to formally introduce myself - with one of my *pepeha*.

My extended *whānau* taught me a great deal about my place in this world. Memories of my grandparents driving around the country picking up their *mokopuna* during school holidays stand out most. Sometimes it was aunties and uncles who took us to Kaitaia (a township in the far north) and to Kawerau in the Bay of Plenty – two regions that I *whakapapa* to. It was during such visits that I learnt a lot about *whanaungatanga*, *tikanga*, *mana*, and *wairua*. As a young child I did not realise what I was being exposed to, but I do remember meeting and interacting with a number of people, attending church and *hui* where I learnt that *whānau* was more than just my brothers, sisters and parents.

Of all the things I was exposed to through my extended *whānau*, the most prominent memory I have, that is of relevance to this thesis, is an example of me questioning why systems operate the way they do, and my attempt to affect change (this is really about me challenging my place as a young girl in my social hierarchy). My parents would have been the first to tell you that I have never been one to mince my words. While I can usually manage myself with tact now, when I was younger I was not so skilled. Perhaps because I am the youngest everyone else knew something I missed. But I felt the need to question why things were the way they were. Combine my challenging questions with a child's lack of subtlety, an inability to listen to reasoning and a stubbornness that is who I am, and of course I landed myself in trouble. Aside from regularly getting

myself into trouble for challenging certain accepted social structures and systems, the answers (or lack of) allowed me to understand that there were different systems operating, and the rules that applied for one did not necessarily apply to all.

Upon reflection, and I say this with pride, a great deal of the critical person that I am comes from my father. So how does my dad relate to my thesis? Quite simply he was the person that started me on a path towards evaluation. Everything he did; whether that was to watch television, listen to the radio, be a passenger in car, or visit a family member in hospital; he would question the processes he observed. For example, when he was told to put his seat upright for take-off and landing on an airplane, he would want to know why and how the angle of his chair affected the ability of the plane to do its job.

My informal induction to evaluative thinking (critical questioning, analyzing context; and considering the influence of change) was later enhanced by my teachers in Ngā Tūmanako o Kahurangi at Auckland Girls Grammar and then Waikato University. My more formal introduction to evaluation was in a postgraduate paper called 'Evaluation Research' at Waikato University (the same paper I now teach years later). That paper gave me the academic terminology and tools to further understand what I had already been engaging with for my whole life. My education (formal and informal) shaped who I am today.

In addition to being a revelation about my personal background, the point I am trying to make here is that, for me at least, research is relevant everywhere and with every breath we take. Every interaction, whether formal or informal, is an act of gathering information. The ability to see, hear, smell and touch is part of our data collection. The synthesis and analysis of that information is dependent upon our individual knowledge and skills, which is often the result of the epistemological position we hold. Such a position is influenced by our social construction of the world, and that has largely been determined by the people we talked to, programmes we have watched and the books we have read. Our decision about whether to admit these factors have influenced our lives (and our research) is fundamental to how we orientate ourselves within the world around us.

Māori epistemology is imbued in our lives and our history by the multiple modes of communication that are available through *ngā toi Māori*¹; such as whakairo, *tukutuku*, *raranga*, *tā moko*, *tauparapara*, *waiata*, *mōteatea*, *pakiwaitara*, and much more. Since our engagement with Pākehā, the prominent mode of communicating Māori understanding to a non-Māori audience has been through writing. Such writing has enabled a wide audience (both Māori and non-Māori) to engage with our constructions of meaningful reality.

To begin the thesis with an example of Māori history I refer to Clark (1993) who retells a version of the Ranginui and Papatūānuku separation story that provides a useful allegory of evaluation in practice. The version I am most familiar with was taught to me in *te reo*. This telling is close to that version I am familiar with;

...Rangi, the Heavens, and the goddess Papatua, the Earth loved each other with a great love, and were so near together and so inseparable that the Heavens were ever near to the Earth, and only a dull twilight reigned between them. Some low shrubs tried to flourish, and stretched out their branches like myriad uplifted hands, but their leaves were flattened, the sky pressed so heavily on them... No men lived on the earth then, only the children of the gods Rangi and Papatua. As these children grew they began to grumble at the want of space, and they longed for more light; for once they had a glimpse of the full light when their father, Rangi, lifted up his arms. So they wished much that he would go up higher and give them more room, and they tried to persuade him to do so. (Clark, 1993, p. 13)

History goes on to recount the debate amongst the children of Ranginui and Papatūānuku as to how they could gain access to the world of light on a more permanent basis. After much debate, five of the sons – with the exception of Tāwhirimātea, determined to separate their parents, with each attempting the separation one after the other. Because we now live in the world of light, we know that one of the sons (Tanemahuta) was successful.

Many versions capture the creation of the world of light, mankind and the afterlife; each of them being retold countless times to Māori children. While these may seem like simple bedtime stories to some, it is within these allegorical messages that Māori

¹ Reference to Māori is somewhat problematic. Some consider the term a colonial construction and therefore dislike its use. Others dislike the term in that it is used in a manner that homogenises all Māori. I use the term in this thesis as a means to refer in general terms to *tāngata whēnua*. Where a more specific group is referenced (whether whānau, iwi or hapū) they will be identified accordingly (for example Te Rarawa, Ngati Porou). Furthermore, the reference to *māori* in lowercase is not an error. Distinction between reference to *māori* as 'normal' and Māori as an ethnic group are distinguished by the capitalisation.

are able to understand their existence, human nature, their relationship with the physical and non-physical environment, scientific knowledge (Reed, 2004) and the relationship of these to their current context (Henry & Pene, 2001; Robertson & Masters-Awatere, 2007; Te Awekotuku, 2003).

To provide a brief description of this story to an audience unfamiliar with *pakiwaitara* and how these can relate to wider dynamics I shall enter into a very simplified analogy with an evaluation orientation in mind.

Contained within this tale is a glimpse of the evaluative processes that non-Māori may be more familiar with, but would tend to refer to by different terms. For example, the goal of the sons was to experience a desired state of well-being based on their experience and observation of a possible alternative. After much deliberation, consultation and negotiation the sons reached an agreement as to the acceptable process and tried different methods to achieve what they desired. The successful candidate's work was done by observing previous unsuccessful attempts and then assessing what alternative action was required. Once the goal was achieved and the repercussions managed, further assessment was undertaken to determine the actions needed to sustain their state of well-being and contribute to the enhanced lifestyle.

The purpose of that exercise was to alert you to what will become the prominent theme of this thesis: that Māori values are placed in the central position and other concepts will be regarded as secondary.

CHAPTER ONE: INTRODUCTION

Māori resilience and evaluation

As the indigenous people of Aotearoa New Zealand, Māori have a special place in this country. Population estimates from the 18th Century suggest there were 150,000 Māori at the time British navigator James Cook arrived in 1769 (Pool, 1991; Pool & Kukutai, 2014). Relationships between Māori and the early Pākehā settlers (e.g. traders, whalers and missionaries) were positive; with unions that produced offspring of mixed heritage (Kukutai, 2013; Meredith, 1998). Accounts from those early encounters refer to Māori as well-built, muscular and healthy people (cf. Dalley & McLean, 2006; King, 2003) whose appearance was both pleasing and intelligent. Such positive descriptions by John Liddiard Nicolas in 1817 provide some insight into the public health behaviours and nutritional habits of Māori;

So simple a diet accompanied with moderation must be productive to good health, which indeed these people are blessed within a very high degree... I do not remember a single instance of a person distempered in any degree that came under my inspection and among the number of them that I have seen naked. I have never seen any eruption on the skin or any signs of one by sores or otherwise. Such health drawn from such sound principles must make physicians almost useless (John Liddiard Nicholas 1817 cited in Kingi, 2011, p. 92).

Poor health conditions were widely evident among Māori communities one hundred years after Cook's arrival (King, 2001). Census records from 1896 show the Māori population had declined to less than one-third the original figure – an estimated 42,000 (Lange, 1999). Such rapid deterioration contributed to Pākehā commentaries of a superior race supplanting Māori (Dr. Newman in 1881, 1, p. 477). In his 1884 presentation to the Wellington Philosophical Society, Sir Walter Buller encouraged lamentation for the remnants of Māori numbers predicted after 25 years. A few years later Dr Featherston encouraged Society members to fulfil their humanitarian obligation to a “dying race” by declaring:

The Maoris [sic] are dying out, and nothing can save them. Our plain duty, as good, compassionate colonists, is to smooth down their dying pillow. Then history will have nothing to reproach us with. (Featherston, 1856 cited Buck, 1924, p.362)

Māori have endured, defying the popular belief fed by Pākehā forecasts commissioned at the time (Kukutai & Taylor, 2012). During the 20th century, the Māori population

recovered to sit at over half a million. In the 21st century, the Māori population is larger now than ever before (Kukutai & Rarere, 2013), although life expectancy is still 7–8 years lower than non-Māori (Harris et al., 2006; Marriot & Sim, 2014; McPherson, 2015; Statistics New Zealand, 2013) and social and economic disparities continue (Crampton, Salmond, & Kirkpatrick, 2004; Howden-Chapman & Tobias, 2000; Māori Ora Associates, 2008).

As the Māori population has recovered, and then increased, a plethora of government-commissioned research reports proffering strategies to address Māori health, social and economic disparities have been published (for example Ministry of Health, 2013b; Ministry of Social Development, 2004; Ministry of Social Policy, 2000; National Health Committee, 1998b; Royal Commission on Social Policy, 1988; Te Puni Kōkiri, 1998). From those government publications that provide examples and offer Māori health outcome strategies (for example Families Commission, 2012; Kingi, Durie, & Durie, 2014) to those that offer guidelines for conducting research on/with Māori (Health Research Council of New Zealand, 1998a, 2010; Office of the Auditor-General, 1999; Parliamentary Commissioner for the Environment, 2002; Pūtaiora Writing Group, 2010; State Services Commission, 2003; Te Puni Kōkiri, 1999). Each is a record of progress towards Māori health developments, and yet, these works make only a small contribution to the overall change needed in a system that undervalues the assets, skills, harmonisation, and community competence (Pooley, Cohen, & O'Connor, 2006) ever present in evolving and static dialogical cultural understandings (Watkins & Shulman, 2008). However, it is the publications that challenge government to examine its role in the systematic maintenance of, or major contribution towards, problems that maintain health disparities for Māori (Ajwani, Blakely, Robson, Tobias, & Bonne, 2003; Bramley, Herbert, Tuzzio, & Chassim, 2005; Nikora, 1999; Reid, Robson, & Jones, 2000) that have shaped the landscape in which I have engaged for this thesis.

Thesis aim

When I first considered embarking on a doctoral journey in the area of evaluation research, I thought about conversations and interviews I had conducted as an evaluator. Tensions I had seen on the part of providers to have Māori cultural values included in systems that oversimplified national targets. The numeric ranking of

programme success/failure ultimately determined whether funding was to be continued. I also saw evaluators who were frustrated because they were being told by funders to remove cultural context from a programme evaluation report. With these thoughts in mind I considered the question “how are cultural values and concepts incorporated in the evaluation of a programme derived from an indigenous epistemology (i.e. a Kaupapa Māori programme)?” While my experiences tell me there are people attempting to incorporate cultural values and concepts into programme evaluation, the extent to which this is successful, or well received, varies. In response to my need for answers to these questions, I determined that my doctoral research programme would bring some light to the way in which evaluation is developed and implemented in Aotearoa. Specifically, I wanted to know how evaluation processes impact on programmes that are specifically developed with a cultural development agenda in mind.

This thesis explores how different stakeholders of four case studies involved in the delivery of a Kaupapa Māori programme experienced an external evaluation, namely by: seeking to hear about the critical issues that impacted an evaluation; and to understand how evaluators navigated the two paradigms – Mātauranga Māori and Positivism - that governed an evaluation of those same Kaupapa Māori programmes. To do this I have specifically worked with a selected small sample of stakeholders within different sites, including: evaluators; programme funders; service providers; service users; and wider *whānau*. In this context, *whānau* participants encapsulates *whakapapa whānau* and *kaupapa whānau* as described by Durie (2001a).

In anticipation of participants’ *kōrero*, it was important to establish an outline of my research intentions. This resulted in numerous meetings and conversations (in particular with providers) to inform people of my project. My relationship with some participants meant they required only a basic outline because they trusted my approach and knew I was aware of my accountability to them. To capture the main areas of information to engage through my doctoral research, I developed 4 objectives:

- 1. To hear how evaluation approaches (and the implementation of evaluation) have been applied to Kaupapa Māori programmes**

I wanted to ensure my questions were relevant to the context of my participants. On that basis, participants needed to have had experience of evaluation. For providers, this meant asking them to reflect on programmes previously evaluated, and to hear

their understanding of how an evaluation considered their specific context. Similarly for *whānau*, while their knowledge and ability to articulate evaluation would be different, I believed they would have opinions on the programme and the evaluation. With evaluators, my questions were more attuned to finding out how they felt supported, encouraged or challenged to operate within an explicit value base (whether at an *imi*, *hapū* or *whānau* level) that allowed them to examine cultural concepts within programme design, implementation, and evaluation.

2. To understand divergent, convergent and emergent conceptions of evaluation among Māori programme providers and Māori evaluators

Similar to Objective 1, my intention was to move beyond a description of Māori provider and evaluator experience towards an explicit critique of evaluation. Service providers were asked to consider the strengths and weaknesses of both their programme and the evaluation in reflecting the cultural values they aspire to achieve through such a programme. For evaluators, I was specifically interested in hearing how they approached government-contracted evaluations with their people. To achieve this objective, prominence is given to Māori across the stakeholder group voices within each case study. Mindful that the funder voices were primarily non-Māori, their voice has been referred to as a point of contrast and tension to a Māori norm. Additionally, workshops with Hawaiian evaluators influenced my ideas and Pākehā evaluator voices were included in case studies. These “Other” voices support the experiences presented in each case study that inform notions of culturally sensitive and inclusive evaluation.

3. To learn about the factors that support or impede an effective evaluation process for Māori programmes

In anticipation of the similarities and differences that would arise from discussions with my participants, I envisaged there would be some commentary pointing towards factors that support an evaluation process incorporating cultural values and that the recording of such factors were conveyed to funders whose decision-making processes determined the value and worth of a programme. I also considered there would be reflections on factors that were less supportive. My role here was to identify these as they relate to the different stakeholder groups.

4. To explore the presence of cultural values in local evaluation practice

The principal interest with this objective focused on cultural values, aspirations, and considerations within an evaluation of a programme derived from a clearly indigenous

perspective that was unique to New Zealand. At the beginning of my PhD journey I was invited to join a week-long series of workshops between Māori and native Hawaiian evaluators. Our group then presented to educators, government researchers, and two island communities. My experiences highlighted a common desire of indigenous stakeholders for evaluation processes that captured their indigenous cultural understandings. Encouraged to consider other international indigenous communities, but limited in my ability to engage a worldwide survey of indigenous evaluators, my intention with this objective was locate the presence of cultural values in local evaluation examples and then consider my findings in an international evaluation practice context.

Each of the four objectives contributes to a better understanding of how, and whether, evaluation captures the cultural values and concepts inherent in a programme derived from an indigenous epistemology.

Chapter and thesis overview

The thesis contains seven chapters that presented across four Parts. Chapter One contains four sections and sets the scene of the research by describing the contextual factors (historical, political and social circumstances) within which contemporary discourses about evaluation are produced and circulated. This chapter sets the context for my research about stakeholder experiences of an external evaluation directed at a “by Māori for Māori” (aka Kaupapa Māori) programme and reviews key findings from relevant scholarly literature. Additional literature not covered in this chapter is referred to in later chapters in relation to emerging issues from each of the case studies. A critical examination of evaluation is undertaken to understand how Māori evaluation practitioners engage two paradigms – Mātauranga Māori and Positivism – in order to create better understanding of the dynamism involved in evaluating a programme developed and implemented from an explicit, culturally centred position. This introduction is presented in four sections. The first focuses on the development of “by Māori, for Māori” programmes. Over the past 20 years, awareness and support for Māori centred research, theory, programme delivery, and evaluation has been growing. While much has been written about the evolution of Māori centred work in service design and delivery, the development of such culturally centred frames in assessment

and evaluation has been much slower. Given the dearth of research in culturally centred evaluations I draw on international literature to provide a broader context for our understanding of programmes funded in recognition of the culturally centred frames from which they originated.

The second section of this chapter explores the substantive body of international literature on evaluation, focusing specifically on its formal evolution and the influence of the United States of America on the frameworks adopted around the world. Overall, the literature cited highlights the adoption of a culturally blind approach to evaluations that reflects the discipline's origins in positivism. This position values objective evaluations that are presumed to have universal application because such evaluations are detached from the target population.

The third section focuses specifically on the evolution of evaluation in New Zealand. In a global context where culturally neutral evaluations are valued, the Tiriti O Waitangi affords rights to Māori that shape the social, political, and research contexts in ways that are stark contrasts to other countries. However, the importation of models from the United States of America maintains the objective-scientist approach preferred by government (discussed further in Chapter Two).

The fourth and final section of the introduction presents an overview of my research into the experiences of different stakeholders about the critical issues that impacted an evaluation; and attempts to understand how evaluators navigated the two paradigms that dominated their work – Mātauranga Māori and culturally blind Western science – in an evaluation of a Kaupapa Māori programme.

Part Two of the thesis, presented in Chapter Two, examines the key theoretical assumptions that inform and guide the research approach. Representations of Māori research include: subjectivity versus objectivity; a critique of the “Western” paradigm of knowledge, and; a description of relevant approaches to research that sit within research characteristics presented by other Māori researchers on qualitative and quantitative methods are included.

Part Three of the thesis (Chapters Three, Four, Five and Six) presents the analysis of four targeted human service programmes presented as case studies of stakeholder experiences.

Part Four presents a combined discussion and conclusion (Chapter Seven). This chapter of the thesis draws together the contextual and theoretical discussions alongside the data presented in Part Three while commenting on the culturally appropriate and responsive ways Māori evaluators reacted to critical issues within their work environments. To close the thesis I provide a synopsis of the main thesis findings in light of my original aspirations for the research, identifying questions and areas where further debate, discussion, and research on the evaluation of programmes developed by, for, and with Māori specifically in mind may be useful.

Positioning the thesis

My research aim, orientation, and processes align with a social constructionist position as described by Burr (1995) and Crotty (1998). The meaning given to my topic (the application of evaluation to Kaupapa Māori programmes) was shaped by my own experiences, and the values and knowledge I hold. It also reflects my understanding that people's realities are subjective and multiple.

Realities are socially constructed perceptions that place assumptions up for interpretation and analysis (Burr, 1995), within a thesis context that makes the research more open to scrutiny, and thus can reveal contradictions in our assumptions and the techniques that produce them (Kingry-Westergarrd & Kelly, 1990 p 25). By positioning Kaupapa Māori Theory within a constructionist epistemology I am aware that my view differs from writing that locates such theory within a Marxist² tradition (cf. Smith, 1997).

The absence of an explicit epistemological position in earlier psychological research has been criticised (Kopala & Suzuki, 1999; Lyons & Coyle, 2007) and only recently seems to have become an accepted psychological practice in qualitative research (Creswell, 2007). Almost 20 years earlier, however, resistance to revealing one's epistemological assumption was noted through the form of quiet challenges. Kingry-Westergaard and Kelly (1990) refer to such a process as the aspiration of psychologists

² I believe it important to outline my position here as Eketone Eketone, A. (2008). Theoretical underpinnings of Kaupapa Māori directed practice. *Mai Review*, 1. Retrieved from <http://www.review.mai.ac.nz> proposes there are 2 orientations being presented for KM theory (Marxist and constructionist). I locate myself within the constructionist camp.

to maintain the standing of the profession as a scientific paradigm. Unfortunately, the problem with engaging such a position meant that;

More often than not, however, scientific disciplines have functioned with only an implicit knowledge of their epistemological assumptions. This has often had the consequence of generating “scientific paradigms” [sic] that contain principles or assumptions with which many researchers would disagree, if those principles or assumptions were made explicit. It also creates a narrow worldview, or way of doing science, which precludes consideration of alternative metaphysical or epistemological assumptions in the practice of a given field of research. (p.24)

A constructionist epistemology is compatible in more ways than one with my ontological understanding of reality (Crotty, 1998). Constructionism is bound within the current values and assumptions of society and the discipline being practised (Kingry-Westergarrd & Kelly, 1990), as well as by the culturally bounded values and experiences that I bring with me. My interpretation and understanding of constructivism aligns with that of Russell Bishop (1994), who noted during his Masters thesis research;

[Reflecting on the learning engaged during research]... taught me the need to seek explanations from the context within which I was positioned, in other words, theorising was the individual’s construction on meaning about their position within the culturally specific discursive practice. (p.184)

Russell Bishop’s reflections are present as I undertake a thesis of complexity and contradiction that endeavours to sit within the academy.

The literature principally cited is by indigenous authors and from a New Zealand context – in particular sources that place Māori development or agenda at the fore. Linda Smith (1999) refers to such practice as privileging. Researchers at the Eru Pōmare Research Centre (B. Robson, 2002) argue the importance of this process as a means to counter the effect of increasing disparity in research. Such approaches give indigenous values, attitudes, and practices priority over those concerns articulated by non-Māori.

Upon reflection of the literature considered in my Masters thesis, I have seen a shift from a focus primarily on overseas literature and its attempted cultural neutrality, to a perspective where the orientation, processes, and experiences of authors have been proactively subjective in their work. They are mainly indigenous writers. My reading of predominantly indigenous, including Māori writings (some published, some not published), has encouraged a more critical look at both myself and those authors who

proclaim objectivity and universality in their work. I privilege indigenous and Māori work and am upfront about doing so because I believe this is a necessary process in terms of regaining some balance in both my critique and my approach to the research. An intention to privilege (by referencing and sourcing) indigenous literature does not eliminate being critical about how such theories, methodologies, and processes are relevant (or not) to my thesis. Furthermore, I acknowledge that it would also be foolish to privilege indigenous literature without also taking account of the well-known theorists, philosophers, and methodological experts extensively available.

I do not blindly engage in the process of a doctoral thesis expecting that I will be able to answer all the questions I, and others, have on evaluation and Māori research paradigms. My hope is to show, through an examination of how evaluation has been applied to a programme derived from a Māori ontology, that it is possible to have constructive conversations towards advancing Kaupapa Māori evaluation theory and Kaupapa Māori practice.

By Māori for Māori – an example

Entitlements and rights promised in the partnership agreement of Te Tiriti o Waitangi have been a source of long-term discord between Māori and the government (Belgrave, 2005; Mutu, 2011; Walker, 1990). One potential explanation for the discord has been the different interpretations and expectations of that partnership agreement (Horsfield & Evans, 1988; Jackson, 1998; Ministry of Social Policy, 2000). In the meantime, while the two partners negotiate their relationship, the government as the Crown (Huygens, 2007) protects its own interests and attempts to maintain order in the colony.

New Zealand's 20th century history records the movements of Māori from their rural homesteads to the urban lifestyle of the cities (Dalley & McLean, 2006; King, 1997; Lange, 1999). With the migration of Māori from rural settings, once familiar support processes were caught in a liminal space of trying to maintain traditional structures and adjust to the new environment at the same time (Guerin, Nikora, & Rua, 2006). It is in this context that early examples of culturally specific supports "By Māori, for Māori" can be found. Before, during, and after World War II are narratives about the visionary leadership demonstrated during the formative years of the Ngāti Poneke Young Māori Club (Grace, Ramsden, & Dennis, 2001) and the Māori Women's Welfare League

(Byron, 2002). These histories highlight contributions made towards the housing, education, employment, and health needs of newly urban Māori (Rogers & Simpson, 1993).

Since its early days, the Māori Women's Welfare League (MWWL), which was established in 1937, has continued to focus its energy towards identified areas of disadvantage suffered in greater numbers by Māori (Rogers & Simpson, 1993). The League's emphasis on the day-to-day lives of Māori women and *whānau* has maintained their ability to reach into Māori homes and deal with the immediate influences on family life (Connell, 2011). As one of New Zealand's long-standing examples of "By Māori, for Māori", the League's annals acknowledge its role as a contracted service provider, and community partner in the delivery of programmes that contribute to Māori development alongside other Māori movements (e.g. Te Kohanga Reo and Tū Tangata with the Department of Māori Affairs/Te Puni Kōkiri) (Byron, 2002). The failure of government policies and practices to address Māori *whānau* needs (Te Kani, 2002, p. 9) are acknowledged as a reason for the League's long-term engagement, as both a provider and a partner, with the government.

The League's purpose has remained the same since its establishment in 1951 (Byron, 2002, p. 137). Its collective commitment to explore and provide a better way of life for [Māori] people and future generations through contributions to spiritual, social, cultural and economic development of *whānau* and community (Māori Women's Welfare League, 2005) remains relevant. Additionally, with growing inequity in New Zealand (Hodgetts, Chamberlain, Groot, & Tankel, 2013; Rashbrooke, 2013), contributions made by the League towards working with issues not catered for by the system are as important today as they were in those early years (Families Commission, 2012).

Following the example provided by the Women's Health League who proposed changes to: infant care and feeding; nutrition; housing conditions; excessive drinking; and the preservation of Māori Arts and Crafts (Paikea, Kershaw, & Waetford, 2012), the Māori Women's Welfare League continued the "radical" thinking. Acknowledged as a longitudinal example of By Māori for Māori, the League exemplifies Māori identification of problems and the work to address them. Struggles described by the League, as a government contracted service provider, provide a useful backdrop to the present study. The League's history records activities undertaken and challenges faced

before “By Māori, for Māori” was labelled as such. Various government-funded reports (Families Commission, 2012; Livingston, 2002; Te Puni Kōkiri, 2005) and League-initiated documents (Byron, 2002; Rogers & Simpson, 1993; Te Kani, 2002) highlight members’ efforts and struggles towards positive health outcomes. Whether presented as a Treaty Claim (e.g. Wai 381) or a response to a Ministry report (Te Kani, 2002), the League has a history of challenging the government to review its responsiveness to Māori and Te Titiri o Waitangi. Over the 60 or so years of the League’s existence there has been a consistent contribution to, and desire to fight for, the health of Māori and their *whānau*. The League has sometimes done this as a partner with the government, sometimes as a combatant.

In 1957, then president, Whina Cooper, warned members to be wary of the;

...temptation it must be for Government Departments, with all the good intentions in the world, to use voluntary organisations almost unconsciously as a means to their own ends. In a way that is **the price we pay** [my emphasis] for assistance given to us (King, 1991, p. 269).

Whina’s acknowledgement that the League would not have functioned as effectively without the Māori Department’s support highlighted her concern about the League’s independence as more and more reliance was placed on the government. Publications about the League reflect a long relationship with different ministries. Whina’s words reminded me to be mindful of the range of stakeholders involved in a government funded service and evaluation relationship. I named my thesis “The price we pay” in recognition of the profound cost of a healthy society carried by many.

The price society pays for the poor health of its members applies to more than just those who are sick (Blakely, Tobias, Atkinson, Yeh, & Huang, 2007; Bury, 2001; Campbell & Murray, 2004; OECD, 2014). In the context of “By Māori, for Māori” programmes or services, many have recognised that the price of Māori ill-health should not be a burden carried by Māori alone (Broughton, 1996; Durie, 1985a; Health Research Council of New Zealand, 1998c; Mead, 1993; Ramsden, 1990). Responsibility for and, by extension, the cost of contributing to positive Māori health outcome rests with: the government as service purchasers (Public Health Commission, 1995); provider agencies charged with delivering culturally relevant and appropriate services (Kiro, 2000; Tamasese, 1993); service users whose livelihoods have been re-defined to fit funding parameters (Hodgetts et al., 2013); *whānau* whose health and well-being are

affected by the ill-health of a family member (Howden-Chapman & Tobias, 2000); and evaluators who must navigate complex stakeholder relationships to produce the contracted report (Masters-Awatere, 2005a; Watene-Haydon, Keefe-Ormsby, Reid, & Robson, 1995).

Contributing factors to “By Māori, for Māori”

New Zealand is a small, geographically isolated, and relatively politically insignificant country, on which no super-power is dependent strategically or economically (Kelsey, 1985, p. 115). As such, we can be, and have been, the trial nation for economic and social change. A prime example can be seen in the radical restructuring of the New Zealand economy, which has been described as ‘the most far-reaching and ambitious of any of their kind in the world’ (Review of the State Sector Reforms cited in Kelsey, 1993, p. 60). Neo-liberal reforms of New Zealand’s economic and social institutions during the late 1980s spread faster and were more extreme than elsewhere, even other liberal welfare states like Australia and Britain (Humpage, 2011). The reforms were based on the assumption that unfettered markets were the best way to allocate resources. Citizens as “individual consumers” shifted emphasis towards individualism and competition, which encouraged them to rely on themselves and on the market rather than on the state (Mahon, 2008).

New Zealand had previously followed a Keynesian interventionism model that fostered government responsibility to stimulate the economy (e.g. to affect un/employment and housing). Robert Muldoon served as the 31st Prime Minister of New Zealand from 1975 to 1984. Muldoon’s “Think Big” initiatives involved government investment in a mix of research including monitoring, public participation, consultation, and community development. Research findings were used to consider the impact of growth on infrastructure for Māori, women, and youth (Lunt, 2003, p. 11). Election of the Fourth Labour Government, led by David Lange, in 1984, produced a shift to a priori economic models (models based on economic theory and normative assumptions of what ought to be rather than what is) that were used as a basis for policy and action (Kelsey, 1990a, 1993; Lunt, 2003). The shift to neo-liberal economics and the virtual hegemony enjoyed among economic commentators, policy-makers, and business leaders left no room for these actions to be undone (they were,

in fact, further implemented by the subsequent National government) with New Zealanders kept in the dark (Kelsey, 1999, p. 27) about the implications of the change. Evaluation went out of favour as scepticism towards social science research grew. Instead, market forces, public choice, and agency theory were promoted under Rogernomics.

At the same time that New Zealanders were experiencing economic reform, on the international stage the World Health Organisation (WHO) was leading the charge for public health at a global level (Ashton & Seymour, 1988). Publication of the *Declaration of Alma Ata on primary health care* (World Health Organisation & UNICEF, 1978) and then the *Health for all by the Year 2000* (World Health Organisation, 1981) effectively set the agenda for the new public health structure in New Zealand (Royal Commission on Social Policy, 1988). Establishment of the Public Health Commission (PHC) as a Crown Entity separate from the Ministry of Health created, for the first time in New Zealand, a focus on health that was separate from sickness and individual treatment (Public Health Commission, 1995). The Health and Disability Services Act (1993, p. 7) allowed for a pool of experts to come together to carry out three the main functions of the PHC; namely to: 1) monitor the state of public health and identify public health needs; 2) advise the Minister of Health on matters relating to public health, and; 3) purchase or arrange the purchase of public health services.

The National government's neo-liberal economic reforms of the 1990s carried forward the changes initiated in the 1980s during Labour's reign. The "New Right" ideology continued the process by: devolving the provision of health and social services responsibility to *tāngata whenua* and their communities; stripping back and restructuring the welfare state; by increasing user charges for health and education; and, the continued corporatisation and privatisation of many government enterprises (Ashton, 1991).

New Zealand's commitment to the WHO agenda by ensuring that everyone has access to an acceptable level of health services on fair terms (Lawrence, Alan, & Lowe, 1994) was in stark contrast to the new public health structure. The Public Health Commission was juxtaposed between these two ideologies, through which social and health service provision increased alongside the expectation of accountability to the state for the provision of quality services.

During the early stages of transition, health frames developed from a Māori worldview had a difficult time becoming embedded in service systems (Cherrington & Masters, 2005). Mason Durie's Te Whare Tapa Whā model (1985b, 1994b) was an early example that became entrenched as a way of explaining Māori health and well-being through the four inter-related dimensions of *taba wairua* (spiritual health), *taba tinana* (physical health), *taba hinengaro* (emotional/psychological health) and *taba whānau* (family health). As one model accepted by mainstream health systems, the explicit connection to both the secular and spiritual worlds had long-reaching impacts in shaping Māori health. Considered holistic in the sense that there was no distinction or hierarchical attribution placed on any of these forms of health, but rather that all are equally important in the presence of health, this model differed from others at the time. The Whare Tapa Whā model opened the way for health (as it was measured and observed in Aotearoa) to be examined from a Māori worldview. Its adoption by health agencies facilitated the process of having Māori health considered from a model that was derived from an indigenous perspective. This placed a 'wedge' in the door for other forms of Māori knowledge to enter the conversation across a range of sectors (Psychology included) on which professionals could draw and to which they could refer; and, in the context of this study, conduct evaluation research.

Service provision

The Ottawa Charter (World Health Organisation, 1986) facilitated a re-orientation of health services in New Zealand towards public health and away from sickness and individually focused treatment services. Its introduction alongside other neo-liberal reforms created an opportunity for Māori to take more control of their own health outcomes through the delivery of culturally relevant and appropriate services (Royal Commission on Social Policy, 1988). The new process fit with the national government's directive towards Māori health policy (Department of Health & Te Puni Kōkiri, 1993). Māori grasped the opportunity with both hands (Durie, 2005b; Walker, 1990) because their calls for more autonomy were answered. So focused were Māori on the price of controlling service provision, they failed to see the devolving of government responsibility (Smith, Fitzsimons, & Roderick, 1998), which meant they were not fully prepared for the subsequent rise in demand for accountability and delivery of outputs

that did not match their ideology (Durie, 2005b; Kelsey, 1999). Examples are noted in publications from, or about, the Māori Women's Welfare League. Commentaries from the League before the 1980s refer to frustrations with requests for resources from the Māori Department (King, 1991; Rogers & Simpson, 1993). After the 1990s increased reporting demands and accounting for spending were dominant frustrations for the League (Families Commission, 2012; Masters-Awatere & Rua, 2005; Te Kani, 2002).

A shift from being ignored

Policies that affect Māori have both advanced and diminished our *tino rangatiratanga* (Maaka & Fleras, 2005). Debate continues about the ways policies advance or diminish Māori development. Distraction by policy debates divert attention from addressing the underlying structure of a profit-driven capitalist economy that has generated, and continues to entrench Māori disparities (Fleras & Spoonley, 1999; Poata-Smith, 1997). An example of government policy and legislation that has simultaneously advanced and diminished our *tino rangatiratanga* agenda has been undertaken by Māori (Ellis, 2005; Kawharu, 2000; Michaels & Laituri, 1999; Tutua-Nathan, 2003) in reference to *kaitiaki* and *kaitiakitanga* in the Resource Management Act (1991). The way these terms have been narrowly defined contributes to colonisation processes through the co-option of Māori knowledge (Jackson, 1992; Tutua-Nathan, 2003).

While the use of a Māori cultural construct initially was seen as acknowledgement of government's willingness to recognize the place of Māori in Aotearoa, Māori academics and lawyers have since voiced their displeasure. The terms *kaitiaki* and *kaitiakitanga* – derived from generations of close association with the natural environment – were simplified and equated to a reference that was based on English common law (Crengle, 1993; Jackson, 1992; Minhinnick, 1989; Tomas, 1994; Tutua-Nathan, 2003). As such, the Māori construct was taken completely out of context (Tomas, 1994). Moana Jackson explains the devaluing of Māori concepts in his commentary presented below:

The process of redefinition continues the attempt by an alien word to impose its will on the beneficiaries of a different word. It captures, redefines and uses Māori concepts to freeze Māori cultural and political expression within parameters acceptable to the state. It no longer seeks to destroy culture and the word through direct rejection or overt denial, but tries instead to imprison it within a

perception of its worth that is determined from the outside... They do not acknowledge the values and validity of that philosophy as understood by Māori in terms of their beginning. Rather they misinterpret it or choose those elements which they believe can be reshaped into a bicultural gloss on the exercise of Pākehā power. (Jackson, 1992, pp. 8-9)

The struggle to reclaim a Māori word whose definition has become frozen in time and context through its inclusion in legislation is continually being played out in recognition of Māori rights, roles, and responsibilities with regards to natural resources. Such co-option of Māori knowledge in policy and legislation that both advances and diminishes indigenous *tino rangatiratanga* demands Māori debate and dialogue. Critical dialogue encourages transformative conversations about how to move beyond an interface, to a position that places a Māori worldview central.

Graham Smith (1997) described such actions within the realms of Critical Theory as transformation, which forms part of a transformative process:

A critical distinction, which has to be made with respect to transformation, is the notion of simply transforming a 'white' structure into a 'brown' structure and thereby merely creating a brown version of the status quo or building completely new and alternative structures which respond fully to Māori needs and aspirations. This of course begs the question of the extent to which 'tino rangatiratanga' can be achieved within existing Pākehā dominated institutional structures. (Smith, 1997, p. 467)

Not long after Smith questioned the value of importing Māori terms, with their historical and contextual constructions, into Pākehā systems, such as policy and legislation, the Labour Party were encouraging an interface that embraced a Māori led approach to finding their own solutions to poor health.

In 1999, the Labour Party manifesto for Māori, "*He Pūtabitanga Hou*" made a number of commitments to supporting Māori to find their own solutions. In recognising the failings of previous policies, the manifesto promised the party would support:

Leading a nation where members of whānau, hapū and iwi have the opportunity to control their own development and achieve their own objectives and where the Treaty of Waitangi is well understood by all... Policies which were designed to assist Māori have failed because they did not take into account the traditional whānau, hapū and iwi structures of society in which power comes from the bottom up. ...it is time to recognise and support whānau, hapū and iwi to find their own solutions... (Labour Party, 1999, p. 2)

The tendency of government agencies to fund proposals for the provision of services to Māori based on pre-existing criteria, devalued Māori holistic approaches to health

and well-being. At that time the lack of meaningful consultation by government in the formulation of policy was still prevalent among Māori providers (Te Puni Kōkiri, 2000). Earlier arguments presented by Parata (1994), and supported by Cheyne, O'Brien and Belgrave (1997), were reiterated in 2000 by the Minister of Māori Affairs, Parekura Horomia, when he successfully lobbied Cabinet for funds (Te Puni Kōkiri, 2000) from the Reducing Inequalities Contingency [CAB (00) M16/6 refer] to support the development of local level solutions.

The often conflicted, and tension-riddled, relationship between Māori and the Crown (through government and its policies) means any change in direction is viewed with scepticism. Māori terminology has been applied to policy and legislation in the Resource Management Act (1991) and then redefined in ways that distort meaning (for example the Resource Management Act 2007). Restrictive definitions required for our legal system are created to fit the Crown's ideology. Such definitions create meanings that serve the Crown agenda, which conflicts directly with the worldview from which the term was derived (Awatere, 2008). When written into national policy or legislation, such distortions affect the general public as well as Māori. For this reason Māori need to pay particular attention to research that has policy implications (Smith, 2004) because of the ramifications on current and future generations.

Summary

“By Māori, for Māori” gained traction as a service provision approach after the neo-liberal reforms of the 1980s. Notions of identifying new areas of development, and working to achieve positive outcomes for ourselves are not new. Critical analyses of work by Māori highlight the many ways in which our worldview and processes for solving health problems have been: ignored, co-opted; and, or, embedded and serve to give direction and add strength to ways forward for Māori. By resisting or pushing back against systems imposed upon us each of the critical analyses presented here demonstrate the ways we have defined our own aspirations. Similarly, such analyses highlight a contribution to Māori resilience. The Māori population were expected to die out before the 20th century. Now, in the 21st century, our numbers are the highest they have ever been (Kukutai, 2011). Whether by contract or in protest we are active contributors to the development, design and implementation of the services that affect

our people. With that thought in mind I now turn to consider evaluation, and its evolution and influence on services in this country.

History and evolution of evaluation

Evaluation is not a concept exclusive to modern society. Acknowledgement of evaluation's informal history as part of human evolution has only recently been noted (see for example Mathison, 2005; Trochim, 2007) even though the formal theory and practice is recorded as early as 2200BC. A Chinese Emperor who instituted proficiency requirements for his public officials is acknowledged for implementing personnel evaluation, and the Book of Daniel is said to include descriptions of a quasi-experimental evaluation on different dietary preferences (Mathison, 2005). The evolution of human society reflects the evaluative analyses that have enabled the language, cultural custom and psyche to interact and engage with contemporary society (Henare, 1988; Henry & Pene, 2001).

Guba and Lincoln (1985) place the historical grounding of modern evaluation in the fields of education and psychology. Linked to measurement, evaluation was tied to the scientific paradigm of inquiry in the study of social phenomena (Posavac & Carey, 1980), which was the prominent theme of social science research. One of the early evaluation pioneers, John Stuart Mill, engaged with evaluation in the light of Darwin's theory of human evolution and attacked the use of philosophical and theological methods (Guba & Lincoln, 1985, p. 2). Joseph Rice, referred to as the 'father' of educational research by Guba and Lincoln (1985), was credited with developing and implementing achievement tests during the last decade of the 19th century. Rice used naturalistic observations on schools. The influence of scientific research leaned towards a hard measurement data approach. In further reference to the early days of evaluation, Guba and Lincoln (1985) acknowledge French psychologist Alfred Binet as the earliest deviser of a means to screen mentally handicapped children from a 'regular' classroom based on a paper published in 1904 that has had continued reference as the basis of intelligence testing.

Noted across the different disciplines, credited with early evaluation activities, are a range of methods applied to social science research. Mindful that social scientists were trying to duplicate methods and theories from physical science by applying these to

solving practical social problems (Mathison, 2005, p. 184), evaluation methods using physical science measures should be treated with caution:

The methods of science were being widely utilised, and legitimation was eagerly sought by the fledgling social sciences including psychology and education. (Guba & Lincoln, 1985, p.2)

The more formal practice of evaluation as it is understood in today's society is only just over 100 years old (Guba & Lincoln, 1985). While only a young practice, evaluation has its origins in positivist paradigms and a recorded history that notes evaluation was not exclusively located within one particular field of inquiry. While the links to the social science disciplines of psychology and education are signalled early in the development of evaluation, the multidisciplinary nature of evaluation that draws on concepts from sociology, administrative and policy sciences, and economics as well as education and psychology, is noted as part of evaluation's evolutionary process (Posavac & Carey, 1980). Because evaluation can be applied in different settings, the underlying philosophy (and the foundation on which it has been built) continues to posit that evaluation research needs to be a systematic discipline, fully comparable in its validity with any part of science (Scriven, 2001, p. 29).

An agreed definition of Evaluation Research is difficult to find because there are multidisciplinary assertions that favour implementation according to the discipline being drawn upon. Readily available generic definitions tend to be easily cast aside as irrelevant because they are too simplistic. One example of a simple definition taken from the internet declares "Evaluation is the systematic assessment of the worth or merit of some object" (Trochim, 2006). Debate about the application of various evaluation models (see Guba & Lincoln 1985 for an example) contributes to definition discourse. Rather than present an example of the definition debate raging across different disciplines, attention to a definition presented in an opinion piece about the overview of evaluation theories captures the complexity of evaluation:

[Evaluations are] both simpler and more complex than their individual conclusions: simpler at the meta-level, more complex in detail... The complex detail, the hard work, in evaluation theory, involves unpacking the way in which evaluation is a pervasive multi-function, multi-role, multi-player enterprise: context-dependent here, context-independent there, biased here, objective there. It is part of the great knowledge seeking effort that includes substantial parts of science, technology, law, ethics, and other humanistic disciplines. (Scriven, 2001, p. 28)

The breadth and scope of evaluation captured in Scriven's description highlight the complexities involved in undertaking an evaluation. My disappointment in the reference to objectivity is somewhat lessened by the reference made to bias. I also noted the absence of an explicit declaration of local cultural-context influence. This oversight weakens Scriven's definition as it applies in my study.

Because of evaluation's multidiscipline history and application, and its engagement with diverse groups of people, evaluation is a political activity (Patton, 1990). The lack of a consensus definition for evaluation is hardly surprising. A pattern I have observed notes authors commenting on the definition they prefer and the reasons they have for doing so. In following that pattern, I present the definition provided by Kay Saville-Smith:

Evaluation is the process by which we examine, assess and make judgments about the relative or absolute value of an action, a process, a practice, or an investment. When we choose between alternatives, we have, consciously or unconsciously, made an evaluation of the options before us. (Saville-Smith, 2003, p.16)

I prefer this definition because it captures both the informal and formal action of evaluation and does not limit it to social service/health programmes or to any particular discipline. The multiple references to action (with such words as: examine, assess, make judgements, and choose) leaves open the opportunity for critical analysis, and create an opportunity for the evaluators and stakeholders to question chosen pathways before any action.

Types of evaluation

Evaluation practice is influenced by different approaches, philosophies and methods depending upon the school of thought presented by the agency delivering the practitioner training (Bledsoe & Donaldson, 2015). Approaches to evaluation can be divided into two types: goals-based and goals-free. Goals-based evaluations focus on the programme (or intervention) and determine focus areas based on service providers' preference thereby increasing the likelihood of using the findings (Kahan, 2008; Waa, 2015). Goal-free evaluations draw attention to the impacts (planned or unplanned) of a programme (Scriven, 1991). With these types of evaluations it is commonplace for the evaluator not to engage with the service providers. This approach to goals-free

evaluation can be challenging for providers because they have little control over how the evaluation is conducted. Theorists and practitioners proffer the strengths of evaluation approaches that fit within these two typologies (goal-based and goal-free evaluation). Examples include; Community Partnership Evaluations (Feuerstein, 1986), Empowerment evaluation (Fetterman, 1994), Monitoring evaluation (Owen & Rogers, 1999), Program-audit evaluation (Posavac & Carey, 1985), Stakeholder-based evaluation (Shadish, Cook, & Leviton, 1991), Naturalistic evaluation (Guba & Lincoln, 1985), Systematic evaluation (Rossi & Freeman, 1985) Theory-driven evaluation (Chen, 2005) and Utilisation-focused evaluation (Patton, 1986; 1990; 1997). For the purposes of my research, I focus specifically on programme evaluation as it relates to social service/health programmes:

Program evaluation attempts to provide information about human services in the same way that accountants and auditors provide information about financial resources... Program evaluation is a collection of methods, skills, and sensitivities necessary to determine whether a human service is needed and likely to be used, whether it is sufficiently intense to meet the need identified, whether the service is offered as planned, and whether the human service actually does help people in need. (Posavac & Carey, 1980 p. 5)

The primary focus of programme evaluation is on measuring the merit and worth of social service programmes. Debate continues about how one determines programme merit and worth (Guba & Lincoln, 1985; Patton, 1979; Roche, 2004). Perspective matters when deciding the focus and effectiveness measures of a programme (Ahmady, Lakeh, Esmailpoor, & Yaghmaei, 2014; Boody, 2009; Fitzpatrick, Sanders, & Worthen, 2004).

Evaluation in the United States of America

Modern evaluation research has undergone huge change during its one hundred year history as attitudes towards, and the implementation of, evaluation become more entwined with the social and political climate of the day. Mathison (2005) provides a broad overview of evaluation's history in an encyclopaedia. Within the United States of America evaluation practice expanded after the Great Depression in the 1930s with the rise of relief agencies under the administration of President Roosevelt and the federal support of social programmes (Mathison, 2005, p. 184). After World War II, demands to redress poverty, provide access to medical care, address civil rights, and improve

education saw the further rise of social programmes under President Kennedy. In 1957, after the launch of Sputnik, Americans began to question the adequacy of an education system that contributed to their defeat by the Russians (Guba & Lincoln, 1985, p. 7). By the time President Johnson was leading America's "War on Poverty", social programmes in health, education, and housing accounted for billions of dollars in government spending (approximately \$23 billion in 1950 to \$428 billion by 1979). Concern about the level of spending became fertile ground for social science theory and methods; from this, evaluation, in particular social service programme evaluation, grew and flourished as a profession (Mathison, 2005, p. 185).

During the 1960s and 1970s, evaluation became a "growth industry" as social science methods were drawn on to improve the effectiveness of human service programmes (Guttentag, 1976 cited in Posavac & Carey, 1980). Emphasis was placed on outcome evaluation, but there was little focus on the implementation of the programme itself. The prevalent view at that time considered that because a programme was originally designed and outlined in a particular fashion there would be a natural domino effect (Attkinson, Hargreaves, & Horowitz, 1978). With the focus of evaluation on the outcome effects, it was considered that the structure would see a systematic series of predictable and accounted-for processes. It was initially considered unnecessary to examine how these processes operated in practice (McLaughlin, 1987; Patton, 1979). Such growth in the evaluation field was aided by the caution that programmes, in particular those that were to be delivered on a national scale, needed to have demonstrated effectiveness:

Well-meaning, expensive, and ambitious attempts to overcome the effects of disadvantaged backgrounds during the middle and late 1960s were by and large ineffective; at least the impact of these efforts did not measure up to the optimistic expectations held by many program developers, government officials, as well as the general public. (Posavac & Carey, 1980, p.6)

Before the introduction of evaluation to human service programmes there appears to have been a general understanding that people did not have a system for reporting successes or failures. Internally produced reports often reflected a desire to show a good job in order to maintain job security (McLaughlin, 1987). External agencies were not confident in what was reported:

No longer is it assumed that well-meaning individuals or groups who institute a new health, education, training, rehabilitation, or other services actually help. (Posavac & Carey, 1980, p. 6)

At that time, federal legislation in the United States of America did not yet require regular evaluation of federal programmes. Posavac and Carey (1980) made the observation that government programmes were not explicitly terminated, but were implemented alongside new approaches. Such an observation suggests that while attention was focused on making sure new programmes were effective, less scrutiny was directed towards those already in existence. The underlying assumption appeared to be that they were effective because a) they were government funded, and b) they had been operating for a number of years.

Evaluation's early history in the USA was shaped by social responsibility and philanthropic support. As federal support in health and social programmes grew, so too did the demand for fiscal accountability. The growth of the industry is reflected in the prolific development of evaluation models and frameworks (such as Key Evaluation checklists, Utilisation-focused evaluation, and Best practice models) that dominate the discipline globally – including New Zealand.

A focus on “Best Practice”

Across the world over the last 25 years there has been a push for formalised evaluation of public as well as private investments, processes, practices, and programmes (Saville-Smith, 2003, p.16). In the United States of America the drive by the federal government in the 1950s to publish best practices in education, health and welfare reform influenced philanthropic foundations' desire to discover, fund and disseminate best practice (Patton, 2001). The desire among corporations to follow best practices, hiring management consultants to teach “best practice”, has encouraged growth of best practice emphasis within evaluation (Murphy & Torrance, 1987). This has happened despite clear agreement that there is no “one-size-fits-all” when it comes to best practice performance measurement and management systems (Gill & Dormer, 2011; Kingi & Durie, 1997); a point that has been acknowledged recently by Te Puni Kōkiri (2013).

Patton (2001) was earlier sceptical of the term ‘best practice’ because it implied a single best way to practice, and similarly a single best way to evaluate an organisation or programme. He argues instead that:

In a world that values diversity, many paths exist for reaching the same destination; some may be more difficult and some more costly, but those are criteria that take us beyond just getting there and reveal the importance of asking 'best' from whose perspective using what criteria? (Patton, 2001, p. 30)

I agree with Patton's reservations, as the underlying assumption is for universal agreement and application of "Best Practice" that serves to homogenise all people and promote standardisation – one size fits all. Because such models are designed by those with access to power and who have been in receipt of privilege, those people located outside this invisible 'normal' group become invisible or are homogenous (Black, 2010).

Knowledge production and dissemination

Fathali Moghaddam theorises three worlds of knowledge (Moghaddam, 1987) that are different from the geo-political understandings commonly referred to and understood in other contexts – such as health (Macdonald, 2005). Moghaddam's theory instead refers to knowledge production. The United States of America as a major knowledge producer is considered the first world. A glance at the range of evaluation texts and publications from the United States of America affirms Moghaddam's position. When referring to the First World, he and his colleagues highlight the dominance and negative impact of such knowledge, developed and disseminated as an unrivalled 'industry' (Moghaddam & Taylor, 1985).

Continued dominance is attributed to the availability of resources such as computers, laboratories, sophisticated research equipment, trained personnel, university systems, and their established curricula, all of which occur within an extensive infrastructure far beyond that of the Second and Third Worlds. Furthermore, the active dissemination and exportation of US-centric knowledge to Second and Third Worlds help maintain its influence over those with less capacity. Control and ownership of publishing houses, publications (such as texts), and professional membership to which groups from around the world aspire (for example, the American Evaluation Association) maintain the dominance of American evaluation on the Second and Third Worlds.

Moghaddam's (1987) framework provides a reference tool for considering evaluation. We can surmise that the Third World refers to knowledge and experiences from developing nations whose influence on the other two Worlds is minimal. Third World reliance on imported evaluation knowledge is extremely high.

New Zealand falls within the Second World as a country that produces a small number of locally oriented texts and journals, with a growing body of practitioners who draw upon models predominantly from American journals and texts. In a review of evaluation professional practice websites conducted in 2004–05, I found limited engagement of, or with, indigenous peoples and their cultural worldviews around the globe (see Masters-Awatere, 2005c). Consistently referenced as a measure of competency were the Program Evaluation Standards (PES) principles of practice developed in the United States of America. Those PESs, with minimum modifications, were the guiding document for several countries (Africa, Australia, Canada, Germany, Switzerland, the United Kingdom, and New Zealand).

The dominant influence of the USA, as a major knowledge producer, on culturally blind practice as evidenced in the PES principles has far reaching ramifications to New Zealand. Our context in Aotearoa New Zealand highlights that the outcome of an evaluation is most often tied to the organisation providing the funding. This process makes evaluation susceptible to manipulation by government political agendas. Discussed earlier in the chapter were examples of evaluation: gaining momentum during Muldoon's term; falling out of favour with neo-liberal reforms during the Rogernomics era; and then, returning to favour with the government since the 1990s. The next section will further consider the evolution of evaluation in New Zealand, with its imported influence from the United States, and in response to Treaty partnership obligations.

Summary

Records of activities related to current understandings of evaluation predate the birth of Christ. The notion of systematically recording data and making informed decisions as a result of those observations provides support for those who tie evaluation to human evolution. Evaluation's "formal" history has its origins jointly located in education and psychology. Recognition of modern evaluation as a scientific paradigm of inquiry in the study of social phenomena emerged just over 100 years ago. In the early years of evaluation in the USA the practice grew with the rise of relief agencies and federal support for social programmes. After World War II demands to redress poverty, provide access to medical care, address civil rights, and improve education

highlighted the role of evaluation as a philanthropic endeavour. By the 1970s the tightly bound relationship between evaluation and the political climate paved a way for connections to assessments determining fiscal accountability. Recognised as a major disseminator of knowledge by Moghaddam (1987), my analysis of international evaluation groups highlighted that the absence of a cultural analysis from the USA has had far reaching influence around the world – including Aotearoa New Zealand. In the next section I consider the evolution of evaluation and its influence on services in this country.

Evolution of evaluation in New Zealand

The scarcity of published scholarly material from New Zealand limits a critical analysis of evaluation. The few currently on record focus on reporting the strength of an evaluation against its findings. Moreover, in my view a critique of the context of colonisation and racism (within the broader context and critique of our history) is seriously lacking. The absence of such a critical lens has imposed a white hegemonic agenda of entitlement on Māori people that immediately constructs a deficit environment when applying evaluation measures.

As in the United States of America, where the ebb and flow of evaluation can be linked to economic and political activities, similar patterns can be recognised within Aotearoa. While Neil Lunt, Carl Davidson and Kate McKegg (2003) note the appointment of the first government statistician in 1910 as the earliest record of evaluation in New Zealand, my interpretation of formal evaluation activities goes back much further. Pre-dating the signing of the Treaty, Māori chiefs sent letters to the King of England asking for British protection (King, 2003, p. 152) and then subsequently petitioned King William IV for formal recognition of their sovereignty with the construction and petition of the Declaration of Independence and the recognition of a nominated flag (Walker, 1990). Their petition was based on observations and critical analysis of the events taking place in Aotearoa at the time.

This is just one example of the way Māori have evaluated the actions of the incoming colonisers and attempted to bring about change. There are many more, from the signing of the Treaty to current times. Ranginui Walker (1990), in his book “*Ka whawhai tonu matou*”, provides examples of Māori assessing the situation and learning from past

actions to try different methods of instigating change with the intention of bringing about improvement for their people.

Pākehā historian Michael King refers to evaluation activities among Māori in this country's turbulent history in a broader context than that of Lunt et al. (2003), who consider evaluation simply from a government perspective. Links between evaluation and the political climate provide a foundation to describe the political development of evaluation within Aotearoa.

After 1900, and before 1945, there was an increasing demand for social research as a result of international research developments (for example Royal Commissions) and State interest in developing working relationships between economists, academics, and public servants (eg. Brains Trust). This period included the Depression and both world wars (Lunt, 2003). By 1945, government interest in social science research, and in particular evaluation research, was growing, but was still random, given that social research within New Zealand continued to struggle for legitimacy (Lunt, 2003, p. 8).

In the 1950s, the perception that social problems were becoming more complex saw an increase in the collection of baseline data to gauge an understanding of the size, nature and perceived causes of identified problems. By the 1960s and 1970s when Britain and the USA were engaged in their wars on poverty (Mathison, 2005), New Zealand was responding to appeals that it move from a generalist civil service to a strategic government that included greater and more social intervention (Lunt, 2003). The result saw an increase in the debates about, and demand for, social science research. Implementation of different Councils (examples include the National Research Advisory Council and the Social Council) and the explicit recognition of the value of social research in legislation (Department of Social Welfare Act 1971, Section 4) saw the Department of Social Welfare, which was involved in social policy formation, also being charged with undertaking and promoting social research (Mackay, 1975 cited in Lunt, 2003, p. 10).

Since the mid-1990s as the desire for a more socially inclusive policy became evident, evaluation research was seen as a way both of softening the impact of policy decisions based solely on economic theory and of making policy decisions more informed and more inclusive of communities (Lunt, 2003; Nunns, Peace, & Witten, 2015). The corresponding increase in demand for evaluation research was reignited and gained

popularity as a methodology for measuring the effectiveness of human service provision (Lunt, 2003).

Government monopoly over evaluating the human service programmes it funded has served to strengthen its stranglehold on the discipline in this country. With each successive election, as the number of people living on the edge of poverty grows, so too does the demand for social/human service programmes (funded by the government). The over-representation of Māori in all negative statistics is highlighted in the following statement; “as a population group Māori have on average the poorest health status of any ethnic group in New Zealand” (Ministry of Health, 2013b) and reflects a demand that feeds a cycle of dependency and strengthens government control.

The influence of evaluation on policy and vice versa

Government policy has a strong influence on the direction, development and application of evaluation on Māori development (Te Puni Kōkiri, 2000). I contend that Government’s acceptance, or not, of information relating to the formulation of Māori policy at times appears to reflect the status of the knowledge producers, rather than a critical examination of the issues surrounding the particular cultural context affected. Examples can be seen in the health sector, where research emerged showing socio-economic status to be associated with various health outcomes (such as tobacco smoking, hospitalisation rates, and mortality) and that ethnicity provided an explanatory factor (Howden-Chapman & Tobias, 2000; National Health Committee, 1998b). Subsequent acceptance of this position, and further publications placing Māori among the lower socio-economic and/or most deprived sectors of New Zealand, began to appear (Ajwani et al., 2003; Cram, McCreanor, Smith, Nairn, & Johnstone, 2006; Groot, 2010; Howden-Chapman & Tobias, 2000). Emerging government policy and health strategies embraced the notion that culture was a key explanatory factor when it came to allocating health resources (Hudson, Milne, Reynolds, Russell, & Smith, 2010; Public Health Commission, 1995).

The government seemed willingly to accept culture as an explanatory factor for poor Māori health. Production of policy, and funding strategies, relating to tobacco reduction programmes meant less attention was given to questioning the negative

skew, or the mechanisms causing the mal-distribution of wealth. Societal acceptance of poor Māori health was challenged. Within that challenge, blame was laid upon the government for its contribution to poor Maori health (2001). Evident in the backlash to the “*Decades of Disparity*” report that apportioned blame to government policies (Ajwani et al., 2003), the media response served to remind us of how one-sided arguments about Māori health and well-being can be (Hodgetts, Barnett, Duirs, Henry, & Schwanen, 2005; Hodgetts, Masters, & Robertson, 2004).

Both the “whitestream” public (Grande, 2003) and the government of New Zealand seem more comfortable with policies that are economically needs-driven rather than those that are rights-driven (Parata, 1994). Examples were seen in the negative reactions to Tariana Turia’s speech in Hamilton (2000) where she equated the assimilation of Māori to the Jewish holocaust; and to Don Brash’s speech at Orewa (Brash, 2004) where he spoke about “the dangerous drift towards racial separatism in New Zealand, and the development of the now entrenched Treaty grievance industry”. These two speeches, by politicians, generated media responses that: caused frenzy among New Zealanders, directed public gaze towards Māori “privilege”, and diverted attention away from the bigger issue of inequity. Though not the result of an actual speech per se, a form of protest saw 50,000 people arriving at the steps of Parliament on 5 May 2004 (Northern News, 2009) to register their disapproval of the process invoked by the (then) proposed introduction of the Foreshore and Seabed Act of 2004. Notwithstanding the occasional knee-jerk reactions by politicians that generate media and public attention towards Māori, the impact of evaluations on government policy are a steady constant (Murphy & Torrance, 1987) that impact on Māori households, livelihoods and perspectives.

The influence of the state on Māoridom is full of conflict and tension. While the state is capable of progressive policies that enhance indigenous rights, it is equally capable of regressive measures that exclude or exploit (Spoonley, 1993 cited in Fleras & Spoonley, 1999, p. 107). New Zealand’s climate of restructure, downsizing, corporatisation, privatisation, and deregulation began in the mid-1980s (Kelsey, 1990a) was accepted by the public with the promise that these initiatives would generate a more efficient use of public funding, and create greater accountability; more transparency, and a better deal for consumers (Mead, 1993). Policy formulation has consistently reflected 19th century commitments to keep Māori quiescent without forsaking national interests (Fleras & Spoonley, 1999, p.109), with increased

acknowledgement of Māori as a historically disadvantaged minority (Sibley, Liu, Duckitt & Khan, 2008).

Evaluation is a political activity and includes stakeholders who represent the broader public interest. Consideration of power becomes necessary. Problems with the co-option of Māori terminology into policy, legislation, and research have impacts not only on Māori, but on society in general. Within the “*Code of Ethics of the Australasian Evaluation Society*”, under ‘*Public Interest*’, the importance of considering the interests of the broader public is noted, as is the potential to affect power difference and inequality in society (Australasian Evaluation Society, 2000).

Aligned to the Australasian Evaluation Society is the principle of ‘Social Justice and Responsibility to Society’ in the “*Code of Ethics for Psychologists*” (Code of Ethics Review Group, 2002), which argues that psychology should be practised in “such ways as to promote the welfare of society”, and that psychologists must practise care when reporting the results of any work. With the likely impact of evaluation findings in political and societal agendas, the ethical principle “care for the wider public” from these two professional groups applies to an evaluation of Kaupapa Māori programmes.

Māori publications highlight that Māori involvement in research has evolved to the point where, for Māori communities, research **with** Māori has become the standard expectation (Cram, 2003; Jackson, 1998; Kerr, 2012; Moewaka Barnes & Te Rōpū Whāriki, 2009; Pipi et al., 2002; Walker, 1998; Watene-Haydon et al., 1995; Wehipeihana, 2008). Research with Māori is more reflective of cultural values and assumptions, is more aligned with relevant protocols and, through ownership and control of processes, means that research is more likely to contribute to their own defined aspirations. The shift of applied research from a focus on the production of knowledge for knowledge’s sake (Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner, 1995) to a process where community members become actively involved in research decisions has been significant for Māori (Alves, 1999; Goodwin, Sauni, & Were, 2015; Kennedy, Cram, Paipa, Pipi, & Baker, 2015).

Enabling policies are recognised for their ability to provide opportunity for development and growth. However, the short-term policy focus experienced by 3-year election cycles in Aotearoa serves to dis-empower (Mataira, 2004). Government foci tend to be on short-term re-election promises, which dictate and limit the actions of Māori and further frustrate indigenous aspirations (E. T. Durie, 1998; Mataira, 2004).

While the devolution of state responsibility had a huge economic impact on Māori, it also allowed for local indigenous control over the design and delivery of community-based and culturally sensitive services (Fleras & Spoonley, 1999, p. 110). Whether or not they were effective is another question.

The State Services Commission (2003) expressed a desire for evaluation in the state sector and the evidence it can provide. Acknowledgement of the improved targeting, conduct, and use of evaluative activity contrasted poor targeting through “repeated investments in areas where there is a high degree of certainty and a lack of consideration of agency priorities across the whole spectrum of business or wider government priorities” (p. 4). Furthermore, the use of “evaluative findings to inform policy, service delivery or broad government strategy and budget decision-making decisions is patchy” (State Services Commission, 2003, p.4), revealing that there is room for improvement and direction as to how policy can better be informed and reflect evaluation of community (in this case Māori) development aspirations.

Government-determined research agenda produce experiences of research on Māori communities. The growth of “By Māori, for Māori” health service provision has been mirrored in community demand for “By Māori, for Māori” research. Māori researchers were being directed (from both within the community and from Māori academics) to take a more active role and control of research with their people (Bishop, 1994; Cram, 1997; Jackson, 1996, 1998; Mead, 1993; Smith, 1990, 1996; Te Awekotuku, 1991; Tibble, 1984). Pressure from Māori communities to be involved in research decision-making processes that have implications for their *whānau* has stymied the “Seagull effect” previously experienced by Māori, Pasifika, and other native people (cf. Drew, 2006). Indigenous, in this case Māori, were resistant to Non-Māori researchers, and evaluators, that entered their communities to get what they wanted, dropped their *tutae* on everyone, before disappearing again.

At the same time as Māori were adjusting to the new pressures resulting both from their own politics of self-determination and greater participation, as well as from changes in the global environment, they were also more actively leading research – an experience mirrored by indigenous people around the world (L. T. Smith, 1999, p. 39). Where government and funding agencies used to have sole control over decisions as to who would conduct the research, now it has become more common for provider groups to nominate, and in some cases determine, who they would prefer to engage in

an evaluation or research project with their people (Tracey Tangihaere, Personal Communication, June 2008). Māori academic Mason Durie (1994) refers to *mana motuhake* and *tino rangatiratanga* as key aspirations driving Māori. In recognition of the accountability that Māori researchers had to their *whānau*, development processes in Aotearoa have seen a shift to those more aligned with Māori community aspirations and needs. Whether this has happened in evaluation practice has yet to be determined.

An evaluation body develops in Aotearoa New Zealand

Established in 2007, the Aotearoa New Zealand Evaluation Association (ANZEA) is committed to the promotion of New Zealand, and other non-USA international, perspectives to grow locally-developed evaluation. Aspirations for the development of evaluation practices and standards that reference Te Tiriti o Waitangi partnership principles and reflect the bi-cultural context of Aotearoa New Zealand (ANZEA, 2007) are proffered. Yet despite ANZEA's efforts, there are still few evaluation training and assessment programmes for practitioners that develop cultural subjectivity lenses in evaluation. Continued importation of USA "evaluation experts" as speakers at professional development workshops and via texts used as compulsory reading within those few training courses currently available, means that evaluation in New Zealand remains limited in its ability to meet the needs of Māori communities.

While there are limited locally based resources that specifically address the nature, role, and urgent challenges facing evaluation in New Zealand (Lunt & Davidson, 2003), the absence of locally oriented texts is evident in the way commissioners of evaluation still continue to rely on predominantly overseas models that often exclude cultural considerations. The flow-on effects from the commissioning process have meant that more often than not conclusions drawn from the results of an evaluation presented little information of actual use to the community's development and were in many ways detrimental to the community's well-being as results highlighted failures based on inappropriate data collection (Conway, Tunks, Henwood, & Casswell, 2000).

Harry Walker declared Māori were "one of the most researched ethnic groups in Aotearoa" (n.d., p. 3). Research generated by the promotion of Cultural Deficit Theory (G. Smith, 1997, p. 204) maintains power frames handed down from the USA, and other North American-influenced countries, blind to local cultural and power contexts,

serve to perpetuate the cynicism Māori have towards research (Bevan-Brown, 1998; Bishop & Glynn, 1992; Glover, 2002; Jackson, 1998; Levy, 2007; Smith, 1997; Smith, 1996, 1999; Te Awekotuku, 1991). The oppressive nature of research that answers government or non-Māori questions maintains a beneficiary system towards the researcher, “awarded status and labelled as the ‘expert’ on Māori matters” (Smith, 1997, p.204) and lies outside the community involved. If the primary beneficiary of research on Māori lies outside the community involved, the one-sided nature of the research relationship perpetuates the negative experience and contributes to Māori continued suspicion. This will continue to influence the way Māori engage with research and researchers in the future.

Māori health research development and evaluation

New Zealand’s economic reform changes in 1984 allowed Māori health services to be progressively shaped by Māori perspectives of health (Durie, 1997), and for those services to be delivered within a cultural context (Kingi, 2006, April). At that time, however, Māori health research was still the domain of academic medical researchers. Noted exceptions were: Te Rangi Hiroa’s research on Māori soldiers during World War I (Ministry for Culture and Heritage, 2014) and Eru Pomare’s comprehensive profile of Māori standards of health (Pomare & Medical Research Council of New Zealand, 1980). Although these research projects were focused on Māori, neither project departed from standard research protocols dominated by the academy (Durie, 1997).

A seminal health report published by the Māori Women’s Welfare League (1984), “*Rapuora: Health and Maori women*”, demonstrated “new” approaches to Māori health research that took greater cognisance of: participant’s expectations; preferences; and, acknowledged the impact of researcher cultural bias. Declarations on interviewer-matching were initially received with trepidation (see Kinlock, 1985). Murchie’s (1984) report opened the way for Māori initiated and designed research that generated useful and reliable data about specific health issues. The report also demonstrated that Māori cultural processes utilised in the research process could provide an opportunity to advance health.

In 1993, Te Puni Kōkiri published a guide for departments on consultation with iwi after holding seminars for senior public service managers and in response to the demand for written materials. Shortly afterwards, Durie wrote the Consolidating Holistic Interactive (CHI) auditing model (see Durie, 1994a). Chris Cunningham's "*He Taura Tīeke*" looked at measuring effective health services for Māori (Cunningham, 1995), and Mihi Ratima and colleagues' framework focused on assessing the quality of proposed and existing disability support services for Māori (Ratima et al., 1995). Principles of enablement, active participation, cultural safety, effectiveness, accessibility, and the maintenance of consistency with Māori priorities were emphasized in each.

By the late 1990s, recognition of the considerable amount of government resources spent on evaluations generated concern among Māori researchers, who noted that only a few government reports made general statements about the effectiveness of programmes for Māori (Moewaka Barnes & Stanley, 1999). Flow-on effects with regards to the ability of Ministers and other government agencies in decision-making and funding allocation roles to determine the effectiveness for Māori based on a lack of information were serious concerns (Durie, 1994a; Te Puni Kōkiri, 1999). The Māori Research and Development Conference brought Māori research perspectives to the fore. Papers published in the proceedings (Te Pūmanawa Hauora, 1998) continue to be cited in contemporary research. Subsequent reports by the Health Research Council (Health Research Council of New Zealand, 1998a, 1998b, 1998c) demonstrate the shift in emphasis as researchers began to consider cultural aspects to their research (and evaluation) approaches.

Te Puni Kōkiri's (1999) guidelines were aimed at agencies undertaking evaluations of programmes that had an impact on Māori or held an interest for Māori (Te Puni Kōkiri, 1999). Information on the impacts and outcomes of government programmes and services to Māori in evaluations conducted by mainstream agencies (Earle & Searle, 1999), although limited, were attributed to the development of Te Puni Kōkiri's set of guidelines to ensure agencies consider and incorporate Māori issues into their evaluations (Te Puni Kōkiri, 1999).

Associated with the recognised need for improvement in Māori health research, Linda Nikora has noted the marked growth in the volume of evaluation research in New Zealand over the last 15 years. She proffered that the increasing number of evaluators

entering the marketplace from a diverse range of disciplines and the funding allocations to those practitioners needed monitoring (Nikora, 1999). The growing number of active Māori evaluators supports the inclusion of Māori cultural influences receiving increased consideration at the practice level (Pipi et al., 2002). To some extent, the increase has been empowering for Māori groups as they are given a greater choice of evaluators to work with (Glenis Philip-Barbara, pers. comm., July 2005).

The challenge for evaluators, posited by Helen Moewaka Barnes, is to develop evaluation partnership approaches that are effective for Māori (Moewaka Barnes, 2003). Her position was supported by contributors to the only New Zealand based text on evaluation research entitled, *“Evaluating policy and practice”* (Anderson, 2003; Cunningham, 2003; Moewaka Barnes, 2003; Newport, 2003; Oliver, Spee, & Wolfgramm, 2003; Stewart & Swindells, 2003). Each of these contributors referred to the importance of developing a partnership relationship among interested parties.

Problems identified in the State Services Commission report (2003) also supported Māori demand for evaluation in the State sector and the evidence it could provide. Patchy use of evaluation to inform policy, service delivery or broad government strategy and budget decision-making needed to reflect Māori development aspirations more effectively. The ‘added value’ an indigenous perspective brings to evaluation, and its contribution to the quality of work remain under-recognised (Wehipeihana, 2008). Recognition of indigenous frameworks within current evaluation practice and theories is still sought by practitioners (Cram, 2003; Kerr, 2012; Taylor, 2003; Wehipeihana, 2013). The need to consider what evaluation partnerships between indigenous and non-indigenous evaluators might look like in the future (Wehipeihana, 2008, 2013), how that would be different from the turbulent and unequal relationship of the past (Cram, 1997) and ways in which the relationship might operate successfully (Henderson, Simmons, Bourke, & Muir, 2002) warrant further exploration.

Where the previous focus had been on evidential outcomes-based accountability for government programmes and community projects (Office of the Auditor-General, 1999; State Services Commission, 2003), more recent reports highlight the need for monitoring and evaluation methods and methodologies that not only measure outcomes but are able to assist in the development of programmes and projects that are optimised for success through a partnership relationship (Office of the Auditor-General, 2006; State Services Commission, 2003).

Emphasis still remains on ‘value-for-money’ services. Evaluation practitioners tend to focus on the process of engaging an effective evaluation through a partnership relationship. To some extent, this is espoused in previously noted government documents. Peter Mataira’s (2002) reflection on the successes and failures of different government ventures into “partnerships” with Māori posits that each partner has dichotomous views which contributed to failed partnership relationships in the past:

... in the past community partnering ideas have failed because there is little (that is, outside of an election year) that obligates government to follow through and honour community partnership attempts. (Mataira, 2002, p. 5)

I agree with Mataira’s implied position that government has no real interest in its investment with Māori; and further add that their lack of interest stands as long as engagement with Māori does not affect the ability of the party in office to remain there for another term. In relationships where one partner places emphasis on dollar value, and the other places value on outcomes for the community, there is a high likelihood of failure, and, given the different power and resource positions, it is clear that the losing partner will be the one with the less power and fewer resources.

Evaluation in Aotearoa has largely been driven by government processes (Lunt & Davidson, 2003; Saville-Smith, 2003; Wehipeihana, Davidson, McKegg, & Shanker, 2010) and shaped in response to Treaty relationship dynamics (Masters-Awatere, 2005b; Mutu, 1998a; Takakino, 1998). Our context places the drive for evaluation firmly within the control of the evaluation funder – most often the government (Walker, 1987). For Māori, partnership is engaged in as a relationship between two equals; but Māori experience of research highlights that the partnership has not been between equals (Henare, 1988; Te Awekotuku, 1991). Government’s approach to partnership, despite its rhetoric, infers a partnership derived from contract law – where partners can be unequal in power (Jackson, 1998). Limited community involvement at decision-making meetings (Grace, 1991), inequality in power (Graham, 2000), serve a government cost-cutting agenda (Kelsey, 1990) and maintain the negative experience of research on Māori (Cunningham; 1995; Smith, 1999). Despite the challenges to forming partnerships (Lynch, 2002), the likely impact of health-researcher work on policy (Hong, 2001) dictates that relationships are essential.

In 1996, the Aotearoa New Zealand electoral system changed. The demise of the first past the post (FPP) electoral voting system was replaced with an adapted version of

the German-style mixed member proportional representation (MMP) that fostered alliances across political parties. New Zealanders observed changes that mirrored the earlier partnership rhetoric proffered but not delivered under the FFP system. Within the context of a highly prescriptive contracting environment, the public sector reforms of the 1990s led to the introduction of performance based management, which moved away from a broad health outcome to focus on tightly specified service outputs (Boston, Dalziel, & St John, 1999; Howden-Chapman, 1993). A highly prescriptive contracting environment means there is no room for complex health outcomes. Inability to identify causation posed a threat to the formation of policy and so the public sector separated policy and operational function (see Boston et al., 1999; Howden-Chapman, 1993). Such change was noted by Naina Watene-Haydon and her colleagues at the Eru Pomare Māori Health Research Centre who referred to the unequal power relationships based on their work with Māori communities:

In many cases, the aims, objectives and strategies are usually predefined by the purchaser of an evaluation contract. As such they may not necessarily reflect the needs of the community served by the evaluation. (Watene-Haydon et al., 1995, p. 492)

External evaluators who work on government contracts have come to know the cycles in which the departments operate. Those evaluators are better able to plan their workload and financial systems to sustain them through the quiet periods; others maximise the financial opportunity presented by government evaluations. Noticeable in this contracting context are the pauses (where no contracts are entered into – usually before an election) and the high-speed periods (where everything needs to be done quickly – usually near year’s end for financial and output reports). Reactionary processes within these dynamics can leave both the evaluator and the community feeling as though they have been put through the ‘wringer’ (Sandy Brown, evaluation practitioner, July 2008 interview). A lingering sense of anger and frustration towards the government’s failure to meet its obligation by communities is notable when funding is cut during government election cycles.

Summary

Evaluation’s historical connection to social science research (including psychology) and the use of measurement to study social phenomena reinforced that link with the

physical sciences that originates in positivism. Formal evaluation approaches traditionally emphasized measuring outcomes using quasi-experimental designs (Campbell & Stanley, 1966; Guba & Lincoln, 1985) rather than philosophical and theological approaches (Guba & Lincoln, 1985; Patton, 1990). The information needs of funder agencies have established a hierarchy of evaluation models (Trochim, 2006). Furthermore, the way funding agencies have prioritised their own information needs has meant evaluations have tended to include little information of interest to the community (Rebien, 1996). As a result, the focus of evaluation has been on provider accountability and funder control, with little – if any – consideration of whether the programme has had an appropriate effect on or for the community.

The systematic collection of evaluative information to convey areas of need, resources required, and the political context of our society pre-date the signing of the Tiriti o Waitangi. The practice has grown exponentially in this country since the late 1980s, despite the initial tepid reception and later the outright hostility caused by the government's shift to the New Right policies. The growth of "By Maori, for Māori" models has fed the government's need for evaluative findings that inform policy, and service delivery strategy and budget decisions. Patchy evaluation noted by the State Services Commission in 2003 highlights that policy can better be informed by evaluations that capture Māori community development aspirations. An increasing number of calls from Māori researchers and evaluators for recognition of the 'added value' an indigenous perspective brings to evaluation in general, suggests that very little if any analysis has been done on "By Māori, for Māori" programmes or services that are specifically derived from Māori community aspirations.

The present study

While a partnership agreement between Māori and the Crown was entered into through the Tiriti o Waitangi, the notion that a 'partnership' exists in today's context is flawed. If partnership implies equal status, power, control, and contribution, then there cannot be a true partnership if one side always has more power and control than the other. Where the government, as one party, has the ability to withhold resources (such as funding) and dictate the terms of the relationship then it is not an equal partnership. As such, the partnership must be drawn from a corporate definition rather than a Treaty definition.

Partnership derived from contract law, where partners can be unequal in power, did not match Māori engagement as Treaty partners, which placed emphasis on equal relationships (Henare, 1987; Jackson, 1998).

The development of evaluation is influenced over the years by the social and political climates of the day (Mathison, 2005). Its funding, focus and orientation tend to change with political tides (Scriven, 2001), while being used as a means to show that outcomes justify the costs of services (Posavac & Carey, 1980). The need for evaluation remains evident in the ongoing demand for its implementation, as existing programmes continue to be scrutinised and as new and modified programmes are proposed (Friedman, 2005; Patton, 2001).

Because of its tightly bound relationship within any given political climate, evaluation is both simpler and more complex than its individual conclusions. No matter whether an evaluator opts to use a Key Evaluation Checklist (Scriven, 2005), or to engage a Utilisation-Focused Approach (Patton, 1997) to their evaluation, if the framework from which such research derives is culturally blind (Grande, 2003; Moewaka Barnes, 2003), then the usefulness of the work will be equally culturally deficient (Grey, 2004; Kingi, 2006, April). Categorical errors (Schreiber, 2000) committed by researchers who ignore Māori cultural subjectivities and attempt to apply an objective lens to examine the Māori context, maintain the inappropriate use of research tools on Māori (Walker, n.d.).

If evaluations continue to be contracted without critical examination of the value-position behind the funding and the delivery, perpetuation of the coloniser's privilege will continue. Māori experience of research has not been founded on a positive relationship (Bishop & Glynn, 1992; Smith, 1999). Herein lies the context that evaluations take place for Māori. Researchers note the objectification of Māori (Keefe, Cram, Ormsby, & Ormsby, 1998; Te Awekotuku, 1991; Walker, n.d.), with subsequent recognition of the one-sided beneficial relationship that research projects engendered for Māori communities. Later, a shift from Māori as passive recipients to Māori as active participants in the research process was noted (Cram, 2001). This is the context within which evaluation takes place for Māori communities and this is the platform from which change needs to occur.

Thesis contribution

My interest in the evaluation experiences of indigenous stakeholders contributes to new knowledge and academic debate through highlighting that validity and validation inform the central debate on scientific knowledge versus indigenous knowledge/Mātauranga Māori. For research to be accepted in either a Western scientific or Māori context there is an expectation of validity; depending on orientation validity can be determined in a number of ways.

As I understand the academic accrediting system, the expectation is that a thesis will produce original work. This produces some anxiety for me in that my thinking, and writing, is drawn from conversations, debates, learning, and reprimands that I have had thus far in my life. In acknowledging that my learning about evaluation and Mātauranga Māori began long before I embarked on this thesis I recognise the contributions others have made to my thinking. Catherine Love (1999) refers to such contentions at the beginning of her thesis (i.e. that my voice is not “mine alone” but is the interpretation of a range of sources given audience through this document). I believe that the nature of Māori knowledge and learning is to build understanding that can add another layer of context and analysis (Love, 1999; Smith, 1997; Smith, 1999). With this in mind, my intention here is first to acknowledge and then to contribute to the conversations that are already taking place, while at the same time recognising that there are others far more advanced in their thinking than I am. I realised while writing my thesis that I am my own student. Leonie Pihama (2001) made such a comment when she talked about her inability to disconnect her own experiences from her thesis topic. Her comment rings true for me in that I cannot simply disconnect the experiences I have had of evaluations and of engaging with *hapū* and *imi*, just because such experience and learning occurred outside the enrolment period for my thesis, or because such lessons were not part of my interview schedule.

With knowledge comes power, privilege, and responsibility (Love, 1999; Te Awekotuku, 1991). The notion of developing ‘new knowledge’ in a doctoral thesis is folly because it denies that the past, present and future are all blended. However, I argue that this thesis provides something to the academy:

- space for evaluation stakeholder voices to be heard,
- a means to understand the differences in experiences for each of the stakeholders, and

- tentative steps towards a process for how evaluation in New Zealand can develop in a way that specifically and actively engages a recognition of Māori cultural values.

Evaluation, with its detached lens, has attempted to condense Māori ontology to a single measure. Capturing Māori knowledge in this way appeals to funders because of its universality. Yet it enrages Māori communities because single measures separate Māori from their knowledge systems (Smith, 1997) and render them invisible (Agrawal, 2002).

The two histories of evaluation, in the United States and Aotearoa New Zealand, provide a background to my research context. In recognition of the role different institutions play in shaping a researcher's approach to their work, and the value given to cultural concepts within, Māori are taking an active role in shaping research with their people. While the dominant experience has been of research **on** Māori that placed us as the 'other', 'deviant from the norm' or 'abnormal', Māori authorship emphasises that research from a Mātauranga Māori perspective will never find such an approach acceptable.

Thesis structure

A critical examination of evaluation is undertaken as a means to understand how practitioners engage two paradigms – Mātauranga Māori and Positivism. My interest is not to confirm one theory as superior to another, but rather to draw on stakeholder experiences to create better understanding of the dynamism involved in evaluating a programme developed and implemented from an explicit culturally centred position.

Chapter One of the thesis has been an exploration of Mātauranga Māori in relation to other indigenous epistemologies privileged in this thesis. Evaluation as a methodology was described and critiqued in terms of its application to indigenous knowledge. A Māori way of understanding provides the focal point. This means that all arguments presented in this thesis hold Māori values as *māori* (i.e. taken for granted as the norm and therefore central). To help understand and clarify the positioning of this thesis, Indigenous and Māori literature were explored to provide you with an understanding of Māori epistemology as it contributes to my research position. My

purpose here was to provide an understanding, critique, and interpretation of evaluation as it is applied to Kaupapa Māori programmes.

The dominant influence of the United States of America on New Zealand's evaluation lens shapes local practice. Evaluation Research has developed in Aotearoa in response to the political climate of the day; the historical context of evaluation (in particular its origins in the positivist paradigms and multidisciplinary development) clearly does not match the philosophy of an indigenous epistemology. Formal origins of evaluation are noted offshore, yet the underlying focus of this chapter has been on evaluation's development and practice within a New Zealand context.

New Zealand's colonial context provides rich examples of Māori evaluative activities in attempting to negotiate a better outcome for Māori. The government focus on a market-driven economy saw an initial decline in evaluation, but with an increasing number of public health and community development programmes since the early 1990s, and in particular those run for Māori by Māori, the demand for evaluation increased. Such a demand grew simultaneously with a strong desire on the part of Māori to close the current gaps in economic, social, and health outcomes between Māori and *Tauīwi* (non-Māori New Zealanders). As one mechanism for achieving this goal, *imi* and other Māori groups looked to implement culturally appropriate programmes that would assist development and autonomy aspirations. For many, an expectation that evaluation would be similarly aligned to such aspirations has brought challenges to include Māori cultural philosophies and realities into the evaluation process. Consideration of Te Tiriti o Waitangi in evaluative relationships, and the positioning and influence of Māori values on the development and implementation of programmes have placed New Zealand in a somewhat different position compared with international evaluation practice where indigenous cultures have been rendered invisible.

Chapter Two first describes the research methodology and then presents the actual mechanics of my research processes. The most often discussed points of research on or about *Māori* include subjectivity versus objectivity, a critique of the "Western" paradigm of knowledge, and present descriptions of Māori approaches to research. Ever mindful of the different orientations behind chosen methods, I have adapted Patton's (1986) discussion of qualitative and quantitative methods to include Māori research characteristics based on the arguments presented by other Māori researchers.

The purpose of this exercise was to provide a quick summary of the paradigms and their relationship to research approaches.

The latter part of Chapter two outlines the methods I engaged. A description of the practical aspects of my research process (such as ethical issues, relationship management processes, and data collection activities) is provided. I then move to the description of my data collection methods and the processes involved in collating the information from the communities who have engaged with me on this research journey.

At the end of the chapter a description of the methods used and a foundation for the presentation of my findings are presented. This came about after travelling to Hawaii where the indigenous communities of Oahu and Hawaii highlighted their constant battle with state and federal governments in order to be recognised as the indigenous people of their own islands. As a result I conducted a desktop analysis of international professional evaluation bodies. Here I noted a weakness with regards to cultural markers, or indigenous knowledge, in evaluator competencies. When I considered the culturally blind nature of ‘generic’ evaluation and the culturally embedded nature of Kaupapa Māori Evaluation, I realised that the evaluations I examined could not be categorised as Kaupapa Māori Evaluations. Instead, they sat at the interface. Once I realised this, I needed to put a framework to my analysis. In doing so I drew on the main principles that emerged from my field notes and considered them as the principles behind the two ideologies. Using my Community Psychology training, I considered how these principles would likely influence my engagement with my data.

The first case study presented in **Chapter Three** involved a healthy *marae* nutrition programme – He Oranga Marae – that was implemented nationally by a mainstream provider. The external evaluation of He Oranga Marae ran for the longest period (3 years) and had the biggest budget allocated (\$200,000). The second case study, which focused on a regionally located sports programme – Whaia te Ora – is described in **Chapter Four**. Whaia te Ora was developed by a concerned group of community members who secured a service contract with their local DHB. The external evaluation of Whaia te Ora had the shortest timeframe for completion – 5 weeks. **Chapter Five** describes the third case study, which focused on Kia Maia, a social support programme that grew from one woman’s vision to become a multi-regional event. Kia Maia also became a project site for a World Health Organisation (WHO) project that aimed to

provide indigenous communities with the resources and support to develop their own strategies to health. The external evaluation for Kia Maia had a 6-month timeframe to completion and the lowest (\$15,000) budget of the 4 case studies. **Chapter Six** presents the fourth case study, which involved a local level programme – Kereru – that was designed by and implemented in a single region (at *hapū* level). While only a small programme in focus and delivery – perhaps because the funding for this programme was secured at Cabinet level the resources put into both the programme and the evaluation made this the most resourced evaluation – Kereru had a 1-year timeframe for the evaluation and \$100,000 budget.

Chapter Seven provides a description of the qualitative findings, with my interpretation of those findings presented in the case studies, and considers the implications of my findings, with a particular focus on ways to increase the likelihood of engaging culturally centred evaluation. Contained in this chapter are exemplars of culturally appropriate and responsive ways by which the Māori evaluators responded to critical issues that could have reinforced the culturally blind nature of their commissioned work. By unpacking the different ways evaluators responded, we can examine the multiple layers that affect stakeholder perceptions of, and engagement with, evaluation. The implications of my findings with the four sets of stakeholder groups (programme/evaluation funders, service providers, service users and their *whānau*, and evaluators) are considered given the nature of the contracting environment. To close the thesis, I provide a synopsis of the main thesis findings in the light of my original aspirations for the research.

CHAPTER TWO: RESEARCH METHODOLOGY

Theoretical framework and approach

Understanding the experiences of various stakeholder groups whose lives are affected by an external evaluation can help evaluators develop more sophisticated and nuanced understanding of decision-making processes (Weiss, 2004). For evaluators, such understandings can then be embedded in the evaluation findings (Madaus, Scriven, & Stufflebeam, 1983); the theories subsequently generated will be valuable tools for funders (Kingi et al., 2014), providers (Waa, Holibar, & Spinola, 1998), and future evaluators. In an effort to capture the specific nature and complex dynamics interwoven in the external evaluation of a targeted human service programme (such as a Kaupapa Māori programme) I employed a case-based approach. Recordings, journals, and field notes captured observations and reflections of research activities that consisted of direct observations, casual conversations, semi-structured interviews, physical artefacts, and archival recordings. Focus group interviews and workshop meetings were held with evaluation practitioners to supplement stakeholder stories. This chapter outlines my approach to the research, and describes the ways I have placed a cultural lens on data collection and analysis. To explain further, if my intention is to hear about the inclusion of cultural perspectives in an external evaluation, then I cannot pretend to be a researcher absent of culture or my own history (Bentz & Shapiro, 1996; Tamasese, 1993). In that regard qualitative methods worked particularly well for stakeholders whose desire to tell their “side of the story” was not captured by the nature of data gathered during the previously experienced evaluation. Presenting different stakeholder experiences within a single case allowed for context-rich evidence, supported by observations, excerpts from interviews, and evaluation reports.

This chapter has been divided into five sections that outline my research strategy. The first section briefly re-covers the shortcomings of evaluation (described in Chapter One) when proffered as a tool to measure the effectiveness of a programme developed from, and funded in acknowledgement of, an explicitly culturally centred ideology. Evaluation has gained prominence and been given priority status by successive governments (Lunt et al., 2003). The dominant ideology reflected in contract “negotiations” serves to highlight the culturally blind nature of evaluation.

Section two affirms the relevance and appropriateness of my chosen methodological approach against my key research questions. If my intention is to understand how cultural values and concepts are incorporated into the evaluation of programmes derived from an indigenous epistemology, then employing a cultural lens is vital to analyse the situation (Schreiber, 2000). Indigenous ideologies support Māori philosophies, which demonstrate ways of “knowing and being” that highlight iwi-centricity reflected in the subjective position proffered.

Section three presents a rationale for the case approach to facilitate a focused and intensive examination of a single population (Flick, 2009; Simons, 2009). Each of the four cases embodies tensions inherent in contractual relationships with government agencies. Historical traumatic experiences and the vulnerable positions concurrently held by Māori in each of these cases meant a cautious approach was needed.

Section four contains a description of both the data collection and analysis process for capturing, navigating, and retelling the stakeholder perspectives contained within each case study. The section introduces you to the context, methods, and analyses undertaken when examining the four case studies. Themes guiding the analysis of the case studies included: tensions, engaged relationships, subjective identities, and emotional turmoil. Through the four case studies we see the dynamism demanded of Māori evaluators working to maintain cultural accountability while at the same time responding to the output-driven and time-limited demands of evaluation commissioners and navigating the diverse, and sometimes conflicting, expectations of different stakeholder groups. The final part of this chapter, section five, introduces each of the four case studies.

Governments favour objective evaluation

The origins of formal evaluation, as presented in the previous chapter, are located in disciplines that have a historical connection to and propensity for positivism. A review of evaluation highlights the constantly evolving nature of approaches and strategies (Chelimsky & Shadish, 1997; Mathison, 2005; Weiss, 1987, 2004) by updating and adapting methods to navigate the changing circumstances in which evaluation is applied (Mark, 2005). However, evaluation’s strong connection to positivism remains evident in the hierarchy applied to major evaluation strategies (Trochim, 2006). Of the

four strategy categories (Scientific-experimental, Management-oriented systems, Qualitative-anthropological, and Participant-oriented), Scientific-experimental models are historically the most dominant (Shadish et al., 1991; Weiss, 2004). With values and methods taken from the physical sciences, priority within the Scientific-experimental model is given to impartiality, accuracy, objectivity, and the universal validity of the information generated (Trochim, 1998). Favoured within this strategy are scientific-experimental models such as Quasi-experimental designs, objectives-based research (from education), econometrically oriented perspectives that include cost-effectiveness and cost-benefit analysis, and theory-driven evaluation (House, 2003). Models within the Scientific-experimental strategy place emphasis on objectivism, which privileges generalisable results. Generalisable results promote a “one size fits all” approach to evaluation methods that evaluation theorists have warned against (Donaldson & Scriven, 2003). The “one-size-fits-all” approach that produce “generalised results” is the preferred choice when non-evaluators select a “valid” evaluation strategy (Trochim & Donnelly, 2006).

Management-oriented systems models are the second class of strategies. Of the many strategies widely used in business and governments in the USA (Trochim, 2006), the two most common techniques are the Program Evaluation and Review Technique (PERT) and the Critical Path Method (CPM). Given the influence of the USA as a knowledge producer, it seems probable such strategies will have been used around the world.

Qualitative-anthropological models are referred to as the third class of strategies. Here emphasis is placed on the importance of observation and the need to retain the phenomenological quality of the evaluation context and the value of subjective human interpretation (Guba & Lincoln, 1989). Naturalistic evaluation or Fourth Generation Evaluation proffered by Guba and Lincoln (Guba & Lincoln, 2001) and the original Grounded Theory approach by Glaser and Straus (1967) are referred to as the founding theorists of this evaluation approach.

The fourth and final class of strategy refers to participant-oriented models, which emphasize the central importance of the evaluation participants and especially the clients and users. Referred to as an alternative approach (Fitzpatrick et al., 2004) this approach places participants as central to the evaluation. As a recent development within evaluation over the last several decades, the practice was not widely emphasised

because of the prevalent view that evaluators were expected to be external to the programme being evaluated (Boody, 2009). Three evaluation theorists have been credited with the development of the participant-oriented approach. Stake (1974) re-directed previous notions by encouraging data gathering and interpretive efforts to emphasise emerging issues of importance in the data. Guba and Lincoln (1989) built on Stake's theory and developed 12 steps of evaluation that were described within the lists of evaluation generations. Finally, Patton (1986) focused on identifying and working with those key participants in organisations who can develop a vision for the value of gathering information and using it to improve the organisation. A common feature of these theorists is evident in participant-oriented models that are multi-dimensional and process-based, that consider the situation and background of a programme (Ahmady et al., 2014).

The demand for evaluation in the state sector within Aotearoa New Zealand and the evidence it could provide, increased targeting, conduct, and use of evaluation (State Services Commission, 2003). Although the use of "evaluative findings to inform policy, service delivery or broad government strategy and budget decision-making decisions is patchy" (p. 4), there is room for improvement and direction as to how policy can better be informed and reflect evaluation of community (in this case Māori) development aspirations.

The different epistemological bases behind qualitative and quantitative approaches should, by now, be very obvious. To consider the basis of claims within quantitative research I have taken Patton's (1986) notes for determining validity and reliability and considered these in response to comments from Māori researchers. Whereas positivist research is derived from tests for significance conducted by the researcher, within Māori research, the strength of its claim is in the transparency of the process undertaken and the multiple levels of involvement. Another example is evident with participant involvement. Within positivist research participants are considered as naïve subjects from whom the researcher is detached. In qualitative research participants are key informants who are involved in the interview process. Different again is that of Māori research. Here the participants are the experts and drivers of the interview process, having a huge impact on determining all aspects of the interview. While the researcher can be a *whānau* member (blood or otherwise), the drivers of the interview are the participants.

Tension between a positivist preference for objective research and an indigenous preference for subjectivity preference emerged during my reading of methodology texts. The major themes taken from commentary by Māori and other indigenous writers were considered when I adapted Neuman's (2000) overview of different research approaches (presented below). With clear preferences coming through in the literature regarding indigenous methodologies, I have kept in mind Patton's (1986) earlier presented evaluation considerations when exploring the nature of different research approaches (adapted from Neuman, 2000) and in the remaining sections of the chapter present my attempts to implement Kaupapa Māori approaches.

Table 1: Evaluation "worth" comparisons³

	Positivist Objectivity	Interpretive Social Science	Kaupapa Māori Subjectivities
Basis of claims	Derived from tests for significance conducted by the researcher	The quality of methods employed inform pre-determined research questions	The transparency of the process undertaken and the multiple levels of stakeholder involvement
Reason for research	To discover natural laws so that people can predict and control events	To understand and describe meaningful social action	To contribute to whānau, hapū, iwi development aspirations
Nature of social reality	Stable pre-existing patterns or order that can be discovered	Fluid definitions of a situation created by human interaction	Inter-relatedness between people and the environment
Nature of human beings	Self-interested and rational individuals who are shaped by external forces	Social beings who create meaning and who constantly make sense of their world	Strong desire to contribute to within and across group (whānau, hapū, iwi) good
Role of common sense	Clearly distinct from and less valid than science	A description of how a group's meaning system is generated and sustained	Important for the contribution of research to identified aspirations
An explanation that is true	Is logically connected to laws and based on facts	Resonates or feels right to those who are being studied	Has transparency in processes and accountability to community
Good evidence	Is based on precise observations that others can repeat	Is embedded in the context of fluid social interactions	Is analysed within the context of Māori aspirations and contributes to Māori agenda
Place for values	Science is value-free, and values have no place	Values are an integral part of social life: no group's values are wrong, only different	Values are central, contestable, transitional and negotiable

³ Adapted from Patton (1986, pp. 219–234) and Neuman (2000)

Neuman (2000) argued that when conducting research from an interpretivist perspective the aim is to learn what is meaningful or relevant to the people being studied or how individuals experience daily life and specific events. A researcher does this by getting to know a particular social setting and seeing it from the point of view of those within it. As such, an interpretive approach adopts a practical orientation to social research. Once that is accepted, then the goal is to develop an understanding of how people construct meanings in their settings (Neuman, 2000).

Evaluation is not limited to psychology, the discipline with which I am most conversant. Psychology has a history and fixation with being “as scientific as possible” (McDonald sighted in Henry & Pene, 1999, p. 18). Many within the discipline still hold the position that psychological research should maintain a neutral account of events, which clearly privileges an objective position using a positivist theoretical perspective. This position directly contrasts an indigenous view.

Voices in psychology (cf. Robson, 1993; Waldegrave, 1993), particularly in community psychology (cf. Nelson & Prilleltensky, 2005; Riger, 1990) argue for the explicit positioning of research that involves working in community settings at the broader social research level (cf. Crotty, 1998). However, explicitly stating the researcher’s values in research has yet to be accepted and is positioned on the fringes of psychological research (cf. Marie & Haig, 2006a). Advocating for the inclusion of a reflexive approach when engaging in research was still happening as recently as 8 years ago:

The purpose of... [a reflexive commentary on the epistemological tensions inherent in research across power differentials] is to illuminate the epistemological, theoretical and political commitments... As such the article relates to established critical traditions that count reflexivity, awareness, and sensitivity to the place of the researcher in knowledge creation as important issues in validating and interpreting research findings. (Cram et al., 2006, p.42)

This research has been developed in the context of an increasing number of public health and community development programmes being run for Māori by Māori. At the very least Māori have a strong desire for the current gaps in economic, social and health outcomes between Māori and Tāuiwi (non-Māori New Zealanders) to be closed. As one mechanism to achieve this, *imi* and other Māori groups are looking to implement programmes that are culturally appropriate and that help development. The challenge for Māori is to develop evaluation approaches that are both effective for

Māori and provide evidence of measurable outcomes (Durie, 1994a; Moewaka Barnes & Te Rōpū Whāriki, 2009; Smith, 1999).

In their critique of Kaupapa Māori research, Marie and Haig (2006b) offer the following comment, a useful consideration for recognising paradigm differences:

Epistemological relativism (also) claims particular groups have alternative ways of justifying their beliefs which are relative to those specific groups. Because epistemological relativism contends that there are no universal canons of proof by which we can evaluate one group's set of beliefs against another group's set of beliefs, all beliefs are held to be equally valid. (Marie & Haig, 2006b, p. 17)

Researchers from Whāriki and the Alcohol Public Health Research Unit (APHRU) noted that more often than not, past conclusions drawn from the results of an evaluation had presented little information that was of use to the community's development. They infer that research results that highlighted failures based on inappropriate data collection in Māori communities were detrimental to the community's well-being (Conway et al., 2000). Based on their comments, and the many others referred to throughout Chapter One, the challenge now is to develop evaluation approaches that are effective for Māori (Moewaka Barnes, 2003; Smith, 1999).

Not wanting to be distracted by the overwhelming multitude of approaches to evaluation, I wanted to highlight here that a hierarchy of approaches still exists today, and that the USA government most favours the Scientific-experimental. As I have already argued (in Chapter One), USA influence on evaluation practice around the world has been widespread. This section has focused on reiterating the critique of positivist approaches that value universality and objectivism. Additionally, I have posited the preference of governments for scientific-experimental evaluation. This background material provides a contrast to the preference of Māori for research that embraces their subjectivism and acknowledges interpretive processes.

Indigenes favour subjective evaluation

We cannot rid ourselves of the cultural self we bring into the field, any more than we can disown the eyes and ears and skin through which we take our intuitive perceptions about the new and the strange world we have entered. (Scheper-Hughes, 1994, p. 254)

This quote from an anthropologist is a frustrated response to research proffering an objective approach to research on indigenous people. In this section I draw on indigenous voices to advocate for the legitimacy and validity of our knowledge and practice because of the privileging process that has been given to “western science” (Agrawal, 2002; Battiste & Henderson, 2000; Duran & Duran, 2000; Hendrix, 2002; Kahakalau, 2003; Lindsey, 2006; Meyer, 2003; Rose, 1999; Schreiber, 2000; Suchet, 2002). The relevance of indigenous knowledge in contemporary society is argued by many indigenous writers, so does not require further discussion here (examples include: Durie, 2005c; Irwin, 1994; Pihama, 2001; Smith, 1999; Smith & Reid, 2000; Te Awekotuku, 2004; Walker, Eketone, & Gibbs, 2006). Instead, I draw attention to the desire of indigenes for interpretive and subjectivist research.

Criticisms of “objective” research from indigenes are derived from previous experiences that privilege the researcher’s aspirations (Battiste & Henderson, 2000; Cajete, 2000), furthering an agenda external to the community under examination (Bishop, 1994; Smith, 1999). As outsiders, researchers were free to come and go as they pleased without the need to be accountable for maintaining the safety of such knowledge or to be responsible for distributing such information back to informants (Indígena & Kothari, 1997; Masters, 2000; Smith, 1997; Te Awekotuku, 1991). Māori researchers must remain cognisant of their accountability to family members, the wider community, and Māori in general. Obligations to conduct research that served each group needs to be prioritised or Māori run the risk of being excommunicated (Keefe et al., 1998; Smith, 1992). International authors Indígena and Kothari (1997, p.135) highlight the importance of local knowledge to community survival. As the people who ultimately depend on such knowledge for their everyday survival, indigenous groups are the ones with a vested interest in, and capable of, sustainably conserving their cultural knowledge.

I find it frustrating that indigenous research is criticised by advocates of “objective” orthodox science based because it cannot be replicated in other settings when advocates of indigenous research have never argued for the universality of their knowledge (Macfarlane, 2008). Indigenous authors (Agrawal, 1995; Allwood, 2002) argue for a localised validity through recognition of local context and processes that focus on local indigene:

Self-critique in Western Knowledge has lent a strong supportive voice to the emergent postcolonial text in asserting that most aspects of knowledge, as we know them through the disciplines, are significantly local and partly reflect the communally practical (socio-historical) contexts of their production. (Masolo, 2003, p. 24)

Parallels in the development of indigenous psychology were presented by Allwood (2002, p. 358), who lobbied for a theoretical perspective anchored in the culture of those who created the perspective, the culture of that country, and the culture of the author. Furthermore Lisa Schreiber (2000) engages in a discussion of Afrocentrism as one type of knowledge that does not seek aggrandisement; instead seeking liberation (for Africans) on multiple levels. She also argues that as a culture-specific approach, epistemology and methodology emerge from the worldview of the culture in focus rather than the worldview of the researcher or the academy (p. 655).

Primary criticisms of Western Science from Māori and other indigenous writers are derived from experiences of research that has perpetuated colonial processes (Bishop & Glynn, 1992; Keefe et al., 1998) rather than research that has been controlled, designed and targeted for Māori (Pihama, Cram, & Walker, 2002). Such research has a tendency to be conducted by researchers who are detached from the community (Battiste & Henderson, 2000; Bishop & Glynn, 1992; Keefe et al., 1998). Critiques generated as a result of such research highlight an outsider perspective (whether that is a government representative, academic or researcher with no attachment) rather than one from within the community (Smith, 1999; Watene-Haydon et al., 1995). When research is developed from a position of objectivity and value-free science (Marie & Haig, 2006a), the purpose of such research is either intended to generate revenue or because it has potential to develop some resource for the researcher (Agrawal, 2002; Indígena & Kothari, 1997; Suchet, 2002).

As indigenous knowledge is accepted and is moved from the fringes to the center, indigenous academics are calling for the need to critique indigenous research developments and processes as they evolve (Schreiber, 2000). Such is the case in Aotearoa as Māori academics and researchers strive to create space for our own processes with our own people (Cram, Lenihan, & Reid, 2000; Watene-Haydon et al., 1995). The general push from indigenous researchers has been to move beyond accepting the statistics that tell us ‘how bad’ we are, and the reflection of structures in

place that benefit non-indigenous colonisers, to focus energy on processes that encapsulate wholeness:

[Such research is]... a way to engage in the world that matures objectivity, a space to contemplate, a process to heal from the blistering promise objectivity held out for us. Here is an authentic leap into new ways of viewing reality that will challenge current research paradigms based on Newtonian assumptions of space, time and knowing. (Meyer, 2006, p. 264)

Criticisms against “objective” research are derived from indigenous peoples’ experiences of research that has privileged the aspirations of agendas external to the community under examination. Those who advocated “objective” orthodox science based their critiques on perspectives that value replicability across different settings. Advocates of indigenous research, as presented here, do not argue for the universal application of their knowledge as science does, rather they emphasise the inter-relatedness of people and the environment (Cajete, 2000; Deloria, 1985; Robertson & Masters-Awatere, 2007; Te Awekotuku, 1991). Such group subjectivities do not seek aggrandisement; but instead seek liberation on multiple levels (Nelson & Prilleltensky, 2005; Schreiber, 2000; Watkins & Shulman, 2008). Indigenous researchers argue that a culture-specific approach emerges from the worldview of the culture in focus rather than from the worldview of the researcher or the academy.

Positioning Māori research as māori

Placing cultural labels and constructs at the center of the research is not exclusive to *Māori*. Other international academics refer to cultural centeredness within their work and argue its relevance to their research (Agrawal, 1995; Allwood, 2002; Battiste & Henderson, 2000; Hendrix, 2002; Masolo, 2003; Meyer, 2003, 2006; Schreiber, 2000). I have chosen one example from an international context that for me, as a trained psychologist, captures the mind-shift that many within my discipline will have to make:

For this culture-specific approach, epistemology and methodology emerge from the worldview of the culture in focus rather than from the worldview of the researcher or the academy. The researcher’s task involves locating him or herself “with the people, using their cosmological, epistemological, axiological, and aesthetic orientations as a starting point from which to view their communication phenomena”. (Woodyard 1995; p37, cited in Schreiber, 2000, p. 655)

By deciding to work specifically with people with whom I had a previous relationship, my research engaged with deliberately selected sites (Creswell, 2009) and aligned with “backyard research”. While Glense and Peshkin (1992) use this term within the context of researching one’s own organisation, friends or immediate work setting, to my mind, researching members of one’s own ethnic group, and in the case of one of my sites, my own *imi* group with whom a reciprocal accountability relationship has been developed, resonates with this emic idea.

Creswell (2009) maintains that while data collection in backyard research may be convenient and easy, a researcher’s ability to disclose information may be compromised and difficult power issues may occur. My experience of power issues within my research are discussed throughout this chapter. Backyard research, as in my research, requires multiple strategies to create reader confidence in the reliability of the research. Creswell (2009, pp. 191–192) suggests 8 strategies: triangulate sources, use member checks, provide thick descriptions of findings, clarify researcher bias, spend prolonged time in the field, present discrepant information, use peer debriefing, and an external auditor. All of these strategies were employed in my research (and have been described in the Rangahau Māori section below).

Glense et al. (1992) and Creswell (2009) presume that entry into the ‘backyard’ is easier because of group member familiarity. In my case, while I was easily able to engage in conversations about the research, there was never any guarantee of entry until conversations with key people had taken place and permission been granted. Marshall and Rossman (2006) refer to such people as gatekeepers. These individuals deny or provide access to an intended research site. One site I approached turned me down despite my work with them 2 years earlier. They chose not to work with me for two reasons: first, they were worried that they might lose their funding should the funder see negative comments about the evaluation and the contract relationship; second, they were worried that the cultural intellectual property central to their programme could potentially be taken by government and then used against them (pers. comm.; email, July 2005). For this site their sense of vulnerability was very high. Despite outlining how I would ensure their control, safety, and ownership of their information, a high level of intellectual vulnerability and insecurity (to funders, government ministers, ministers, and their community) meant the risks were too high.

While this group applauded the focus of my research, opening their provider relationship for scrutiny was not an option for them. Despite my disappointment, their response serves as an important reminder of Māori vulnerability. Vera Keefe and colleagues remind us that:

Research that is by Māori, for Māori, and with Māori is a political endeavour as it is working for social change and thereby some re-distribution of resources. It is therefore likely that the research will encounter resistance by those with the power to carry out this redistribution. (Keefe et al., 1998, p. 8)

In recognition of government's preference towards "objective" evaluations and indigenous people's preference for subjectivity in research and evaluations, my next step is to demonstrate how my research has followed and, where possible, implemented an indigenous research approach. In order to explore the presence of cultural concepts in an evaluation, I believe that culture must be present throughout the design and implementation:

Because I do not take who I am for granted, I possess a heightened sense of reflexivity that can make me a better researcher than White Colleagues inexperienced with assessing their social and/or professional position in surroundings that place them in the role of "minority" and who often take for granted their privileged status when the "majority". (Hendrix, 2002, p.168)

Throughout my thesis my intention has been to be explicit about my *kaupapa*: to improve outcomes for Māori by improving the ability of evaluation practice to contribute to Māori development overall. The inclusion of perspectives gathered from evaluators, health providers, and *whānau* recipients of Kaupapa Māori programmes contributes a strong argument to Kaupapa Māori orientation in evaluations. This study is based on the idea that if there is to be a meaningful, sustainable, and beneficial indigenous approach to evaluation in Aotearoa, we need to understand better the factors necessary for this to occur. While there will be implications for training providers and professional standards across the range of professions that engage in evaluation (government, academics/educators, private practitioners/consultants, health, and community providers), earlier work about Māori focused/Kaupapa Māori research practice suggests that change and evolution may well be slow in coming (Awatere, 1993; Glover & Robertson, 1997; Love, 2004; Smith, 1997; Te Awekotuku, 1991).

When reflecting on the central question for my thesis (How are cultural values and concepts incorporated in the evaluation of a programme derived from an indigenous epistemology?) and reviewing qualitative methods literature, a phenomenological approach seemed best suited to what I wanted to explore. With a phenomenology approach in mind, my central question implies that those who have experienced an evaluation of a Kaupapa Māori programme have experiences that provide meaning for them (Creswell, 2007, p. 108). My task as a researcher was first, to describe the phenomenon and then to provide an analysis and interpretation with future implications in mind (Miles & Huberman, 1994).

Māori research or Rangahau Māori?

Allwood (2002) argued that the psychological study of indigenous people by non-indigenous researchers was premised on the assumption that such studies are universally valid. A similar comment was later made by Māori academic Peter Mataira (2004), who argued that the prevailing view within clinical psychological research and undergraduate psychology courses was that external validity was fundamental to “good research”. Indigenous researcher Rose (1999) condemns scientific research for being ethnocentric when she argues that such research,

...mistakes its reflection for the world, sees its own reflections endlessly, talks endlessly to itself, and, not surprisingly, finds continual verification of itself and its worldview. This is monologue masquerading as conversation, masturbation posing as productive interaction; it is narcissism so profound that it purports to provide a universal knowledge when in fact its practices of erasure are universalising its own singular and powerful isolation. (Rose, 1999, p. 177)

While Bishop (1994) and Robinson (1993) argue the limitations of making assumptions to cover whole groups based on small sub-systems (or communities), Pākehā academic Kerry Chamberlain (2000) argues that researchers can and should continue to think of the wider implications of research findings. Moreover, he argues that researchers should do this irrespective of the availability of ANOVA and other statistical analyses that confirm replicability. I strongly agree with him on these points, and further add that as an indigenous researcher of an oppressed and colonised people it is even more important for me to examine the context and advocate for change.

So while I make reference to research methodology as it is applied to my research methods throughout the remainder of the chapter, the primary function of doing so is to outline how my research processes aligned with ethical research from a Māori worldview. Rangahau Māori, as noted by other Māori researchers (see for example Cram, 2001; Pipi et al., 2002; Walsh-Tapiata, 1998) builds on Linda Tuhiwai Smith's work (Mead, 1996). Her discussion of research with Māori as an appropriate means to determine whether one is engaging in *rangahau māori*⁴ provided a useful framework for a description of my research processes. Below I present my research management processes as they relate to Smith's seven guidelines (Mead, 1996) on ethical research with Māori.

Aroha ki te tangata

Working with different communities, some of whom I did not *whakapapa* to, meant I had to manage a range of experiences. Without describing the varying details of each encounter, the common factor across all my research relationships reflected '*aroha ki te tangata*'. Aroha ki te tangata underpins any relationship. In a research context this concept remains important throughout the whole research process (such as during data collection, analysis) and beyond (through to publication and post production). Participants were aware that I would not take the information away to analyse and produce research that did not feed back into their aspirations. I ensured that I contributed something useful back to the communities I engaged with by doing various research tasks that helped their aspirations. Tasks I was charged with undertaking were, to write funding proposals; contribute to annual and/or strategic planning frameworks; undertake SWOT analyses; advise and/or contribute to service evaluations; conduct mini-evaluations; and provide informed responses to external research participation requests.

I could not walk into a community, collect data, and then step back to do my examination devoid of their input or context. Specific criteria were developed for my PhD proposal (such as health promotion-oriented programmes that had been

⁴ I have used the term *rangahau māori* as a means to capture research that has been conducted by, with and for Māori, as opposed to research that has been conducted on Māori.

evaluated within the past 5 years, and derived from a self-identified Kaupapa Māori framework) in order to receive ethical approval from the University. In order for me to engage in a meaningful manner that placed the communities I was working with to the fore I could not engage in this project as a ‘detached’ researcher with no vested interest in the community. If I had, I would have been told in no uncertain terms where to go. Therefore, clearly knowing the role and responsibilities engaging a community would place on me, I first approached communities where a previously established working relationship existed and sought their permission to engage in research negotiations. Through offering my skills and experience to contribute to their aspirations, I asked that I also be allowed to write about my engagement to further my aspiration of completing a PhD. In return I asked what areas of need they had, and offered to help where I could. Engaging with people in a manner that put their goals to the fore meant I had to work in a way that supported them first and me second.

Simply because a researcher wants to work with the participants, does not mean the relationship will be a success. A research relationship can only work if all the parties involved are able to trust each other enough to allow the relationship to move into areas that may shift boundaries and create tensions. Fiona Cram (2001) and colleagues (Pipi et al., 2002) refer to the need of researchers and research participants to negotiate the space and power differentials in their relationship. I liken this to a *pōwhiri* process where the aims and intentions of both parties are discussed before proceeding any further with the discussion.

He kanohi kitea

Fiona Cram and Kataraina Pipi refer to the need to be available and accessible in different contexts that require flexibility and responsiveness to what is asked of you (Cram, 2001; Pipi et al., 2002). In the context of my research this meant being able to respond to whatever was asked of me; in particular that meant having a visible presence. I had to be prepared to perform appropriate and relevant *waiata*; recount my *whakapapa*, and speak about the connections I might have with a community through my heritage. As a female this meant I had to bring *whānaunga* in support at formal *hui* and *pōwhiri*; or, if the occasion was less formal, be able to speak from an informed position (in te reo and English) at a meeting.

These aspects of research are not prescribed standards or practices that can be uniformly applied across settings; so a description of these processes in research is not easily done. However, a common thread across all research relationships was that of being a 'visible face'. I would align my experience to Bachrach (2003), who notes that such social research is rarely operationalised in the smooth-flowing nature often described in textbooks:

People don't usually do research the way that people who write books about research say that people do research. (Bachrach cited in Tolich & Davidson, 2003, p. 21)

The manner through which I engaged communities to recruit case studies was to ask if there was a programme of which they were especially proud to which I might be able to contribute some useful skills. This process reflected Herman's Dialogical Self Theory (Hermans, 2001; Hermans & Gieser, 2013) by acknowledging the relationship I was building with communities and the evaluation/research experiences I brought with me.

Selecting communities to work with required me to consider available resources (time, energy, people availability, and money). Ensuring I had sufficient resources to maintain the relationship effectively throughout the entire research process was important to conducting Rangahau Māori. By the time I approached specific individuals within communities, I was to a degree already aware of resource needs and potentially able to mitigate any negative impact factors on our relationship; which enabled me to speak confidently of my ability to engage in the relationship without drawing on the communities' resources.

On occasion the programme I was aware of and thought would be great to utilise for my PhD was not the one offered by the community; usually it was. Because communities determined the projects with which I was to be involved, the research centred on their interest areas and considered ways to bring about positive change (Kahakalau, 2004). As the relationship progressed, our research interests developed to the point where we were able to engage in discussions on appropriate and relevant methods. With both parties becoming increasingly familiar, forms of communication beyond the physical face-to-face meetings, such as by video (e.g. Skype) voice (telephone) or text (cellphone, email, fax) were introduced as acceptable means of communication. These varying forms of communication in the periods between face-

to-face meetings reflected familiarity and the level of comfort and trust that had developed in the relationships. My resources were able to stretch further because of the less-regular need to meet in person.

Titiro, whakarongo... kōrero

Linda Smith (see Cram, 2001; Mead, 1996) acknowledged the attributes of Te Ataarangi learning style (Te Ataarangi, 2014) for this component of the research process. As a second language learner taught using Te Ataarangi in my teenage years, the attributes of this process are familiar to me. I liken this to *nobopuku*, a phrase my *kaiako* Rahera Shortland often used, which I interpret loosely as “sit, look, listen, and absorb what is going on around you”. This comment implies that one should not charge in headfirst without knowing what is happening.

So, while I had a previous research relationship with the communities I engaged for my thesis, this did not give me an “all access pass” to dictate how processes should happen. While their willingness to engage with me was because of my relationship with the groups, I knew that my place was to sit still and make sure whose lead I would need to follow before proceeding any further.

For a researcher to be present during decision-making meetings regarding a community’s involvement in a research project could, in some circumstances be likened to coercion. Within Māori processes, being present to “defend” your project by responding to challenges regarding your whakapapa and research questions and engage in a process of negotiating outcomes is part of knowing your place in the community’s aspirations. Māori researchers are constantly repositioning themselves to address the complexities of working across paradigms and between contrasting worldviews. Working in this manner requires reflexivity, a two-way feedback mechanism and process that links thinking to reality (Mataira, n.d., p. 12). Knowing how to engage respectfully and appropriately requires a process of negotiation and a key part of an ethical research process is to understand the fundamental values at play:

Unless indigenous peoples also act on their own behalf, no number of guidelines will effectively curb the culture of extraction. Hence, an opportunity for advocates may be to assist indigenous peoples in becoming more informed about the issues of benefit and compensation while encouraging them to

develop their own ethical guidelines for research. (Indigena & Kothari, 1997, p. 130)

The multiple layers of accountability I carry as a Māori researcher could be seen by some as a point of contention – and sometimes they are. On a broader level of consideration though, I believe that if there is a willingness to learn, be patient, seek advice from others, and place others as the experts, such layers do not need to hinder the research, but can act as a safety net to help the researcher feel secure in their work.

Manaaki ki te tangata

Professor Kerry Chamberlain (2000) of Massey University discusses the failure of psychology to engage in discussion of epistemology in favour of a narrow focus on methods. He described such a narrow, uncritical focus on implements as “Methodolatory”, arguing that the starting point for research must include a focus on the epistemological or ontological positions because research that goes straight to considering research methods does not give serious consideration to the core implications for the people involved. Research on Māori has been criticised for such failings (Cunningham, 1998; Harmsworth, 2001; Te Awekotuku, 1991; Te Kani, 2002). Effective Rangahau Māori needs to be underpinned by a sound understanding of the epistemological positions held (Pūtaiora Writing Group, 2010), especially those of the community groups engaged (Tibble, 1984).

As a somewhat experienced researcher, my knowledge of different research tools (without being especially tied to one type of method over another) meant I was able to keep in mind the subjectivity preferences of communities when conversations were focused on research methods and tools. Because I believe that reciprocity is fundamental to an effective relationship (whether that is research or otherwise) discussions about accountability necessitate conversations that extend beyond the choice of methods. Māori researchers who engage with communities (Bevan-Brown, 1998; Te Awekotuku, 2004) have outlined that reciprocity has minimal boundaries (Moewaka Barnes, 2000a) with no time constraints (Tibble, 1984). Such relationships can and will often extend beyond the immediate project (Pihama et al., 2002) to incur accountability costs that may be handed down through the generations (Nikora, 1991, 2007).

Researchers have provided advice and tips for successful relationships with Māori communities (Bishop, 1998; Conway et al., 2000; Moewaka Barnes, 2000a; Te Awekotuku, 2004). There is no excuse for poor research processes with Māori communities, so I was fully aware of the costs and consequences of a bad research relationship that could result from failing to meet, or negotiate, expectations.

Kia tūpato

David Thomas and Neville Robertson (1992) argue that using only one method of data collection will have inherent weaknesses. An oversimplification and underutilised analysis of methods form part of the problem that Kerry Chamberlain (2000) referred to. Problems with engaging multiple methods incorrectly (Williams & Vogt, 2011) by failing to take into account epistemological origins is important when planning research that involves working with Māori communities. I needed to be aware of the epistemological assumptions behind different methods, because, while action research allows for engagement in the “critical reconstruction of suppressed possibilities and desires for emancipation” (Carr & Kemmis, 1986, p. 137), this implies that a process of liberation is a desired trait of Māori communities. Such is not always the case.

In action research where the researcher is part of the participant group, a key process is reflexive practice (Bishop, 1994, p. 179). If action research is engaged without a reflective multilevel analysis, the research could result in the hegemonic processes of suppression against “alternative” Māori ways of viewing the world or, worse, in an assumption that the researcher has all the answers necessary to liberate the community. Examples are seen in critical theory.

While my research is critical, critical theory has as its central focus the notion of emancipation, which implies liberation is needed. Carr and Kemmis (1986) argue that critical theory aims to extract the historical processes that have caused subjective meanings to become systematically distorted. But such a process does not critically look inward to examine the power struggle and recognition of the researchers and their role in the continued domination role (Bishop & Glynn, 1992). As such, the theory of liberation is created from the outsider – wanting to “save” the less powerful group. While another researcher may consider critical theory as relevant, I maintained caution

was needed before venturing down this path as the implication was for an emancipatory outcome that was placed on a community (Bishop, 1994). Processes that have researchers determining communities need emancipation place Māori in the position of 'Other' (Cormack, 2008). Carr and Kemmis (1986) highlighted for me a potential negative impact of critical theory:

A critical theory approach would seek to offer individuals an awareness of how their aims and purposes may have become distorted or repressed and to specify how these can be eradicated so that the rational pursuit of their real goals can be undertaken. (p. 136)

Given the potential for negative impact, caution was needed. If a relationship between the researcher and the community is to meet Rangahau Māori expectations, then that relationship requires on-going communication and accountability. To do otherwise would be to engage in research that was re-colonising:

... the oppressed are identified, measured, dissected and programmed from the outside by the oppressor or the oppressor's representatives. It is the oppressors with the help of their sciences who decide what are the goals of the research and how it will be carried out. The research is done on the oppressed. The problems studied are not the problems of the oppressed. (de Oliveira & de Oliveira cited in Small, 1989, p. 39)

Conducted within a Kaupapa Māori Research framework and orientation, at the forefront of my research has been consideration of Māori development aspirations, which ensures the project be of benefit to Māori. The premise is that if there is to be an indigenous approach to evaluation in Aotearoa that is sustainable, meaningful, and focused on being of benefit to Māori, it is important to understand clearly the factors necessary for this to occur. With regards to developing evaluation that focuses on improving the competencies of practitioners and widens the scope to include cultural considerations, the implications for training providers and professional standards is evident, given the range of professions that engage evaluation (government, academics/education, private practitioners/consultants, health and community providers, etc.). Māori-focused, Māori-centred and Kaupapa Māori research practice has been widely discussed (cf. Awatere, 1993; Cram, 2001; Glover & Robertson, 1997; Irwin, 1994; Love, 2004; Mead, 1996; Smith, 1997; Smith, 1999; Te Awekotuku, 1991; Walsh-Tapiata, 1998). A project like mine builds on work already undertaken and has the ability to provide specific emphasis on evaluation processes.

For me, being cautious recognised the importance to Māori of the relationship between the spiritual and natural worlds (Bishop & Glynn, 1992, p. 133). While some people may believe that such thinking does not relate to compensation or Intellectual Property Rights, I would disagree. It is because such knowledge and interactive exchanges are important to those *whānau*, that any willingness to engage or share such *taonga* should be recompensed appropriately. Indígena and Kothari (1997) declare:

Compensation is not charity but a right of indigenous peoples. ...Compensation or empowerment, rather than being an afterthought of projects should be an integral part of the research process. (Indígena & Kothari, 1997, p. 130)

As the researcher, I had to ensure that the research process in which I was engaged considered the multiple levels of accountability and ethical practice in a manner that was safe for all who were involved.

Kaua e takahi te mana o te tangata

Over 20 years ago Ngahuia Te Awekotuku (1991) wrote a discussion document for the Ministry of Māori Affairs that called for the development of an ethical framework when conducting research with Māori communities. She recognised that researchers were accountable to higher authorities and a broader collective (of *whānau*, *hapū*, and *imi*). For Māori, such accountabilities are a constant. Whether the researcher is an ‘insider’ or an ‘outsider’ is fundamentally a matter of perspective, because Māori researchers are mindful of the need to take account of both individual and collective interests (A. Durie, 1998; E. T. Durie, 1998; Mataira, 2004; Smith, 1999; Te Awekotuku, 1991). Genealogy and connection give access in some instances. Vulnerability and responsibility mean that as researchers we live with the consequences of our actions (Nikora, 2007; Mataira, 2004, p. 12; Tibble, 1984), at a much deeper level than if there were no personal consequences (Smith, 1999).

When conducting my research there were times when I was cognisant of my expertise in a particular area; however, to flaunt my knowledge to make myself feel more important, or demonstrate that I was more informed would have been disrespectful. I am also mindful that the consequences could potentially have repercussions on me, my family, and my friends. Because I am aware of the potential consequences of any

bad research behaviour on my part, to myself and my *whānau*, I have to consider my actions, the impact or implications on my participants, and how the community (as a whole and individual members), will be affected in the future. Having to risk-manage is only one part of the role; the other is to do so without gratification or expectation of recognition. While sometimes I was to receive thanks and kind words for tasks in which I engaged with the communities, if I expected thanks and acknowledgement every time I did tasks, then the research would have no longer focused on the benefit for the community, it would have become more about me – which would no longer locate it within a framework of Rangahau Māori.

If the ultimate objective of research with marginalised groups is to bring about sustainable change, indigenous knowledge research should be a partnership. Indigenous peoples must have the opportunity to participate in or at least share in the benefits. Sharing the benefits of research implies producing research that is meaningful to indigenous peoples. (Indigena & Kothari, 1997, p. 135).

Kaua e mahaki (or He ngākau māhaki)

The importance of being humble (*he ngākau māhaki*) is to be mindful of those who benefit from the research being done. To be *mahaki* (note there is no macron on purpose) would be to position oneself at the centre of the whole process. Mindful of this failing, I engaged in research processes that placed Māori and *whānau* aspirations to the fore, operated in a manner that was safe for individuals, *whānau*, and communities, and provided a bridge between the academy and the community. I undertook my research in ways that were mindful of these processes. I have outlined how the first two processes were managed in the preceding descriptions of Rangahau Māori; so will not repeat them here. I would like to add more information in response to the last area.

Māori in the academy still need to navigate through the system by securing tenured positions (Levy, Waitoki, Rua, Masters-Awatere, & Nikora, 2007). As the rules of the academy are predominantly made by white men (Duran & Duran, 2000; Stanley, 1993), Māori tend to feature more highly in junior or untenured positions within academic institutions (Gavala & Flett, 2005). There is a lack of a Māori critical mass (Levy, 2002)

and, it is difficult to shift the balance of power, as noted by Russell Bishop (1996) and Ranginui Walker (1987), without support from Pākehā allies. Access is needed to mentorship that will support development towards externally funded higher level research projects (such as the previously available MoRST and FoRST funds – but more recently with Marsden) as well as the navigation of various “gates” that exist and are still difficult for Māori to open (Smith, 1997). Given that within the realm of academia there is a need for assistance to open the gate of traditional intellectuals (Smith, 1997), the rationale for Pākehā involvement in research posited by Harry Walker (n.d.), Ranginui Walker (1987) and Russell Bishop (1998) are reflective of our context.

Within the academy, specifically with regards to psychological research, Bonnie Duran and Eduardo Duran (2000) attest that cross-cultural studies and their resultant literature base are derived from research based on rules derived from the academy; thus making it a neo-colonial experience. They further contend that for the knowledge to be palatable to the academy, the study of colonised peoples must take on a “lactification” or whitening. Such knowledge must become a caricature of the culture in order for it to be validated as science or knowledge (p. 86). The consequence of such knowledge production has been on-going epistemic colonialism within the discipline of psychology (Duran & Duran, 2000):

In order for our discipline to lead the way toward a true integration ... a postcolonial paradigm would accept knowledge from differing cosmologies as valid in their own right, without them having to adhere to a separate cultural body for legitimacy. (Duran & Duran, 2000, p. 87)

Since becoming a faculty member, I have been acutely aware of the need for constant vigilance about the accountability and expectations of me as a Māori academic. Graham Smith (1997), Jenny Lee (1996) and Leonie Pihama (2001) discuss these demands in the context of their experiences within the university system. Each author refers to Māori academics as organic intellectuals, who have to balance community and *whānau* interests as part of their role. Māori-Chinese academic Jenny Lee (1996) proffers organic intellectuals as essential to a revolutionary process as they are the ones who will provide organic leadership in which the oppressed and disempowered can raise themselves to a philosophical view of the world. In furthering this discussion, Graham Smith (1997) refers to Māori academics and the struggle for change that is driven by and for Māori interests as part of being organic intellectuals. Leonie Pihama

(2001) agrees with their definitions of an organic intellectual and further posits that such leadership roles are not ones for which Māori academics necessarily put themselves forward – rather they are ‘given’ by *whānau* groups. For these Māori academics, community relationships are essential, as they often form the basis of teaching and research. Just as the training of non-Māori academics reflects their cultural influences, so too does that of Māori academics. The difference for Māori academics is that their accountability to the community can be challenged and monitored both through personal/familial connections and professionally through fellow colleagues.

As academics we are charged with training future practitioners (in my case psychologists) who we want to be confident, culturally self-aware, and competent to engage with Māori communities (and in the case of psychologists, Māori clientele who predominate within psychological services). With that in mind, one can argue that even the training within academic institutions from Māori organic intellectuals has to some extent been sensitised for presentation to an audience who will find it palatable (which is largely non-Māori).

The danger in relying on the university to train researchers and other professionals adequately is the lack of cultural consideration or training provided by these institutions (cf. Levy, 2002; Waitoki, 2012). Negotiating one’s way through the university system is noted as especially difficult for Māori and other indigenous minority students whose success with undergraduate studies required the surrender of their culture and values (Alderfer, 1994; Bernal, 1994; Levy, 2002; Nikora, 1991; Ogbu, 1990; Pihama, 2001; Ratima et al., 1995; Tiakiwai, 1997).

While the roles allocated by *whānau* groups and the on-going expectations of relationship engagement can result in less energy towards maintaining other academic expectations, such as publications, which are seen as critical for promotion within the academy, for me the important point is that Māori students (and others) can relate to the theories and topics of discussion because they can hear the real-life stories that give a local context to the information.

Both Leonie Pihama (2001) and Graham Smith (1997) make reference to the tensions experienced when researching with Māori and wanting to progress within academia. One tension to which they commonly refer is the credibility given to the demonstration

of knowledge to one's peers. In the current context to have your work published in high-ranking peer reviewed journals is seen as a form of acceptance and validity for your research. Within Māoridom, an (overly simplified) equivalent would be to present your research at a *hui* and have those present agree to continue to acknowledge your *kōrero*. As Māori academics we have to be organic intellectuals who operate across these two worlds (Cram, 2001; Lee, 1996; Pihama, 2001; Smith, 1997) and in essence attempt to become a conduit between academia and *whānau*.

Framework summary

Models of evaluation located within the Scientific-experimental strategy place emphasis on objectivity reflecting a desire for generalisable results. Such thinking promotes a “one size fits all” approach to evaluation that is preferred by governments. Researchers who maintain an “objective” and distanced relationship have been free to come and go as they pleased without the need to be accountable for maintaining the safety of such knowledge or to be responsible for distributing such information back to informants. In response to those experiences, indigenous groups have levelled criticisms at objective research that privileges the researcher's aspirations and agendas external to the community under examination. The push back from indigenous researchers has been to move beyond accepting statistical analyses that maintain a negative rhetoric of how bad indigenous people are, to focus energy instead on processes that encapsulate cultural wholeness reflecting structures that benefit indigenes.

Criticisms against backyard research were derived from the perspective that inside-researchers already had entry to the environment under study and were less critical of the context under study. Indigenous researchers highlight how much harder research is when a researcher is cognisant of the subjectivities preferred by communities, factors easily ignored when an outsider researcher feels no obligation to maintain a relationship with participants. For research to be meaningful, sustainable, and beneficial, indigenous evaluation subjectivities highlighted how better understanding of the factors necessary contributed to culturally responsive and ethical research.

Case study approach

This thesis sets out to document different stakeholder experiences of external evaluations conducted on targeted (Kaupapa Māori) human-service (mostly health and including socio-culturally oriented) programmes. My desire to understand how external evaluation assessments incorporated cultural values and concepts central to Kaupapa Māori programmes in the judgements led to my decision to adopt a case study approach.

With their roots tied to fables, allegories, dreams, and epics, case studies are recognised as one of the oldest techniques for presenting data through the telling of social stories (Jocher, 2006). When these historical roots are recognised, it becomes easy to grasp case study as a form of narrative. Thoroughness, through comprehensive and intensive study of its subject, dictates that effective case study is a process of investigation that can extend over a long period of time.

Due to my limited ability to control events, a case study approach was deemed appropriate as a means to maintain focus on the experience of the contemporary phenomenon within the real-life context (Yin, 2003). Rather than the generalisation to theoretical propositions, case study involves generalisation to populations (Bryman, 2001), inferring that findings drawn from case studies can be tested, revised or withdrawn based on conceptual grounds (Radley & Chamberlain, 2001). In recognising that my research is positioned firmly within qualitative inquiry, I have been careful to remain cognisant that there are elements of qualitative research that cannot (and should not) be measured (Jocher, 2006). Case studies have long been important tools of natural and social scientists (McCorcle, 1984). Well-known author on case study research Robert Yin (2003) argues that case studies are particularly useful for understanding and exploring complex issues and can extend experience or add strength and depth to what is already known through previous research, as well as providing detailed contextual analysis to investigate and explore 'real-life situations' (Radley & Chamberlain, 2001). It was with these advantages in mind that I considered using a case study approach in the current research.

In an effort to capture the specific nature and complex dynamics interlinked in the external evaluation of a Kaupapa Māori programme I employed a case-based approach to my study. Intrinsically, the 'real world' existence of cases within their own right

favours the use of multiple methods to examine processes that evolve while undertaking the research (Patton, 1990; Robson, 1993). The primary benefit I took from a case study approach was that undertaking my research as such did not require a strict adherence to a single qualitative analysis (C. Robson, 2002, p. 473). To explore each programme within its own context, through case study research, allowed a detailed description of the setting or individuals followed by analysis of the data for themes or issues (Stake, 1995; Wolcott, 1994).

Short story narratives are examined for values and issues of worth. The outcome is an evaluative analysis that provides the basis for a discussion that contributes to understanding the presence of culture in an evaluation. To achieve this function, the stories were presented in a format that enabled each narrative to inform the other narratives/data sources. For each site the main evaluator(s) interview(s) provided the first narrative that focused on an experience and led to the context of other experiences that spanned a data collection period of 5 years. People's recounting of their experiences captured their significant moments and allowed individual stories to be analysed separately while acknowledging that each story informed the other. This type of analysis provided a means of accessing and understanding people's knowledge and experiences in their constructed stories. Murray (2000) proposed four levels of analysis – personal, interpersonal, positional, and societal – with the challenge being to integrate these levels so that emancipatory narratives emerge. All of the above contribute to answering the question “how do people ‘live out’ and negotiate their role and experience in a case study?” For each case study, the context will be within the structures of a Kaupapa Māori programme that contends with power structures and multiple levels. As a researcher, I have to be conscious how to portray individuals within their daily context. These levels of analysis were important throughout the process of analysing my data.

Experience of cultural context, background, and evaluation adds value to the complexity and depth of case studies (Simons, 2009). This research sought to understand participants' experiences of evaluation, factors perceived to support or impede the culturally embedded values of their programme, and how success is determined and captured within the programme. Personal analysis (Murray, 2000) treats the biographical story as the social reality of the individual (Bruner, 1991; Frank, 1995; Riessman, 1993), which leads to an understanding of the ‘self’ as a phenomenon

characterised by interpretation, variability, relativity, flux and difference (Crossley, 2007, p. 132). To maintain consistency of the coding Miles and Huberman (1994) recommend agreement at least 80% of the time for good, qualitative reliability. For this reason, specific and significant events or experiences supported by the data and/or situated in the personal narratives were organised into four main themes within the stakeholder experiences case studies:

- experiences of evaluation and its influence on the programme
- engagement of Mātauranga Māori (*whānau*, *ivi*, *hapū* or Māori in general)
- the supports and/or impediments leading to cultural congruence
- success indicators and markers used to determine success

With regard to the production of themes, engaging in reflexive practice (Etherington, 2004) was a means of critiquing my collection and analysis of the data. At an interpersonal level, shared dialogue between the people involved in an evolving conversation (at individual and focus group interviews as well as *whānau hui*) were part of my analysis (Murray, 2000). While the positional level of analysis extends on the interpersonal level to include any differences in social position of the characters, including myself as the researcher; on an ideological level such an analysis acknowledges the broader sociocultural assumptions that exist and permeate our society. The impact of social representations within societies' everyday thoughts and beliefs reinforces that people do not exist or experience life in a void.

Engaging with practitioners shaped data collection

When I started this PhD my first idea was to talk with community groups and other indigenous evaluators. My attendance at organised evaluation meetings and events provided opportunities to meet other like-minded evaluators and discuss my PhD aspirations. Such meetings extended my thinking. Workshops, interviews, and a trip to Hawai'i to talk with indigenous Hawaiian evaluators, refined my thinking regarding the challenges facing indigenous evaluators, and in 2004 I attended a meeting of Māori and Hawaiian evaluators at the national office of Te Puni Kōkiri (in Wellington) where we discussed indigenous evaluation. I also attended other meetings and events during this time, which all, in some way, contributed to how I conceptualised evaluation research and the development of my research approach.

In addition to the case study interviews, four focus group discussions were held with evaluation practitioners. Focus group discussions were held in Hawaii, Rotorua, Taupo, and Wellington. A follow-up conversation was held with participants from the Wellington focus group 9 months after the initial discussion.

While my interviews with practitioners were not central to the cases, they were important because the practitioners provided a supporting voice for the small number of evaluator interviews contained within each case site. Across each case the evaluator voices were few compared with those of the community and service providers (see Appendix 1 for the participant numbers across the four cases). To supplement the few evaluator voices within actual cases, I have included “boxed cameos” (Simons, 2009) as brief commentaries provided by participants in the practitioner interviews (focus groups, *hui*, *wananga*, and conference presentations).

Interviews, *hui*, *wananga*, and conference presentations served to highlight the argument of indigenous evaluators for the central position of cultural principles being proffered within the cases. Taken from the biographical tradition of Judith Thurman and Karen Blixen, “a cameo presents a short, succinct, glimpse of a person or situation... achieving its power and communicative effect from its interpretative brevity” (cited in Simmons, 2009, pp. 72–73). Rather than detract from the main argument presented with the case, my insertion of cameos served to illustrate the issue being presented, personalise understanding, and enliven the text.

It was after my travels to Hawai’i that I realised the privileged position Māori have compared with indigenous Hawaiians. Being recognised as the indigenous people of this land provides Māori with the ability to challenge government on those policies that affect them – a right confirmed by the Treaty of Waitangi (Durie, 1993; McCreanor, 1997). Such is not the case in the dealings indigenous Hawaiians have with the United States of America government. Their context is far more complex, with significantly more layers of bureaucracy to negotiate.

Throughout these conversations was a clear sense of responsibility (on the part of Māori and indigenous practitioners) to incorporate cultural values into their work – an accountability reiterated earlier in the current chapter by Māori academics. I have presented below an example of the cameos/vignettes (Hunter, 2012) that will appear in the case studies;

The comment below, from Kahurangi (pseudonym) was made during a focus group interview with evaluation practitioners. While there were a 2 non-Māori practitioners present during this focus group, all members of the focus group made strong head nodding gestures as Kahurangi spoke. Her quote captures the aspirations expressed in our conversation as well as others I had with evaluation practitioners during my research project.

“... we want our work to be user-friendly for Māori... To acknowledge tīkanga Māori, and where possible undertake interviews in te reo. I’m always trying to find a framework for working from a Māori perspective and that means adding value to the people I work with and making sure I leave people with something positive...”

(Kahurangi, a female Māori evaluation practitioner, shared her aspirations during a Practitioner Focus Group Interview held in Taupo, July 2005)

Concentrating on just four cases may be perceived by quantitatively orientated researchers as a limitation because it does not allow for statistical generalisation of the results. The subjectivities contained within each case are not intended to be used to generalise from the groups of people involved in the study to the broader population (Small, 2009). Instead, inferences are drawn from participant commentaries with connections made to broader literature (Simons, 2009) on Māori experiences of research conducted on them (Smith, 1999).

Ethics, research procedure, participants and analysis

The theme of ethical processes underlies all aspects of research with Māori. Debate about ethics has been on-going since approximately 390BC (Henry & Pene, 1999; Robinson & Garratt, 1999). To my mind, the introduction of Māori epistemology into a discussion on ethics means that adjustments will need to be made and reaching an agreement will take more time.

The Australasian Evaluation Society Incorporated (AES) developed guidelines for ethical conduct of evaluations within New Zealand and Australia. These guidelines provide considerations when commissioning, undertaking and/or disseminating evaluation information. While the guidelines provide a framework for discussions on the ethical issues in evaluation in Australasia (Australasian Evaluation Society, 2002), they are a generic guide. Intended for practitioners whatever their parent discipline; the document directs evaluators to consider ethical obligations when working with the public. Ethical obligations are acknowledged through: accountability in the evaluation

partnership by which people gather and receive information; the integrity the relationship requires; respect for the dignity of a person and/or group; and the application of social justice in evaluators' responsibilities to society.

Different disciplines have a 'code of ethics' that provides the basis on which its practitioners should operate. Within the profession of psychology, in which I have been trained, the relevant code is the "Code of Ethics for psychologists practicing in Aotearoa New Zealand". It was formally adopted in 2003 by the three representative bodies of the profession: New Zealand Psychological Society, New Zealand College of Clinical Psychologists, and the New Zealand Psychologists Board. Compared with its predecessor, the 2003 version is more culturally attuned to the relationship Māori have within New Zealand. There is still room for improvement, and at times contention arises, as researchers interpret sections of the code in different ways (Code of Ethics Review Group, 2002; New Zealand Psychological Society, 1986).

Potential problems arise when interpretation is held by the individual carrying out the evaluation. The Code of Ethics for psychologists provides a guide for psychology practitioners working in this country. That same Code is derived from a non-Māori worldview and highlights accountability to clients and the profession. As a psychologist, my practice is measured against the Code. Throughout my research I had to adhere to the four principles (respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and social justice and responsibility to society). As a Māori, I am accountable to Māori. Despite the absence of a document labelled "Code of Ethics", Māori ethical standards are continually debated and negotiated.

Derived from a Māori worldview, my actions, and practice, are continually measured against the expectations of my *whānau*, *hapū*, and *imi*. Vera Keefe and colleagues at Te Rōpū Rangahau Hauora a Eru Pomare (1998; p. 6) referred to the importance of building partnerships involving negotiation, testing, and trust building, which can leave researchers feeling as if they are stuck between the proverbial rock and a hard place, unable to meet the demands of either their profession or the participant community. As a result, the Code of Ethics was insufficient to capture the nature of my research as a project engaged as Rangahau Māori (research engaged from a Māori perspective).

Operating within the psychologists' Code meant I was expected to acknowledge and maintain "appropriate boundaries". Such boundaries are intended keep both the researcher and the participant safe. They are important. However, perception of "appropriate boundaries" is subject to interpretation and therefore can differ between groups. For some areas of the discipline an appropriate boundary is a divide between the researcher and the community. As a Māori, engaging Rangahau Māori maintaining that divide would have been detrimental to my relationship with communities. A means to reconcile the different Codes involved me assessing whether my involvement was in a relationship that had me (as researcher) in a position of power. Exploring ways to navigate safely the shifting nature of the research relationship, whether through formal *pōwhiri*, quiet *hui* with *kaumātua* and other figureheads of the community, or introductions with different *whānau* groups, meant I often found myself negotiating processes determined by the community as being appropriate to facilitating our research relationship. Such community-friendly processes were manageable within my research programme because I was not working under the auspices of a funding organisation that placed time constraints, output delivery or report construction frameworks on me that served purposes external to the communities.

Ethical Codes and review processes established to assess the ethicality of research derive from the Western academy and its values. This forces me to situate this study within this paradigm, and at the same time, remain true to a Māori indigenous world. Neither my university nor the profession recognise the inter-relationship of Māori cultural values⁵ (such as accountability, reciprocity, individual and collective rights). So, while I received ethical approval⁶ at the broad level in terms of confirming my research approach was appropriate, my relationship with each site was adapted and redefined by the communities as the research endeavour developed.

There were four separate ethical review submissions for my research. The principal submission captured the main thesis research, including interviews with practitioners, and an initial data collection site. Later, three site-specific submissions were submitted. All were approved.

⁵ Attached in Appendix 2 is a copy of an email to a potential agency. The email provides an example of the types of conversation, promises made, and cultural cues discussed.

⁶ File references for ethical review applications given approval after a formal review process are 03:16, 03:27, 04:05 and 04:19

Research procedure

Linda Tuhiwai Smith (Smith, 1999), Graham Smith (Smith et al., 1998), Mason Durie (Durie, 2005a), Ngahaia Te Awekotuku (Te Awekotuku, 1991), and other writers on Kaupapa Māori Research have much to say about consultation and the transparency of researchers to those with whom they wish to engage in a research relationship. Consultation is vitally important to any research involving the community and even more so with a Māori community. If the purpose of consultation is to inform and consult with relevant stakeholders, gain feedback on the proposed research, and elicit support in undertaking the research in an ethical and culturally safe way (Health Research Council of New Zealand, 1998a), then it is important to include key stakeholders. I engaged the culturally driven process of *kanohi ki te kanohi* (face-to-face), *karakia* (prayer), *mibi* (speech) and *whanaungatanga* (introductions) so as to avoid othering (Cormack, 2008; Keefe et al., 1998; Kitzinger & Wilkinson, 1996). Acknowledgement of *taba tinana* (physical), *taba wairua* (spiritual), *taba hinengaro* (mental), and *taba whānau* (extended family) (Durie, 2001a) was extended at all times. The importance of *tikanga* as a means of ensuring participants are not misunderstood or taken for granted (Smith, 1997; Smith, 1999) meant negotiating the nature of the relationship from inception through to outcomes. I consider the greatest strength of utilising this approach is that Māori have been able to define the processes, and guide conduct in a culturally appropriate manner, with (I hope) the eventual outcomes specifically benefitting Māori *whānau*, *hapū*, *ivi* communities in the areas of the selected sites.

It was essential for me to build a rapport based on trust and safety for the participants as the research could be potentially sensitive. Respecting the validity and legitimacy of the Māori language and culture while researching Māori should include Māori input and recognition of their own developmental aspirations (Smith, 1997; Smith, 1999). For each programme, I promised that to the best of my ability I would always try to:

- maintain the confidence and anonymity of individuals involved,
- ensure the intellectual property of the programmes remains with the site,
- be respectful of their intellectual property at all times, and
- remain in contact about my research assumptions and interpretations of their *mahi*.

Four locations were chosen from the outset of the project: Te Taitokerau, Te Puku o te Ika, Te Tairāwhiti, and Te Waipounamu. While my negotiations regarding entry to

each site took a variety of forms, my initial approach was similar across them all. First, I made an initial request to gauge interest in having a conversation about my PhD research. In a formal email⁷ to people and programmes with whom I had a previous research relationship, I explained my aims, objectives, and intended approach to the research, identified possible areas of support, challenges, and contribution the research could have on a programme, and sought an opportunity to engage in dialogue about how I might be of assistance to a programme implemented from an indigenous knowledge base. From that point on, timeframes, the number of people I conversed with, and the details of negotiation conversations varied.

By way of a general description to the negotiation process I offer the following. After about a half dozen email conversations with two or three people located at the site, and for those locations where further discussions were agreed, an initial face-to-face meeting was organised at the site. Four suggested programmes did not meet the eligibility criterion (being a Kaupapa Māori programme previously evaluated within the 5-year period before my initial approach) for inclusion in my project and so required further conversations and negotiations. On two occasions I was turned down from proceeding further with negotiations (once while in email correspondence, and the second time after meeting in person). While negotiating with one programme I was approached by another. As a result, one site had two programmes included in my research.

Once negotiations had reached a point of agreement about the ‘suitability’ of a programme, I then began a process of negotiating entry to the programme itself. For each site the negotiations varied. One programme wanted to develop a formal contractual relationship. Another wanted a Memorandum of Understanding. Another wanted me to attend their quarterly *hui* by way of checking with them, and the last site was happy to keep a loose arrangement where we kept each other informed as and when necessary.

⁷ An example email is provided in Appendix 2

Data collection procedures

During my research I undertook multiple data gathering activities: observations, interviews, and reviews of case documentation and audio-visual materials. Each of these techniques is described in the sections that follow.

Observations

Field observation techniques were employed during attendance at events (such as *hui*, meetings with funders, and presentation ceremonies). This technique was useful to familiarise myself with the physical spaces of the site locations (Davidson, 2003), and to observe the social context and interactions of people involved. I attended quarterly *hui*, presentations to funders and other stakeholders, and conference presentations and other programme-specific events that were useful for observing phenomenon and behaviour within their natural context (Smith & Davis, 2004).

The more intensive participant observation techniques associated with more long-term ethnographic research (Whyte, 1997) were used rarely and only at specific events throughout the research data collection. Participant observation techniques were used mostly in the early stages of research with the sites and while attending health festivals, social and competitive events, and learning *wānanga*. These techniques were most useful when interacting with younger and more vulnerable groups where I did not want to distract them from their involvement in the event. Being fully aware of the purpose of my involvement meant conceptualising procedures, engaging the setting, recording what I observed, and, later, critically reflecting on the experience through journaling (Yin, 2003). To ensure observations and interpretations were recorded while the experience was fresh in my mind I carried a research journal that contained a list of the headings that framed my observations (a modified copy of the protocols is attached in Appendix 3). The research journal also contained blank pages for opportunities to note observations or experiences that were unanticipated and/or my own unexpected reactions to the range of experiences to which I was exposed.

Key informant interviews

Where there were specific programme leaders, community members or evaluators who could provide useful information, I sought their engagement in a key informant interview. These were all face-to-face interviews and centred on understanding the local context and the impact of the evaluation on the local health and social well-being of the programme. While the details of how this was approached have been presented earlier in the chapter, here I wanted to note the benefit such an approach had for getting other stakeholders to “buy-in” to my involvement. Given that I was not commissioned to conduct my research, there were no directly visible outputs that had to be produced. The absence of a government-funder accountability also meant that providers did not have to fear that I would report any perceptions, fears, anger or areas lacking to a government agency. While my initial engagement involved negotiating entry, the longevity of my interaction meant that once I secured a working relationship with programme leaders and the like, I was able to negotiate my continued involvement and contribution to the programme. As a result, participants were involved in the development of focus group and participatory action research (PAR) methodologies. These allowed me, as the researcher, the flexibility to respond effectively to the constantly changing research environment (Neil, Small, & Strachan, 1999) and facilitated implementation of research activities.

Focus groups

The synergy and dynamism generated within homogenous collectives can often reveal unarticulated norms and normative assumptions (Kamberlis & Dimitriadis, 2005). Because focus groups go beyond the limits of individual memory they can provide rich and complex communal knowledge and practice through their ability to capitalise on the richness and complexity of group dynamics (Waldegrave, 1999). They generate large quantities of material from relatively large numbers in a relatively short time. As such, focus group research is a key site or activity where pedagogy, politics, and interpretivist inquiry intersect and inter-animate each other (Morgan, 2000). In this study, focus groups that involved a single group of participants meeting on a single occasion were used (Willig, 2008) as well as focus groups that involved repeated meetings (Wilkinson, 2008).

Whānau hui

I have deliberately chosen to distinguish between focus groups and *whānau hui*. My primary distinction has been that focus group interviews engaged with participants brought together because they hold perspectives, beliefs, opinions, attitudes or feelings (Millward, 2000) about a topic.

Just as Kaupapa Māori was self-defined by participants, participants were also able to self-define *whānau* for the purposes of *whānau hui* within my research. Durie's (1998) descriptions of *whānau* provide examples of relevance to my research. When I offered opportunities for *whānau hui* to engage in discussions focused on one component of my research, participants organised themselves into groupings that were meaningful to them. As an example, one *whānau hui* involved the programme coordinator, a trustee, an employee from a different provider, and a *kaumatua* from one of the local *marae*. None of these people were immediately related (i.e. nuclear family), and each of them held positions that suggested the variation across power, age, status, and gender was not ideal for a single focus group sitting (Bryman, 2001). Yet each of them was comfortable with the participants involved to engage in a research *hui* as a *whānau* of interest – a *kaupapa whānau*.

Whānau hui are similar to focus groups with regard to a data collection process in that such a forum is useful to explore the shared and negotiated narratives that can occur within a *whānau* dialogue. With previous research experiences I have found where a group perceives support to engage on a level of familiarity that they define for themselves, the interview process can elicit more open responses than if the group had been selected by the researcher (Masters-Awatere, Kirk, & Moleni, 2005). In this context *whānau hui* provided a means of creating an environment in which the participants' accounts stimulated others to tell their own stories, and develop a communal story of shared experiences (Wilkinson, 2003). Interactive data can enhance disclosure within a *hui* context, empower the participants' control, improve access to participants' language and meanings (Wilkinson, 1998), and is more appropriate for exploring sensitive topics as the group situation can enhance personal disclosure (Wilkinson, 2003).

Documentation Review

Considered less obtrusive than interviewing, this form of data collection provides a complementary process for research that explores experiential changes (Waller & Zimbelman, 2003) and is known to add authenticity to the research process (Hesse-Biber & Leavy, 2004). The strength of archival data (documentation review) is their ability to answer questions “by using data recorded by other individuals for other purposes” (Smith & Davis, 2004, p. 69). Where some consider secondary data a weakness, the acceptance of such data is growing (Donellan, Trzesniewski, & Lucas, 2010).

The length of delivery for programmes located at each of the sites ranged from 7 to 15 years at the time my PhD study began. With such a diverse range of groups, access to archival data, and documents varied⁸ across sites. For each site, a review of documents was undertaken. These documents, where available, included: service reports and plans; correspondence; organisational records; advertising; funding proposals and contracts; previous programme evaluations and research; publications; minutes of *hui* Strengths, Weaknesses Opportunities & Threats (SWOT) analysis reports; research applications; and employee meeting diaries/records.

Audio-visual materials

While observing behaviour naturalistically can be a powerful source of information (Davidson, 2003) it is not always possible to attend every occasion. Events sometimes occur spontaneously, minimising the opportunity for the researcher to plan and organise recording equipment. Where recording devices such as video or audio were available, they can be a powerful source of information because the behaviour is researched directly rather than through an interview format (Davidson, 2003), thus reducing the demand of researcher resources by negating the need to be in the field for extended periods (Wilkinson, 2008; Yin, 2003). Hesse-Biber and Leavy (2004) support this position when they acknowledge that audio-visual materials enable “researchers to examine patterns and themes within the artefacts produced” (p. 303).

⁸ Primary focus has been on the experiences of each site and so no comparison across sites has been engaged.

Copies of video and audio recordings from meetings, and programme gatherings (such as health days, and *whakapapa* and *waiata* sessions) were made available to the researcher. Other audio-visual items such as print media, publicity photos, and other material items (e.g. *tokotoko*, posters, scarves, carved trophies, and billboards) were loaned to the researcher as tools helpful for discussions throughout the research. Often these items provided useful context, and memory-retrieval tools that enhanced focused conversation during interviews (Capriano, 2009).

Participants

The process of recruiting participants has already been discussed in the Rangahau Māori section of this chapter so will not be repeated here. Instead, this section will provide an overview of the participants in general. Various methods were employed with different participant groups; specific methods will be presented in each case study.

Data were collected from a range of sources over a 6-year period of building relationships and engaging with participants. Working with a specific programme at each site meant that random sampling was inappropriate. To capture narratives from key people participants were recruited through snowballing (Fife-Shaw, 2000).

This thesis presents a composite narrative of four primary stakeholder groups' (service users, service providers, funders and evaluators) experiences of a commissioned external evaluation of a targeted human service programme recognised in its funding contract as operating from within an explicit cultural position. The four Case Studies presented provide examples of pressure points and support factors involved in the programme evaluations.

While there may be differences and similarities within and across the participant groups, I have consciously chosen not to identify contributors specifically beyond their region, or general grouping. As part of my negotiations with different groups and in the process of building relationships of trust and reciprocity I made promises to do my best to protect the intellectual property of *whānau*.

In total, ninety-nine people were interviewed as part of information solely collected for the presented case studies. Some interviews were conducted at sites that did not

become ‘cases’ in the thesis; additionally, evaluation practitioners were interviewed (explained later in the chapter) whose information was not included within the case studies. Within the case studies some participants were interviewed twice ($n=30$), and a small number ($n=10$) were interviewed three times.

Table 2: Interview numbers from each case study

Stakeholder Group	Kauri Case 1	Rimu Case 2	Totara Case 3	Matai Case 4	Category Total
Community Stakeholders	10	7	12	14	43
Service Providers	8	7	7	7	29
External Agencies	4	3	2	2	11
Funder	1	1	2	0	4
Evaluators	6	1	2	3	12
Totals	29	19	25	26	99

During the early stages of my relationship with case study participants I noticed a common theme: the importance of ensuring that information was not misconstrued in ways that would denigrate their *mana*. To enable this, I have deliberately not made assertions that views attributed to an individual participant were presented as though such views reflected those of all Māori, entire *iwi*, *hapū* or, in some instances, immediate *whānau*. I am also cognisant that while I engaged with people on one level for my research, for example as *whānau*, I must remember that other aspects of their lives may overlap with roles they play (e.g. as evaluators, researchers or providers), and these are also of relevance to my research. Therefore I simply want to draw attention to the notion that I have applied these labels (evaluator, researcher, provider/*kaimahi*, recipient, local community, *whānau*), with the disclaimer that such labels be used with caution as people do not interact on a single dimension.

Analysis

My research project explores the methods used in evaluation to establish an evidence base for the use of evaluative tools with which to provide measurement of outcomes

for Māori communities. The recent focus on evidential outcomes-based accountability for government programmes and community projects (Office of the Auditor-General, 1999; State Services Commission, 2003) highlights the need for monitoring and evaluation methods and methodologies that not only measure outcomes but are also able to help develop programmes and projects that are optimised for success (State Services Commission, 2003). As a means to combat the limitations previously identified in research methods, and to conduct meaningful research that could potentially contribute to effective evaluation methods for Māori, I employed multiple methods.

As many interviews as possible, regardless of type, were recorded and summarised – some were transcribed. After each summary or transcript was read, notes were taken to identify the initial issues. Each document contained a personal story and analysis took place through the reading of each story, re-examining each transcript, and then analysing information relevant to the questions to extrapolate into a meaningful format (Adams, 2008). In order to maintain anonymity, no individuals will be named, meaning that people and site locations have been anonymised⁹ where necessary.

An exploratory analysis was used with the data to explore the attitudes of providers, evaluators, and local community participants with regards to programmes derived from an indigenous, in particular Mātauranga Māori, perspective. When considered alongside my research objectives, engaging an inductive analysis, such as that described by Braun and Clarke (2006), which facilitates a process of fusing content and discourse analytical methods, was deemed most appropriate, given the emphasis I placed on positioning Māori cultural constructs and values as central to the thesis. Maintaining an analytical process that was exploratory, yet considered the cultural constructs and my research objectives, was not easy. Transcripts were examined for their consideration of cultural characteristics (such as values, attitudes and practices) as well as their connectedness to the research objectives. The extracts were then subjected to further examination and divided into themes (which involved clustering extracts into groups of similarity) according to the frequency of like responses. Before the full

⁹ Simons, H. (2009). *Case study research in practice*. Thousand Oaks, California: Sage. argues that one of the important reasons for anonymising people in research is that you cannot guarantee that those who read the study will respond fairly and sensitively. She supports her position by asserting that it is often something that we as researchers cannot control, especially in highly politicised contexts (p. 107).

transcripts were set aside, a final reading was again undertaken to determine if any further text within the transcripts should be included in the themed extracts. A further examination of the extracted texts was undertaken to confirm whether the selected texts supported the earlier determined themes. This meant that the data were reviewed to ensure that themes were supported by multiple (and varied) extracts that would indicate coherence within the themes established for their relevance to the research question.

My chosen analysis process provided a means of accessing and understanding peoples' knowledge and experiences in the constructed stories. An analysis of cultural context, background, and evaluation adds value to the complexity and depth of the experience (Simons, 2009). This research sought to understand participants' experiences of evaluation, the factors they perceived to support or impede the culturally embedded values of the programme, and how success was determined and captured within the programme.

Data interpretation

One of the complexities of qualitative research is that it is rife with ambiguities (Ziebland & McPherson, 2006). Developing a convincing 'story' through the data is not easily achieved. While experience helps, a highly systematic process that contained common elements and would stand up to analytic scrutiny was still difficult. Furthermore, while acknowledging the limitations of the methods, one should not be led to believe such limitations invalidate the findings; rather, that awareness and acknowledgement of any error are referenced as means on which to build to produce good quality research (Meyrick, 2006).

While weaving theory and practice can help the production of emancipatory knowledge "and in doing so directs attention to the possibilities for social transformation inherent in the present configuration of social processes" (Lather, 1991, p. 52), my research needed to be flexible and respectful of the experiences of people in their daily lives. To make the assumption that my participants needed emancipating was to infer that they (the communities, *whānau*, evaluators, and programme providers/*kaimahi*) were trapped, and that I was to "liberate" them through my research. Such a line of thinking began to ring alarm bells for me.

Narratives

Within Māoridom, *pakiwaitara* are a common means of making sense of life events and linking these events into meaningful accounts that can be shared with others. Loosely translated as myths and fairy tales, such storytelling captures life experiences and personal events that have provided Māori with a means to communicate their interpretation of significant life challenges (Swatton & O'Callaghan, 1999; Te Awekotuku, 2003). While useful to shape values and behaviours, narratives can also help repair ruptures in the fabric of people's daily life such as in responding to illness (Frank, 1995; Murray, 2000). Storytelling enables people to: share experiences; render events important and deserving of social support; and express concern for the care of others (Bury, 2001; Jovchelovitch & Bauer, 2000). Tied to fables, allegories, dreams and epics, narratives are recognised as one of the oldest techniques for presenting data through the construction of a story (Jocher, 2006).

The construction of a story involves sequencing events or experiences into a beginning, middle, and end (Rappaport, 2000). Construction of a personal narrative incorporates processes in which ascribed meanings are based on a person's experiences and interpretations of events (Flick, 2001). Interpersonal engagements happen during the sharing of stories (Flick, 2001), and with each sharing, interpretations evolve, affecting the rendering of the story. When two or more people are participating in a conversation, the interactions involved in their conversation are just as important as the reactions that occur between the storyteller and the listener, the narrative becomes a joint venture (Murray, 2000). Researchers can provide a way of understanding peoples' interpretations of their own worlds and important life events (Flick, 2001; Murray, 2000, 2003). As a result, narratives have become increasingly popular within social science research as a means of emancipating participants through the construction of their stories and experiences (Bury, 2001; Hodgetts, Pullman, & Goto, 2003; Lapsley, Nikora, & Black, 2002; Murray, 2000).

During the narrative interviews participants were encouraged to tell their stories and share their experiences of significant events from their perspective (Jovchelovitch & Bauer, 2000). It must be understood that those components of a narrative that occur out of such a sequence are just as significant to the understanding the events or experiences themselves (Jovchelovitch & Bauer, 2000).

A mixed analysis

Contrary to the position advanced by Cresswell and Plano Clark (2007) that a mixed methods analysis requires mixed methods collection, Williams and Vogt (2011) note the transformation of data collected into another type of data (e.g. Qualitative data are quantified), allowing the researcher to conduct a mixed analysis. The flexibility provided by mixed analyses – that can occur concurrently or sequentially – opens exciting and almost unlimited potential (Johnson & Onwuegbuzie, 2004, p. 20) to engaging with data. Using a mixed analysis approach to my findings provided a way to consolidate the notions that were forming in my mind but were being lost in the depth of qualitative data collected.

A feature of mixed analysis demands that the analyst make Gestalt switches from a qualitative lens to a quantitative lens; oscillating until maximal meaning has been extracted from the data. Such mixed analysis techniques do not only involve the analysis of quantitative and/or qualitative data, but also a creation of quantitative and qualitative analysis techniques. Within my research, this involved multiple passes over the qualitative data. For example, the first pass allowed me to determine themes. The second pass involved an exploratory factor analysis that led to the creation of meta-themes. After failing to find a way to present the qualitative data in a meaningful and focused manner, I chose to engage in a mixed analysis. Such analysis, according to Morgan (2007), involves three major elements (that differentiate it from non-cross-over mixed analysis): first, oscillation between inductive and deductive logic; second, inter-subjectivity, which involved moving backwards and forwards between different frames of reference (looking for similarities using triangulation, complementarity); and third, the merging of both the insiders' views and the researcher-observer's views. Presented as a rubric analysis of the data, this process supported breadth of interpretation when navigating the volumes of data.

Approach summary

My past evaluation experiences influenced my decision to undertake the current research. From these I drew my inspiration to conceptualise and conduct this study. When I began, I had recently joined the university as a junior academic staff member.

For the 5 years before joining the academy I had been a contract evaluation practitioner, having been involved with, or completed, approximately 25 evaluation projects and reports. Alongside these evaluation research experiences I was also a supervisor/trainer responsible for providing research and evaluation training to a range of groups. While mostly located in the North Island, my experiences meant I had a wide network of connections with providers, funders, sponsorship, and development organisations as well as *imi* groups around the country.

When designing this study I engaged a qualitative approach because of its ability to provide richness through its descriptive depth (Ashworth, 2003), thus allowing me to uncover a diverse range of experiences. Specifically choosing to engage a design located within interpretative social science (Neuman, 2000) meant I had the ability to move beyond the view of a researcher as a passive and indifferent observer, and fully allow myself the opportunity to be reflexive in my views, experiences, and expectations within the study (Crotty, 1998; Etherington, 2004; Hodgetts, Thompson, et al., 2004).

While Ethical Codes and formal review processes established to assess the ethicality of research derive from the Western academy and its values, forcing me to situate this study within this paradigm, at the same time my personal positioning of the research was to remain true to a Māori indigenous world. As a Māori, I am accountable to Māori. It was essential for me to build a rapport based on trust and safety for the participants as the research had the potential to be sensitive in nature.

My desire to understand how external evaluation assessments incorporated cultural values and concepts that were central to Kaupapa Māori programmes into the judgements led to my decision to adopt a case study approach. The primary benefit I took from a case study approach was that undertaking my research did not require a strict adherence in my approach to qualitative analysis. Criticisms by quantitatively oriented psychologists argue that cases do not allow for generalisable results. My response to such positioning is that case study research allows me to explore each programme within its own context, allowing a detailed description of the setting or individuals followed by analysis of the data for themes or issues.

This research seeks to understand participants' experiences of evaluation, factors perceived to support or impede the culturally embedded values of their programme, and how success is determined and captured within the programme. People's

recounting of their experiences captured their significant moments and allowed individual stories to be analysed separately while acknowledging that each story informed the other. This type of analysis provided a means of accessing and understanding people's knowledge and experiences in their constructed stories.

Introducing the case studies

Each of the cases presented in this thesis is understood through investigating the broader forces impacting on the circumstances of the case. Accumulating narratives within each case allowed me to trace linkages between stakeholder perspectives and across different events, and to demonstrate how such events are linked to one another through time (Mitchell, 1983).

To facilitate understanding of the range of perspectives involved in each case study I have chosen to “story” my approach. This is demonstrated in the care taken to disguise individuals, the location and organisations involved. For example, I may have changed the gender of a person, but not their ethnicity; with the location, I may have noted general demographics that can be attributed to any number of rural communities in the North Island; and, for the organisations, I gave them generic names that signal the type of service (eg. Hauora for health agency) without presenting their organisation name.

The story explained here enables me to move beyond simply being the distinctly separate researcher as a passive observer towards a richer, more in-depth description that allows me and the participants the space to be more reflexive in our views (Ashworth, 2003; Crotty, 1998; Etherington, 2004; Neuman, 2000). As a result my writing is a reflection both of the data I collected during interviews for this research project and some of the learning I have gained from reflecting on my own evaluation practice over the past 10 years since I first began undertaking commissioned evaluation projects. My hope is that combining the presentation of stakeholder group thoughts alongside my consideration of references from a range of sources will create an understanding of the wider context when considering evaluation practice in Aotearoa as derived from an indigenous worldview.

The first case study presented in Chapter Three considers He Oranga Marae. This is a Kaupapa Māori health promotion programme delivered nationally by a mainstream provider. In many ways the tensions that arise for He Oranga Marae stem from that situation – being a Kaupapa Māori programme delivered by a mainstream provider. A strong sense of ownership amongst *marae* communities, the theft of intellectual property in the programme’s proposal to a Ministry, a poor relationship record when contracting Māori and *iwi* providers and shared stories of institutional betrayal comprised a complex backstory to this case. An evaluation was arranged after complaints were laid by Māori staff and providers from *iwi* and Māori organisations to the Ministry that funded the mainstream provider. This evaluation had the longest delivery time and largest team of evaluators who worked on the project. Riddled with tensions and distrust, the ability of Māori evaluators to access stakeholders and receive invitations to cultural events highlighted the ways the evaluation benefited the team. The He Oranga Marae case describes the ways the evaluation team, comprising of Māori and Pākehā, managed the 3 year project. Highlighted within stakeholder responses to the evaluation were examples of cultural practice expectations placed on the Māori evaluators that were not applied to the Pākehā evaluators.

Chapter Four presents the case of Whaia te Ora, a regionally focused health programme. Developed by a group of local professionals concerned about growing youth gang numbers and a declining *kaumātua* population, Whaia te Ora tapped into sporting interests prevalent amongst the communities youth. Whaia te Ora connected the young people to their community leaders/elders and strengthened their identity at the same time as improving their health. Whaia te Ora were given the shortest timeframe to complete an evaluation of the four cases studies. It was also the only evaluation completed by a solo-contracted practitioner. The successful completion of the project within such a tight timeframe reflected key evaluation skills. However prominent focus within this case study was on the different evaluation requests from two stakeholder groups. The Programme/Evaluation funder wanted a scientific-experimental evaluation that would be “objective” and produce generalisable results. Management and staff within Whaia te Ora wanted a participant-oriented evaluation that would privilege the programme’s cultural position. Contained within the Whaia te Ora case study is an example of unrealistic demands placed on a Māori evaluator, by those not familiar with evaluation, and reflections that highlight how this situation was managed.

The third case study presented in Chapter Five considers Kia Maia, a low-cost social and well-being programme that promotes a healthy lifestyle and better quality of life within its community. A programme originally intended for delivery at *hapū* level, Kia Maia grew and was implemented across several *hapū*. Kia Maia became so popular that the programme was accepted as a New Zealand representative site for a World Health Organisation (WHO) project. It was at that time that an evaluation was ordered by the Ministry overseeing the WHO project in New Zealand. The cultural practices valued in the programme were the very same cultural practices that made Kia Maia vulnerable to their funders who did not hold the same values. The skills required to navigate evaluation practice and Māori cultural expectations within the confines of a contracted research environment played out in this case were similar to those described in the other three cases. Lack of funder awareness about whether, how, or what type of Māori cultural frames to incorporate into an evaluation process place additional pressures on the service providers and the evaluators who are charged with the duty to argue cultural centrality when culture was at the heart of the programme funded.

Chapter Six contains the Kereru case. This fourth case study focuses on a programme designed for implementation at *hapū* level. Delivered in a rural setting, this programme focused on issues to do with housing, such as: creating healthy homes, sanitation and soil issues, and water maintenance. Housing issues had been a long-term problem for the Kereru community and previous Ministry contracts had not improved their situation. With the support of regional staff from a different Ministry, a proposal to access a newly created Cabinet spend was submitted to the Minister in charge of distributing the fund. Evaluated by Ministry staff based at the national office in Wellington, this case conveys the strength of evaluation's link to political agendas – a point referred to in evaluation literature. Observed in this case were the examples of obligation and accountability Māori evaluators felt towards Māori communities. Although the community did not initially trust the evaluation team because they were Ministry staff, comments from community and provider stakeholders convey an engaged evaluation relationship was evolved during the project.

Closing comment

The next four chapters describe the case studies that take centre stage as a means to describe the different stakeholder experiences of an external evaluation. Utilising a case study approach I explore the experiences of providers and communities involved with the Māori focused programme, the evaluation practitioners who evaluated the programme, the ways each stakeholder group managed and responded to the demands of an external evaluation, and whether cultural values were captured within the evaluation. To understand stakeholder experiences of an external evaluation (whether positive or negative) I have drawn on both interviews with different stakeholder groups (providers, managers, evaluators, programme recipients and their community) and archival information supplied by the stakeholders in each case study. Two noticeable features emerged as a result of my overall analysis of the evaluation contexts: the need to define the type of provider engaged for the case studies, and the need to understand the commissioning agent for the evaluations. These two features are presented in the discussion chapter.

CHAPTER THREE: STUDY ONE

The He Oranga Marae Case Study

The following case explores the evaluation experience of stakeholders involved in the national He Oranga Marae programme, which was delivered from 1998 to 2008. Over the 10-year life span of He Oranga Marae (HOM) two external evaluations were conducted. The first evaluation was conducted over a 3-year period (1999–2001) and was initiated by the programme funder (a central government agency – referred to as Ministry A - anonymised to protect the programme). A second, smaller-scale, evaluation was conducted in 2005 at the request of the He Oranga Marae Kaiārahi (Programme Coordinator) within the national provider (National Health Foundation). Official delivery of the He Oranga Marae programme through the National Health Foundation ended in 2008. In this case study I explain the details of He Oranga Marae, a programme delivered by Māori staff working within a mainstream organisation, and discuss the two-way relationship that evolved between the evaluators and the providers. The focus of this case study is on the initial 3-year evaluation.

Almost 20 years ago Te Puni Kōkiri published a report that identified *marae* as an effective way of using Māori *tikanga* and culture as an appropriate medium for reaching Māori and facilitating the adoption of healthy lifestyle behaviours (Te Puni Kōkiri, 1995, pp. 1, foreword). As the hub of a community (Forster & Ratima, 1997; Walker, 1992) *marae* are sites that, within a single setting, can reach across genders, religious beliefs, sexual orientation, and generations (Durie, 1996; Te Awekotuku, 1996). Described in this case study are the perspectives of He Oranga Marae stakeholders. Their stories outline a clear sense of community ownership and control over the He Oranga Marae programme. While ownership and control of a programme have been noted as positive factors for communities as active agents in contributions to their own health (Fetterman, 2002; Feuerstein, 1986; Moewaka Barnes, 2000b), in this case ownership is a major source of tension between *marae* communities and the national mainstream provider.

Two Kaiārahi (Programme Coordinators of HOM) had *whakapapa* connections to one region. Within that region a cluster of four *marae* had become involved in some way with the programme. Although those *marae* communities were supportive of the Kaiārahi there were concerns about the involvement of a mainstream, government-

funded, national provider. Reflective of institutional betrayal, the actions, or in-actions of the National Health Foundation re-traumatised victims (Fine & Burns, 2003; Smith & Freyd, 2014). Māori and iwi provider concerns towards government funders, including mainstream health service purchasers and providers, have been documented (Pipi et al., 2002; Poata-Smith, 1997). Aware of the concerns, the evaluators expected there would be tensions.

Unbeknown to the evaluators hired to undertake the 3-year evaluation of He Oranga Māori, tensions that existed between the National Health Foundation and regional, Māori/Iwi, providers were continuation of a 'historical' grievance. Founded on a relationship of betrayal, feelings of distrust and wariness between these two groups influenced the way *marae* communities felt about the programme.

The analysis of this chapter is oriented around understanding the impacts of an external evaluation on stakeholder groups (service providers, service users and their *whānau*) involved in a partnership relationship that has been built on tension and distrust. The core concept of *whānau* is embedded within this case study and considered with regards to its influence on the programme, evaluation, and relationships that were developed across the different stakeholder groups.

Major themes discussed about the evaluation experience provide valuable understanding of the ongoing influence of institutional trauma on *marae* as a Māori institution. Māori providers discussed those experiences with the evaluators who then re-negotiated the evaluation contract to include a cultural audit tool designed specifically for mainstream providers. Amidst tensions relating to programme ownership and control, legislative changes imposed on *marae* further reinforced their lack of trust towards the Crown. In this case we see how previous negative interactions by the *marae* community shaped the trust they gave the evaluators. The trust *marae* and Māori health service providers established with the evaluators facilitated access to opportunities and experiences that would have otherwise been missed in the evaluation. Cultural expectations of the evaluators/evaluation were intensely felt, eliciting fight, flight or fright responses by Māori members of the evaluation team. Expectations of the evaluation and the level of satisfaction *marae* felt were influenced by the ability of the Māori team members to meet cultural expectations. Such expectations were not directed towards the non-Māori evaluators, nor did they feel

that any cultural expectations and obligations were placed on them or other members of the team.

Origins of He Oranga Marae, its deliverables and funder

Expressing a commitment to Māori health, the National Health Foundation presented a jointly prepared proposal to Ministry A to extend its healthy eating programme to include *marae*. The proposal acknowledged the Foundation's obligations, as a quasi-crown entity and therefore Treaty partner, to contribute to Māori health outcomes. For the National Health Foundation, the successful application for funding resulted in an extension of an already existing service contract. The extension allowed for the provision of, and support for, He Oranga Marae.

While He Oranga Marae was delivered by a mainstream provider (National Health Foundation), which meant that service delivery was pan-tribal, the nature of He Oranga Marae within a mainstream organisation meant ultimate accountability went back to the Crown (in this case represented by Ministry A) rather than to a Māori representative or collective. Because formal reporting accountability went back to the Crown, and not a Māori collective, this programme did not fit within Te Puni Kōkiri's (2002) definition of a Māori, or *iwi*, provider. An *iwi* provider takes its mandate from local *iwi* authority groups such as *runanga* and *iwi* Trusts as its shareholders. In such instances staff are also considered as shareholders, which can include descendants who live outside the region (Cram & Pipi, 2001; Office of Treaty Settlements, 2002). *Iwi* providers do not exclude other groups from utilising or benefiting from its services (Hone, Tūmuaki of He Iwi Kotahi a local Māori provider, pers. comm., August 2005).

Despite recognition of the programme's accountability to the Crown's representative, all *kaimahi* (staff) and *whānau* (family/community) involved with He Oranga Marae defined it as a Kaupapa Māori Programme (Māori focused programme). Establishment of an Advisory Board to oversee the cultural appropriateness of He Oranga Marae and maintain accountability to Māori, included: Hone the Tūmuaki of He Iwi Kotahi, who contributed to the joint proposal; Henare, Kaumātua from Marae O; and two other Māori (these people changed with each Kaiārahi).

Programme accountability presented a major source of tension. Even though the National Health Foundation was considered a mainstream provider by its staff and its external stakeholders, obligations and responsibilities as a national, mainstream provider under Te Tiriti o Waitangi remained (Durie, 1993, 1994a). The Foundation's recognition of its obligations and responsibilities were evidenced in the Healthy Families objectives (NHF:EP-O1¹⁰), within which the He Oranga Marae programme sat. Based on the promise embedded in a Treaty partnership (Black, 2010; Jackson, 1998), Māori have a right to equitable access to services that are effective and appropriate to meet their needs (Durie, 1985a; Moewaka Barnes & Stanley, 1999). Despite agreement by staff and management that National Health Foundation was a mainstream provider, there was clear disagreement between staff and management about the Foundation's obligations to Māori as a mainstream provider. Conflicting views between Māori and non-Māori staff within the Foundation captured the apparent different positions of staff about the service provider obligations (NHF:PMN-02).

A relationship built on a foundation of tension and distrust

A key event warrants explanation for its influence on the programme and subsequent evaluation. During my interviews with stakeholders I came to understand the impact of past betrayal on the relationship between the mainstream provider (National Health Foundation) and iwi/Maori providers.

In 1995, a proposal was jointly written by Hone Tūmuaki of He Iwi Kotahi (iwi provider) and the then Manager of the Healthy Families Services within the National Health Foundation. Although the proposal was primarily written by Hone , the proposal was submitted by the Manager of the Healthy Family Services to Ministry A (anonymised to protect the programme) without his knowledge:

There was team work happening in the early drafts [of the proposal]... We met, talked and started emailing each other our ideas... We had a few exchanges, then I wrote in the details, and nothing... I heard nothing... got no replies to my messages... Next I heard of the proposal was when it was tabled at a meeting

¹⁰ References such as this refer to coded archival documents supplied by interview participants. A description of the codes used have been listed in Appendix 4.

with the Ministry... presented as a “gold standard” example... Any acknowledgement of my contribution was gone (Hone, Tūmuaki, He Iwi Kotahi)

Hone’s comments highlight that positive communication process took place, at least in the beginning, when there was an exchange of ideas that generated initial thoughts about a joint programme. Unfortunately, an abrupt end to communication and the theft of intellectual property are not isolated experiences limited to this case - examples will be discussed in the case studies yet to come. Negative experiences by Māori and other indigenous people have already been noted in previous Chapters, so will not be repeated here. Instead, I raise this experience described by Hone because the relationships and key performance delivery targets Hone wrote into the proposal were accepted by the Ministry and therefore had an on-going impact on the programme, and subsequently on the evaluation. Ministry A accepted the proposal at the same time as management staff changes occurred within the Healthy Families Services team. Whether the transition of staff was a reason for the lack of courtesy to Hone can only be speculated at this point because the person who submitted the proposal to Ministry A was not interviewed for my study.

When formulating the initial joint proposal, Hone (Tūmuaki of He Iwi Kotahi) considered the target number of healthy *marae* achievable within his specific region. He did not intend the target as a regular measure in the long term. In an interview, Hone acknowledged the limited staffing capacity of He Oranga Marae and his strategy to use *marae* cluster relationships:

The first goal set was for 10 marae... this was used in the tender process. Our idea was due to the marae in our area being close together, so it originated as a cluster system. With [the Kaiārahi, Hinerangi] being from one of those marae, we expected her to build up her profile by working with [those marae] surrounding hers. (Hone, Tūmuaki, He Iwi Kotahi)

Marae as an institution have persisted into the modern era (Walker, 1992). Though the size and shape varied, descriptions of the role and space *marae* occupy both physically and socially highlight these institutions as more than a convenient assembly space (Firth, 1959, p 96, cited in Walker, 1992, p. 17). Hone’s intention to use *marae* cluster as a system to reach across communities reinforces the continuation of *marae* within modern Māori society.

When I spoke to Hinerangi (the original He Oranga Marae Kaiārahi) about the initial evaluation, she acknowledged a fear that the people doing the evaluation would

determine the programme as a failure because it had not achieved the clearly documented target of 10 *marae* achieving healthy *marae* status. Initially there was relief that the evaluation team was comprised of Māori, but there was still an underlying fear that they would assess He Oranga Marae in a way that would not account for Māori cultural values. As the project evolved the *kaimahi* got to know the evaluation team and learnt that each was knowledgeable about research and *tikanga māori*. Furthermore Māori evaluators carried equal status to the other non-Maori evaluators on the team (and had the ear of the funder, Ministry A), which gave *kaimahi* (Māori staff at the National Health Foundation) confidence that the evaluation would reveal the ‘truth’ of the hard work that had been taking place.

Mātauranga Māori and evaluation

My study seeks to understand how an external evaluation of a programme developed explicitly from an indigenous worldview uses cultural frames to assess that programme. Before the evaluation could be assessed for its use of cultural frames, I needed to understand the cultural frames applied to, or evident within, the programme itself. In the next section of the case study I will introduce the main cultural institution of the *marae*. The cultural values within this case provide some understanding of the complexities engaged within the *marae* context. While I focus on *marae* as a site for change, the cultural frames relevant to *marae* practices are not re-defined within the confines of my thesis. Over the following paragraphs I describe the impact of legislated changes on the perceptions of *marae* communities. Those perceptions impacted on the ability of communities to work with a national mainstream provider.

Māori migration to urban centres transformed the cultural landscape during the twentieth century (Grace et al., 2001; Pool, 1991). Rural Māori and mainstream New Zealand were still adjusting to the influx of Māori to urban centres (Durie, 1994c; Nikora, Rua, & Te Awekotuku, 2007) when the introduction of neo-liberal economic policies in the 1980s changed the health service contract environment (Kelsey, 1993). While Māori communities and providers embraced the new contracting environment (Poata-Smith, 1997; Smith, 1997) their ability to meet rapidly evolving contract accountabilities posed new challenges (Stewart & Swindells, 2003; Te Puni Kōkiri, 2000).

An overarching frame embedded within the He Oranga Marae programme example can be described through *manaaki tangata* (care for others). Raumati (original He Oranga Marae Kaiārahi) was clear that effective community engagement required a partnership approach with communities to achieve their own self-defined *tino rangatiratanga* (autonomy). Across *marae*, healthy *whānau* were a high priority. Healthy whānau were evident through the ability of the *marae* to *manaaki* (care for/host) others. Partnership and *tino rangatiratanga* (autonomy) values were critical as *kotahitanga* (unity) and *kaitiakitanga* (guardianship) were practised through engagement with, on, and by, people of the *marae*. These examples and other Māori cultural values were evidenced in the He Oranga Marae Programme.

Marae are a physical location for socio-cultural engagements that serve both ceremonial and daily functions (Te Awekotuku, 1996). Social capital within *marae* communities expressed through cultural values and obligations embodied in daily relationships cultivate relationships or *manaaki tangata* that are transferable to mainstream *ivi* and Māori health providers who work with/on *marae* (Public Health Commission, 1995; Putman, 1993; Rada, Ratima, & Howden-Chapman, 1999). The He Oranga Marae programme association with such providers meant those same Māori cultural values were part of the everyday life of programme. Those *marae* community values were then extended to evaluators (Nikora, 1999; Pihama et al., 2002; Poutney, 2005).

Culture is not an abstract set of concepts (Li, Hodgetts, Ho, & Stolte, 2010), rather, it is embedded in our everyday life (Hodgetts, Drew, et al., 2010). For Māori, *marae* are a pivotal site where people create and construct meaning during social interaction (Masters, 2000). Experiences of the first two Kaiārahi for this programme (Raumati, Hinerangi) reiterate the importance of the cultural knowledge demanded of those working in this programme. Previous works by Māori scholars affirm the importance of cultural practices when working with *marae* (Masters, 2000; Pipi et al., 2002; Te Awekotuku, 1996; Te Puni Kōkiri, 1995). If Kaiārahi had any hope of influencing change on *marae*, appropriate cultural processes had to be navigated. Affirmed by participants and *whānau* of He Oranga Marae, these stakeholders spoke of the cultural significance of *marae* to Māori culture. The following comment is an example shared by Eru during a focus group conversation:

I see the marae for Māori as being the only place on earth where they [Māori whānau] can go to be free of legislation and police and everyone chasing them for something. It's a refuge... (Eru, Marae whānau, Marae A)

At the time of data collection for this case study *marae* autonomy was being hotly debated. Introduction of the Smokefree Environments Act (2003) prescribed the way activities were managed on *marae*. The introduced change sparked debate among *marae* communities. One example was presented by a *marae* who often rented the *whare kai* to a local organisation to run 'housie' activities. Attached to the *marae* grounds was a *keohanga reo* (language learning nest for pre-school children). While smokers frequented evening housie events at the *marae*, money generated from hiring the *marae* contributed to upkeep. One of the major ramifications of the legislated change was that *marae* felt under threat of losing revenue through the withdrawal of such groups hiring their facility. They also feared being held accountable for patrons' disregard for the new smokefree legislation. Revenue from groups paid the electricity, water and land rates, and contributed to the general maintenance of *marae* buildings. While *marae* generally do not fall under the jurisdiction of the Act, special conditions apply.

Changes imposed by legislation meant communities felt their ability to control their *marae* environment was under threat. Negative perceptions were further enhanced by the contention and confusion caused by exemptions within the legislated changes. As a result, *marae* were reluctant to engage with any outside groups, especially a mainstream provider, who could be seen as imposing on their space (Kaumātua focus group, November 2004).

Because of the wider impact of legislation, people were focused on being able to determine their own destiny. Concerned that *marae* would no longer be able to self-manage how health, business and any other matters on their *marae* would be implemented, people felt strongly that legislation threatened *marae* autonomy. The following comment made during an interview with the manager of a regional provider captures the *korero* of *whānau* about the legislated changes:

... the issue with our whānau is about being told to do something... it's about how you tell them or how you talk with them because a lot of them feel it's an intrusion on being told what to do on their tūrangawaewae... (Hone, Tūmuaki, He Iwi Kotahi)

The perception of *marae* as being responsible for themselves and their people was echoed across different *whānau* hui. Such *korero* were consistent with Māori research

perspectives (Te Puni Kōkiri, 1995; Walker, 1992). *Marae* are the hub of a community (Jahnke, 2000), and members feared losing control of a landscape that contributed to their cultural identity (Forster & Ratima, 1997). As a result, Kaiārahi charged with the task of implementing an external “mainstream” health programme on a *marae* during that time were inevitably going to meet resistance. People needed reassurance that their ability to determine matters for themselves in their own terms on the *marae* was not under threat of being taken away from anyone outside of their own *whānau*.

You have to remember that marae are autonomous and the kaupapa is in their hands. It's not about me telling them... marae don't like rules especially if it's coming from mainstream or anybody... they don't even like other marae telling them what to do... (Pita, Marae U Chairperson)

Pita's profound comment speaks volumes about understanding the psyche of *marae* as an institution at the hub of a Māori community. Unless initiated and controlled from within the *marae*, change of any kind, whether positive or negative, will be met with strong resistance. Earlier *marae* experiences with the introduction of the Smokefree Environments Act (2003) that were perceived as a threat to *marae* autonomy resurfaced less than 2 years later with the introduction of the Foreshore and Seabed Act (2004). The Foreshore and Seabed Act (2004) saw the government claim title to this resource (Erueti & Charters, 2007) despite Māori entitlement through clearly recorded traditional food-gathering practices (Jackson, 2010). This piece of legislation was passed despite strong disagreement from Māori and non-Māori, with government taking control and declaring ownership of the foreshore (Hodgetts et al., 2005; Maihi, 2003).

Whānau perceived these legislative changes as threats to their *whānau* and to *marae tino rangatairatanga*. Those changes had implications for the He Oranga Marae programme – and by extension the evaluation/evaluators. Communities, who had developed a sense of ownership of the programme on their *marae* were fearful that the evaluators would judge their programme as ineffective and enforce change that was not wanted. Among *marae* members there were derogatory references to “johnny-come-latelys” who were noted for their short-term engagements (Drew, 2006) that left a negative impact because such engagements did not become long-term relationships with *marae whānau*.

Whanaungatanga

Developing a *whānau* connection, whether as *kaupapa whānau* or *whakapapa whānau*, has been described as central by Māori (Awatere, 2008; Bevan-Brown, 1998; Bishop, 1998; Moewaka Barnes, 2000b). This was re-iterated by Māori stakeholders in this case study. The time intensive nature of working one-on-one to establish connections in health programmes is essential to its uptake and therefore to its success (Cram, 2001; Durie, 1994c; Henare, 1988). Effective relationships were considered by providers, Kaiārahi, and *whānau* to be beyond the capacity of an individual Kaiārahi charged with delivering He Oranga Marae across the country. To achieve meaningful Māori health gain required more resources to the programme. Hinerangi and Raumati acknowledged the level of commitment needed for them to do their job and how that included a layer of recognised expectation that they start with their own *whānau*:

I used my own marae and whānau as the place to start my work. I knew that I wouldn't have been able to get any traction with marae if word got back that my own marae was not healthy... (Hinerangi, Former HOM Kaiārahi, NHF 1997–2000)

I was reliant on my whakapapa... the people in my whakapapa line had marae connections. There are three marae that are close [in proximity] in my valley. I had to get one on board first and hope the relationships with the other marae were strong enough so I could eventually work with the three together. (Raumati, Former HOM Kaiārahi, NHF 2000–2005)

Over time, Kaiārahi came and went from the National Health Foundation. As the cost to reach *marae* across the country increased, fiscal resourcing for He Oranga Marae remained static. For Hone, the notion of *marae* clusters was still pertinent when I spoke to him 2 years after our initial interview (in 2005) His comments demonstrated his intention of the programme to foster *whanaungatanga*:

[Everyone] need[s] to think about how to bring whānau together as a group rather than go from marae to marae. Start grouping marae together. [Our town] has 12 marae within a 5km radius. Form an alliance. It's not about [government] giving [marae] money... (Hone, Tūmuaki, He Iwi Kotahi/ Marae A Chairperson)

Since He Oranga Marae was delivered over a 10-year period, three Kaiārahi have led programme developments within the National Health Foundation. During that same period, management staff changed five times. The communities who were working with He Oranga Marae over the same 10-year period remained predominantly the same. While some changes in *marae* committees had taken place when elder leaders

passed away, the *whānau* involved with the life of the *marae* through communal activities have largely remained. Continued community participation commonly featured in comments from *marae whānau*. Given the longevity of participation and shared community knowledge, emphasis on the importance of relationships was noted:

It's about attitudes. They don't just change overnight... If you're not whānau, even if you're Māori or not, they'll just say no. It's relationship stuff... If I'm not seen at the marae then my own people will be suspicious of me. They're already suspicious of [the National Health Foundation]. They say things like "who is she, what are they [the National Health Foundation] doing here? What do they want now?" (Raumati, Former HOM Kaiārahi, 2000–2005)

The He Oranga Marae programme was built on the premise that *whānau*, *hapū* and *inwi* are central to people's health. When the evaluation was engaged, emphasis on *whanaungatanga* was made explicit to the evaluator, which I suspect was the reason the evaluators later re-negotiated with Ministry A for a small number of evaluation reports ($n=3$) to focus on Māori health.

Marae are a *tūrangawaevae* (place to stand) that can engage, nurture and sustain *whanaungatanga* (relatedness) and *abikā* (keeping the home fires burning) (Walker, 1992). While people can have multiple *marae* or *tūrangawaevae*, in order to feel a sense of connection to *marae*, *whanaungatanga* and *abikā* must be engaged. Māori who have moved to the urban centres in New Zealand and overseas can feel disconnected from their *tūrangawaevae* and develop specific measures to feel connected (Guerin et al., 2006). Those associated with the He Oranga Marae programme live within close proximity to their *marae*, or regularly travel to their *marae*, to engage and maintain their connection to their *tūrangawaevae*. Regular engagement generates a sense of *whanaungatanga*, *abikā* and ownership among *marae* community members.

Community ownership and control of a programme have been highlighted in health promotion literature as an effective means to generate uptake of a programme's healthy-lifestyle messages (Cherrington & Masters, 2005; Goodwin & Signal, 2000; McLennan & Khavarpour, 2004; Voyle & Simmons, 1999). Ownership and control have been recognised as particularly salient for Māori communities when dealing with the health of their own (Conway et al., 2000; Durie, 1994c, 1996; Moewaka Barnes, 2000b). The following comments by *kaumātua* provide an indication why communities want to be involved in conversations about their health and the diverse approach required to recognise local differences. As part of a nationally 'rolled out' health

programme, Hekenui challenged the relevance the national programme to meet their small rural population needs:

We have particular needs in our area that other areas don't have and so that makes us different. To meet those needs you have to do it in a different way. You can't just presume and assume that there is just one way to do these things. (Hekenui, koroua, Kaumātua Marae I)

The subjective position (Crotty, 1998; Ziebland & McPherson, 2006) that privileges internal (Hendrix, 2002) validity dominant within Māori culture is evident in Hekenui's comments. His position highlights how Māori favour internal ownership and control of members' actions and processes (Awatere, 1981; Bevan-Brown, 1998). Hekenui's position was further reinforced in a focus group interview with *kaumātua*. Comments from Rita and Rihari below acknowledge their commitment to *whānau* health in ways that support *whānau* autonomy, while at the same time resisting external control:

I've been doing this mahi [looking after our health] with the support of [Māori Ora]... Now with their [He Oranga Marae] support alongside us, we have more contact. (Rita, kuia, Kaumātua for Marae I)

We address [our health] as a community. Our marae has a designated area for smokers and our cooks have been delivering healthy kai options for our manuhiri... (Rihari, koroua, Kaumātua for Marae E)

The importance of *whanaungatanga* has been highlighted as a major theme within this section. People I spoke with conveyed a sense of belonging, connection, ownership, and control over their *marae*. Distinctions have been created and are regularly negotiated by *marae* in-group members that reduce the pernicious impact of out-group member actions on lived experiences (Dasgupta, 2004). Behaviours and attitudes among group members serve to maintain negative perceptions of the out-group, in this case the National Health Foundation, and reinforce a sense of belonging amongst *marae whānau*. In reinforcing the *whanaungatanga* relationship, cultural expectations and obligations become part of a shared narrative among members.

Whānau obligations

While *whānau* obligations had an impact on the Māori evaluators, when the Ministry's Project Manager initially approached the agency that employed the evaluation team to negotiate the evaluation, *whanaungatanga* was not likely recognised as an influence.

Matiu (Māori evaluator) left the evaluation project one year after it began. When interviewed about his time on the evaluation team, he spoke of feeling constantly under pressure to produce. While he mostly referred to deadlines for reporting and workload, as our conversations continued, I began to consider that the newly discovered familial connections he had with He Oranga Marae providers and wondered whether *marae* affected his willingness to remain on the evaluation team. An excerpt from my research journal notes:

... after reading his [Matiu's article] I started thinking that the pressure on him as a Māori, male, researcher to present himself as an expert on things Māori to his newly discovered whānau must have been huge. (Research Journal, March–November 2008)

Whānau expectations and obligations were also evident in Eruera's comments (after Matiu resigned Eruera replaced him on the evaluation team). Eruera spoke of being called upon to perform cultural duties on behalf of his family. During a 3-day trip with Hinerangi and Raumati to various *marae*, Eruera talked of going to his own *marae*, of which he had childhood memories:

... on our second day Hinerangi told us the confirmed itinerary. We were going to my marae and were going to talk to the trustees and kaumātua. I got excited, and scared at the same time because I knew some of them... and they knew me. (Eruera, Māori Evaluator)

After reconnecting with his *marae whānau*, Eruera noted that he was able to maintain good contact with them. He also confessed that he would hesitate before letting them (*marae whānau*) know he would be returning. Instead he preferred to leave telling the *whānau* he was on his way until just before he arrived. His strategy of delay was based on a fear that he would be called on to perform family duties that would add to his workload, and stress. During the trip with Raumati and Hinerangi, Eruera's uncle invited him to speak on the *pae* during a *pōwhiri*. Afterwards, Eruera's uncle made a positive comment about how well Eruera had spoken and suggested he should come back to the *marae* and speak more often.

Despite having lived in the city for 20 years, Eruera's comment "they knew me" referred to the *marae whānau* knowledge of his competence in *te reo*. Implicit within his comment was their awareness of his childhood on and around the *marae*, his *whakapapa* (genealogy), and therefore the duties he could be called upon to perform. Within the accolades with which his uncle lauded Eru were unspoken messages such as: "where have you been?; you did well, come back more often; you have duties to perform". These unsaid words are part of the *whānau* obligation Eru felt while working on the project. To understand the sense of obligation and accountability that exists for Māori (Nikora, 2007) one must first be aware of them.

Cultural nuances were reflected in invitations issued to the evaluation team members. Actions undertaken by the Māori evaluators on the team contributed to the development of relationships between the Māori evaluators and stakeholders. Only the Māori evaluators were invited and taken on road trips to *marae* and to conduct interviews with *whānau* involved in supporting the programme. This is an example of a privilege given to Māori evaluators that opens doors to information that would otherwise not be accessed in an evaluation (Macfarlane, 2008). The privilege that came with such access came at a cost (Bishop, 1994). The Māori evaluators were held to account by *whānau* (as will be described with "koro" Henare and "aunt" Mere later in the case) in ways in which the non-Māori evaluators were not, even though they were part of the same team that produced the reports.

Programme aims

One full time equivalent (FTE) Programme Coordinator (Kaiārahi) was charged with the responsibility of meeting the programme objectives and reporting on annual performance measures.

Several programme objectives (NHF:ASP-04) created a space to incorporate working relationships addressing the health needs of Māori in the service plans. One objective in particular (NHF:ASP-03) referenced *marae* as a key environment in affecting Māori health. As a minority population group (with one of the highest poor health incidence rates), Māori were clearly a priority (Te Puni Kōkiri, 1995). Within Objective 4 of the National Health Foundation Annual Service Plan, a direct connection to the He Oranga Marae Programme was created. From that Service Plan objective (#4) He

Oranga Marae programme was identified as a service to achieve that aspiration. The objectives of the He Oranga Marae programme were, to:

1. support and guide *marae* on the development and implementation of the healthy *marae kaupapa*;
2. develop resources for *marae* that are locally appropriate and support the healthy *marae kaupapa*;
3. support existing programmes that promote a healthy *marae kaupapa*;
4. strengthen existing and new healthy eating programmes targeting Māori; and,
5. develop and maintain relationships with *ivi*, *marae* community and *hauora* organisations.

National Health Foundation quarterly targets were incorporated into annual reports that recorded performance measures to Ministry A. The measures tracked progress and identified future alliances that could help strengthen He Oranga Marae (NHF:ASP-04). Measures given high priority required careful consideration of resources (time, people, funding) and regularly recorded essential targets. Performance Measure 4 under Objective 1 (“10 *marae* to implement healthy *marae kaupapa*”) noted as a priority target, that 10 *marae* commit to the National Health Foundation and achieve the status of a healthy *marae* each year¹¹.

Data collection methods for this case study

My introduction to the He Oranga Marae Programme pre-dated my enrolment in a PhD. Five years before my enrolment I was an employee in the Research Centre that was contracted to undertake the external evaluation of the National Health Foundation. At the time I was a junior researcher and was involved in roundtable discussions about this evaluation. During my time at the Centre I worked collaboratively with the evaluators and met many of the people involved in the delivery of the He Oranga Marae programme.

The previous relationships I had established made my access to this site easier than would have otherwise been the case (Davidson & Tolich, 2003). Māori health workers within the National Health Foundation were willing to advocate for me, and my research project, because they trusted me. We had developed a relationship that allowed them to trust that their interests would be considered in future encounters. In

¹¹ Source: NHF:ASP-04 was a collective plan developed by Kaiārahi and management.

some regards my entry matches the description of backyard research provided by Glense et al. (1992). Although my familiarity with the group enabled conversations about my research, there was nothing convenient or easy about the power dynamics involved with this project (Creswell, 2009). I had to re-negotiate permissions at different entry points (Marshall & Rossman, 2006) throughout my data collection for this site. My efforts to build and maintain communication in our research relationship were essential to the Māori groups involved, something which has been described by Leonie Pihama and colleagues (2002) as an important aspect of a Kaupapa Māori approach.

As a result of their willingness to engage with me I conducted, over a 3-year period, almost 30 interviews/conversations with a range of stakeholders involved with He Oranga Marae. Five people were interviewed twice and one person three times. Opportunities to gather information from stakeholders varied because we were co-constructing a shared narrative about their experience; sometimes there were formal structured events (such as an interview), sometimes it was a later reflection that triggered thoughts that were sent via an email, or a phone conversation. Methods for collecting information were: formal one-to-one interviews in a meeting room; *whānau hui*; go-along conversations (Capriano, 2009) as I travelled around the country with each of the three Kaiārahi; participant observation at healthy *marae* events, which included celebration of a healthy *marae*, a pre-dawn ceremony; and observation of *marae* resource blessings (Moewaka Barnes, 2000b). Informal conversations with stakeholders were held at impromptu opportunities such as email exchanges, telephone calls, attendance at national or international conferences, and a professional development workshop on evaluation.

People in this case study

Within this case there were multiple familial connections within clusters of *marae* that were relevant to the evaluation context. To explain and describe the connections between *marae* is complex and outside the scope of this study. Although it is not necessary to describe these connections in order to understand the evaluation experience for stakeholders, they remain relevant because the shared history and

interchange of ideas between *marae* influenced their perceptions of the programme and the national health provider.

Noted within this section are the people whose voices have been privileged within my study. The biggest group of participants came from the community stakeholder group ($n=10$) and the smallest was the funder ($n=1$). There were two sets of service provider voices: those from within the National Health Foundation ($n=8$), and external providers such as He Iwi Kotahi and Maori Ora ($n=4$). This case study had the largest number of evaluators involved ($n=6$) and I interviewed all twenty nine people.

While I have included reference to those who I have quoted, there were others whose *kōrero* was outside the scope of my study or was not for wider dissemination (Pewhairangi, 1975; Pihama et al., 2002). In those situations I have deliberately chosen not to include their voices, or their numbers in the stakeholder group table presented here. Those whose voices and stories have been included are noted in Table 3 below. A list of the people referred to within the case study and a very brief description of their relationship to He Oranga Marae are provided as a reference for the case.

Table 3: Stakeholders referred to in the case study

Name¹²	Title	Relationship Description
Hinerangi	Kaiārahi	Held Programme Coordinator position 1997-2000
Raumati	Kaiārahi	Held Programme Coordinator position 2000-2005
Hemi	Kaimahi	Work colleague at National Health Foundation
Hone	Tūmuaki	Manager of He Iwi Kotahi, an iwi health provider organisation with an alliance relationship. Hone was also Marae A chairperson
Kiri	Tūmuaki	Manager of Māori Ora, a Māori health provider organisation with an alliance relationship
Matire	Kaiāwhina	Health worker from Māori Ora, a Māori health provider
Eru	Whānau	Member of Marae A whānau
Jane	Funder	Ministry A
Hekenui	Koroua	Kaumātua from Marae I (Rita's husband)
Rita	Kuia	Kaumātua from Marae I (Hekenui's wife)
Rihari	Koroua	Kaumātua from Marae E
Mere	Kuia	Kaumātua from Marae O (Henare's late wife)
Henare	Koroua	Kaumātua from Marae O (Mere's husband)
Pita	Chair	Marae U Committee
Thomas	Evaluator	Co-leader of the external evaluation team: Pākehā
Hana	Evaluator	Co-leader of the external evaluation team
Anahera	Evaluator	Worked on the evaluation -Year 2 only
Matiu	Evaluator	Worked on the evaluation -Year 1 only
Ben	Evaluator	Worked on the evaluation -All 3 years: Pākehā
Eruera	Evaluator	Worked on the evaluation -Year 2 & 3

¹² Everyone interviewed who has been listed here has been given a pseudonym to protect their identity. Unless stated otherwise, research participants were Māori.

The evaluation (in brief)

The external evaluation of the He Oranga Marae programme was conducted over an extended period. By far, this evaluation was the largest of the case studies involved in my research. The number of reports produced for this evaluation ($n=15$) reflects that there was a lot of resource invested and the information gathered was compiled into numerous reports. The budget for this evaluation was the biggest of the five case studies. Similarly, the number of evaluators who worked on this evaluation was the highest ($n=6$).

Before presenting a synopsis of the relevant findings, I thought it useful to provide an outline of the evaluation contract in general to provide some contracting context. A summary of the evaluation contract details has been provided in Table 4.

Table 4: He Oranga Marae evaluation contract information

Contracted timeframe:	3 years (156 weeks)
Number of evaluators:	team of 4 (min) – 5 people (max)
Approximate budget for evaluation:	\$200,000
Nō of evaluation reports produced:	15
Evaluation Funder:	Ministry A
Evaluator(s):	Private Research Centre
Evaluator contact initiated by:	The contract manager at Ministry A
Type of evaluation:	Process/Impact/Outcome

The evaluation was conducted over a 3-year period, during which time a number of staff and programme changes took place (HOM:IR-05). In acknowledgement of those changes, the concluding reports respond specifically to each of the core evaluation objective areas.

As an evaluation that took place over an extended period of time, multiple documents provided the detailed description of all aspects of the evaluation. The following are very brief excerpts pertaining to the effectiveness, accessibility, and appropriateness for Māori (only) from the final evaluation report. Most of the relevant material was contained within the primary concluding report (HOM:IR-05). Three overarching findings reported on effectiveness for Māori. In summary, those findings were:

1. A need for the National Health Foundation to improve relationships with Māori and *imi* providers.
2. For National Health Foundation to clearly identify its contribution to Māori health outcomes through the delivery of He Oranga Marae.

3. The employment of Māori staff within and across National Health Foundation to meet their commitment to Māori health gains.

Associated comments with the first main finding were communicated in an earlier report (HOM:IR-06), where the influence of historical events (whether personally experienced, or vicariously through colleagues and family) contributed to relationship tensions across the different stakeholder groups (such as *imi* providers and *whānau*) with the National Health Foundation. The evaluators recognised the effect of poor relationships with *imi* providers and Māori communities. The potential for relationships with key Māori groups to influence the success and/or failure of He Oranga Marae, and by extension the influence on Māori health outcomes, were noted (HOM:IR-05). Given the low level of investment the Foundation had towards the programme (1 FTE position to deliver a programme nationally) the importance of support from Māori communities was central.

The final evaluation report emphasized the need to employ more Māori staff within and across the Foundation to meet their own identified commitment to Māori health gains. Within the report was the following observation;

The lack of Māori staff on the... team had a significant impact on their ability to collaborate with communities and providers, and an inability to participate in Māori health networks... [A sub-contract in 1997 with Māori Ora] was an attempt to access Māori and ensure an appropriate way in which to distribute resources. However, the linkage was minimal, perceived as disempowering, and not likely to result in any long-term collaboration or health gain for Māori. (HOM:IR-05; p. 26)

In relation to effectiveness for Māori, the report highlights the importance of Māori stakeholders across different areas of the programme on *marae* (as advocates, as deliverers and as people who can affect change in their community). Although He Oranga Marae was still a relatively new programme (3 years old), it had been running long enough to know what was working well, and what areas still needed improvement.

Events leading to the evaluation

Before the establishment of He Oranga Marae, Māori staff (*kaimahi*) within the National Health Foundation had been seeking resources to implement a Kaupapa Māori Programme. Comments from Māori staff about the negotiations before the evaluation reflect their perception of limited support for Māori health issues. Poor sub-

contracting relationships with *imi* and Māori providers were affecting Māori staff relationships within the community. As a result *kaimahi* from both He Iwi Kotahi and Māori Ora (the *imi*, and Māori providers) complained to the contract manager at the Ministry (the Programme Funder). Within the context of this evaluation, the influence of programme stakeholders was noted in the formal evaluation proposal:

The decision to undertake such an evaluation arose from negotiations between the team at NHF and [Ministry A] public health staff concerning ways in which the quality of public health service provision could be enhanced... (NHF:EP-01; p. 4)

The influence of the provider staff (National Health Foundation) through conversations with their funder (Ministry A) is noted within this quote. This comment reflects concerns shared with me by other stakeholders for the mainstream service (NHF) to improve its work within, and towards, Māori health.

Stakeholder expectations of the evaluation

As this was a programme delivered by Māori, for Māori and with Māori, whose focus and delivery method was through *marae*, *whānau* believed *ngā kawa me ngā tikanga o te marae* should always apply. Regional variation to both *tikanga* (procedures) and *kawa* (protocols) on *marae* meant that in order for a national programme to be effective, it had to engage from an amalgamation of *whānau*, *hapū*, and *imi* perspectives (or more generally from a Māori epistemology). As a programme funded by tax payer money for delivery by a national mainstream organisation, the programme was expected to make a positive contribution to Māori health.

The following excerpts from participant interviews reflect the diversity of views by Māori, while also reiterating the importance of their inclusion throughout evaluation conversations. While Foundation staff, *imi*, and Māori providers were not at the negotiation table, their concerns were a leading influence driving the initial evaluation discussions. The Ministry (A) initiated evaluation conversations in response to complaints from Māori staff¹³ (within the National Health Foundation). Again, after the evaluation team were contracted, external stakeholders influenced the shape of the

¹³ National Health Foundation staff were neither the evaluation provider or the evaluation funder in this situation. In this context their role was as an evaluation stakeholder.

evaluation. Initially the evaluation intended to focus on the comprehensiveness, effectiveness, and collaborative interconnections of National Health Foundation services. However, after an initial round of interviews with Māori stakeholders, the evaluation team leaders re-shaped the evaluation to include an explicit focus on a Māori specific programme and the overall contribution of the service to Māori health outcomes. Presented below are comments from the evaluation team co-leaders who gained insight during early conversations with Māori stakeholders:

Having met with [Māori stakeholders] and asked them about their relationship with [the National Health Foundation] it became our [the evaluation team] job to explain the importance of their [Māori stakeholder] experiences of [National Health Foundation] with a view to making a positive change. (Hana, Evaluation Team Co-leader)

The Funder had revised the contract and charged the evaluation team with determining the effectiveness of all the services for Māori. To assess this, the team had to engage in a working relationship with National Health Foundation managers. Of the entire project the evaluation team members perceived the initial engagement with the provider (NHF) as the hardest because of the need to gain entry into the organisation. Understandably, the tension level initially experienced by the evaluators was high. During the early stages of implementation the evaluators felt hamstrung by their inability to challenge the National Health Foundation about the lack of contribution to Māori health gain when they needed the Foundation's permission to access the programme in the first instance:

Their manager [in the National Health Foundation] doesn't believe staff have to provide effective services to Māori because that will mean redistributing resources when he made it quite clear that he believes that there are Māori services who are specifically resourced to help them [Māori]. So we had to show [him] and the other managers what their obligations were as a mainstream provider; but in a way that wouldn't have them shut us out for the rest of the evaluation. (Thomas, Evaluation Team Co-leader, Pākehā)

While Thomas referred to the importance of relationships via a Pākehā frame of understanding in his commentary, parallels can be made with values Māori hold towards *wbanaungatanga* (Durie, 1998). For example, the evaluator's fear of being denied access to key information and people from within National Health Foundation meant that emphasis was given to establishing open communication with management staff as a way towards enhancing access. Without a pre-existing relationship, connections had to be established (whether through acquaintances, shared history, or empathy with

the current situation) by the evaluators who needed to establish a connection with key stakeholders if they were to present a relevant and informed evaluation.

The evaluation team needed to facilitate a working relationship with the National Health Foundation and ensure continued access to relevant stakeholders, planning and reporting documents as well as timely warning of any upcoming events hosted by the National Health Foundation, the evaluation team felt they had to develop a working relationship. This meant during the first year the evaluators were reluctant to challenge the National Health Foundation. The perception of the evaluation team was reinforced by conversations with other Māori and *imi* provider services that had experienced poor working relationships with the Foundation in the past.

Emphasis, within Māoridom, on *whānau*, *whānaunga*, and *whanaungatanga* (Bishop, 1998; Durie, 1994c; Stein & Mankowski, 2004) reflect the importance of encounters (Hodgetts et al., 2005; Masters, Levy, Thompson, Donnelly, & Rawiri, 2004) that serve to remind Māori of their connections to each other (Hudson et al., 2010; McKegg, 2005). Across the regions, Māori community commitment to *whānau* and their health were already in motion across *marae* before the national He Oranga Marae programme was formally established. For this reason, when communities gave their support to the programme, the expectation was that they would retain their already existing, *whānau* autonomy:

I've been doing this mahi [looking after our health] with the support of [Māori provider A] before Raumatī came to visit us. Now with her alongside us, we have more contact with [NHF]. (Rita, kuia, kaumātua Marae I)

We address this [our/Māori health] as a community. Our marae has a designated area for smokers and our cooks have been delivering healthy kai options for our manuhiri. (Rihari, koroua, kaumātua Marae E)

While neither of these *kaumātua* would have the power to affect change within the National Health Foundation (Durie, 1994), their status as erudite elders meant they had power to affect change within their *marae* communities (Te Puni Kōkiri, 1995). An evaluation that failed to recognise the connection of community stakeholders (Giblin, 1985; Feuerstein, 1986) to a Kaupapa Māori programme would miss a key underlying element of that programme. All Māori evaluators in this case study acknowledged that to be invited to community events (such as *marae* meetings) meant engagement was required that would allow the evaluators to be known and seen by the people.

Within a Māori context, to be known is to be seen. The cultural value placed on being a face seen is a prominent theme repeatedly presented by indigenous researchers. Fiona Cram (2001), Kataraina Pipi (Pipi et al., 2002), and Linda Smith (1999) refer to the expectation by Māori that the person will be part of the community, committed to contributing to positive change (Kahakalau, 2004) and accountable to that community (Walker, 1987). Failure to meet any one of these expectations would be to act outside cultural expectations and would therefore invite at best a reprimand, at worst, exclusion (Nikora, Masters-Awatere, & Te Awekotuku, 2012).

Evaluators who exclude the diverse perspectives within communities maintain the status quo of the power imbalance. The exclusion of community voices does not contribute to a Māori agenda and further silences the community's demand for accountability. Within the proposal to Ministry A was reference to Māori dissatisfaction with the National Health Foundation (NHF: EP-01). The Ministry were clearly aware the service was not meeting Māori community needs, and the evaluation was a strategic response to intervene from a distance. Because the dynamics were known by the funder (and later the evaluators), the expectation to deliver results through the evaluation meant the evaluators felt additional pressure to establish a working relationship with the provider in order to access the relevant information (Ben, interview 2006). In this case study, power was largely located with the National Health Foundation, the national provider, and the level of personal investment from Māori reflects the politically contextualised nature of evaluation (Cardoza, Castañeda, Sanchez, & Brindis, 2002; Weiss, 1987).

Stakeholder responses to the evaluation

Both external providers (He Iwi Kotahi and Māori Ora) expected the evaluation to hold National Health Foundation accountable for their lack of contribution to Māori health gain. During my interview with her, Kiri (Tūmuaki of Māori Ora) talked about her hope that the evaluation would hold the National Health Foundation (because it was a mainstream provider, receiving funds to provide health to Māori) accountable for their failings towards *whānau*, *hapū*, and *imi* health outcomes. Her experiences as manager of a Māori health service (Māori Ora) meant she knew there were Māori who were not accessing her organisation's service. There were Māori who did not connect

to their Māori heritage and therefore felt more comfortable accessing mainstream services (for example, some Māori feared being asked to recite their *whakapapa* – genealogy – and not being able to do so). As a result of the poor state of Māori health, Kiri felt Māori health services should be provided by mainstream providers (who could reach those too afraid to see a Māori/iwi provider) who would service their needs as Māori:

Wherever Māori deliver a service they are marginalised and whenever they work in a mainstream organisation, they're not valued to the same extent that they are valued in the community...where on a twenty dollar bill does it say it is not for Māori health being delivered our way? (Kiri, Tūmuaki, Māori Ora)

Kiri's perception and comment reflect those of Māori communities (some of whom were represented by the *marae whānau* with whom I spoke) who expected that National Health Foundation would be held accountable for providing minimal resources to a programme delivered on their *marae*. Even though *whānau* had been careful in allowing the programme to enter into their lives, the impact of the evaluation on their lives was not well received. Whānau felt that while the evaluation did well to show the strength of the original *kaimahi* to get the He Oranga Marae programme up and running under such contentious circumstances, the evaluation provided no real examination of the delivery outcomes against Mātauranga Māori. Whānau felt the evaluation did not do well in providing a firm judgment of the Foundation:

Where in the report is [Hinerangi's] work with our people made clear? She was the spark that made all this happen – not [the Foundation]. She put a lot of work into getting marae on the right path... (Eru, Whānau member, Marae C)

From the comments raised by Eru (and others), the importance of Māori cultural values and processes to the programme were not satisfactorily considered in the measures taken by NHF or the evaluation. Despite the evaluation failing to assess the programme using Māori cultural frameworks Hinerangi was positive about the evaluators. Hinerangi's comments below make clear her satisfaction that a deeper analysis of her work was done by the evaluation team (which included Māori) than would have perhaps been done if the team had been comprised only of non-Māori:

...Having evaluators come in, and they had Māori on their team, who came to evaluate our programme, was great for me – because they brought their plan and explained how they were going to evaluate the whole programme. After critically examining all the components, they found that the most successful and least resourced services of [the agency contract] were the Māori services [including the He Oranga Marae programme]... [The evaluation] also provided

useful strategies for moving the service forward even more. (Hinerangi, Former HOM Kaiārahi, 1997–2000)

Hinerangi’s role as Kaiārahi was a 1 FTE position that demanded 2 FTE of her attention. Her family and social life were consumed by healthy *marae* because “in order to make change with our people you have to be that change”. Unable to clock out at 5pm like other colleagues Hinerangi expected that the evaluation would hold the National Health Foundation accountable for their lack of contribution to Māori health and demand more resources be given to the programme. While the evaluation noted such a shortfall in Māori staff resourcing, Hinerangi was disappointed that the evaluators did not spell out in bold, highlighted letters that she was the reason for the gains that were made:

Other people who had been trying to get rid of my role were stopped in their tracks with that evaluation. I saw [the evaluation] as an opportunity for confirmation and recognition of my work... (Hinerangi, Former HOM Kaiārahi, 1997–2000)

While glad that people looking to ‘get rid’ of her position were stopped, Hinerangi also noted her disappointment in the evaluation for not specifically challenging the programme funders for their lack of support for her role. A comment made in the final report, previously highlighted in the summary of the evaluation section, points to a lack of resourcing and aligns with what Hinerangi wanted. However, her lack of enthusiasm suggests she wanted something more. This experience points to an evaluator’s role in navigating stakeholder expectations.

These comments by service provider stakeholders were reminiscent of comments raised amongst evaluation practitioner at two Māori evaluation practitioner gatherings. A mixture of researchers and providers were present. Their comments are provided in the following cameos.

“I am my research... My research is my whānau. My whānau is me...” (Notes from Practitioner Workshop, held in Auckland, November 2005)

“Evaluation is a tool... Like any tool, you can use it to do good or bad things... These are the masters tools that have been used to build their empire... We can’t dismantle what they have built using the tools the way they give us and using them the way they want us to ... We need to change how we use their tools and develop our own to strengthen our world.”

(Notes from Practitioner Focus Group, held in Taupo, July 2005)

The two comments within this cameo box highlight the personal ownership, obligation and commitment those working for Māori collectives feel. Implied in the first comment is a cyclical relationship. In the second comment a call to be both proactive and use cultural frames to contribute to Māori worldviews is presented.

Connecting the evaluation to the culture of the programme

The He Oranga Marae programme was housed within a mainstream health provider. Ownership of the programme was felt by each of the stakeholder groups. The notion of ownership was essential to this programme intended for, and delivered on, *marae*. Community ownership has been recognised as a positive contributing factor in the uptake of a health promotion programme within a community (Durie, 1985a; Rada et al., 1999). However, when ownership is contested, tensions can arise that detract from programme effectiveness (Durie, 1993).

Comments made by community stakeholders highlight *whanaungatanga* (relatedness) as a core concept that contributed to the uptake and success of this programme across different *marae*. *Marae* existed before the He Oranga Marae programme and continue to exist after the programme had formally ended. Ownership of the programme by *marae* meant that health changes were not dependent on the longevity of the programme, but were helped by the resources that supported those advocating for change.

The work demanded of health providers to negotiate cultural aspirations that fit within measurable short-term service contracts was not always received positively by *whānau*. One example of such tension was expressed in the national He Oranga Marae Programme that was resourced with a 1.0 FTE Kaiārahi position. Contained in the service specifications was a key output to engage 10 *marae* per year to become 'Healthy Marae'. Despite the best efforts of Kaiārahi to bring *marae* on board with the He Oranga Marae *kaupapa*, none of the three Kaiārahi were able to meet the yearly target while meeting cultural obligations and expectations surrounding *marae* engagement processes.

The long-term investment needed to implement changes to Māori health outcomes on *marae* requires the support of local communities (Durie, 1985a) and local ownership of

the programme (Durie, 1994a; Forster & Ratima, 1997). Putnam's (1993) assertion that a shared social capital is developed among communities through repeated contact (and through trust and cooperation) by people involved in long-term relationships that support their local community institutions is relevant to this context.

Navigating client and stakeholder tensions was a major theme for the evaluators in this case study. For *whānau* and community members, a desire to have their concerns heard was an essential factor in determining whether the evaluation was successful. *Whānau*, *hapū*, and *ivi* wanted affirmation that their *kōrero* contributed to positive change for their people: that their views would be considered in the evaluation report and its recommendations. When stakeholders' perceived that a positive outcome did not evolve as a result of the evaluation, it was not the evaluation funder who had to answer *whānau* questions. In this next example, frustration is obvious from community elders whose contribution was twice not valued in an evaluation, first through the evaluation's processes and second by the absence of *kaumātua* voice in the evaluation report:

Poor koro [Henare] and aunt [Mere] hosted the [evaluators] in their home... gave them a kai... shared so much with them about the programme and the community. Talked about their vision for healthy whānau... and none of what they said was in the report. (Raumati, Former Kaiārahi, 2000–2005)

The frustration of Raumati on behalf of the *koroua* she worked with was also discussed by the *koroua* (Henare) when I talked to him about the evaluation. He spoke of a time when evaluators were given *manaaki* on visiting the home he shared with his wife. Henare and Mere had been strong advocates for the programme in their region.

When two of the evaluation team came to the *kaumātua* home, Henare and Mere shared their *kōrero* of how times had changed since they were young, when family was central. Mere was passionate about *whānau* and had much say about *whānau* values being hard to impress on families who were living a fast life in the cities and had no time for each other. The evaluators were at the *kaumātua* home for over 2 hours, where they were given *manaaki*. Mere and Henare's *kōrero* was not in one of the evaluation reports. Mere died less than a year after the evaluation. Although Henare continued to support the programme, the absence of any recognition of their suggestions in the evaluation report and visible changes to the programme as a result of that interview left him with a sense of pointlessness, given the sharing that took place at his home. As *kaumātua* ("ko ngā kau peka o Io matua korē", which translates as "the branches that connect to

God”) the link elders are given to divinity and knowledge explains why *kaumātua* are held in such high regard.

The cultural accountability and obligation expected of Māori evaluators were reflected in the criticisms levelled at this evaluation. Such cultural criticisms were made by members of two stakeholder groups (programme provider and participant). No comments were made about the Pākehā evaluators – only the Māori evaluators were named or referred to by the stakeholders. Because of the absence of comments targeting the non-Māori evaluators on this team, it seems they were not held culturally accountable for the evaluation. Comments made about Māori evaluators suggest that high expectations were placed on Māori evaluators to meet cultural obligations assessed against Māori principles – an expectation I noticed was not applied to Pākehā (non-Māori) evaluators on the team.

Critical issues in the He Oranga Marae case

He Oranga Marae programme was delivered for 10 years (1998–2008). During that time, two external evaluations were conducted on the programme. The evaluation in this case study was the first external evaluation experienced by provider staff and *whānau* of this programme. As a programme designed by Māori for delivery on *marae* complex tensions were expressed by the different stakeholder groups.

Several critical issues that posed challenges to the evaluation/evaluators were identified within this case study: *ownership and control*, *effectiveness of the programme/ service*, *accountability*, *relationship management*, and the *application of Mātauranga Māori*. As critical issues noted against the different stakeholder groups, the evaluator responses to these issues provide a valuable insight into the implications of evaluations directed at programmes derived from, and operating within, a Māori frame. Each of the critical issues identified are discussed below.

Ownership and control

A recurring tension was reflected in the programme ownership and control tensions that surfaced across the different stakeholder groups (*marae whānau*, providers, and the

Funders). Each stakeholder group felt the programme was owned by them: first, by *whānau* whose lives were enmeshed in the life of *marae* and prepared the food presented in the *whare kai*; second, by the providers (not just National Health Foundation), who developed the programme and provided resources (such as skilled health professionals, training to *marae* workers and *taonga* for *marae*) that fostered delivery on *marae*; and finally by the Funder (Ministry A) who purchased the programme by providing financial resources that enabled providers to deliver the programme.

In order to produce the evaluation outputs contracted by the funder, evaluators had to negotiate a working relationship that would allow them access to information held by the various stakeholder groups. Relationships had to be forged by the evaluators, which meant that trust had to be built and maintained. Each stakeholder group had their understanding of ownership and control of the He Oranga Marae (HOM) programme. Each stakeholder group had their expectation of how the evaluators should respond to their group needs. Evaluators had to navigate meeting those needs or respond accordingly if they failed to meet those needs. A key skill evaluators needed to demonstrate here was an ability to establish relationships with the different stakeholder groups in order to access the information each group had about the effectiveness of the programme to their (stakeholder group) needs.

Effectiveness of the programme/service

A common critical issue identified across the stakeholder groups reflected the different perspectives each had on the effectiveness of the programme/service. Despite Māori being identified as a key priority group, and identified by National Health Foundation as one of the 7 key objectives of the national service, the level of resources given to this programme through the employment of one full-time coordinator (referred to as the Kaiārahi) to deliver the programme to all *marae* around the country was poor. Whānau and providers (outside the Foundation) repeatedly complained about the National Health Foundation's poor commitment to meeting its objectives. Subsequent to the evaluation being completed, He Oranga Marae removed from its long-term strategy a commitment to reach 10 *marae*. Instead, achieving healthy *marae* from 10 *marae* per year was set as an annual target. While the change could be considered a positive result, the absence of any additional funding or recognition of out-of-hours

work in the community meant the programme was given an unrealistic goal (in light of the already discussed cultural expectations of working relationships – see Chapter Two). As a key performance measure to be achieved annually, repeated failure to meet this target (a highly likely scenario for this programme) would pose a threat to continued funding of the programme. Given that funding of the programme has now been withdrawn, Hinerangi and Raumati were left wondering whether the shift would be a fatal blow to the He Oranga Marae programme.

Beyond developing an evaluation that would produce the desired information and judgements about the He Oranga Marae Programme, the evaluation team working on this project had to develop a systematic judgement that would stand up to the scrutiny of stakeholders and their peers. Managing a project that reflected the aspirations, informational needs, and investments made by the multiple stakeholder groups required a critical multi-level analysis that enabled any judgement by the relevant stakeholders about the effectiveness of the programme/service to be reliable. When evaluators are responding to different frames (such as those of funders who were interested in external/objective validity and *whānau* whose interests lay in internal/subjective validity) understanding of the different influences are very important.

Accountability

Each stakeholder group expressed their desire for the evaluation to hold other stakeholder groups accountable for meeting the needs of the programme. Stakeholder expectations contained within the case study are summarised by the following groups. For *whānau*, the expectation was that the funder would provide adequate resources to the He Oranga Marae programme, and to Māori/iwi providers (He Iwi Kotahi, Māori Ora) who provided allied support and services. For providers, the expectation was that the funder would remove any red-tape that hindered their ability to deliver the programme. Finally, for the funder, the expectation was that the providers would demonstrate working in an effective and efficient manner towards delivering a programme that contributed to reducing an identified health need for Māori (through healthy marae).

During my initial analysis, I wondered if Hone, the Tūmuaki of He Iwi Kotahi who developed the joint proposal, was simply jealous their service did not get the funding for the programme, and so set about trying to sabotage the He Oranga Marae Programme. The cynic in me says we have a Māori representative wanting to establish a partnership with a non-Māori partner. Both entered into negotiations for a fruitful partnership, but with different understandings of what the partnership will look like and how to maintain the relationship in the future. The non-Māori partner received the resources and backing to shape the programme as they wished, while the Māori ‘partner’ was pushed aside and all promises forgotten. This scenario has commonalities with Māori writing on decolonisation. Māori have experience of this colonial strategy (Jackson, 1998; Pihama, 2001; Smith, 1999) – in relationships between Māori and Pākehā (Nairn, Pehi, Black, & Waitoki, 2012) – continuing to be played out with regards to Treaty tensions (Walker, 1987). Furthermore, such actions perpetuate institutional betrayal, a topic widely discussed by psychologists within the context of long-term trauma (Fine & Burns, 2003; Smith & Freyd, 2014).

After a second round of interviews with Hone (Tūmuaki of He Iwi Kotahi) and Kiri (Tūmuaki of Māori Ora) I came to understand that these providers wanted to work with the National Health Foundation who had the financial resources to deliver a programme in a way that could: 1) work with Māori in touch with their “Māoriness”, and 2) create a connection for those Māori not in touch with their “Māoriness” who were not accessing the supports provided by their Māori services. Such aspirations did not match my initial thoughts that the providers were jealous of the funding that was handed to National Health Foundation.

For this evaluation, team members had to navigate the tensions across providers as well as within the National Health Foundation. Considerable diplomacy was needed to collect the necessary information to produce a meaningful evaluation (Patton, 1997) and do this in a way that does not feed antagonism between agencies or become involved in those tensions. When the evaluators are Māori, there is an expectation that obligations to *whānau*, *hapū*, and *ivi* will come at a cost (Philip-Barbara, 2004; Pihama, 2001; Smith, 1999). Māori evaluators meeting expectations of cultural accountability have to navigate tensions felt by non-Māori who consider working in such a manner as unfair privileging of Māori (cf. Huygens, 2009; McCreanor, 1997; Nairn, 1997).

Relationship management

The partnership relationship between the mainstream provider (National Health Foundation) and He Iwi Kotahi (iwi provider organisation) reflects descriptions of Treaty partnerships between Māori and the Crown (Huygens, 2007; McCreanor, 1993; Yensen, Hague, & McCreanor, 1989). Many scholars have highlighted the negative experience produced for Māori when these two parties have come together (Jackson, 1992; Kelsey, 1985; King, 2001; Lawson-Te Aho, 1994; Mataira, 2002). While I agree with each of them, I also likened this relationship between the two providers to a marriage. He Oranga Marae was the progeny of the union between He Iwi Kotahi and the National Health Foundation. The behaviour of the staff from these two agencies was reflective of separated parents fighting over their 'child' as if it is a possession they can control.

The importance of relationships when delivering a programme to indigenous people (Gaston, Porter, & Thomas, 2007; Griffin & Floyd, 2006; Hecht et al., 2003), and in this instance Māori, has been previously noted (Conway et al., 2000; Durie, 1993; Moewaka Barnes & Stanley, 1999). Sadly, poor relationships with Māori and *imi* providers were noted throughout the 3-year evaluation. Poor health experienced by Māori communities continued to shape their everyday engagement experiences with the National Health Foundation.

A Māori worldview was observed through the many cultural values that were expressed in the way people engaged, or expected engagement within the He Oranga Marae programme. Local expertise and aspirations alongside historical context were at the forefront of relationships with the community and were fundamental to the struggle for Māori autonomy over their own cultural health and well-being. As a programme designed for implementation on *marae*, the cultural hub of Māoridom (Thomas & Hodges, 2010), external suggestions for change (such as through provider influence or national legislation) to a system embedded in the communities that kept a sense of belonging alive for people was perceived as a threat to their autonomy. Comments from Māori community members, providers, and the evaluators themselves acknowledge fears that criteria established externally, for making judgement on *marae*, would be based on a position that valued objectivity and universal application of measures. Such an approach was in opposition to the heart of the programme, whose design and implementation valued cultural subjectivity and internal validity.

To engage the stakeholders effectively (particularly those who placed Māori cultural values as central to their lives), cultural values within those settings had to be fostered, respected, and enacted. Cultural expertise was demonstrated by the evaluators and reinforced by providers and community members who sent invitations to the Māori evaluators to engage in activities of relevance to the programme. Invitations were not issued to non-Māori evaluators, or to the Programme/Evaluation Funder. Such invitations were one example of the relationship management skills Māori evaluators had to practice and maintain throughout the 3-year evaluation.

Application of Mātauranga Māori

The original Request for Proposal did not ask for any cultural frame to evaluate the Healthy Families Service (NHF: EP-01). Before the evaluation team undertook an initial round of interviews with Māori stakeholders, there was no cultural assessment frame for the programme. However, after an initial round of scoping interviews, the evaluation team agreed that it was important to introduce an audit tool to assess the service (Ben and Matiu, interviews 2005). Mason Durie's (1994) Cultural Health Indicator (CHI) audit tool suited the context. The relevance of the national service to Māori health outcome, and the introduction of He Oranga Marae, meant that a cultural assessment frame was warranted (Hana, interview 2004). Cultural values were prominently shared by Māori stakeholders and supported the inclusion of a Māori lens when evaluating the He Oranga Marae programme.

The central value of *whanaungatanga* (kinship relations) was prominent for Māori stakeholders and Māori evaluators. An important belief in *whānau*, *hapū*, and *ivi* was fostered through familial relationships that reflected a Māori worldview. The strength of cultural knowledge for communities and providers manifested as accountability, relationship engagements, and cultural obligations. For Māori evaluators who were working for a central government agency such cultural obligations manifested in different ways. In some there were intensified self-identification tensions, heightened stress to meet cultural expectations; for others there was a familiarity that was embraced. Such familial connections by Māori evaluators can be referred to in terms of biopsychology conceptual frames in that the situations were experienced as a threat

(that elicited feelings of freeze, fight, and flight) that were not experienced by the Pākehā evaluation team members.

While Mātauranga Māori was considered less important to the Programme/Evaluation Funders than the other stakeholder groups, a Māori worldview lies deep within a culture and the individuals of that culture (Foster-Fishman, Nowell, Deacon, Nievar, & McCann, 2005). An effective evaluator in this case study had to be mindful of the ways in which worldviews, culture, and social institutions provide a template through which people perceive the opportunities and threats facing them (Royal, 2003). The extent to which the evaluators in this case study were effective in applying Mātauranga Māori to the evaluation received mixed ratings by participants in this case study.

Chapter discussion

Indigenous knowledge is inherently tied to the people's mutual, relationship with their place and with each other over time, and through the common experiences of colonialism with imperial might, whether arising from European explorations or subsequent colonial governments. (Battiste, 2013, p. 95)

These words by indigenous scholar Marie Battiste capture the complex nature of relationships within this case study and their on-going impact on relationships. Tensions noted between Māori and the Crown have continued since the signing of the Treaty, and further tensions as a result of the jointly written proposal experience, have engendered further distrust. Disregard for Hone (Tūmuaki of He Iwi Kotahi) provides a point of grievance for Māori to continue their distrust in the Crown. Poor consultation with the legislation impacted the level of trust *marae* communities had in the Crown. The introduction of the Smokefree Environments Act (2003) and the Foreshore and Seabed Act (2004) counteracted *marae* desires for more autonomy. The National Health Foundation represented the Crown, so, by extension, a lack of trust was levelled at the mainstream national provider who did not have a commendable reputation for working with Māori.

In this case study are examples of the balance required of programmes that desire community buy-in and yet wish to retain ownership within their organisation, and of the on-going impact a relationship built on betrayal had on the sustainability of the

programme. These relationship tensions had on-going impacts on the programme, which had implications on the contracted external evaluations.

The evaluation was reshaped after the initial proposal had been accepted by the Funder. After an initial round of stakeholder interviews, the evaluators recognised the accountability of the national provider to contribute to Māori health gains. As a mainstream provider the evaluation tool chosen (Mason Durie's 1994 CHI Audit) by the evaluators was appropriate for the setting. While management staff within the National Health Foundation were reluctant to accept the change, the Programme/Evaluation Funder responded positively to the inclusion of a cultural lens. Already fearful of the evaluation, the change increased management staff tension with the evaluators by National Health Foundation management staff.

Marae were the cultural institutions central to the delivery and impact of the He Oranga Marae programme. Engagement with *marae* ideals was demonstrative of Māori ownership and control over their own health agenda. As a desired aim of the programme, for the National Health Foundation to decide the future of *marae* was anathema to Māori desires. Caught between two worlds, the evaluation team approached a shared dialogue among *marae* in the hopes of finding a common ground for He Oranga Marae and the providers (National Health Foundation, He Iwi Kotahi and Māori Ora).

The evaluation was a 3-year contracted project. This was the longest evaluation of any of the cases examined in this study. This evaluation also had the biggest team of researchers ($n=6$) and produced the largest number of evaluation reports ($n=15$). The prolonged engagement of evaluators in this case meant there were opportunities to establish and maintain relationships with *marae* communities. The ability to engage in relationships introduced cultural accountabilities and obligations to which the non-Māori/Pākehā evaluators were oblivious.

Marae resilience and resistance to outside forces imposing change on their daily lived experiences were demonstrated in this case study. The engagement of Māori evaluators on the team brought benefits to the evaluation outcomes and tensions felt differently between evaluation team members. Although they may not have known them at the beginning, Māori evaluators had cultural obligations that, once known, created an added layer of pressure that was not experienced by non-Māori/Pākehā evaluators.

Because *marae* histories and obligations had been acknowledged and, where necessary, re-negotiated (Smith, 1997) there was a shared narrative. With such accountability ties established through Māori practices, Kaupapa Māori research approaches can be enacted (Smith, 1992) by evaluators.

This case study has highlighted the shared and collective vision/philosophy of *marae* for their own health aspirations (Smith, 2004) that were specific to each *ivi*, *hapū* and *whānau*. Prioritisation of local, social, and economic aspirations for well-being was distinct to each *marae*, yet had overlapping commonalities (e.g. *tino rangatiratanga*). The tensions and stresses experienced by the Māori evaluators have been noted by others (Cram, 2003; Keefe et al., 1998; Moewaka Barnes, 2003; Moewaka Barnes & Te Rōpū Whāriki, 2009). New to this situation is the ability to contrast the experience with non-Māori/Pākehā evaluators who were involved at the same time. This case study highlights the impact of previous relationships between Māori and the Crown on a programme and the subsequent effect such an impact has on an evaluation. Also contained in this case study are examples of the cultural obligations observed by Māori evaluators that created additional stress that went un-noticed by their non-Māori colleagues.

CHAPTER FOUR: STUDY TWO

The Whaia te Ora Case Study

The following case study focuses on Whaia te Ora, a regional programme that traces its beginnings to the successful delivery of a sports day (called He Oranga Mou) in 1995. Requests for the continued organisation of the sports day evolved into a regionally focused health programme delivered across two *imi* boundaries, therefore involving two *imi runanga* and dozens of *hapū*. Whaia te Ora (WTO) was externally evaluated once (in 2002). Though no longer receiving financial support from the District Health Board (DHB), Whaia te Ora continues to adapt and deliver its healthy living *kaupapa* to its community based on the feedback from internal evaluations of programme events.

The positive impact of sports programmes on Māori health, and particularly on Māori youth, has been well documented (Hillary Commission for Sport, 1998; Moon, 2012; Rada, 1997a; Ropiha, 1993; Tunks, O'Connor, & Edwards, 1999; Walker, Ross, & Alistar, 1999; Wilson, Allen, & Russell, 1993). Less visible are evaluations of Māori sports-oriented health programmes that are oriented from a Māori cultural position. Within this case study, the provider expressed a desire for an evaluation developed with a culturally centred frame that would align with the culturally centred programme. Unfortunately, the Programme/Evaluation Funder wanted a “scientific-objective” evaluation that could demonstrate success through statistical analyses (Trochim & Donnelly, 2006; Weiss, 2004). The desire of the Crown representative – a regional District Health Board – in this case study for such information was consistent with the earlier noted literature presented in Chapter Two.

Well-known American evaluator Patton (1986) has been a key promoter of utilisation-focused evaluations that are captured within participant-oriented models. Referred to as ‘alternative’ approaches, these types of evaluations are considered the fourth class of evaluation strategy (Fitzpatrick et al., 2004). Distinct from evaluations that aim for “objectivity” these evaluations are intended to be useful to the stakeholder most likely to use the information gathered for and generated from the evaluation (Ahmady et al., 2014).

Within this case the evaluator was placed in the unenviable position of trying to navigate two distinctly different stakeholder group expectations. On one hand, there was a programme funder whose information request was based on a desire to demonstrate how the programme fared compared with other similar types of programmes, and report any obvious successes to the funder. On the other hand there was a service provider who wanted to know if the programme was having the intended impact desired for programme participants. No statistical data of relevance to the programme funder's wishes had been gathered during the programme cycle. Nor had the service provider been gathering narratives from participants and their *whānau* during the programme in order to capture their views of how the programme met their needs. Neither of these stakeholder expectations were outrageous, and could have easily been managed by the evaluator IF sufficient time and effort had been built into planning the evaluation before the external practitioner was 'hired' to complete the project, AND if there was more time available to the evaluator to complete the project. Despite the short timeframe allocated to the evaluator to complete this project, efforts taken to develop a relationship with the *whānau* and provider stakeholders were noted.

The analysis of this chapter is oriented around understanding the impacts of an evaluation on the stakeholder groups (funder, service providers, service users, and their *whānau*) involved in this example of an evaluation with tight time constraints. Identified as central to Whaia te Ora were the two Māori cultural concepts of *mana* (leadership) and *tinio rangatiratanga* (sovereignty). Referred to in this case, these concepts are considered when attempting to understand stakeholder experiences of an external evaluation.

The origins of Whaia te Ora, its deliverables and funder

Operating for its beneficiaries (everyone resident within the regional boundary), Whaia te Ora is based on a model of well-being that encompasses a holistic approach to Māori health (WTO:IR-06¹⁴). Formally registered as an incorporated charitable trust since 1998, Whaia te Ora has evolved since its early beginnings with He Oranga Mou in 1995.

¹⁴ Such references refer to coded archival documents supplied by interview participants. A description of the codes used have been listed in Appendix 4

Before Whaia te Ora was formally established, a trial health programme (He Oranga Mou) that involved a series of events was delivered in partnership with the local DHB, Māori and *invi* Providers and a prominent Sports Club (WTO:AF-02). Such events included *marae* and school visits, an international sports exchange, elite level coaching, and a series of health promotion workshops. Increased membership and participation by local youth in the local sports club facilitated an increase of health promotion resources to the trial programme. The acknowledged success of He Oranga Mou events (WTO:AF-02) were leveraged as a platform for restructuring the programme as Whaia te Ora.

Recognised for the programme's accountability to a Māori collective (at *whānau*, *hapū*, and *invi* levels), this programme sits within Te Puni Kōkiri's (2002) definition of a Māori provider. All *kaimahi* and *whānau* involved considered Whaia te Ora as a Kaupapa Māori programme. Through its role as a Māori provider, Whaia te Ora was well placed to deliver appropriate and effective services to *invi*, *hapū*, *whānau*, and Māori communities as argued by Te Puni Kōkiri (2000, p. 9). Clearly the DHB thought so, by awarding a service contract that gave a "Community Group" a subcontract to deliver services to the community.

An agreement between two parties

An unusual situation had developed with the agreement between Whaia te Ora and the District Health Board. No one I spoke to from either organisation could locate a copy of a signed agreement. While people were aware that an agreement existed, no one knew who had signed the contract, or who had a copy. Instead, Whaia te Ora drew on the draft contract as a guide (WTO:DC-07) and treated it as though it was the signed contract. The draft contract, written in 1998, consisted of four parts (WTO:DC-07):

1. the spirit of the agreement between the two parties (Whaia te Ora and the DHB)
2. the roles and functions of the Whaia te Ora Trust and its service deliverables
3. ongoing support from the District Health Board, and
4. sponsorship agreements (WTO:ER-01; pp. 15–20)

Part One of the contract set the scene for the "partnership" between the DHB and the provider, by way of acknowledging the legitimacy of Whaia te Ora as a community

organisation that had legal status as an incorporated society and its desire to deliver to beneficiaries. Part 2 provided the basis of WTO deliverables by way of goals, targets, action plans, and evaluation, and was the basis on which the DHB demanded an external evaluation. Parts 3 and 4 outlined the support that would be provided by the DHB, by way of a key worker, support staff and sponsorship opportunities (but not funding).

Programme aims

Whaia te Ora aims to promote healthy lifestyles for families in the community. As evidenced through development activities that facilitated community participation at local events throughout the region, Whaia te Ora described itself as a community programme (WTO:ER-01; p. 28). Under the leadership of its Trustees (who were nominated by the beneficiaries) Whaia te Ora was charged with meeting four objectives:

1. To develop cultural knowledge and awareness
2. To raise awareness of good nutrition among participants
3. To increase the participation of *rangatahi* in regular physical activity, and
4. To reduce *rangatahi* uptake of tobacco and other substances.

Whaia Te Ora saw these objectives as fostering teamwork, leadership, and *whanaungatanga* (knowledge of *whakapapa* connections to people and the environment locally and internationally). The benefits associated with such information would help young people make informed choices about their health (WTO:PP-05). To achieve these objectives, an agreement was made with the District Health Board.

Regional context of Whaia te Ora

Considered one of New Zealand's highest areas of need (WTO:PR-04) the region is spread over a large rural area with one major city in its boundary. The Population Census (1991, 1996, 2001) identified the region had the lowest rates of population growth, employment, income, education, and housing compared with the country as a whole. Average household income for the region (<\$30,000) was lower than the national average. That figure was likely inflated by the number of (Pākehā owned)

farms in the region where household income was much higher. Few Māori in the region owned their own home; rental accommodation was common (WTO:PP-05). More than half the population in the region were aged between 25 and 44 years. The next highest age group were 15 years or younger. Almost 43% of people aged 15 years and over had no formal qualification (compared with 33% nationally). Gang membership was growing among the youth, and the number of Māori elders (60+ years) was in decline. While more than half the population in the region identified as Pākehā (53%), the next highest group was Māori (43%)¹⁵.

This backdrop of negative statistics sparked the genesis of Whaia te Ora (WTO:PA-03). Emerging professionals who had grown up together and completed their training qualifications were working in different health-related organisations (Māori/*imi* health organisations, DHB, WINZ, ACC, and local *rūnanga*). Their concern at the future prospects for the region facilitated a desire to make a change for the youth. Drawing on local resources, this group of young Māori professionals (with Pākehā allies) sought local historical knowledge and guidance from senior community members (Māori and Pākehā) to improve the health of the community – in particular its *rangatahi* (youth). With leadership from senior citizens, Whaia te Ora aspired to facilitate opportunities for healthy lifestyle choices and increased cultural knowledge for younger generations (WTO:IR-06).

Mātauranga Māori and evaluation

Whaia te Ora (WTO) located the *kaupapa* of its programme in identity. By taking guidance and wisdom from local leaders, Whaia te Ora embraced a holistic approach to health and well-being through strengthening participants' identity. Participant engagements intended to give value to *mana atua*, *mana whenua*, *mana moana*, *whakapapa*, *kaapa haka*, *te reo*, *hauora*, and *marae* (WTO:PP-05) in the everyday life of the programme. Whaia te Ora members believed that by strengthening people's sense of connection to Mātauranga Māori through learning more about their identity, young participants would develop a sense of belonging and accountability to the community around them. In light of the aspirations of the programme, the following section considers two cultural positions derived from a Māori worldview (Foster-Fishman et al., 2005) – *mana*

¹⁵ Demographic information sourced from WTO:PR-04 and WTO:PP-05

and *tinu rangatiratanga* – and how such positions intersected in the evaluation of the Whaia te Ora programme.

Mana

Contained within the sense of belonging is the notion of *mana*. Because *mana* is a broadly understood and used term, a simple way of capturing the relevance of *mana* within the activities of Whaia te Ora is to acknowledge the attempts made by those involved in the delivery of the programme to highlight the connection of its participants (and therefore community) to Māori deities, the landscape and waterways, the generations past, and the generations yet to come.

In this programme *mana atua* (sacred spiritual power) and *mana tangata* (status earned through deeds) were interwoven into a service that encouraged participants to engage with Māori customary practices and contemporary law. For example, one of the activities overseen by Whaia te Ora was a weekend *wānanga* that involved paddling over 300 km on the ocean in a *waka ama*. In the build up to the *wānanga* participants had to learn:

- *Karakia* – to pay homage to the relevant deities appropriately (Tane, Tangaroa and Tāwhirimātea)
- water safety – to understand legal implications of safe water practice, procedures in case of an emergency, and equipment maintenance
- *Kaitiakitanga* – safe ways of collecting and eating *kai* (from the forest and the ocean), and ensuring future bounty (overlaps with *manaakitanga*)
- *Waiata* and *mibi* – during the trip, participants were going to be hosted by different *marae* (and communities) and needed to be able to introduce themselves, adhere to *marae* protocol and perform appropriate songs during informal evening entertainment activities.
- Sports medicine – strenuous physical and psychological demands were expected during activities, so participants had to learn about how to ensure they were in a good physical and psychological space before embarking on the activity

- Health (healing) – in the event of becoming unwell, participants needed to know the signs to look out for (in themselves and in those around them) and how to apply simple first aid while awaiting further assistance.

During preparation activities before the *wānanga*, different facilitators brought their expertise to the group. Part of the introduction and debrief to each of these areas included learning cultural values that placed their (*ivi/hapu*) knowledge as central. The continual positive reinforcement from those facilitating the workshops returned huge rewards for the participants and the *whānau* who were involved (WTO:SF-09).

The positive “return on investment” espoused by the participants and their *whānau* had flow-on effects for programme staff. Anecdotal evidence collected by staff meant Whaia te Ora were looking for an evaluation that would capture the cultural depth and breadth of the activities they were engaging with within the community. Their observations of the growing confidence, sense of worth, and increased knowledge by participants about different areas of knowledge convinced Whaia te Ora to consider ways of encouraging more youth and their *whānau* to become involved in learning about their history and *tikanga*. Whaia te Ora staff talked often about sport as the vehicle to reaching *whānau*.

When Whaia te Ora was charged with making an evaluation happen, there was a desire to capture the cultural knowledge, values, and processes that were espoused within the programme. Unfortunately, while the service provider wanted an evaluation with a cultural lens that would include service-user perspectives, the Funder of the evaluation did not. This became a point of conflict that had to be managed by the external evaluator, who was supposedly hired to be an objective voice, but felt an obligation to acknowledge and navigate the *mana* of both stakeholder groups.

Even though service-users were not engaged in the evaluation negotiation conversations, Whaia te Ora and Manuera (evaluator) felt a responsibility to respect and grow both the *mana* and *tino rangatiratanga* aspirations of those engaged with the programme – something an acultural or culturally blind evaluation does not have the ability to capture.

Tino rangatiratanga

Over the years, the Whaia te Ora community had seen the quality of its members lives' diminish. In a largely rural community, close connections were maintained and sustained by sharing workloads among extended families. The exodus of families to the cities created pressures on those who remained behind to maintain the land, water, and *marae*. As young people grew up, and had children of their own, the next generation was attracted to the bright lights of the city. Families lost contact with some of the culturally positive influences in their lives. With the passage of time families adopted a nuclear family model, enjoyed a “work hard, play hard” lifestyle that over the years meant the younger generation had compromised their connection to their place and to their *whānau* (including *hapū* and *imi*).

Everyone involved in the design and delivery of Whaia te Ora wanted to see all members of the community achieve *tino rangatiratanga* over their lives as defined by them (the individual members). Whether the changes were small (such as individuals deciding which foods would best support them to lead healthier lives) or big (such as service provision across the region), Whaia te Ora wanted to support healthy communities that assisted everyone in the region to achieve their aspirations.

A problem identified by Manuera, the evaluator, was a lack of *mana* and *tino rangatiratanga* afforded to Whaia te Ora and other members of its community. A clear example he saw was in the way Whaia te Ora was funded and the dictatorial language captured within the contract between them as a service provider and the DHB. Contained within the contract was a declaration that Whaia te Ora would “address the needs of Māori and secure resources to enable [it] to operate independently” of the DHB by the end of its one year contract.

On reading the contract, Manuera's response was to use the evaluation as an opportunity to challenge the Programme/Evaluation Funder. Below is an excerpt taken directly from the final report submitted to the DHB. Contained within this text we see that Manuera lays responsibility for the failure to meet Māori health needs squarely with the funder (DHB):

The finite date set for the deliverables [the provider works towards] to become [financially] independent of [its DHB] contract after 12 months funding dictates there is no allowance for extension of that timeframe. Given 160 odd years of

colonisation, suppression and cultural invasion of Māori [this programme] is supposed to address the needs of Māori within 1 year and operate independently... with sustainable levels of income as well as draw in and uphold experienced, qualified staff? This expectation of any community group is unrealistic. (WTO:ER-01, p. 24)

In this region, despite the high proportion of Māori, the majority of funding for public health services was allocated to mainstream services. This new initiative was charged with the responsibility of addressing poor Māori health and recruiting staff and resources to sustain the programme without long-term funding from the DHB.

Manuera articulated his feelings of empathy for the provider who comprised of a group of community members who drew on their networks to create something for their community members. He was clearly frustrated that the purchaser (DHB who were the local mainstream provider) had neither considered nor accepted their own failure (as a long serving, well-resourced provider) to address Māori health needs. The community initiative and responses motivated Manuera's enthusiasm to push back at the Programme/Evaluator funder:

The whole inequity of the situation just pissed me off! Here was a [DHB] who had been receiving a huge chunk of Ministry funding for years, and clearly they weren't making a difference for Māori. So, this group of local people got together, designed a programme based on Māori practices; sought advice from kaumātua and Māori academics and the funder had the cheek to demand they fix the problem for the whole region within 1 year! (Manuera, Evaluator, interview1)

In this case study, when it came to determining the success or failure of the programme, there is a clear tension between what the provider and community wanted and what the programme/evaluation funder wanted. Those involved in the delivery of WTO wanted to incorporate cultural assessment into the evaluation because that was of primary interest to them. The DHB, however, wanted statistical evidence to show that the programme had reduced alcohol and tobacco uptake among programme participants. With only 5 weeks to conduct an evaluation (including design, implement and report) there was little Manuera could do for the group beyond ensuring that their contracted requirement for an evaluation report was met. The resulting tension this caused for him, the community stakeholders, and the DHB suggests no one was happy at the end of this evaluation. This was a point of tension for the evaluator, who wanted to highlight the relevance and importance of the programme for *hapū/ivi* values but

was constrained by the timeframe of the evaluation to provide a report with a much more limited cultural view.

Data collection methods for this case study

I initially approached Whaia te Ora via an introductory email sent to the Chief Executive Officer of one of the *runanga* in their delivery region. My email included a recruitment request¹⁶. That request was passed on to Ariana the Manager of Piki Mai (a local *imi* health provider) who then forwarded on my request to sub-contractors. Three groups initially responded to my request, and, after further conversations and meetings with each of the groups, one group was selected (and agreed) to participate in my project. While I knew the CEO of the *runanga* and had worked with the Director of the Piki Mai, the final decision to be involved in my project lay with the Whaia te Ora Trustees and Management Team.

Over an 18-month period I held 25 interviews/conversations with a range of stakeholders involved with Whaia te Ora. Ten people were interviewed more than once. Opportunities to gather information were varied. In addition to being able to access their information archives, formal one-to-one interviews, focus group interviews, discussions at *wananga* and management meetings, and observations at organised sports events were conducted. Video diaries and newspaper clippings were also sent to me to review.

Some of the stakeholders involved in this case were *whānaunga* (relatives) connected by *whakapapa* (genealogical ties). For example, Tame (Kaiārahi) and Moana (Kaitautoko) are second cousins and Pita is an uncle to Ariana (Tūmuaki of Piki Mai) and Rewi (Whaia te Ora Management Group). Pita's reputation and status as a respected politician and *imi* leader (Holmes, 2007; Mahuika, 1992) meant that everyone (Māori or Pākehā) referred to him as Matua (uncle). They also deferred to him when seeking to understand the connection of cultural practices and narratives in relation to health aspirations (Waldon, 2004). The reverence given to Pita by various stakeholders within this case, and their shared aspirations for Māori health reflect notions of *kaupapa*

¹⁶ A composite example of the email can be found in Appendix 2.

whānau presented in literature (Cram & Kennedy, 2010; Cunningham, Stevenson, & Tassell, 2005; Statistics New Zealand, 2012).

The following table provides a list of the people referred to in the case study and a very brief description of their relationship to Whaia te Ora.

Table 5: Stakeholders referred to in the case study

Name¹⁷	Title	Relationship Description
Tame	Kaiārahi	Programme Coordinator 0.5 FTE employee at District Health Board
Jack	DHB Manager	In charge of Health Promotion staff and delegation of resources (including Tame's 0.5 FTE).
Hemi	Kaimahi	Work colleague of Tame at the District Health Board
Pita	Trustee	Steering group member of WTO
Lance	Trustee	Steering group member of WTO: Pākehā
Debbie	Management	Member of the WTO Management Group: Pākehā
Rewi	Management	Member of the WTO Management Group
Rawiri	Management	Member of the WTO Management Group
Pene	Management	Member of the WTO Management Group
Raniera	Tūmuaki	Manager of Whānau Tū, a Māori health provider in an alliance relationship, also a DHB subcontractor
Ariana	Tūmuaki	Manager of Piki Mai, an Iwi health provider in an alliance relationship (who later became a member of the WTO Management Group)
Moana	Kaitautoko	Health worker at Whānau Tū, has a work alliance relationship with Tame
Manuera	Evaluator	Sole contracted external evaluator

Throughout my engagement with stakeholders in this case I came to understand the connections between stakeholders and their shared interest in the programme. I realised near the end of data collection that regular reference to the skills, knowledge, and attributes of the Kaiārahi, Tame, when engaging with different stakeholders was a common feature. Different stakeholders spoke about the way Tame stimulated their enthusiasm for the programme. In light of their *kōrero*, and my realisation that he was a key feature of the programme's continuation, I have chosen to provide a specific description of Tame and a brief reference to his position within Whaia te Ora.

¹⁷ Everyone interviewed who has been listed here has been given a pseudonym to protect their identity. Unless stated otherwise, research participants were Māori.

Kaiārahi (Programme Co-ordinator)

Since its establishment in 1999, the Kaiārahi position has been held by one person, Tame, who had grown up in the region and at the time was involved in developing a local eco-tourism venture. Tame's experience in health promotion, health education, and the development of physical fitness training programmes combined with his interests in outdoor pursuits and experience with coaching Māori youth made him an ideal candidate for the role. Known primarily among the management group members for his sporting interests, the management group approached Tame for the role.

After the restructure of He Oranga Mou that brought about the introduction of Whaia te Ora, funding was sought to contribute to the Kaiārahi role. Funding for the Kaiārahi role, in the form of a 0.5 FTE initially¹⁸ for 1 year, was secured from the Public Health Division of the local District Health Board (DHB). Tame (who held a 0.2 FTE with the Division) was already familiar with its reporting systems. Reconfiguring his 0.2 FTE position, Tame accepted the 0.5 FTE position (because doing so still allowed him some flexibility to continue to pursue his other interests) and engaged in a revised role within the DHB. Two years into the role, pressure to produce multiple outputs against reporting frames meant changing the reporting processes Tame and members of the Management Group had developed together.

The evaluation (in brief)

The external evaluation of the Whaia te Ora programme was conducted over a very short timeframe (5 weeks). This evaluation had the shortest timeframe of any of the other case studies involved in my research. Because the evaluation had such a tight timeframe the intensity of engagements between the evaluator and management team, were intense but only lasted for a brief time. The lack of time to engage in a meaningful way during the evaluation was noted by the evaluator, and could potentially explain the reactions of the participants and local community. Before presenting excerpts of the evaluation findings and a description of stakeholder experiences, I provide an outline of the evaluation contract in Table 6.

¹⁸ The original contract was for 1 year; however, a "rolling contract" seemed to be in place as the evaluation undertaken in 2002 referred to the same 1-year contract.

Table 6: Whaia te Ora evaluation contract information

Contracted timeframe:	5 weeks
Number of evaluators:	1
Approximate budget for evaluation:	\$20,000
Nō of evaluation reports produced:	1
Evaluation Funder:	Regional DHB
Evaluator(s):	External Private Practitioner
Evaluator contact initiated by:	Tame (Kaiārahi & employee of DHB)
Type of evaluation:	Process

Given the short time frame, the evaluation focus was on compiling evidence already in existence (through internal data collection) and interviews with staff (including the management team and steering committee) rather than interviews with a broader range of stakeholders such as participants, their *whānau* and the wider community members (Manuera, interview). Despite excluding participant and community interviews, the evaluation was still able to show that a high level of community and cultural knowledge were supported in the programme. The following series of quotes highlight the relevance of community and culture in the evaluation report (WTO:ER-01). The first quote describes the sense of ownership and control embraced by the community and recognises the ability of this programme’s stakeholders to build a strong support network that will contribute to Māori health gains:

A large amount of health promotion activity is located within communities and is culturally embedded in the local context. The level of community involvement and potential for further involvement through an acquired sense of ownership, through contribution to people’s own health in a programme such as this has huge potential for Māori health outcomes. The networks and knowledge of communities involved have greatly assisted the development and implementation of [the programme] in rural locations. (WTO:ER-01; p. 29)

This programme drew on respected “celebrities” within the local community, such as an *imi* leader, a politician, an international performer, and a successful businessman. Because these people were committed to making a positive contribution to their own community they agreed to be ‘figureheads’ for the programme. As the programme evolved and demands for their time increased, adjustments to programme delivery had to be made. Such changes were supported by the introduction of government funding. However, because the group had been operating on the energy of volunteers, Whaia te Ora’s new role as a service-provider on behalf of the government meant they were

accountable for those resources. Not fully aware of the expectations now demanded of them, Whaia te Ora staff needed up-skilling:

As a community programme [WTO] is accountable to the Māori community. Recent funding support from government agencies has introduced new accountability demands that require up-skilling of [programme] staff. Reporting demands by the DHB, as programme funder, were an extension of the already existing programme. These new requirements suggest the DHB has an obligation to train and support providers to meet their funding expectations. (WTO:ER-01; p. 32)

Perceived as an innovative approach to Māori health, the programme in this case study, as with all the others in this research, positioned Māori cultural knowledge and values centrally; the people in the programme related to each other with that firmly in mind. Because the programme was developed from a cultural base, it seems logical that an evaluation would at least include a cultural lens when determining its success or failure. Unfortunately, that was not the case. Referred to by Schrieber (2000) as a categorical error, the evaluation report highlights the desire of the provider and the community who “own” this programme for a cultural frame to be used when placing any judgement on the programme value or worth:

The potential impact of [WTO] on communities in this region and the innovative way services are delivered make it essential that a comprehensive evaluation be undertaken. Given the philosophy of this programme, standard evaluation approaches will not provide a comprehensive picture. The minimal time given to the current evaluation should not be repeated. To design, arrange, conduct and analyse information from appropriate sources using appropriate cultural frames will take time; and is a process [WTO] have expressed a keen interest in undertaking. Such evaluation planning activities should take place sooner rather than later. (WTO:ER-01; p. 33)

These excerpts, taken directly from the evaluation report, highlight the need for providers (particularly in this case newly contracted providers) to be trained, mentored, and given adequate support and resources to ensure they understand and are able to meet their contractual obligations. Implied within these excerpts, and supported by stakeholder comments, was a desire for an evaluation(s) derived from a cultural frame of analysis. A sense of frustration is evidenced in the excerpts by comments that refer to a lack of priority (over the length of the contract) and time afforded to this evaluation. The time limitation meant some cultural shortcuts were taken (such as engaging *whakawhanaunga* processes with members from each programme stakeholder groups), which meant the evaluator/evaluation could not fully embrace the cultural-

centeredness of the life of the programme. Such a process served to give privilege to a culturally blind evaluation.

Events leading to an evaluation

During the early years of delivery, six trustees¹⁹ were nominated to Whaia te Ora in recognition of the *mana* they would bring to the programme. However, as prominent leaders in the community (and the country), each trustee was extremely busy. Debbie and Pita (both Whaia te Ora staff) spoke about how they, other staff, and the community had forgotten that the prominence of Trustees in local, national, and international settings meant much of their time and energy was already committed to those roles (that served the community in other ways) with little left for community events that were scheduled last minute into diaries.

As a young professional, Debbie, and the others who were involved with establishing Whaia te Ora, realised that the leadership from which they had originally sought to gain buy-in from the community was having a negative effect. The noticeable absence of leaders contributed to participants losing confidence in Whaia te Ora (and its events), which meant attendance was dropping. At the same time Trustees who did attend events were less inclined to attend future events, with decreasing community participation.

Whaia te Ora had been running community events for over 2 years before the contract with the DHB; events were offered at times when work schedules²⁰ allowed. As a result, events reflected different peoples' networks, interests, and willingness to lead them. While they had a strong commitment to the community, because each young professional was in paid employment, their availability was irregular. Community members perceived events as ad hoc, and attendance was not consistent. In the absence of timely advertising (to let the community know of an upcoming event) and access to necessary physical resources (such as tents, safety equipment) insufficient warning meant events were delayed, postponed or cancelled. Negative feedback

¹⁹ Sourced from (WTO:ER-01). Members included a member of parliament, an international performer, an active national sports representative, a member of the local district council, a prominent Māori politician, and an elected health board member.

²⁰ The young professionals each organised events as they could.

contributed to a downward spiral of self-esteem and confidence in Whaia te Ora (Pene and Rewi, interviews 2007).

Over a 2-year period Whaia te Ora introduced structural and operational changes. Structural changes included the addition of a management group, a steering group, and a coordinator (Kaiārahi) and operational changes included a shift from focusing on the community at large to targeted youth groups within the community – such as sports clubs, *kapa haka* groups, and selected schools (WTO:MR-08).

After the restructure, a subcontract (with the DHB) was secured that enabled Whaia te Ora to employ Tame as Kaiārahi. With one person organising and scheduling events, templates were created and housed centrally, making them readily accessible, and momentum for events increased. Small-scale monitoring (through the completion of evaluation forms after *wananga* and workshops) and feedback were provided²¹ by participants and their *whānau*. Anecdotal feedback gave everyone a sense of what was working for Whaia te Ora as well as ideas for potential areas for change. For a time this system of reporting feedback worked well for Tame (Kaiārahi), the Management Group, and the Steering Committee (Tame and Rawiri, interview 2006).

Whaia te Ora staff learnt through an informal conversation with DHB staff that their previously established reporting procedures were insufficient to meet DHB funder expectations. However, no one from DHB management had informed the Management Group, Steering Committee or Kaiārahi of the problem. Whaia te Ora staff only became aware of the problem when the threat to cut funding was announced (Rawiri/Ariana, interviews 2006).

Positive role modelling, enthusiastic instruction, and personal achievement encouraged young Māori people to participate in sport. Keeping them engaged required the development of good attitudes through positive beliefs and values concerning the activity. Consequently key people around them were important agents in behavioural change. Rewi's comments on involvement in sport highlight such activities as a positive place to launch other health initiatives:

Our focus on [sports] means people can become addicted to it, and will start to reduce the other [bad] behaviours such as drinking and smoking because they know they have [to perform their best] tomorrow... And from there it might lead

²¹ Sourced from WTO:SF-09.

on to other learning opportunities for them where they begin to learn to reo, waiata, tikanga without even realising it... [sport] becomes the springboard or stepping stone towards development. (Rewi, Whaia te Ora Management Group)

Because the Management Group had not held a provider contract previously, none of their membership were familiar with the reporting procedures required of subcontractors to the DHB, nor had anyone thought to ask if there was a reporting template (Rewi, interview). Because funding was being provided to Whaia te Ora by way of the 0.5 FTE position with the DHB, a 6-monthly report was given to the manager at the DHB, to keep them “in the loop” of Whaia te Ora events. After more than a year of receiving funding from the DHB, the manager (Jack) demanded better reporting.

Once Whaia te Ora were aware of their “failure” to meet reporting obligations, the Management Group sought advice of Māori/*imi* providers who also held subcontracts with the DHB on how to report their activities. The Management Group attempted to construct their reports using the template expected of them as a subcontracted provider. However, Whaia te Ora was unable to show measurable reductions in smoking, drug use, and other negative health statistics. This frustrated staff because the report seemed to emphasise failure where Whaia te Ora had not previously considered there to be any:

In our report [to DHB]... We had to show how our wananga and sports exchanges had contributed to a 10 percent decrease in youth smoking uptake and [the equivalent decrease] for substance abuse... [and] that physical activity had increased by 10 percent... We couldn't do it! (Pene, WTO-Management Group)

Whaia te Ora were able to demonstrate that there had been an increase in organised events. Additionally, the formation of templates and schedules for those events meant attendance and support from the community and other organisations steadily rose. Positive feedback from stakeholders was being collected. The reporting template reflected a District Health Board expectation for its service providers to report measures of change in health statistics. Whaia te Ora were unable to report how attendance increases equally reflected decreased negative health behaviours (i.e. decreased negative health behaviour such as smoking of tobacco or illegal substances or binge drinking). Staff had not collected the type of data that was sought by the DHB. Realising their differing expectations, Whaia te Ora sought advice on how to

complete the DHB reporting templates. Ariana (below) provided support and advice to Whaia te Ora by explaining how her organisation managed the reporting procedure:

The reporting template is based solely on numbers and once or twice a year [we get] to submit a narrative report. Some... contracts are different, but the onus is on [us] to back up why the stats are low and all the other work that's gone into a programme... and the outcomes we've had that can't be measured by a number... (Ariana, Tūmuaki of Piki Mai)

Once WTO staff realised their differing expectations, which meant an inability to provide a description in their report towards achieving targets, a meeting with Jack (manager of the DHB Public Health Division) was requested. Jack offered to fund (from within the Public Health Division research budget) an external evaluation²². In light of Whaia te Ora inexperience as a service provider and the expectations of Jack's seniors in the DHB and the Ministry, an external evaluation was ordered (Ariana, interview 2006). Jack wanted an evaluation that would capture the information he needed (Jack, interview 2005). Contacting his health networks, an evaluation contractor from Wellington prepared a brief proposal for Jack, which he then handed to the Whaia te Ora Management Group.

Stakeholder expectations of the evaluation

Without knowing the details of the evaluation request, the Management Group identified for themselves a lack of confidence in research (methods, processes, and theory). Combined with their concerns about the ability of an external (most likely Pākehā) researcher to capture their values and the lack of control they had over the contracting process, this made the Whaia te Ora Management Group feel uncomfortable with evaluation (at first). Acknowledging their lack of skills, the Management Group consulted their contacts from *imi*/Māori providers and the local *runanga* about evaluation.

Management Group members wanted to feel in control of the research process that would examine their programme. In the weeks between two regular monthly meetings a flurry of activity took place. The task to establish a temporary Research Advisory

²² Within the Public Health Division budget was a budget-line for contract research or training that programmes (and staff) can access to assist them to meet their reporting accountabilities. The entire budget (\$20,000) for the year was put towards the evaluation.

Team to advise Management Group on the evaluation was completed within the dedicated timeframe. The evaluation proposal from Wellington arrived and was scrutinised:

No one here has a strong research background, so we weren't sure if the research was ethical or not, but something about the information they gave us didn't seem right... so I asked one of my whānau with uni connections to look it over – and [that person]... helped bridge that knowledge gap for us. (Ariana, Tūmuaki of Piki Mai, WTO Research Advisory Team)

While initially approached to assist with the Management Group reporting needs, Ariana knew those involved with the delivery of Whaia te Ora and accepted their invitation to join the Research Advisory Team. She then helped access someone who could explain the details of the evaluation proposal and offer suggestions of what to ask for (that would suit their interests) in the evaluation. As a result of their increased knowledge, the Management Group lobbied specifically for a Māori evaluator because they felt more comfortable that such an assessment would account for general Māori cultural, and also *imi* specific, values.

The Management Group feared that an outsider would determine the programme a failure and that this would cost Whaia te Ora the contract (and importantly funding towards Tame's job). They wanted to do their utmost to protect their community/programme, so they lobbied to take over control of the external evaluation contracting process (WTO:MM-10). The initial offer to fund an evaluation was made early in the (financial and reporting) year. By the time the evaluation contracting conversations were underway, that year was nearly over. Not wanting to leave the decision of who would evaluate their programme in the hands of the DHB, Whaia te Ora took an active approach to finding their own evaluator. With less than 6 months until the end of the financial and reporting year, the Research Advisory Team and Management Group were urgently trying to find an evaluator. With the help of the Steering Committee, both Groups were reminded that Whaia te Ora had operated before the DHB contract, and if that contract ended, Whaia te Ora would adapt and continue doing what they were doing because they were doing it for the people. While preparing themselves for the end of the DHB contract, members of Whaia te Ora began letting the community know that their working relationships would likely change. During one such conversation with the principal of a local school which had a successful sports programme run by Tame with 'problem students', Whaia te Ora

were directed to an evaluation contractor. Known to one of the Research Advisory Team members, the evaluator (who was Māori – Manuera) was initially approached by Tame to undertake the evaluation of Whaia te Ora.

Navigating stakeholder expectations

The Programme/Evaluation funder had wanted an evaluation report that presented statistically significant evidence of a reduction in alcohol, tobacco, and other drug-related behaviour among participants in the region as a result of their programme participation. After speaking with the external evaluator, Whaia te Ora Management Group and staff, I was informed that an area of tension for the Programme/Evaluation funder had yet to be resolved.

Jack (DHB Manager/Funder representative) felt that more energy than necessary was exerted in negotiating aspects of the evaluation rather than producing the data that were wanted. My conversation with the Programme/Evaluation funder revealed his expectations of the evaluation:

[We] wanted statistics about the programme that could be matched against the contract specifications... lower smoking and alcohol rates for the youth who were involved in the programme could be compared to the statistics for [our region as a whole]... We wanted to see how these [rates] had changed from these kids taking part in this programme. (Jack, Programme/Evaluation Funder, Pākehā)

This comment from Jack highlights an inherent conflict between the goals and processes of programmes such as Whaia te Ora and the expectations of the Programme/Evaluation funder. As an agent for the Crown, the Funder has expressed a desire for an evaluation that presented quantitative analyses of the programme's effectiveness against national statistics, even though the programme had not been advised or supported to set up systems, or to monitor and keep a record of such data.

When initially approached by the Kaiārahi (Tame), Manuera was told about the work of the programme and shown some examples of their work in internal reports and newspaper articles. The nature of the programme and the commitment of *whānau* stakeholders to be engaged for the evaluation aligned well with Manuera's desire to involve service-users (programme participants) and community stakeholders.

After meeting Tame (the Kaiārahi), Manuera (the contracted external evaluator) met with Programme Trustees in a specially arranged management meeting to get to know each other before an official meeting with the Programme/Evaluation funder to formalise the evaluation contract. At this meeting, Manuera was informed that he had specifically been sought by Whaia te Ora to undertake the external evaluation – and that there were only 2 months in which to complete the project.

At the District Health Board, end-of-year budgets had to be spent, which meant the timeframe to complete the evaluation was extremely tight. Manuera was initially anxious about the Trust who wanted a cultural evaluation that was not going to meet the Funder's expectations, and frustrated at the situation in which Whaia te Ora now found themselves. However, because Manuera had undertaken projects for the District Health Board in the past, he felt in a position of power (to say “no”) during negotiations. He already had work and did not need the contract.

During contract negotiations with representatives from the Evaluation Funder (Jack) and the Service Provider (Tame on behalf of WTO), Manuera explained to both parties that an engaged relationship was the way he preferred to work. Given the lack of time available, if Manuera was to undertake the evaluation he wanted full access and control to minimise the likelihood of his own frustration and disappointment at completing an evaluation for a government agency. Manuera's experiences as a self-employed contractor for 10 years when formally approached by the Programme/Evaluation Funder (Jack) contributed to his forthright attitude during negotiations:

I want[ed] them [District Health Board] to be held accountable for what they haven't done for Māori... Wherever Māori deliver a service they are marginalised and whenever they work in a mainstream organisation they're not valued to the same extent that they are valued in the community... (Manuera, Evaluator)

Both the Whaia te Ora Trustees and Manuera wanted service-user voices (participants and local community stakeholders) to be included in the evaluation. This was needed they felt to ensure the DHB was accountable to Māori health. However, it became clear during negotiations that to include those stakeholders in a meaningful way was going to be almost impossible because of the tight timeframe for the evaluation. When Manuera walked the Trustees through an evaluation plan that would meet their ideals of inclusion, both parties agreed that service-user inclusion was not going to fit within their current deadline.

At the time the evaluation was being established, Trustees (who were represented as the Management Group) spoke of their reluctance for young service-user involvement because of a perceived lack of cultural ability among the programme's young participants. Programme participants (Māori youth) were being introduced to their culture through sports, *wananga*, and workshops. Trustees were concerned that asking the young people to provide informed judgement and comment on the cultural aspects of the programme would place an unfair burden on them to demonstrate knowledge and understanding they had not yet mastered for themselves.

Whaia te Ora Management and staff had earlier experienced the danger of (the DHB) assuming research capability that created pressure to perform duties above their actual research abilities. During pre-evaluation-contract signing conversations with the Programme/Evaluation Funder, Jack made assumptions that impacted on the programme. Initially, Jack assumed Whaia te Ora had a level of research knowledge and skills that would be obvious in the accountability reports. On learning what was desired, the Management Group felt pressure to perform duties that were beyond their abilities. Then, on learning of the limited research skills of Whaia te Ora Management, Jack (on behalf of the DHB) made decisions about the evaluation on behalf of Whaia te Ora without consulting them – such as contacting people in Wellington to initiate an external evaluation. The Whaia te Ora Trustees felt their status in the community was threatened by the DHB manager's actions.

Jack was eager to get an evaluation underway, but seeking an evaluator through his contacts in Wellington jeopardised the positive relationship Whaia te Ora had with him. Through continued conversations with Whaia te Ora Management (and staff) an agreement was reached – Whaia te Ora could select the external evaluator; Jack would have final approval before a contract would be signed.

Whaia te Ora Management Group perceived they were mandated to 'sign-off' the evaluation. After discussions, both groups felt that thrusting an evaluator onto programme participants, within the timeframe of the evaluation, was not conducive to a long-term positive working relationship that reflected the cultural values Whaia te Ora was trying to build with participants (WTO:MM-10). Instead, the decision (between Trustees, Management, the Evaluator and the Kaiārahi) was made to exclude active data collection from participants and the community within the evaluation:

We didn't have [a programme event] organised at the time of the evaluation... [Tame] offered to round up some of the kids and whānau to speak to [Manuera, but] it would have been those who we already knew had a good relationship. What about the others who didn't [have a good relationship/experience]? We wanted to give them... a chance to tell us what's what. (Pita, Whaia te Ora Trustee)

Despite Whaia te Ora Management Group members not feeling confident in their knowledge of research (Dyall, Skipper, Kēpa, Hayman, & Kerse, 2013), they were confident in their cultural knowledge and in their ability to meet *whānau* obligations. Even though stakeholders (Management, Kaiārahi, and *whānau* recipients) expressed a desire for an evaluation derived from a Mātauranga Māori position, the timeframe between Manuera being contacted and the deadline for the report²³ was too short for engaging in such a process appropriately. The importance of relationship connections before, during, and after a research relationship has been presented in Chapter Two of this study, so will not be repeated here. However, I will extend that commentary here to acknowledge the decision of the Whaia te Ora leaders to maintain their cultural and relationship integrity with *whānau* (Rangihau, 1992).

Within the context of this evaluation, an opportunity has been missed – the opportunity to have all stakeholder groups come together to discuss their understanding of, and expectations for, both the programme and the evaluation. The importance of such conversations to programme uptake and longevity is recognised for their contribution to resilience and well-being (Boulton & Gifford, 2014; Durie, 2006). Efforts made by different members of the various stakeholder groups reflect a collective commitment to the provision of an indigenous knowledge space that was maintained through good working relationships (Tangihaere & Twiname, 2011). Implicit in the stories of stakeholders are the efforts made to mitigate the “fall-out” from failing to meet *whānau* relationship expectations (Moewaka Barnes, 2000b; Rangihau, 1992).

Stakeholder responses to the evaluation

When it came to stakeholder engagement with the evaluation, comments from stakeholders highlight a range of experiences. Comments from Trustees, providers,

²³ There was a timeframe of only 5 weeks to produce and pay for an external evaluation within the funding year.

and *whānau* suggest they were happy overall, but they were also disappointed because the evaluation relationship was so brief:

The [evaluation] report was really useful. [Whaia te Ora] were able to use it to tap into support from other agencies... including ours (Raniera, Tūmuaki of Whānau Tū, a Māori health provider)

[Manuera] was awesome... We knew what the plan was and what was involved... It's a shame we didn't get to include our whānau kōrero in the evaluation. (Pene, WTO Management Group)

While those involved generally seemed happy with both the evaluation relationship and the product (i.e. the evaluation report), there were aspects that could have been improved. For example, in Pene's comments there is a clear satisfaction with the evaluator and his process, but at the same time disappointment at the exclusion of participant voices in the evaluation. Pene's concerns are somewhat mirrored in Pita's comment below. Pita's concern for a visible/tangible change from the evaluation suggested a cynical motivation for the evaluation on behalf of the funder:

I hope we see some change as a result... it's hard to see something positive coming from such a small effort [referring to the resourcing of the evaluation]... (Pita, WTO Trustee)

Pita's pessimism is reflected in his comments that highlight a perceived lack of commitment to Whaia te Ora from the Programme/Evaluation Funder by way of: a 5-week evaluation; no professional development to support Whaia te Ora to fulfil its obligations as a service provider; and the lack of positive changes that resulted from the evaluation.

The recommendations within the evaluation aimed at the DHB sought at minimum continued funding, but more specifically spoke of the need to increase resourcing Whaia te Ora through supporting staff collaborations to form linkages with DHB service staff and develop structured alliances that show relevance to DHB reporting targets. Such relationships would enable Whaia te Ora staff to have access to skilled DHB workers who could support the work of programme staff and at the same time provide them with opportunities to up-skill through better familiarisation with the sector (WTO:ER-01; p. 32).

As discussed earlier, the Programme/Evaluation funder's desire for an evaluation report that presented quantitative analyses of the Whaia te Ora programme's

effectiveness against national statistics – even though the programme had not previously been aware it should record such data – contributed to Jack’s disappointment in the evaluation report. In his comments below, Jack talked about what he wanted (see his earlier quote in this case study) before revealing how his expectations were not met and his frustration at Manuera:

... That’s not what we got... I would have to be convinced before getting [Manuera] back to do another evaluation. (Jack, Programme/Evaluation Funder, Pākehā)

In contrast to Jack’s comments, other stakeholders (Kaiārahi, Trustees, Participants, and Local Community) were happy with the evaluation product. Rawiri’s comments below show a direct contrast to the expectation of the Programme/Evaluation Funder:

[We wanted] an evaluation that captured and reflected our kaupapa. [We wanted] to know if our whānau were happy with what we were doing, and that those [activities] reflected the values that are the foundation of our [programme]... (Rawiri, Trustee, WTO Management Group)

These comments from Jack and Rawiri reflect the diverse expectations of two “powerful” stakeholders. While Rawiri was a stakeholder whose power was embedded in his knowledge of culture, Jack was a stakeholder whose power was embedded in fiscal revenue, but more significantly in Pākehā institutional dominance.

Absent altogether in the evaluation were the voices of the “least powerful” stakeholder group – the participants and the community. Mirrored in all the case studies was the priority given to funder expectations, then managers; least and last consideration was given to participants and the community. Sadly, the absence of a service-user/community voice during initial negotiations and at the end of the evaluation was evident. Given that the people most affected by any programme changes are the service users and their families, their exclusion from key conversations throughout an evaluation reflects poorly on the practice.

Managing or navigating the varying epistemological differences presented both a challenge and tension for Manuera; one that was noted by other Māori evaluators. The feelings of evaluators are provided below.

The words of Māori evaluators (who were not part of the case studies, but who took part in practitioner interviews) capture some of the challenging questions Māori evaluators have been asking of those in the area:

“... Whose values are we trying to uphold; whose measuring stick are we using to evaluate Māori services?” (Hoani, Practitioner Focus Group, held in Taupo July 2005)

“... What counts as evidence needs to be examined... Best-practice models are derived from medical models using randomised trials and are in antithesis to a Kaupapa Māori approach... We need to use our own models to show how a Kaupapa Māori approach works for us.”

(Ngaire, Practitioner Workshop, held in Auckland November 2005)

Reflections upon the Whaia te Ora situation, and the practitioner questions in the cameo box, highlight tensions Māori evaluators constantly have to navigate in their work and the challenge of managing the conflict between the goals and processes of such evaluation projects and the expectations of the (Crown) funder. All the evaluator comments acknowledge systemic problems with evaluation, and issue a challenge to evaluation researchers (whether Māori or non-Māori) to be critically reflective about the dynamics of working on projects that have been derived from a Māori cultural framework.

Critical issues in the Whaia te Ora case

The poor health status of Māori in general and the provision of health care services to Māori have been well documented and does not need detailed coverage here (Ajwani et al., 2003; Ellison-Loschmann & Pearce, 2006; Harris et al., 2006; Ministry of Health, 2013a; National Health Committee, 1998a; Robson & Harris, 2007). Instead, an issue noted in the literature that is relevant to this case was the way this programme developed from the aspirations of community members. Community input is recognised as an important process to ameliorate a range of negative cultural, social and physical lifestyle factors, particularly among Māori. Notable were the divergent aspirations of the provider and funder in relation to the evaluation; one is community focussed, the other individual focussed. Such community input is valuable because of the local expertise which can be brought to bear on the issues at hand (Durie, 1994a, 2000; Jackson, 1996; Smith, 1996; Waldon, 2004).

Whaia te Ora evolved after community members identified a need to build local well-being and reconnection to the region. A group of local professionals who grew up in the region engaged local senior citizens and celebrities to bring positive messages to the wider community. Operating within its community since 1998, Whaia te Ora has built a strong relationship with its stakeholders. While the programme originated from the community, and was owned by the community, the introduction of District Health Board funding created a new set of accountabilities that were beyond the community's capabilities. After realising they were 'out of their depth' with regards to the requirements of delivering a formal programme, Whaia te Ora staff sought assistance from their funder to help meet the stipulated evaluation requirements.

Three critical issues that posed challenges to the evaluation/evaluators were identified within this case study. Those critical issues were *tight time constraint*, *provider skills and experience*, and *managing multiple expectations*. As critical issues noted against the different stakeholder groups, the evaluator responses to these issues provides a valuable insight into the implications of evaluations directed at programmes derived from, and operating within, a Māori frame. Each of the critical issues identified here will be discussed below.

Tight time constraint

A critical issue that influenced the dynamics of the evaluation was the constraint to complete an evaluation within a 5-week timeframe. In order to produce an evaluation report within the timeframe demanded by the funder, compromises had to be made. Given the different power afforded to the stakeholder groups, some groups (service-user *whānau*, providers, and the Funders) had to relinquish their active role in the contribution to stakeholder engagement within the the evaluation than was noted in the other case studies (in this thesis).

Presented by Wenzel and colleagues (2000) as a strategy to buffer potentially adverse relationships, empathy was developed from shared similar experiences across stakeholder groups (Wilkinson, 1996). When those affected are involved in the conversations, a rich working evaluation relationship can evolve. However, when less powerful parties are not part of the evaluation construction, their absence can mean

the creation of an even wider gap in the power difference between stakeholders (Patton, 2001).

The evaluation occurred during a period when no programme events were organised. Combined with limited existing service-user feedback, the decision was made, on behalf of service-users – by the providers, evaluators, and funder – to exclude service-user voices from the evaluation dataset. Implications of service-user exclusion meant that those most affected by changes to the delivery of the programme were not given the opportunity to comment on the quality of the programme before any changes were introduced. It also meant that both provider and funder ended up making sacrifices over the evaluation since the former lost user perspectives while the latter got no quantification.

Manuera's previous negative experiences of government-funded evaluations that did not serve the needs of the community impacted on his response to the time constraint within this evaluation. His decision to prioritise the desires of the service provider (as opposed to the Programme/Evaluation funder) grew from previous frustrations, which meant he held the programme funder accountable for meeting the health/well-being and cultural needs of the service provider whose explicit cultural focus was a reason the programme was initially funded.

Comments made by Jack (the DHB Manager, who represented the Programme/Evaluation funder) highlight that he was not happy with the evaluation. He desired an evaluation that quantitatively reported the health gains of youth who participated in the programme. Jack's desire for a scientific-experimental evaluation demonstrates that he was looking for a one-size-fits-all evaluation that would produce generalisable results. Identified by Trochim and Donnelly (Trochim & Donnelly, 2006) as the common choice of non-evaluators, this is the type of evaluation that theorists have warned against using (Donaldson & Scriven, 2003).

Quasi-experimental studies that generate presumed universally-valid information (House, 2003) have been noted as the preferred approach by governments (Trochim, 1998). Such preference may have influenced the type of evaluation requested. Despite Jack's request, a naturalistic evaluation (Guba & Lincoln, 2001) was produced. The evaluation report was accepted, and Manuera was paid for his work. Being paid for the work even though the contractor was not happy is inconsistent with the 'usual'

contracting experience. Within this context, it appears that the time constraint to complete the evaluation worked in Manuera's favour. Perhaps because the Programme/Evaluation funder (i.e. a DHB who is a regional level government agency) had to sign-off delivery of an evaluation product to their Ministry by a specific deadline, the report had to be accepted.

A clear inconsistency was demonstrated by both the Trustees and the evaluator when they chose not to engage appropriate cultural processes that reflected the aspirations of the programme. Examples of inconsistencies were noted in the absence of a *powhiri* for the evaluator, the exclusion of programme events from the analysis, and the omission of the community/service-user *whānau* voice in the report. While each of these activities can be time consuming, the reward, in terms of stakeholder buy-in, ownership, and contribution, makes the effort well worthwhile for all the stakeholders.

To navigate the diverse power dynamics and informational needs of the various stakeholder groups successfully, the evaluator needed to demonstrate a range of skills. The time constraint issue; examples include an ability to design, implement, and fulfil an evaluation contract; negotiate data inclusion and exclusion to meet informational needs of two client/stakeholder groups; have the confidence to sell the evaluation report as a useful product to different stakeholders; and be available during the whole evaluation process to answer any stakeholder concerns or queries in order to help the uptake of the final evaluation report. All these activities had to be completed within 5 weeks.

Provider skills and experience

A recurring theme in this case study was the impact of Whāia te Ora as a new service provider that impacted ability to meet the expectations of their funder. The level of administrative responsibility and fiscal accountability demanded of service providers have been noted as clear areas of pressure for "new" providers in New Zealand Aotearoa (Casswell, 2001; Davidson-Rada & Davidson-Rada, 1992; Duignan, 1997; Durie, 1993, 1994a; Howden-Chapman & Tobias, 2000), and was evident here. This programme was clearly a "new" programme developed in response to a community self-identified need and commitment towards making a positive contribution. There was no obvious obligation on the part of the Programme Funder to pick up this

programme so, in that regard, they can be commended. However, as Duignan (1997), Durie (1994c), and others (Henare, 1988; Hirsh, 1990; Jackson, 1998; Kiro, 2000) have argued, the more innovative a programme, the more resources should be committed to the service-providers both to allow the service to embed and to allow for evaluation processes that reflect the innovative nature and/or design of the service.

The District Health Board, as a government entity, held the role of a Treaty partner who was enacting a Crown obligation to contribute to Māori health gains (Durie, 1993; Public Health Commission, 1995). As a long-term purchaser of health services, the District Health Board had prior experience, knowing the key requirements needed to ensure the providers whose services were purchased would meet their own obligations to Ministry funders. Additionally, the District Health Board held the resources; and it was their responsibility to ensure those services were effective. Failure to provide the support and resources to a “new” service-provider from the outset of the contracting relationship equates to negligence.

Evident within this case study was the pressure placed on Whaia te Ora to up-skill its administration. Similar pressures are also visible in Kia Maia and Kereru (Case Study 3 and Case Study 4, respectively). Further commonalities were noted. Whether the service-provider is new (such as Whaia te Ora, Case Study 2), or is a service-provider whose contract had been through a number of changes to the point where accountability expectations were unclear (Kia Maia, Case Study 3) or such expectations were not as originally intended (Keruru, Case Study 4), there is a responsibility on the part of the funder who purchases the service to ensure the service-provider could, and was supported appropriately to, meet their contractual obligations (Durie, 1993; Stewart & Swindells, 2003). The readiness of service-providers (Rada et al., 1999) and the obligation of funders to assist those services to meet their contractual obligations have been highlighted by researchers (Cram, 2003; Masters & Cherrington, 2005; Mataira, 2004) and remain relevant in this case study.

The obligation evaluators felt to support providers was also discussed during interviews with practitioners. A brief cameo is provided in the box below:

In my research journal I noted that my interviews with Māori evaluation practitioners affirmed the importance of funders supporting the agencies whose services they purchase (i.e. service-providers). Recognised by evaluators, when adequate supports were not in place, were the negative impacts had on both the programme and the evaluation that inevitably followed. The following is a description provided by a practitioner:

“[Māori] providers are being set up to fail because they don’t know what they need to know to better enable them to secure future funding by demonstrating accountability. I get paid only [sic] to do an evaluation... when I also have to train providers, help them set up systems to record their information with the hope that it might better their chances of [getting] repeat funding... The [funder] has an obligation to provide professional development training, just as a[n] employer does to their employees.”

(Ngairé, Indigenous Practitioner Hui, held in Wellington1, February 2006)

This evaluation mirrored the experiences discussed in previous publications (Rada et al., 1999; Rebien, 1996; Te Puni Kōkiri, 2000; Waa et al., 1998), confirming that funders are still failing to provide adequate support to the providers whose services they purchase. The pressure maintained by such failings demand multiple abilities from evaluators. Several abilities were demonstrated by the evaluator (Manuera) in this case study:

- establish an evaluation plan and complete the project within the time given
- confidence to shape the evaluation based on the desired information needs of the service-provider rather than the Programme/Evaluation funder
- determine and negotiate the parameters of the desired evaluation product (ie. report) within the confines of the contracting context
- while working, provide guidance and advice to the service-provider on better ways to prepare for the future of their programme/service, and
- successfully complete the evaluation while navigating the political agendas of the two stakeholder groups.

Because of the lack of priority, over the first 2 years of the contract period, given to ensuring systems were set up to produce evidence desired in an evaluation, there was clear failure on the part of the Programme/Evaluation funder not only to recognise their own responsibility, but also to enable the service-providers, service-users, their *whānau*, and the contracted evaluator to establish a meaningful evaluation framework

that would draw on the cultural skills and experience of the programme's diverse stakeholders.

Managing multiple expectations

A third critical issue prominent in this evaluation was not a new experience to evaluation research. Almost 20 years ago, Patton (1997) claimed the usefulness of an evaluation was determined by the intended users of the evaluation. Framed as the 'personal factor' with a utilisation-focused evaluation, Patton (1997) highlighted the importance of involvement on the part of interested parties to facilitate the usefulness of results after the evaluation is completed. Evaluators (Lee, Clark, Cousins, & Goh, 2005; Rebien, 1996; Saville-Smith, 2003; Thomas, 2002; Trochim, 2007) have published works on the challenges and strategies when navigating or working with different stakeholders. Māori (Mataira, 2004; Watene-Haydon et al., 1995; Wehipeihana, 2008) have also commented on the personal factors of evaluation, but with the added dynamics of meeting an agenda from the funder (government in the New Zealand context) that does not position cultural values as central to the programme's success.

Within this case study, the financial power was clearly held by the DHB who funded the Kaiārahi position. However, ownership and control of the programme was located with the service-provider and the *whānau* involved with the programme since its inception. When the demand for an external evaluation was thrust on the programme, Trustees took ownership of the contracting process and engaged the services of a Māori evaluator who was responsive to their informational and relational needs. There were two distinct sets of expectations for the evaluation to be conducted over 5 weeks.

Once an evaluator was found, the Trustees expressed a desire for an evaluation that aligned to Māori worldview. The funder expressed their desire for an evaluation that aligned with positivist science, by way of quantitative analyses comparing programme statistics against regional and national statistics. In the background of these two distinctly different expectations were the service-users, their *whānau*, and the wider community who wanted assurance that the programme would not only continue, but would also build on what was already on offer to deliver a better programme. All these expectations had to be managed by the evaluator.

It was evident in this case study that the evaluator worked closely with the Kaiārahi and, by extension, the Management and Trustees groups. Together, Manuera (the evaluator) and Tame (the Kaiārahi) accessed community members who could provide information that would be useful for future proposals and would be the start of building a cultural frame for a future evaluation. In order to be able to respond to the expectations demanded by multiple stakeholders, key skills were needed. Those skills have already been discussed in this case study – negotiation, planning, confidence, and facilitation. Rather than repeat how these skills were demonstrated, I note a skill not demonstrated.

This evaluation maintained a very limited cultural lens, even though one was desired by Whaia te Ora. The limited timeframe afforded to this project did not allow the interested parties to develop a more comprehensive culturally centred evaluation that would meet both their and their funders' informational needs. The Management group (including Trustees) acknowledged the strengths of the evaluator (ability to work across two epistemologies, engagement processes, and wide-ranging networks), so it would be unfair to judge the inability of Manuera (the evaluator) in this evaluation, when establishing a cultural frame for evaluation was not the intent of the contract.

Regardless of the cultural frames desired, because success measures (i.e. judgment criteria with supposedly objective priorities) were stipulated by the DHB as standards for this case study, the decision by Manuera NOT to deliver those criteria highlights how making a categorical mistake (Schreiber, 2000; Walker, n.d.) was avoided. Committing a categorical error denies subjective priorities (fundamental to “By Māori, for Māori” programmes), which promotes the right to have and judge the worth of community programmes as determined by them. An evaluation that does not examine the importance and relevance of the power structures behind its commission and denies the subjective priorities of stakeholders with less power to control the evaluation lens, privileges a culturally blind piece of work (Grande, 2003).

Chapter discussion

Whaia te Ora is an example of a community programme developed from within. Young professionals who had grown up in the community had observed an increase in gang affiliations among the young. Concerned about the dwindling elder population,

they came together to form a programme. They specifically wanted a programme that could inspire the *rangatahi* (youth) and create an opportunity for local *kaumātua* (erudite elders) to share cultural wisdom that might draw the youth towards making positive life choices. Despite being considered one of New Zealand's highest areas of health need, sports groups and events were popular among the young people. Within the delivery region of Whaia te Ora, interest among youth in sport could be used by Whaia te Ora as a vehicle to introduce other healthy lifestyle messages (Masters & Cherrington, 2005; Ministry of Health, 1995).

An example of a community group developing a service that successfully secured a provider contract with the local District Health Board was presented in this case. Developed with clear cultural reference points to strengthen participants' identity, Whaia te Ora used local context to recruit participants. Knowledgeable elders (*kaumātua*), well-known dignitaries, and celebrities lent their support to the programme. Unfortunately the busy schedules of these community leaders and volunteer workers meant they were often unavailable or called away at the last minute, having to meet other commitments that they were employed to provide. Whaia te Ora restructured both their organisation and programme to designate clearer responsibilities and a .5 FTE Kaiārahi position.

This study seeks to understand how evaluators navigated the two paradigms dominant in the commissioning of an external evaluation. This case has shown a contrast between the two worldviews. The Programme/Evaluation Funder, a non-evaluator, requested a scientific-experimental evaluation that provided statistical analyses that, it was presumed, would allow for generic comparisons with other regions and national statistics. The service provider, Whaia te Ora, requested a participant-oriented evaluation that would prioritise programme client/service user voices (Fitzpatrick et al., 2004). This approach privileges the cultural positioning of the programme and supports the active voice of an evaluator (Boody, 2009). Unfortunately, the tight time constraint for the completion of the evaluation meant the evaluator was not able to meet either stakeholder's evaluation approach preference. Within this scenario is a key issue of interest to my study, "how an evaluator navigates two paradigms".

Two stakeholder groups with a vested interest in the evaluation presented very different informational requests, neither of which were achievable, given the tight time constraint. Without adequate data collection that is comparable across interest areas,

the scientific-experimental approach requested by the Programme/Evaluation funder could not be delivered. Additionally, the cultural values that prioritise engaged relationships and cultural practices could not be undertaken as part of the participant-oriented approach desired by the service provider (Whaia te Ora). Instead, the evaluator produced a naturalistic evaluation (Guba & Lincoln, 2001) that prioritised what can be observed within the phenomenon of study and its value to those involved (Guba & Lincoln, 1989).

The evaluation in this case was a 5-week project undertaken by a contracted evaluation practitioner. This was the shortest evaluation among the cases within this study. It was also the only solo evaluation. The potential for things to go wrong was considerable. Some key aspects needed attention in order to complete the project. There were many attributes the evaluator possessed or could draw on, that enabled him to complete this evaluation in time. Feedback from Whaia te Ora stakeholders highlight the usefulness of the evaluation through open communication, commitment to a working relationship, and a quality report that reflected their context with information that provided specific advice for moving forward. Even though the Programme/Evaluation funder was unhappy that the statistical information requested was not produced, the evaluator was paid and the report output signed off as completed. This action affirms the evaluation was considered acceptable, even if it was not what was originally wanted.

This case study has presented an example of the relationship complexities demanded of an evaluator when navigating different programme stakeholder expectations. Compounded by a lack of awareness about evaluation and the tight timeframe, this evaluation was completed by an evaluator working on their own. Highlighted in this case study is the importance of supporting community agents (people and organisations) who develop programmes specifically targeting locally identified areas of need that are intended to reach high health need areas for Māori. The ways the funder, provider, and evaluator overcame the dynamics presented in this case provide valuable guidance for the future.

CHAPTER FIVE: STUDY THREE

The Kia Maia Case Study

This chapter explores the external evaluation experience of stakeholders involved in the Kia Maia programme. Originally intended for delivery at *hapū* level, Kia Maia grew and was implemented across several *hapū*. In this case study I explain the details of Kia Maia, a Kaupapa Māori programme developed from the vision of a Kuia named Mina. Mina's vision was to protect traditional Māori Arts and Crafts (particularly *raranga* and *tukutuku*) through the promotion of healthy lifestyle and a better quality of life within the community. Delivered for 5 years, Kia Maia became so popular it was proffered as an international site in a World Health Organisation project. Government attention and resources led to changed aims for the programme.

The influence of a funding body on a provider's decisions about programme outputs is not new (Duignan, 1997; Rada et al., 1999; Waa et al., 1998). Less well-documented is the funder's influence on programme aims after the programme has been delivered for 5 or more years. Described in this case study are the various perspectives of programme stakeholders with regards to both the programme and the evaluation. Programme Funders in this case expressed their desire for Kia Maia to 'evolve' and become more clinical, whereas programme staff and community members wanted the programme to remain true to its original intentions and were negotiating its return to the *marae* environment.

Government-commissioned evaluations tend to favour scientific-objective evaluations (Trochim, 2006). Indigenous scholars have posited the need for participants to recognise their life-worlds and own cultural frames in research involving Māori. Government-commissioned evaluations that employ cultural concepts germane to "By Māori, for Māori" programmes are few, but growing. This case study is an example of a government-commissioned, and funded, evaluation that shifts from its original anti-cultural inclusion stance to encourage the use of a cultural audit tool developed by a Māori scholar.

Between 1936 and 1976, rapid migration of Māori from their tribal homelands to urban centres (Durie, 1994a; Grace et al., 2001; Pool, 1991) changed the landscape of Māoridom. Traditional values, beliefs, customary practices and survival strategies that

had served Māori well in rural settings were adapted to fit the urban environment (Guerin et al., 2006; Nikora, 2007), and in response to government policy (Kawharu, 2001). Meanwhile, threats to Māori culture, identity and language (Kukutai, 2013; Reid et al., 2000; Walker, 1990; Winitana, 2011) continue to be fought through different strategies.

This chapter focuses on the impacts of an evaluation on the stakeholder groups (service providers, service users, and their *whānau*) involved in this example of a passive-resistance evaluation. Five cultural concepts, identified by Kia Maia, are referred to in this case: *whanaungatanga* (familiar connections), *kotahitanga* (unity), *tino rangatiratanga* (sovereignty), *manaakitanga* (hospitality) and *whānau ora* (family well-being). By understanding the stakeholder experiences of an external evaluation in relation to these concepts a better understanding is reached of the different worldviews and sometimes contrasting priorities of stakeholders.

Three main themes provide valuable understanding to future practice about Kia Maia's evaluation experience: *dual purchaser/provider roles*, *long-service history*, and *managing multiple expectations*. Two actions by funders highlight the vulnerability Kia Maia: the dual role of two purchaser/provider organisations that used information gained from the evaluation to shape their own service delivered in competition with Kia Maia; and the failure of the Ministry to recognise its obligation to supply adequate professional development for the programme as a result of their intervention. Examples of the difficulties Māori evaluation practitioners face as they navigate between cultural expectations and mainstream evaluation thinking are provided. Each critical issue noted and the external evaluator's responses to these issues provide valuable insight to the implications of evaluations directed at programmes developed from, and operating within, a Māori frame.

The origins of Kia Maia, its aims and funders

Kia Maia is a programme that grew from the vision of Mina (an erudite *kenia*). Kia Maia was administered under Manaaki Trust. The Manaaki Trust has been registered for almost 30 years. The Trust comprises of a chairperson, secretary, treasurer, and several board members. While there have been several changes to board membership over the years, three trustees (who originally trained as nurses) have been with the Trust from

the beginning. Membership of the Trust is predominantly Māori. Representatives from local *hapū* and the broader *imi* are on the board and report Trust activities to the *runanga*. Managed and supported by Manaaki Trust, service delivery was localised within one tribal area. The nature of Kia Maia within Manaaki Trust means that accountability for the Trust goes back to Māori representatives (as beneficiaries). This programme sits within Te Puni Kōkiri's (2002) definition of an *imi* provider. The staff, board members and *whānau* involved with Kia Maia defined it as a Kaupapa Māori Programme.

Recognisable in this programme are the influence of both the Women's Health League and the Māori Women's Welfare League; both of which have a strong presence in the region. This influence can be seen in continued membership of the Trust by Māori nurses, the Trust's approach to working with people (MT:BD-05²⁴) and in its approach to its health contract (MT:PRC-06). Māori ideology is captured in the Trust's statement, "*He wāhine, he whenua, ka ngaro te tangata*" (without women and land, mankind would die). Based on this premise, Manaaki Trust envisaged Kia Maia Programme would "work in partnership with women and their *whānau* to promote social, and physical environments that improve emotional health and wellbeing" (MT:BD-05; p.4).

The Kia Maia programme is accountable to Māori collectives, through Manaaki Trust, who ensure socio-political accountability is maintained at *whānau*, *hapū* and *imi* levels. The nature of this programme meant several *hapū* within a single *imi* acknowledged ownership. Because primary accountability and delivery are focused in a single *imi* boundary, Kia Maia fits within Te Puni Kōkiri's (2002) definition of an *imi* provider. All *kaimahi* and *whānau* involved with the programme considered it a Kaupapa Māori Programme on the basis of: Māori philosophy at the centre of design and delivery; regular verbal and written reports to local *whānau*, *hapū*, and *imi*; and the involvement of Māori staff. Although Kia Maia's focus was primarily at *hapū* level, because the programme operated at different sites, regional variations existed within the *imi* boundary. Similar, programmes operated across different *imi*. These groups had to the opportunity to come together at regional *hui* and the bi-annual national conference to discuss developments.

²⁴ These references refer to an abbreviated code system used to identify archival documents supplied by interview participants. A description of the codes used have been listed in Appendix 4.

Under Mina's leadership, Kia Maia members shared their experiences at annual regional *hui* and at a bi-annual national conference. A sense of regional solidarity had evolved amongst those involved. This solidarity was enhanced by the fact that the programme had broadened its approach to encompass many areas of women's health. The relationships established and maintained around the country, through attendance at a bi-annual conference, contributed to a heightened sense of connection amongst those who attended.

For 5 years²⁵ Kia Maia was a stable programme that did not rely on funding from external agencies. During that time participants became increasingly eager to attend the bi-annual national conference (a 10-day long event). However, costs were harder to meet as conferences moved around different major centres, and across the Cook Strait at alternating conferences. Kia Maia faced the dilemma of increased interest in the programme, meaning increased participation, and increased numbers expressing a desire to attend the national conference (DHB:PR-02). Fundraising efforts were no longer able to provide a meaningful subsidy for the number of families wishing to attend. For Kia Maia, fundraising travel and accommodation costs for anyone who expressed a desire to attend had become a demanding and time-consuming job borne by a small group of individuals (staff and supporters). Such organisation took their energy away from programme delivery (Iritana, interview 2005).

Over time more people engaged with Kia Maia, which required more energy than Mina had in her later years. Although Mina remained determined to commit herself completely at each *wananga* members noticed the frequency of *wananga* decreased as her health began to fail. Fearful of Mina giving too much of herself, Mina's daughter (Maraea) and grand-daughter (Māhuru) stepped in to assist. With two assistants, Mina had less of a hands-on role and Kia Maia was able to return to its regular delivery. In the wider community, Mina's efforts were recognised by those working in different health services. It was at this time, when Kia Maia was running smoothly, that different agencies offered support to Kia Maia. This support came with unknown hooks that changed Kia Maia all the way to its core aims.

²⁵ A timeline summarising major events referred to within this case study is presented in Appendix 5

At the height of its delivery and popularity, Kia Maia was ‘funded’ by three agencies: an iwi provider, Awarua; the local District Health Board (DHB); and, Ministry D²⁶. The first agency to offer support was an iwi provider, referred to as Awarua, which delivered a mental health service in the same region as Kia Maia. Although Awarua did not have financial resources to support Kia Maia, some physical and staffing costs could be hidden making it possible to share some forms of support (Ihimaera interview, 2005). Awarua supported one of its health workers (Kaitautoko), Hera, to regularly attend *wānanga* to offer health advice and liaise with other support services. Hera introduced Tui, an employee of the local DHB (see below). Beyond Mina having coffee with Ihimaera (Tūmuaki), no formal reporting demands or structures acknowledged Awarua’s support (Maraea interview, 2005).

Almost a year after Awarua began offering support to Kia Maia, the team leader (Paul) from the local District Health Board endorsed a worker to give additional support. Tui, Kaiawhina, was allocated the equivalent of a 0.02 FTE to regularly deliver a session on nutrition during regional *hui*. To meet her accountability to the DHB, Tui regularly reported her activities back to the DHB via quarterly reports submitted to her team leader (Tui interview, 2006).

A third agency to provide support to Kia Maia was Ministry D. Kia Maia’s growing popularity was reported in local papers and regional health newsletters. Reports of Kia Maia’s successes were noted by Kahu (a regionally-based employee of Ministry D) who passed on the information to her manager (Kotuku). After successful negotiations between Kia Maia (Mina and the Trustees) and Ministry D representatives (Kahu and Kotuku), Kia Maia was allocated a project manager (Kahu) to develop a proposal for WHO (see below for more details of the project). Success with the application to WHO promised: funding to pay staff and hire facilities that enabled smooth running of Kia Maia; access to mentors/leaders to and deliver health messages and advice at workshops; and, administration support from Ministry D. From the Ministry’s perspective, Kia Maia was accountable to the Crown, in this case its representative, Ministry D. When the WHO project began, an external evaluation was deemed necessary. Ministry D paid for a one-off external evaluation of Kia Maia.

²⁶ Each agency has been anonymised to protect Kia Maia and Manaaki Trust.

An introduction to the World Health Organisation

In the 5 years preceding, Kia Maia's relationship with Ministry D, the programme had been relatively stable. Despite rapid popularity and membership growth, Kia Maia had managed to remain true to its values and core beliefs. Then, in 2002, Kia Maia's aims and objectives were re-shaped to fit within a World Health Organisation (WHO) worldwide project frame. Implementation of the WHO project in New Zealand was overseen by Ministry D and changes were managed by Kahu (Project Manager, Ministry D). Mina expected that any significant changes would need to be agreed to by her and the Board (Mina interview, 2005). After the proposal was assessed against 10 predetermined criteria established by an international committee, the Kia Maia Programme became part of the larger WHO project overseen by Ministry D (MT: PP-01). Ministry D proudly announced Kia Maia as one of four project sites across the country to become part of the bigger WHO project (Mina interview, 2005).

The WHO project aimed to provide indigenous communities with the resources and support to develop their own strategies to improve health (MT:PP-01; p.11). Other indigenous communities around the world which were involved included: Ogoni of Nigeria, Mayas of Guatemala, Potiguara Indians of Brazil, Berbers of Morocco, Yuracares of Bolivia and Torres Strait and Aboriginal people of Australia (DHB:PR-02; p.10). New Zealand's participation in the WHO project was managed by Ministry D.

The worldwide project was initiated as a WHO strategy to enhance development from within communities and to better enable communities to plan and drive programmes for themselves (RPWQ-01; p.10). Funding for the Kia Maia programme reflected "change models presented in central government social development plans" (RPWQ-01; p.11).

Programme aims

The original Kia Maia programme aim of, "...promot[ing] a healthy lifestyle and better quality of life within our community" (Mina, Kuia, Programme Kaumātua, KMP:ER-03) was changed in the proposal to participate as an international site within the World Health Organisation (WHO) project. In recognition of the WHO project aim to "assist

in the healthy development of indigenous peoples and communities through the prevention and minimisation of problems” (MT: PP-01; p.12), the programme aim was re-shaped to the following; “Explore and understand issues and their impact on the health and well-being of local residents” (EE:MDR-04; p.8).

The change in programme aim, while seemingly small, speaks volumes about the shift in power and control of the Kia Maia programme. Changed aims impacted on the delivery and reporting of the programme, which in turn changed the nature of its accountability. Voluntary reporting to *ivi* and *runanga* remained in place for Kia Maia, but such reporting became secondary to written reports for the Crown (Ministry D).

The reporting priority imposed by the Ministry did not take into account the relationship that existed between Kia Maia and the other providers (DHB and Awarua). Here, I would like to take a brief side-step to introduce a cameo (in the box). The experience of the provider/researcher who participated in a practitioner focus group mirrors the story of Kia Maia. The similarity of the story provided, and the agreement among other participants highlighted that this story of Kia Maia was not an isolated experience for a community provider.

Similar comments, about the impact of funders on service-provider programmes, were made during a workshop/presentation with practitioners in Rotorua. People in the session spoke about their evaluation experiences with service providers that had successfully delivered a programme for some time before funder-driven changes were made. Sometimes the nature of the change was small (in terms of outputs) and sometimes the changes had bigger implications (such as aims, objectives and/strategies). Examples where the provider had not thought through the implications of changes that occurred after the funding contract had been signed were described by practitioners. Also in the room were other service providers who were learning about evaluation. One person stood up and spoke about their organisation’s position when it came to being offered money from the government. In contrast to the earlier discussion, this person’s Iwi Provider organisation had thought carefully about the implications of accepting government/public money;

“We don’t need the government’s money. If they come in they will change what we do...”

This quote, delivered by a service provider who was in an evaluation workshop/focus group, received support from other participants in the group, who continued the conversation about government funding changes the nature and intent of Maori service provision.

(Notes from Practitioner Focus Group Interview, held in Rotorua, July 2008)

The experience of Kia Maia and the other practitioners/researchers in the focus groups highlight the way power can shift in a programme when agenda, established externally to that programme, are imposed over the top of already present cultural values. Changed reporting requirements were a significant difference introduced to Kia Maia. In the next section, I will describe the values of Kia Maia and highlight how these were managed by staff who interacted with various programme and evaluation stakeholders without the need of written reports.

Mātauranga Māori and evaluation

Kia Maia was a programme steeped in *tikanga*. From the outset, *tapu* (with restrictions) and *noa* (without restrictions) were explained before participants engaged in programme activities. Procedures and protocols were taught and followed by all involved. This programme was developed from a position that held Māori values as central. Similarly the aspirations were a reflection of the collective vision from the people. Drawing on the metaphysical representation of Papatūānuku, Kia Maia drew its wisdom from the following *whakataūāki* and its translation (MT:BD-05; p.5):

Māori	English
<i>Hutia te rito o te harakeke</i>	If you pluck out the centre shoot of the flax
<i>Kei hea te korimako e ko</i>	Where will the bellbird sing?
<i>Ka rere ki uta, ka rere ki tai</i>	It will fly inland, it will fly seawards
<i>Kī mai koe ki ahau</i>	If you ask me
<i>He aha te mea nui o te ao</i>	What is the most important thing in the world
<i>Māku e kī atu</i>	I will reply
<i>He tangata, he tangata, he tangata!</i>	People, people, people!

The *whakataūāki* (above) shared at the beginning of *hui* and *wānanga* was also sung as a *waiata tautoko* after *whaikōrero*. These words and the importance of people were at the forefront of the minds of programme staff and the participants. Emphasis on people was important to those involved in the programme, which focused on promoting healthy lifestyle choices for families (which encompassed women, men, children and the wider community). Citations in internal documents and my conversations with people involved with the delivery reinforced the central position of this philosophy on the programme. Through the values of *whanaungatanga* (familial connections),

kotahitanga (unity), *tino rangatiratanga* (sovereignty), *manaakitanga* (hospitality) and *whānau ora* (family wellbeing), healthy relationships within families and communities could thrive.

The cultural concepts and practices used in the Kia Maia programme were originally delivered, and intended for continuous delivery, on the *marae*. Managed spatial zones “lived” on *marae* delineate roles and responsibilities among *whānau* (Jahnke, 2002) and the programme was a way to train urbanised Māori to move comfortably within those areas of the *marae*. The values of Kia Maia were clearly positioned as central to the programme and were highlighted as reasons why the programme was submitted as an exemplar for the World Health Organisation (WHO) healthy indigenous communities’ project (MT:PP-01). Implications of the changed accountability mechanism were not obvious, in terms of day-to-day delivery of Kia Maia at the time of data collection. However, associated with the introduced aims were significant changes to the nature of the reporting required. Priority was given to other ‘less cultural’ aspects of the programme and directed towards more measurable outputs that fit within the logic frame developed for the international project. Over time, as emphasis on measures took precedence, the “post-WHO” introduced aims would likely shape the delivery. Just as the short-term impact of the changes was difficult to see, so too were examples of how and where cultural values were included or built in to the evaluation that would determine Kia Maia’s level of success or failure.

My research seeks to understand how an evaluation, of a programme developed explicitly from an indigenous worldview, uses cultural frames to assess that programme. To do this, I used multiple methods; including: observations, key informant interviews, focus groups and documentation review. Each of these methods has previously been described in Chapter Two. In the following section I will introduce the main ‘characters’ of the case study and provide an overview of the interconnection that exists across stakeholder groups. Within these descriptions will be a reference to data collection methods used.

Data collection methods for this case study

My introduction to Kia Maia began after I emailed a relative who worked in the Māori Health Team at the District Health Board. Through my familial ties, several staff

contacted me, leading to a series of face-to-face and email conversations that eventually resulted in my working with Kia Maia. Initial interviews were conducted in 2004. Over the next 2½ years I was able to travel regularly to engage in research activities with people who were involved with the delivery of Kia Maia, and whose lifestyle choices were influenced by it.

Over a 2 year period I conducted formal interviews, held semi-structured conversations, read a range of documents and observed programme events. Information from 25 stakeholders contributed to this case. Ten people were interviewed more than once. As with the other case studies, I gathered information from individual and focus group interviews and go-along conversations; attended a regional *hui*; briefly attended a bi-annual national conference; and observed two meetings between Kia Maia/Manaaki Trust representatives and a team of Ministry D staff.

Whānau connections of people in this case study

Presented at the end of this section is an identification of sub-sets between the 25 people interviewed for this case study. Table 7 provides a concise introduction to each of the individuals²⁷ whose voice is specifically presented in the Kia Maia case study. Below, I note the familial connection of participants who feature prominently. My purpose in introducing the connections across stakeholder groups is to illuminate the complexity of relationships among the people involved in this case study. A glimpse at these *whakapapa* and *kaupapa whānau* connections may provide some insight in to the complexities involved with Kaupapa Māori programmes.

One set of whānau connections

Mina was the erudite elder (*kenia*) who established Kia Maia. She established the original vision and aims of the programme, was the hub of the programme and had many networks that benefited the community. I spoke with **Mina** many times during my

²⁷ The Summary Table is located at the end of this section of the chapter. A reminder that a table of stakeholder types across all four case studies is presented in Appendix 1.

engagement with Kia Maia. Each time I spoke with her I wrote lots of notes in my research journal, because her comments made me think about bigger cultural issues. We spoke many times, but I only formally interviewed her on two occasions. The first fits best with the description of a ‘go-along’ interview (Capriano, 2009). I spent the most part of a day with Mina as she organised a *wānanga* by driving her to different people’s homes and workplaces. During our day together Mina introduced me to several other people and pointed out several locations of previous *wānanga*. Some of her *whānau* we met along the way were:

- **Maraea**, Mina’s daughter (late 40s), is trained nurse and Trustee of Manaaki Trust. Mina hopes to one day return Kia Maia to *marae*. I interviewed Maraean twice. Both interviews took less than 30 minutes.
- **Māhuru**, Maraean’s daughter (mid 20s) and Mina’s grand-daughter, is a part-time volunteer worker at Kia Maia. She is also a young mum so often participates with her young child (18months). I interviewed Māhuru once at the Trust office. Our interview took 25 minutes.
- **Kahu**, is a niece of Mina (early 40s) who works at Ministry D. She flatted with Maraean when they both did their training (Kahu at university, Maraean at polytechnic). I interviewed Kahu once (30 minutes) and had a few short informative interactions/conversations with her.

My second interview with Mina, which took place more than a year after the first interview, was a one-to-one *korero* at her home - over cups of tea and cake. I was grateful for a 30minute interview with Mina after her daughter (Maraean) had ordered Mina to take it easy after a bout of pneumonia.

Interviews with participants in this group ranged from 25 minutes to an entire afternoon. Two people were interviewed twice, although conversations and interactions occurred with each of these participants throughout my data collection phase of this study. Flexibility with interview schedules and regular note-taking were important while interviewing these participants.

A second set of whānau connections

It was during the process of interviewing people, and reading documentation, for this case study that I realised there were different *whānau* connections across stakeholder groups (Funder, Provider, Participant, and Community member). The complexities involved in understanding one set of *whānau* connections was intensified as I came to understand the connections for others. Sometimes the connection was through birth, at other times through marriage. Below is a brief description of the *whānau* relationship that existed between Marama, Hohepa and Tui.

- **Marama** (mid 30s), was employed as the Kia Maia Administrator, and married to Hohepa. I briefly interviewed Marama twice (interviews were 30minutes long) and often had short face to face conversations during my site visits. I also sought clarification or documentation from her via email. Marama was frustrated at the increased administrative demands made on her when delivering to Programme/Evaluation funders.
- **Hohepa** (early 40s), married to Marama, was the ‘newest’ member elected on to the Board of Manaaki Trust. Convinced by Marama to become a Board member just as Kia Maia was negotiating their role with Ministry D, Hohepa (the Treasurer) was sceptical of the investment provided by the WHO project. I interviewed Hohepa once. Additional interactions would more accurately be described as conversations rather than formal interviews (Wilkinson, 1998, 2003). Although Hohepa was not familiar with evaluation as a research method, he talked about wanting a document that staff and Trustees could use and refer to in the future.
- **Tui** (mid 30s), married to Hohepa’s younger brother, is employed by the DHB as a health promoter. I interviewed Tui once (1 hour). She explained that a small proportion of her time was dedicated to supporting Kia Maia, 0.02FTE, through partial regular attendance at *wānanga*. I have referred to Tui in this case as a Kaiawhina based on her support role for Kia Maia. Tui had the flexibility in her work to access other DHB staff, use agency resources, and assist in recruitment for Kia Maia. These tasks she did with the approval of her manager (Paul).

Interviews with participants in this group ranged from 30 to 60 minutes long. Only one person was interviewed twice, although conversations and interactions occurred with each of these participants throughout my data collection phase. A broad understanding of the inter-relatedness of people through *whakapapa*, marriage and *kaupapa* was a useful skill when grasping the relationships people had across the four stakeholder groups.

A third set of connections

Interviews with the following group of participants ranged from 30 to 90 minutes and were conducted either individually or in pairs. Three people in this grouping were interviewed three times and one person twice. Stakeholder groups represented in this group of participants were: Kaiārahi (service provider), External Agency, Programme Funder and Evaluator.

- **Iritana** (late 40s), was employed as the Kia Maia Kaiārahi for 6 years when I first interviewed her. I interviewed Iritana three times - twice individually and once in a joint interview with John. Iritana had been in a similar role during an evaluation at her previous place of employment. At our initial interview she spoke, at length, about her concern for participants who had not been involved or represented in evaluation conversations because of the implications of any changes to the programme on participant's lives. Her remarks fit Linda Smith's (1996) comments about researchers' concern for the implications of their work.
- The formative evaluator, **John** (late 40s), is Pākehā. He is married to the Kaiārahi who is Māori (Iritana). Through conducting three interviews with John (ranging from 30-90 minutes long) I learned that he had previously completed a 2week shortcourse on evaluation, and worked 6 months part-time as a community researcher on a large-scale evaluation in their community. John considered himself to be a novice, when comparing his level of ability with other evaluators he had experienced (ANZEA, 2011). His role as the formative evaluator for Kia Maia was his first attempt at 'driving' an evaluation.
- **Hera** (mid 30s), Kaitautoko and employee of Awarua, was a strong supporter of the Kia Maia Programme. I interviewed Hera three times. Interviews ranged

from 30 to 75 minutes. Hera came through the *kohanga* and *kura kaupapa* education system and had advocated for Māori values to be incorporated in the evaluation. She was new to her role in Awarua when she starting supporting Kia Maia.

- **Ihimaera** (early 50s), Tumuaki of Awarua is Hera's boss and uncle. I interviewed Ihimaera twice; the interviews took 35 minutes and 45 minutes respectively. Ihimaera explained that because Awarua did not have the "funds" to formally sub-contract Kia Maia, he did not place reporting expectations on Kia Maia. Ihimaera also explained that he had always intended the support to be short term as a 'hand-up' until Kia Maia got on their feet and secured their own funding.

A fourth set of connections

Previous sets of participants described in this section were primarily connected by *whakapapa*. This next pair was connected by *kaupapa*:

- **Kotuku** (late 50s) was the Manager of the regional office for Ministry D. A long-term employee, Kotuku had seniority in the organisation and in the community. Her whakapapa connections to the region and her role at the Ministry gave her a strong voice in the community through the project funding decisions she made, through a regular contribution in a local paper that strengthened the connection of the Ministry to the community and through her regular attendance at *hui-a-imi*. I interviewed Kotuku once (40 minutes) and had several email exchanges with her as I sought clarification of the Ministry's involvement in the changes that accompanied WHO funding. Given that Kotuku could whakapapa to the region it is likely she was related to Mina. For the most part, Kotuku seemed happy with the evaluation and suggested she would contract Manawa again. Manawa had already been involved in other evaluation contracts to the Ministry, two of which had been overseen by Kotuku.
- **Manawa** (mid 40s) is a self-employed evaluation practitioner. She has been contracting to various ministries for almost 10 years, during which time she has worked as a sole evaluator, lead evaluator and member of a small team.

This particular evaluation was her third as a sole evaluator to Ministry D within a 4-year period and, financially, one of her smaller contracts to the Ministry. Manawa felt that her services had been sought by Kotuku after she had conducted an earlier evaluation one year before this contract.

I interviewed Manawa three times, one was a joint interview with John. That interview was the shortest (45 minutes). The longest interview I undertook with Manawa was 2 hours and involved detailed description of text within the evaluation report.

Summary

This section has briefly described interview methods while outlining the complexities of the relationship dynamics between Kia Maia programme stakeholders. Demonstrated across these connections is the way each of these people contribute to each other's sense of self, and sense of belonging through their everyday interactions (Hodgetts, Drew, et al., 2010; Hodgetts, Stolte, et al., 2010). The inter-connections across stakeholder groups are summarised and presented below.

Table 7: Stakeholders referred to in this case study

Name ²⁸	Title	Relationship to Kia Maia Programme	Stakeholder category
Mina	Kuia	Kia Maia Programme kaumātua (deceased)	Community member
Māhuru	Kaitautoko	Volunteer support worker (grand-daughter of Mina)	Service provider
Maraea	Trustee	Chairperson of Manaaki Trust (daughter of Mina)	Service provider
Kahu	Project Manager	Employee of Ministry D – regional office (niece of Mina)	Funder
Tui	Kaiawhina	Health promotion worker employed by DHB. Does some programme coordination work	External agency
Marama	Kaiawhina	Kia Maia Programme Administrator	Service provider
Hohepa	Trustee	Treasurer for Manaaki Trust (Marama's husband)	Service provider
Hera	Kaitautoko	Health worker from Iwi provider (Awarua)	External agency
Ihimaera	Tūmuaki	Manager Iwi health provider (Awarua). Provides resources for Kia Maia.	External agency/ Programme Funder
Iritana	Kaiārahi	Kia Maia Programme Coordinator	Service provider
John	Formative Evaluator	Pākehā. Started/contributed to formative evaluation (Iritana's husband)	Evaluator
Paul	Tūmuaki	Pākehā. Health Promotion manager at DHB. Tui reports to Paul who signs-off resources released to support Kia Maia.	Programme Funder
Kotuku	Contract Manager	Employee of Ministry D – regional office Manager	Programme and Evaluation Funder
Manawa	External Evaluator	Private Practitioner. Contracted external evaluator	Evaluator

The interviews with stakeholders of the Kia Maia programme, and its evaluation, were conducted more than a year after the contracted external evaluation had finished. Conveyed thus far in the case study is a complex back-story that has barely unravelled the complexity of the programme. The inter-connections of stakeholder groups in this case are similarly complex to other case studies involved in my research. A key difference of this evaluation was that the two evaluators (John and Manawa) who were contracted, at different yet overlapping times to deliver a single output (an evaluation

²⁸ Everyone interviewed who has been listed here has been given a pseudonym to protect their identity. Unless otherwise stated, research participants were Māori.

report), did so in a positive manner for both the funder and provider. Another difference with this case is the three “Programme Funders”, whose support of Kia Maia in different areas helped manage the rapid growth in the programme. Within and across stakeholder groups are examples of *kaupapa whānau* and *whakapapa whānau*. The complexity of relationships described here resonates with Graham Smith’s (1997, p. 19) description of how such groups enable forms of intervention in economic and social disparities among Māori. An ability to keep the dynamics of this case study in mind helps to understand the introduction, process and impact of the external evaluation – presented in the next section.

The evaluation (in brief)

The external evaluation of the Kia Maia programme was conducted over a 6 month period and included existing evaluation data that had been gathered in the previous 6 months. In total, there was 12 months’ worth of available data. In the following section a synopsis of the evaluation findings and stakeholder experience of the evaluation is presented. Before presenting that information I have prepared a summary table of the evaluation contract details that have been touched on in previous sections of the case. Additional information supplied below is an indication of the budget for this evaluation.

Table 8: Kia Maia evaluation contract information

Contracted timeframe:	6 months (+6months)
Number of evaluators:	1 (+1)
Approximate budget for evaluation:	\$15,000
Nō of evaluation reports produced:	1
Evaluation Funder:	Ministry D
Evaluator(s):	Private Practitioner
Evaluator contact initiated by:	Kotuku (Regional Manager at Ministry D)
Type of evaluation:	Formative/Process

The evaluation objectives (KMP:ER-03) were to:

- enable understanding of local communities with the purpose of providing information of how Ministry D and other agencies might provide relevant assistance, and
- facilitate a standardised approach to data collection across sites nationally.

The following section presents key points taken from evaluation documents (such as proposals, progress reports and the final evaluation). I provide them here to clarify the purpose, intent and impact of the external evaluation on Kia Maia and its stakeholders. The next section contains themes that explain the two main issues consistent across interviews conducted for my study: *within region variation* and *government responsibilities*. These two major themes repeatedly arise throughout the case.

Within region variation - Despite being located within one *invi* region, several *hapū* were involved, and each had its own approach to Kia Maia. The nature of the WHO Project meant programme delivery acknowledged *hapū* context and celebrated *invi* unity. Before the evaluation four “sites” had identified problems and requested assistance. Those sites were selected as the focus of the external evaluation (MT: PP-01). Initially intended to be an evaluation focused on the region as a whole, emphasis at the regional level was not found to be useful because sub-regional issues specific to that *hapū* group were relevant (DHB:PR-02).

Government responsibilities - Ministry D has roles and responsibilities to provide support services (Rada et al., 1999; Ratima, 2000; Reid et al., 2000) for Kia Maia alongside, and as part of, its national development strategies. As a government agency in a Treaty partnership, Ministry D is accountable to two equally important groups (Walker, 1990) – Māori and government – whose expectations and demands can be widely divergent. It is unlikely that any single agency or provider will meet the needs of all Māori in the target service area(s), so linkages with other agencies are important. Issues of resources are difficult because of the need to consider Māori cultural values, legislative restrictions and, local and central government perspectives. Given the different perspectives involved, there is not one solution to ‘fix the problem’. Presenting options and considering the perspectives of all involved will be an effective means to help the relevant communities (KMP:ER-03; p.42).

Responses to the evaluation

Kia Maia cultural concepts of *kotahitanga* (unity), *tino rangatiratanga* (sovereignty), *manaakitanga* (hospitality), and *whānau ora* (family well-being) have provided valuable

reference points for the evaluation and are referred to throughout the case study. Further exploration of the inclusion of a Māori epistemology in the programme design and then in its evaluation highlighted the tension providers experienced when navigating between government and *whānau* expectations. The Kaitautoko, Hera, from the same *imi* provider organisation as Ihimaera, had long supported the Kia Maia Programme and had advocated for Māori values to be incorporated in the evaluation. While she did not have an extensive knowledge of evaluation (Hera, interview), she had been working in the health sector long enough to know the importance of Māori leadership when it came to affecting change in Māori health. Hera's comments below convey a challenge to evaluators to do more than align their work within a culturally blind health system rather they should actively challenge that system to do more for Māori;

When you talk about having more Māori in [mainstream organisations] will that make it easier? Not if they're put in on the bottom rung. You actually need to have them put up... in the spaces that are policy development... that is a management job that requires changes to services for the benefit of the target [Māori] group ...there needs to be some kind of process put in there as part of the putting together of service contracts. Evaluations need to talk to those levels [of accountability]. (Hera, Kaitautoko at Awarua)

The comments made by Hera, very similar to those of Kiri (Tūmuaki of Māori Ora in the He Oranga Marae case study), highlight the tension-filled space against which programmes developed from an explicitly cultural epistemology must fight when dealing with mainstream services. In both cases the processes engaged embraced a Western science position and Mātauranga Māori was adapted, shaped to fit where allowed, into the evaluation framework. This process was common all of the case studies where the evaluation aims were determined by Programme/Evaluation Funder whose set of measurement criteria did not embrace the cultural values of the programme that was being delivered.

Given the strong emphasis of Māori epistemology in this programme, and the support provided by Awarua (an *imi* provider), I asked both evaluators to consider whether the DHB, Ministry D or WHO had wanted a Māori position presented in the evaluation. John's response states clearly he was discouraged by the DHB, who showed no willingness:

I specifically asked if [the DHB] wanted their [whānau, hapū, iwi] voices in the report... and got a clear "no thanks" back. I was told [the DHB] wanted to know

how comprehensive the programme was, and how effective it was, given the resources, whether the investment in [Women and family health] was a good one... (John, Formative Evaluator, Pākehā)

John talked about accepting, and being slightly relieved, that he would not have to learn about Māori cultural concepts in order to report about them in great depth in the report. As a Pākehā, male, John would have been expected by culturally astute Māori women to take steps to ensure he received appropriate approvals (Johnston & Pihama, 1995), to prepare himself adequately for his responsibilities (Nikora, 2007), and constantly to practise his duty of care to women throughout the evaluation (Irwin, 1992; Jahnke, 2000; Mikaere, 1994).

The authority of women in Māori pre-colonisation society is acknowledged in the many roles they occupied. Such roles in the context of arts and cultural practices situate women as the important holders and transmitters of information (Mahuika, 1992; Mikaere, 1995; Simmonds, 2011). However, the disruption of the Māori world through colonisation (Smith, 2005) relegated women to the “lesser” position and status. The introduction of Manawa later in the evaluation, suggests that one of the core elements of approval was not met. I do not attribute some form of failure to John. Rather, I suggest that the decision to hire Manawa (for whatever reasons) likely resulted in her receipt of the appropriate approvals to complete the WHO/Ministry D evaluation successfully.

The privilege initially given to a male voice was not lost on Manawa. Her experience fits with scholarly discourse about *mana wahine* that notes exclusionary practices that inhibit and prevent participation by Māori women in decision-making (Irwin, 1992; Mikaere, 1995). Even though she entered the arrangement, knowing that gaps had already been identified in the evaluation work, she took on the challenge to complete the evaluation. The gaps that led to her being given the contract meant a critical eye would be kept on Manawa as the deadline for the evaluation approached. Aware that she was brought in to ‘clean up’ the evaluation project, she considered the likelihood that the contract would be handed to another evaluator, maybe a woman, but most likely a Pākehā, if she pushed too hard for Māori worldviews:

I was brought in near the end of the first year to tidy things up to help them [DHB/Ministry D] save face... If I got too stroppy about Māori things I’m sure they would have dropped me in an instant and got some other Pākehā in who would do what they wanted, how they wanted it. (Manawa, External Evaluator)

Manawa's comments highlight the tension between advocating for a Māori worldview in an evaluation, and the risk of losing an evaluation contract if too much pressure is placed on the Programme/Evaluation Funder to include that 'alternative worldview' (Smith, 2004; Smith, 2005). Additionally, John informed Manawa that a Māori worldview was not wanted in the evaluation. Previous contracts with Ministry D and other government agencies had contributed to Manawa's beliefs that a Māori frame was not desired. Initially frustrated at the Ministry's disregard of Māori voices, Manawa spoke angrily about her desire to include references to a Māori worldview in her report, even though it was not wanted.

You take on contracts knowing there will be problems getting a Māori worldview incorporated, but the choices are hard... I've got children... I want to help get their voices [whānau, hapū, iwi] heard... So I have to put myself out there otherwise [Evaluation funders will] give the contract to a Pākehā who could completely miss the voice of the people. Luckily in this instance the "Pākehā" [her emphasis] here [pointing to John] was willing to share with me... and not only let me in, but helped me gain access to key people. (Manawa, External Evaluator)

As a strategy to give voice to the importance of Māori positioning in the Kia Maia programme, Manawa inserted key text in her report that made suggestions for change. Even though Manawa knew a Māori worldview was not wanted, she talked about how she made references to the importance of culture in her reporting to the funder.

With this evaluation the models I referred to were not used to "audit" [speaker emphasis²⁹] Kia Maia. Instead they were a way of providing a series of discussion points for the funders and the Trust... I am very aware of using inappropriate measures and conducting inaccurate analysis to draw conclusions where they should not be drawn... (Manawa, External Evaluator)

The audit model Manawa referred to here was Mason Durie's (1994a) tool used to locate the relevance of cultural values within a programme. Developed for mainstream providers, to determine their contribution to Māori health gain, Manawa felt that this tool was not appropriate for Kia Maia and Manawa Trust. I have already outlined above that Kia Maia fitted Te Puni Kōkiri's (2002) definition of an *imi* provider. Manawa's decision not to use a tool developed for mainstream organisations reflects Kia Maia's declaration that it was a "By Māori, for Māori" provider. Moreover, Kia Maia's claim was consistent with Te Puni Kōkiri's (2002) provider definitions.

²⁹ Manawa put her hands up on either side of her head, signalling a quote when she said the word audit.

Manawa's decision demonstrates an active commitment to the protection of Kia Maia's interests. Adaptation of the audit tool as discussion points throughout the report was a strategy reflective of conscientious objection (cf. Gory & McClelland, 1947).

John (the formative evaluator, Pākehā) was directed by the Programme/Evaluation funder (Ministry D) not to include Māori frames in the evaluation. When Manawa was contracted to ensure the evaluation was completed, she was not given the same directive. Instead, she was directed to work with John and use an audit tool designed for mainstream organisations. That is, the Ministry initially advised the evaluator not to use Māori frames, and then proceeded to present an audit tool developed by a Māori. The shift in position potentially suggests the Ministry's notions of reporting Kia Maia successes had evolved. But only a little, as the tool Manawa was directed to use was inappropriate. Manawa's commentary refers to the inappropriate use of tools that draw inaccurate conclusions. Her actions reflect arguments by Lisa Schreiber (2000) and Harry Walker (n.d.) who posit that a categorical error is made when one particular framework or worldview is used to assess the values of another.

Examples of *whanaungatanga* have been presented by describing the interconnectedness of stakeholders within the Kia Maia case study. These connections provide a surface understanding of the complexity of a Kaupapa Māori programme developed from a Mātauranga Māori position and lived through the daily lives of members. After outlining the connections of members I presented an overview of the evaluation contract. This was deliberately done to lay the foundation for determining the presence of Māori cultural values in the assessment of the programme. By asking the evaluators whether Māori worldviews were sought we came to see how the two evaluators responded in different ways to the clear negative position of the Funder. Now that the intent of the Funder is clear, the reason for "why" an evaluation was called for then becomes a meaningful question to explore with stakeholders.

Events leading to an evaluation

Throughout the life of the Kia Maia programme several agencies have provided financial support to the Manaaki Trust. While financial support was accessed through applications for philanthropic grants, there had also been on-going support from two external agencies - Awarua (the *imi* provider) and the regional District Health Board.

Support from Awarua was largely through the sharing of resources such as, allowing Kia Maia to use their facilities at no cost, funding Kia Maia staff to attend organisational professional development opportunities and providing access to staff mentoring. Financial support was also provided intermittently. Regular, on-going financial support for Kia Maia was provided by the DHB through regular access to skilled professional service, use of their vehicles, access to health resources, and venue hire costs paid.

For over 5 years the programme had been largely operating on goodwill, with high-trust support from local providers (Iwi and DHB). The formal investment provided by the WHO project brought with it new tensions (Hohepa, interview 2004). New administration demands placed on the programme, such as providing programme logic frameworks (Gale, Loux, & Coburn, 2006; WK Kellogg Foundation, 1998) and strategies for showing achievement were more intense than any previously required. Without administration support or mentorship, Kia Maia was overwhelmed by pressure to achieve a level of formal accounting and reporting that was not familiar to them.

Stakeholder expectations of the evaluation

In this section we explore different stakeholder group expectations of an external evaluation of the Kia Maia programme. The Kia Maia Programme had been operating for over 20 years before Ministry D (through the international WHO project) offered funding to support Manaaki Trust with the delivery of their programme. Kia Maia becoming part of the Ministry membership as a 'service-provider', mean tensions, lessons, and successes need to be considered in order to understand the nature of stakeholder desires.

The values of *whanaungatanga* (familiar connections), *kotahitanga* (unity), *tino rangatiratanga* (sovereignty), *manaakitanga* (hospitality) and *whānau ora* (family wellbeing) are embedded in the Trust and the Kia Maia programme. Examples of these values were recognised in the everyday life of the programme and were considered as I researched stakeholder experiences of an external evaluation.

Kia Maia is self-defined as a health and well-being service (KMP:ER-03). Expectations to provide programme-logic frames that demonstrated, quantitatively, how Kia Maia improved well-being were frustrating for staff (Iritana, interview 2005). A lack of capacity building and professional support to assist Kia Maia were noted. Kia Maia wanted to address the following areas: produce regular reports of benefit to Awarua connections and other stakeholders; develop reporting templates and frames that would reduce the amount of time spent collecting irrelevant (to their cultural needs) information; write policy and procedures and, make submissions targeted on ways Kia Maia could use their already existing programme/cultural frames. Kia Maia needed to have professional support opportunities to learn techniques and skills relevant to writing public policy and strategic planning documentation.

Kia Maia's desire to deliver a culturally appropriate service attracted participants and resources. Kia Maia staff often found themselves working extra hours to meet participant needs, but that was acceptable to them. Less acceptable were the 'additional' demands that did not contribute to the Māori cultural obligations central to the programme. The provision of financial accounting, reports that had to be presented within specific templates and against measures that were foreign to the way they normally worked created tensions for staff. An example of staff frustration is provided, by Marama, who talked about expectation differences between service users and service funders:

When you're contracting for such pathetic amounts of money, the outcomes that are put on you to happen in an area may not happen... and we found there's no manoeuvrability [in the contract]... and that was difficult for us cos we work in a very holistic way. And if it's not right to happen, then it's not going to happen...
(Marama, Kia Maia Administrator, interview1 2004)

Here, Marama referred to Kia Maia's desire to provide services that contributed to community well-being through sustained change. Such change required Kia Maia to provide long-term support for community members who were dealing with multiple stress factors in their lives. Financial support from the DHB was less than \$5,000 per year. For those funds, a quarterly report was expected. Before joining the WHO project there was some flexibility in the nature of the reports. In the year that Kia Maia was negotiating to be a site for the World Health Organisation (WHO) project, the District Health Board demanded that Kia Maia provide accountability reports that recorded quantifiable change. Once Kia Maia became a WHO project site, Ministry D as the

national contractor agency, placed even higher reporting expectations on them. Perhaps an assumption by the Ministry was that Kia Maia already had systems in place for meeting formal administration and reporting expectations.

Given the international links of the WHO project, a national evaluation was approved by the Minister (DHB:PR-02) and implemented across all WHO projects in Aotearoa New Zealand. Each WHO project site reports was expected to describe how the site “enabled communities” (DHB:PR-02; p.5). In line with that aim, a member of the local community, John, was hired (on a 0.2 FTE contract) to conduct a 1-year formative evaluation of Kia Maia.

While only a novice evaluator, John’s role was to provide programme support and report identified strengths and potential barriers to Ministry D so that support structures could be put in place for Kia Maia (John, interview 2005). However, Ministry D staff became concerned after receiving conflicting reports from Manaaki Trust and John (the formative evaluator). By the time a more experienced external evaluator was contracted to ensure the end of year evaluation was completed on time (Kotuku, interview 2006), John had been working with the Kia Maia Programme for 6 months. When Manawa (the external evaluator) was brought on board, her role as the external evaluator was; “to document and describe the development of the Kia Maia Programme against the WHO project aim” (DHB:PR-02; p.4).

Connecting the evaluation to the programme culture

The focus of this programme on *whānau ora* involved concepts of *whanaungatanga* - maintaining healthy families through healthy relationships. This meant that relationships between Manaaki Trust and other health providers (the *imi* provider, Awarua, and District Health Board) and programme participants were important. Awarua engagement processes mirrored Manaaki Trust/Kia Maia’s belief that *whānau*, *hapū*, *imi* values give strength to peoples’ lives through repeated reference to the metaphysical entities (in particular the earth mother, Papatūānuku).

The emphasis on *whānau ora* (healthy families) and the primary role mothers play in caring for their young children (e.g. Papatūānuku with Ruaūmoko and Rongomatane)

were reiterated in the ways staff engaged with their participants, and the ways staff engaged with both their funders and the evaluator.

If it's going to affect our programme, our people, we want to know about it... We want to be at the table talking to the people who are deciding what will change... Who's going to talk for our nannys and mokopunas? (Iritana, Kia Maia Kaiārahi)

This comment from Iritana reflects her expectation that *whanau* would be present during important evaluation negotiation conversations. Iritana lobbied for open conversations during the WHO project evaluation negotiations because she felt that people whose lives would be impacted by changes to a programme should be involved in evaluation conversations. As the Kaiārahi, she was the person most aware of the programme and participants' contexts. Her conversation with the evaluators and her previous exposure to an external evaluation shaped her perception towards the Ministry D evaluation:

These are young Māori mothers from low income families... between 15 and 25 years... they are considered so at risk that [a national provider agency] wouldn't work with them. It's been hard work gaining their [these women's] trust in me and each other... Early on they [the Ministry] wanted to take them [these women] one by one for an interview. I knew it wouldn't work... these young mothers would think it was WINZ and... shut down. (Iritana, Kia Maia Kaiārahi)

Iritana's comments indicate her familiarity with the personal and daily experiences of the young Māori mothers who used the Kia Maia service. The comments also show that Iritana was an asset to the programme and the evaluation because she understood participants' realities and has built a relationship of trust with them.

From the outset Kia Maia has privileged women. Such privilege was not intended at the cost of *mana tane* (Hodgetts & Rua, 2010; Hokowhitu, 2004). Rather, this programme was established to pass on traditional arts and crafts that were primarily the domain of women. Mina observed that as the programme changed the roles of staff also changed. Gender roles are fluid, complementary, and can be transferred over the course of a lifetime (Te Awekotuku, 1994). Mina's original efforts to support women by being a cultural advisor, mentor, friend and advocate were transferred to other women in this programme. Many of the roles and values presented in this case mirror the description of women as *whare tangata* (house of humanity), which was presented 20 years ago by Ngahuia Te Awekotuku (1994).

Evaluator(s) expectations

I had an opportunity to meet with John in 2004 to ask about his experience as the formative evaluator. He said that he initially felt uncomfortable doing an evaluation of a programme aimed towards women's health. However, because he received on-going encouragement from Manaaki Trust and support from Iritana (Kaiārahi) and Marama (Kaiawhina), John felt they would 'keep him honest' so that he could do a meaningful evaluation:

... Clearly I'm not a woman.... I have a mother, a wife and two teenage daughters... and I care about their health. But this is about family health too... We are part of this community. Everyone here [at Manaaki Trust] was really encouraging and promised to keep me honest, so I wanted to do my best to help them [Kia Maia]. I knew it would be hard... but not **that** [speaker emphasis] hard... (John, Formative Evaluator, Pākehā)

John tried his best, but felt that he had bitten off more than he could chew when repeated demands for reports from the Ministry kept coming, and information he had been gathering "was piling up" (John, interview 2005). Before meeting Manawa, John was told an external evaluator 'was being brought in'. He felt that a judgement had been made and that he had been found wanting. Initially 'put-out', John quickly got 'over it' because he was feeling the pressure to produce his first ever sole-authored evaluation report:

... I didn't really know what I was doing. I had worked with [another evaluation team] before and they showed me how to do interviews... but I had no idea how to do a whole evaluation by myself... or what to do with the information that started piling up. [Manawa] showed me how to set up a plan and.... [then she] put my name on the report even though she did all the work... (John, formative evaluator, Pākehā)

John explained that Manawa provided a mentor/teacher role when undertaking the contract. In addition to her mentor role, the 4 month timeframe for completing the external evaluation meant she had a very tight timeline. John spoke glowingly of Manawa's professional approach to evaluation, and the valuable learning gained from working with her. Impressed by the work that she did, John recalled some of the relationships that had to be navigated when Manawa began her role:

- Negotiating her way into the Kia Maia programme activities,
- Getting access to the formative evaluation information from John,

- Establishing a relationship with John (the formative evaluator) and the programme *whānau* (Kia Maia – Kaiārahi, *kaiāwhina*, Manaaki Trust, service users)
- Formalising, and re-negotiating the external evaluation contract with the Programme/Evaluation Funder (Ministry D).

Manawa lived in a nearby town and had been contracted in by Ministry D to undertake the external evaluation by the end of the first year of the WHO project. Even though Manawa was Māori and a woman, she was not familiar with the local context or the daily dynamics of the programme participants. Because Manawa was somewhat removed from the delivery of the programme, problems arose when information supplied to her by the Programme/Evaluation Funder (Ministry D) did not match the notes and anecdotal accounts held by John or Kia Maia staff (Iritana and Maraea). In order to gain clarity about the programme and deliver an evaluation report on time Manawa had to undertake the activities above that were important towards enabling her work. She was also expected to design the study, and to collect and analyse the data in order to produce an external evaluation within 5-6 months.

Evaluators who are cognisant of cultural processes, obligations, and accountabilities are more likely to work in ways consistent with Māori expectations – whether the obligations are verbalised directly by stakeholders or not. Those who do not may “get-away” with bad behaviour for a short time, but eventually they will be held to account for their actions, or inactions. Ngahuia Te Awekotuku (1991) referred to this process more than 20 years ago and Linda Nikora (2007) provides an apt description of the ways cultural obligations can be transferred through the generations. An evaluator who is aware of such risks will work in ways that will be less likely to bring shame on their *whakapapa* (genealogical connection). Those Māori evaluators aware of their obligations, who follow appropriate processes and maintain relationship connections, will respond to cultural demands that are: unrecognised by non-Māori; considered unnecessary by Funders; and be expected as standard practice by Māori.

Stakeholder responses to the evaluation

Several groups had vested interests in the success or failure of the Kia Maia Programme. Below I present comments from the various stakeholder groups: programme/evaluation funder, evaluators, and service providers.

Kotuku (regional manager at Ministry D) was familiar with the tension between provider and funder expectations (Masters-Awatere, 2005b; Moewaka Barnes, 2003; Pipi et al., 2002), which was present in this evaluation. While Kotuku empathised with Kia Maia, there was an expectation in the Ministry that the programme would need to “step up their game” if they were going to keep their programme running:

When you're Māori and you enter this [service delivery] domain you've got huge expectations about delivery – not just about health, but around transport finances, food, mental health issues, about every bloody thing under the sun... and you've got so many layers of accountability, not just through mainstream, but even through your own people... So you've got to be aware, you've got to be clinical and have some inclination around information. You've got to be multi-faceted... (Kotuku, Contract Manager Regional Office, Ministry D, Programme/Evaluation Funder)

Kotuku is a manager of the regional office of Ministry D. Her comments were in response to my question about how the evaluation helped, or hindered, the Kia Maia programme. While my initial reaction was to consider this statement as being aimed at Kia Maia, I later realised that Kotuku was commenting on how an evaluation can, and should, help Kia Maia. In her comments Kotuku referred to the need for Māori providers to be better than other (mainstream) services because Māori/*imi* service providers are more thoroughly – and more frequently – scrutinised. Paul (Health Promotion Manager from the DHB), complemented the view of Kotuku when he referred to the public scrutiny that comes with accessing “public funds” for service delivery:

...you can chose to not compromise what you're doing and struggle along in your comfort zone, which some of our providers prefer. Or you can take it up a notch or two and enter into the domain where you will be under the public eye, under the microscope... and you have to be accountable for your performance. (Paul, Pākehā, Tūmuaki DHB, Programme Funder)

These two comments suggest that the funders were supportive of the programme, but that Kia Maia needed to make improvements to withstand the level of scrutiny targeted at a publicly-funded programme. The context of these funder statements suggests that if they desire to secure long-term funding, in the future Kia Maia will need to build these types of accountability measures in to their every-day business. Such suggestions reflect previous health researcher challenges that highlighted the importance of professional development resources for service providers who deliver innovative programmes (Cram et al., 2000; Duignan, 1997; Durie, 1985a). The continued

relevance of those earlier researchers' calls for resources highlight that the resourcing needs are not being met. It also suggests that the cultural dynamics of 'innovative' culturally centred programmes, such as Kia Maia, still fail to be adequately recognised for their cultural complexity by Funders.

Comments from Ihimaera, the original funder of the Kia Maia Programme, suggest there are complexities that had an impact on the relationship dynamics. Because of his role as Tūmuaki of a service-provider and service-purchaser organisation, there were multiple levels of consideration to his *kōrero*. Ihimaera's comment (below) suggests that little Māori philosophy was conveyed to him in the evaluation. They also suggest that because of the layers of bureaucracy knowledge and expertise held by Māori evaluators was not reaching funders:

There's definitely well-educated Māori that are out there. And some of them are doing good work, and some of them aren't. But the reality is there's very little [Māori evaluation] that filters through to us. So the whakaaro of Māori is not coming through, or getting filtered through, and we're not seeing it on the ground level because of the different red tapes that you have to go through to see any outcome of it... (Ihimaera, Tūmuaki Iwi Provider/ Programme Funder)

Ihimaera's comments refer directly to red tape blocking Māori values being incorporated into evaluations of programmes derived from central indigenous position. As a provider and programme funder, Awarua were in a position of power over those they funded (Kia Maia), while at the same time they were subservient to the Ministry who funded some of their work. Interestingly, I noted the other two funders were a Ministry and a District Health Board - both are representatives of the Crown.

Ihimaera speaks of overt ways in which Māori values are reduced in importance in the face of non-indigenous frameworks that privilege Western/White knowledge, practice and ways of being. When such frameworks are reinforced by Māori, working as agents for the Crown and/or as evaluators, Māori are doubly penalised. While Māori preference for engaging at a cultural interface have been repeatedly raised (Smith, 2003; Smith, 1990, 1999), Ihimaera's declaration that *whakaaro* Māori were not coming through to the work with the Māori communities suggests integrating Māori knowledge into delivery and assessment frames is still a work in progress.

Each of the Programme Funder representatives (Kotuku, Paul, and Ihimaera) acknowledged that the evaluation report provided useful information, recognised their

contribution, and helped provide a record of their return on investment in the Kia Maia Programme. While the funders of Kia Maia were happy with the evaluation, I wondered what staff thought about the evaluation. Feedback during my interviews shows there were different expectations from Kia Maia. Staff within Kia Maia had expected the evaluation would “be useful” to their everyday work (Hohepa, interview). In the comments below Hohepa acknowledged the on-going contribution Manawa made to Kia Maia after the evaluation was completed. His comments also show he expected a copy of the evaluation report, but did not see one:

[I] did wonder what happened to the evaluation... never actually got to see the [evaluation] report she wrote... but then she told us what she wrote in it, and we were ok with that... She kept in touch and helped us with research questions even after the [Ministry] contract was finished. (Hohepa, Kia Maia Trustee)

Despite Hohepa’s comments, through my interviews with staff (Iritana, Marama, and Marea) I learnt that a copy of the evaluation report had been tabled at a Trust meeting. It is unclear why the report was not made available to Hohepa. Here Hohepa indicates his desire for an evaluation product (report) and notes accepting Manawa’s explanation of details contained in the report. Interestingly, there is a disconnection between the on-going input from the external evaluator (Manawa) to the Kia Maia Programme beyond the contracted service that was recognised and the desire for a physical copy of the report.

Despite the disconnect shown by Hohepa, between continued service beyond the contract and a single output, an engaged evaluation relationship with the community, and their local expertise, were noted by the two staff involved directly in service provision. Both Iritana (Kaiārahi) and Marama (Kaiawhina) spoke glowingly of Manawa (the evaluator).

Manawa was an external evaluator, yet she was involved in *wānanga* activities and management meetings, and engaged with the formative evaluator. Her involvement in programme activities and mentorship of John (formative evaluator) aligns more with an internal, process evaluation (Patton, 1997; Waa et al., 1998) – rather than an external evaluation (New Zealand Qualifications Authority, 2013). When I spoke to Manawa about her external evaluator role she described her engagement in programme activities as a strategy to navigate the expectations and information needs of the two different stakeholder groups (Programme Provider and Programme Funder).

As the external evaluator, Manawa was the last to join the evaluation conversation. Charged with providing the report that “determined” how well, or not, a programme was doing, getting some clear direction on what the evaluator is measuring (and how) was essential. Clearly evident in this case study, as with the other case studies, was the tension between delivering a service that practised cultural principles and meeting service contract outputs that did not hold those same cultural principles as central to determining the success of the programme.

Navigating client and stakeholder expectations was not an easy task, but is important for evaluators if they are to complete their contracts within tight timeframes, such as the one presented in this case study:

It got to the point where I was putting things in the summary and recommendations that I knew would draw [the evaluation funder's] attention so that I could put some small statements in other parts of the report... and then I'd make sure to show [the providers] key text so that the report would be more useful to [the provider] to advocate for changes with [their funder, who was also the evaluation funder]. (Manawa, Māori, Evaluator, H5R5)

While an evaluation report is the common key deliverable expected of an evaluator, an evaluator's ability to produce an accurate and useful report depends on an ability to access accurate and useful information (Feuerstein, 1986). Manawa explained that when first commissioned to undertake the evaluation, she had intended to take more of an observer role. However, she found she was participating more than she originally planned in programme activities. She commented that people made her feel welcome and invited her to participate in activities, and because she participated she got more of an understanding about the programme (Rogers, Stevens, & Boymal, 2009).

At an initial meeting, everyone was made aware of her role as an evaluator. She attended and participated in *wānanga*, travelled with programme participants to different sites to meet with similar interest groups, learnt new skills, and participated in management meetings. She observed the Kia Maia Programme from different perspectives (as a participant, and as an evaluator), which she believed made her evaluation better:

I loved it [doing that evaluation]. I was involved in all aspects of the programme... I was able to see the ways that everyone came together... when I first met [Iritana] the range of relationships [in the programme] seemed too difficult to be effective. But they [Iritana and John] kept saying everyone loves [being

involved]... I [saw] how they came together for a shared agenda... and learnt new skills myself. (Manawa, evaluator, interview 2006)

The negotiated activities during an evaluation can be as complex or as simple as the client and evaluator care to make them (Scriven, 2001). During discussions, evaluators and key stakeholders can consider the strengths and weaknesses of an evaluation, and, where necessary, make any amendments before finalising the report. From my interviews with evaluation practitioners, this task seems more easily said than done. It was also a task that if not adequately addressed at the beginning of a contract would be an even more intense task near the end of a contract when the pressure of deadlines loomed and together with the added pressure of stakeholder groups wanting to see the report before submission to the evaluation funder (and often the programme funder).

Programme changes after the evaluation

Still operating at the time of writing this thesis, Kia Maia has gone through some changes since its involvement in the WHO Project. The Ministry funding that came with the project also came with administrative demands. Kia Maia continues to promote healthy lifestyles and a better quality of life for *whānau* within their community, but now does so on a scale closer to its original intention.

I conducted interviews for this case study 1 year after the evaluation and the WHO project finished. Approximately 6 months later Mina passed away. Around the same time, both the DHB and Awarua introduced “new” services. This hit Kia Maia hard. The introduction of the new services involved both agencies offering similar supports, and at the same time resulted in the reduction, and in some areas withdrawal, of previously supplied resources and supports from both agencies.

Before support was withdrawn I spoke with Hera, a Health worker from Awarua. Both Hera and Tui made comments that suggested they were trying to find ways to help Manaaki Trust through their agencies:

I’m hoping that with a leg up they’ll be able to offset costs around venue [hire], divert some support to get a couple of hours a week in computer support to configure their database – that sort of thing. (Hera, Kaitautoko, Health worker from Awarua)

I'm going to do a session at the next wānanga on healthy eating, quitting smoking, and the importance of being physically active. My boss [Paul] has approved me taking a couple of team members to that session. (Tui, Kaiawhina, Health Promoter, DHB)

Both Hera (Health Worker, Awarua) and Tui (Health Promoter, DHB) spoke of using their agency resources, with the approval of their managers, to support the delivery of Kia Maia. In a similar vein, comments from Paul and Ihimaera (the Funder organisation representatives) indicate a desire to help Manaaki Trust, to extend the Kia Maia programme and make it more accountable to “mainstream” reporting systems:

...a database has to be created where you can put up quite a substantial argument around the successes, the models of provision that will justify the approach that you've taken... (Paul, Pākehā, Tūmuaki DHB, Programme Funder)

Paul had spoken about the importance of being able to account for service delivery and its contribution to making measurable, positive health gains for programme participants. At the time of our conversation the introduction of technological support to develop a database and provision of mentoring support to help Iritana (and Kia Maia) was suggested as a way forward for the programme.

Ihimaera made similar comments (below) about Kia Maia picking up their “game” to show how their services made a change to people's lives. At the time of our conversation, the evaluation report had been received, but given only a cursory glance:

If you want to pick your game [programme delivery] up a notch or two then to pick it up that notch or two you need to do things... There is a service delivery level, and there is a clinical level, and in understanding that the mahi that's undertaken by the Trust has to be documented and draw upon accepted models... (Ihimaera, Tūmuaki Awarua)

Comments from both Paul and Ihimaera suggest the funding and resource support both organisations provided to Kia Maia had been given with a high level of trust and little accountability. At the time of my interviews with these funders I thought their interest in the evaluation providing a description of programme development was because neither agency knew outcome details before committing to support Kia Maia. Perhaps that was initially the case.

Both Paul and Ihimaera spoke about how passionate Mina was and how she was a valuable asset to Manaaki Trust and the wider community through her work to bring

about *whānau ora*. Mina was an enthusiastic advocate for Māori health and her leadership engaged support from funders, service staff and service users.

Before Mina passed away, she had approached a local *marae* to host a bi-annual conference. After her death, her daughter, Maraea, talked about Mina's plans to embed *marae* as a site of delivery for Kia Maia. Despite the evaluation report making it clear that going to the *marae* was Mina's wish, there was still some resistance from the Trust. Outvoted by the other Trustees, Maraea spoke of her desire to keep her mother's plan on the agenda:

We [I and the Trustees] agreed to disagree [about a suggestion that we should return the programme to the marae] for now. While a long-term aim, participants are still trying to find themselves as individuals... Pushing the Trust to support getting whānau to their marae and finding their māoritanga is hard work [on my own]. (Maraea, Trustee, Manaaki Trust)

Maraea's comments were focused on the cultural awareness of participants, rather than absence of culture from Manaaki Trust and its supporting staff. While there was a general agreement about reconnecting people to their *marae* and their Māoritanga, trustees for Manaaki Trust had a more cautious view than Maraea about the pace at which Kia Maia and its participants could make that move without Mina's leadership.

The return of Kia Maia to *marae* seems more like an action driven by a desire to locate the programme within an idealised place for Māori (King, 2014) rather than an action driven by the absence of culture within the programme. The values of Kia Maia are imbued with Māori culture, and *marae* are natural settings for such practices to occur:

Marae are a pivotal site of Māori political and economic negotiation. It is also the location of ceremony and celebration; it is a place to rest one's feet, to make a stand, to claim one's rights. It is a place that pulsates with the mauri, the essential spirit or metaphysical sense, of being part of the community and of the land. (Te Awekotuku, 1996, p. 35)

Research notes the location of people's identity to the people and place around them (Campbell & McLean, 2002; Kawakami, 2003; Wenger, 1999). The role of *marae* in Māoridom has long been recognised as a place that connects one to their culture and identity. When distance impacts ability to connect, the relationship can become more fluid and spiritual (Durie, 1985b; Mark & Lyons, 2010; Te Huia & Liu, 2012). Kia Maia continues successfully to deliver services with cultural values at its centre and has outlasted the introduction of two competing services from the DHB and Awarua.

Despite the challenges of an enforced external evaluation, which cost them in areas other than the financial cost of paying an external evaluator, Kia Maia lost previously provided support from two external agencies.

After the introduction of the new services from the DHB and Awarua, Manaaki Trust returned to its “roots”. Kia Maia continues to deliver women’s and (*whānau ora*) family health services at several locations – one of which is a well-attended *wānanga* at a local *marae*. Since their first ‘return’ to the *marae*, Kia Maia continues to hold annual *wānanga* at the *marae* where awards in Mina’s honour are distributed to deserving recipients.

With little to no ability to deny an external evaluation, Kia Maia was vulnerable to misuse. Exposure of the Kia Maia’s infrastructure to funders made the programme vulnerable and that was capitalised on by other agencies. After Mina passed, two agencies seized the opportunity to contract for funds for their own services and to enhance their own portfolio. The end-use of an evaluation report and the culturally loaded information contained within such documents mean that the interface between the two worldviews needs to be navigated with caution.

Critical issues in the Kia Maia case

Kia Maia was a programme that grew from one woman’s vision and passion to maintain a cultural practice that she feared would be lost. From humble beginnings the programme grew and was able to attract resources from local providers (Awarua and DHB). Attention gained by the programme led to its inclusion as an international site for a World Health Organisation (WHO) project aimed at improving health for indigenous communities around the world. New Zealand’s participation in the WHO project was managed by Ministry D. Because Kia Maia was part of Manaaki Trust, which had been operating for nearly 30 years, a level of skill and experience among its staff and community members was assumed by the Ministry, creating new tensions within the Trust.

Three critical issues that posed challenges to the programme and the evaluation were identified in this case study: *dual purchaser/provider roles, long-service history, and managing multiple expectations*. The external evaluator’s responses to these issues provide valuable

insight into the implications of evaluations directed at programmes derived from, and operating within, a Māori frame. Each of these critical issues will be discussed below.

Dual Purchaser/Provider accountabilities

This case study was different from the others in that I was able to meet with representatives from the relevant funding agencies (Ministry D, DHB, and Awarua - the *iwi* provider). Each of the funders acknowledged the programme's emphasis on Māori cultural practices, and then discouraged the inclusion of Māori frameworks to determine the success of the programme. Examples were noted by Kotuku (Ministry D) who identified in order to meet multiple layers of accountability Kia Maia/Manaaki Trust needed to be multifaceted and clinical and to improve their performance. Those comments were mirrored by Paul (DHB) and Ihimaera (Awarua) who acknowledged that Kia Maia needed to 'step up their game' to retain Ministry funding, but also recognised that there was red tape to overcome when trying to include Māori frames for judging the value of the programme.

Ihimaera and Paul both challenged Manaaki Trust to be 'better than mainstream providers' in order to stand up to the scrutiny of government. When I considered those comments further, I wondered if the comments reflected their dual experiences as health-service purchasers and health-service providers. Clearly, Awarua was familiar with the reporting templates imposed by funders. Ihimaera's comments suggest Awarua has had experience with institutions imposing reporting frames that make no contribution to improving "By Māori, for Māori" service provision. As Tūmuaki of an *iwi* provider charged with delivering health services, Ihimaera seemed to disconnect from his personal frustrations with government service contracts because those expectations influenced the way he managed agency operations. Within his agency Ihimaera was willing to explore an interface between Western science and Mātauranga Māori. He also wanted the services his agency provided and purchased to be better than mainstream services. Furthermore, his frustration at the lack of prominence given to Māori-centred knowledge when it came to judging those same services, seemed to be forgotten when his own agency took the information gained from the Kia Maia evaluation and started delivering a service based on their philosophy and approach.

When the funders (DHB, Awarua - *ini* provider) were given information about the programme in the form of the evaluation report, they both capitalised on the groundwork of Kia Maia and began delivering their own version of the service. Whether the two agencies received additional funding or moved already existing resources to inflate the 'extra' achievements made, was secondary to the betrayal noted by the introduction of similar services to compete with Kia Maia. I have little doubt that the agencies sought additional resources to deliver that service as a way of building a case to highlight the effectiveness of their agencies. The removal of resources from Kia Maia by the DHB and Awarua, who then appropriated the knowledge gained from a voluntarily disseminated copy of the evaluation report, epitomises the vulnerable state of Kia Maia. Even though attendance and interest in those duplicate programmes could not be maintained, the introduction of competition from previous supporters affected staff morale at Kia Maia. Complex *whānau* inter-connections by *whakapapa* or *kaupapa* among Kia Maia stakeholders contributed to their dedication and commitment, beyond salaries, to the delivery of a social and well-being programme grounded in Māori cultural values.

The DHB had power over Kia Maia to dictate the type of requirements needed to meet their evaluation needs as Funder. The DHB used the information gained from their role as a purchaser of the health service through the evaluation to shape their own service programme, which was delivered in competition with Kia Maia.

Compared with the DHB, Ihimaera (Awarua Tūmuaki) placed fewer reporting demands on the Manaaki Trust. However, Awarua still controlled the release of health sector resources and information supplied to Kia Maia. Additionally, familiarity with DHB/Crown reporting demands means that Awarua, as a service-provider, could have provided reporting accountability mentorship to Kia Maia. When Awarua received a copy of the evaluation report, as a gesture of goodwill, their agency did the same as the DHB and set up a programme in competition with the Trust. The actions taken by both funders highlighted the problem of agencies with dual purchaser/provider roles. At the same time the experience noted in this case study highlighted the vulnerability of Māori community provider groups such as Manaaki Trust whose intellectual property is taken and used by their funder(s). This case study clearly showed that information from evaluation was used by the funder to shape service provision while

at the same time withdrawing support from a long-standing programme such as Kia Maia.

Recognition of long-service delivery

Kia Maia was managed by Manaaki Trust, who had been operating in their region for nearly 30 years. Over those years Manaaki Trust had developed a positive reputation for delivering several different successful programmes, always with the intention of making a positive contribution to *whānau*. Kia Maia had been delivered for over 5 years before it was re-shaped and re-branded to match the WHO project aspirations. Minimal changes in actual service delivery occurred, but several administrative and reporting changes were introduced in order to conform to Ministerial information demands.

One of the major demands, of relevance to my research, was the expectation of a formative evaluation. As already mentioned, the programme had been running for over 5 years before it was picked up as a WHO project. Formative evaluation is most relevant when the focus is on the early design and implementation stages of a programme (Chelimsky & Shadish, 1997; Feuerstein, 1986; Mathison, 2005). Particularly relevant when a programme is still being shaped, a formative evaluator helps by seeking answers about design logic that informs planned delivery (Conway et al., 2000; Scriven, 2001; Waa et al., 1998). Because Kia Maia had been delivering its programme for over 5 years, the rationale for the Ministry to order a formative evaluation failed to recognise the long service delivery history of Kia Maia programme and especially of Manaaki Trust.

Manaaki Trust had been operating and delivering within the same region for nearly 30 years. Familiar with the regional context, Manaaki Trust focused resources towards addressing disparities for its members (MT:BD-05). Over the years their work had resulted in the establishment and maintenance of professional and community relationships. Goodwill, passion, and commitment were espoused within Kia Maia and Manaaki Trust. Māori scholars (Durie, 1994c, 2001a; Pipi et al., 2002; Ratima et al., 1995; Te Awekotuku, 1991; Te Puni Kōkiri, 2002) have long argued the importance of local knowledge and buy-in when it comes to programmes targeted to, and delivered with, Māori. This case exemplifies a programme that had developed and lived-up to a

reputation as a programme committed to local *whānau*. Kia Maia was picked up as a New Zealand site for an international WHO project. The programme's long-term relationship and effectiveness within the community meant it had achieved local, domestic and later international, standards of quality.

The Ministry's decision to use Kia Maia as a site for the WHO project and then fund a formative evaluation highlights inconsistencies. The first inconsistency sits with Ministry D's willingness to provide resources to support the delivery of Kia Maia and suggests the Ministry had already considered the programme a success. I doubt the Ministry would present a programme that looked likely to fail on the world-stage of a WHO project. Kia Maia was already recognised for its contribution to indigenous health, which is reflected in the popularity and momentum gained in programme delivery. Ministry D enforced evaluation demands that: at first did not draw on Māori worldview; and then directed the use of an audit model that was designed for mainstream providers (not a Māori provider such as Kia Maia). The changes observed on the part of the Ministry indicate movement towards acknowledging the importance and relevance of culture in this culturally-centred programme.

This brings me to the second inconsistency. When Kia Maia was picked up by the Ministry, the Trust's historical relationship with the community was acknowledged as an important factor in improving indigenous (ie. Māori) health (EE:MDR-04). Long-standing relationships were cited as a reason the programme worked so well. Directing the community-based, not formally-trained, evaluator to draw on international frameworks for determining success contradicts the nature of the WHO project, which was supposedly centred on an indigenous framework. Changed instructions by the time Manawa was contracted suggest the Ministry recognised its initial oversight. However, rather than allow the programme to determine the appropriate evaluation and measures of success relevant to the people, the Ministry attempted to impose Durie's (1994a) cultural audit tool – a tool developed for mainstream service-providers.

There is a further point that needs examination: the multiple skills required of an evaluator to navigate the roles, duties, expectations and obligations within this contract. The potential for communication to break down, which impacted on Manawa's ability (as the external evaluator) to complete the project was endemic – yet she managed to get everything done within the timeframe she was given. A critical researcher has to ask themselves “why was that?” The answer to that question lies in

the ability of the evaluator to navigate and manage the multiple expectations placed on them. The following section explores the relevance within the example presented.

Managing multiple expectations

When Manawa began the evaluation, she did not have as much time as she would have liked to negotiate her entry into the programme. She clearly put much effort into managing both the project and her relationships with the various stakeholder groups. Previous reference to Māori as “organic” professionals comes to mind when I think about Manawa’s efforts in this evaluation (Lee, 1996; Pihama, 2001; Smith, 1997). Being committed to travel at the demand of Ministry D to the region helped facilitate initial access for Manawa, and enabled her to respond to impromptu invitations to attend meetings with Kia Maia. Attendance in those early stages of her contract helped facilitate her engagement with programme activities.

Engagement in programme activities benefited Manawa’s evaluation because she was exposed to the immediate issues and gained more in-depth details of the programme. Her experiences/exposure in this way enabled Manawa to engage with the programme’s community to understand better the impact of historical events, power relationships, and cultural mores that defined their situation (Matheson et al., 2005). The kind of knowledge to which Manawa was exposed as an active participant during her external evaluator role was considered by Thomas and Venno (1992) as essential to understanding and acting appropriately in a research relationship.

To gain entry to the programme Manawa had to be accepted by the formative evaluator (John) who could have withheld the information he had collected over the months prior to her contract. If the connection was not successful Manawa would have had to access information through the funder, which would have meant delayed access to important information. That would have left her scrambling to deliver the evaluation report on time. Manawa was vulnerable. She navigated that vulnerable space by offering her skills to John. Manawa worked closely with John, gaining access to the information he had collected and then showing him how to put all the pieces of information together in a report for the Ministry. Taking on this mentoring role benefited both John and Manawa. John got to see close up how an evaluation could be pieced together and was carefully guided to see the work he started completed as

originally intended. Manawa was able to analyse programme files that already been compiled, access John's field and interview notes and be introduced to other stakeholders. The stakeholder introductions, through John, quickly allowed Manawa to establish contacts within Kia Maia. Access to all those sources meant Manawa could readily compile the information needed for the evaluation. John was also a second pair of hands to assist with the production of the report.

The benefit of developing a relationship with programme *whānau*, different stakeholders (service providers, participants, and the local community) meant that these normally silenced stakeholder voices were able to liaise directly with Manawa, and, through this relationship, feel more confident that their position would be included in the evaluation. While Manawa had incorporated the importance of building relationships into her approach, she believed a Mātauranga Māori framework should have been used to determine its effectiveness, strengths, and weaknesses, and to align the evaluation with a Māori worldview.

Manawa spoke of her desire to include Mātauranga Māori frameworks in this evaluation. This was not achieved. Manawa chose not to assess Kia Maia using a cultural audit model for mainstream providers (Durie, 1994a) and expressed a desire to use, with support and correctly, any Mātauranga Māori framework to which she might be referred. It was unclear whether Manawa felt discouraged from more appropriate models by the funders (Ministry D, DHB or Awarua) or whether there was another unspoken reason within Kia Maia. Whatever the reality of the situation, the perception Manawa mentioned impacted on her feeling she was not supported to use Māori frames (beyond what she was directed to use by Ministry D) in the evaluation. Kia Maia has cultural expertise and wants Māori values included in evaluation frames. However, without sufficient research/evaluation expertise it is difficult to know how to include those cultural values in an evaluation.

Chapter discussion

The popularity gained during the early years of Kia Maia was a double-edged sword for this programme. Attraction of more participants meant additional costs that programme staff felt unable to meet. More financial support was sought, and provided. Although the programme had been in operation for a few years, the administrative

demands that came with the funds were unfamiliar and overwhelming to a programme that had previously operated on largely voluntary support. New tensions were introduced with the international World Health Organisation project. Although the programme had been delivered for a few years, the formalised administrative demands expected of government funders were unfamiliar to Kia Maia. Professional development resources (such as appropriate planning, implementation and reporting procedures) given to “new service-provider” were not offered to Kia Maia. Staff were unsure how to meet the accountability requirements.

Changes to the programme took place over a short period of time. Informal supports from external agencies, through access to existing staff, shifted to formal accountabilities with financial support from Ministry D. The rapid shift mirrored the rapid growth; Kia Maia were not prepared to manage either change.

Of greatest concern to me in this case study was the funders’ appropriation of information gained through an evaluation report. Comments from the provider staff indicate the funder used information from the report about the service to develop a competing service of their own. This experience of Kia Maia highlights their vulnerability and provides an example of unethical behaviour on the part of the funders. While the evaluator cannot be held accountable for how the report was used, the funders should be. As a programme whose central values of *manaakitanga*, *whanaungatanga* and *kotahitanga* are portrayed in the way staff operated, the cultural practices valued in the programme were the very same cultural practices that made them vulnerable to their funders who did not hold the same values (and here I also include Awarua, the *imi* provider).

This case contains examples of the numerous obligations and expectations placed upon Māori evaluators. The key skills required to navigate the two cultures - evaluation and Māori - within the confines of a contracted research environment were played out in this case, and in the others, which deserve further attention. Lack of funder awareness about whether, how, or what type of Māori cultural frames to incorporate into an evaluation process places additional pressures on the service providers and the evaluator(s) who are charged with arguing cultural centrality when culture was at the heart of the programme funded.

I have repeatedly noted in this thesis that evaluation has largely evolved in the absence of a cultural lens. This is evident in the example presented in this case study. Initially, John, in his role as the formative evaluator, was directed to exclude Māori cultural frameworks and concepts from the evaluation. When Manawa was contracted to complete the evaluation, she was directed to include, inappropriately, an audit tool developed for mainstream organisations. Ministry D's attempt to include a cultural lens, while inappropriate, does suggest some willingness to engage in the use of cultural frames in an evaluation.

The desire to return the programme to *marae*, the original intentions of the visionary Mina, and the care being applied to that process demonstrate the *manaakitanga* values currently embedded in the programme. The eventual return to *marae* will demonstrate resilience as it applies to specific individuals and the community as a whole (Bonanno, 2005). There is much to learn about the inter-relatedness of people and their environment (Hermans, 2001). Through culture Māori people construct themselves and make sense of the world (Nikora et al., 2007). Evaluators need to develop better their cultural lenses - for themselves and of others - if their work are to reflect the lived realities and identities of the indigenous people pertinent to the evaluation (Pe-Pua, 2006).

This case study strengthens the argument for the inclusion of cultural concepts when developing frameworks, measures, and approaches for the evaluation of programmes developed from an explicitly cultural position.

CHAPTER SIX: STUDY FOUR

The Kereru Case Study

The fourth case study in this thesis focuses on a programme (Kereru) designed and implemented at *hapū* (sub-tribal or extended family) level and delivered to *whānau* living within a single remotely-located region. Accountability to a Māori collective (at *whānau* and *hapū* level) meant this programme sat within Te Puni Kōkiri's (2002) definition of an *ivi* provider. However, applying that label would be inappropriate – the programme did not extend its reach that wide.

Similar to Whaia te Ora Maia and Kia Maia, this programme developed from within its community. Members of the Kereru community had identified the importance that healthy homes to *whānau* living in their rural region. Working to improve the housing situation for *whānau*, this programme was implemented in a rural community whose members were *whānau* (related) – the majority through *whakapapa*, the remainder through *kaupapa* (a shared common interest). All *kaimahi* and *whānau* involved with the programme considered it a Kaupapa Māori Programme.

In Chapter One I referred to the influx of Māori to the cities during the decades of urban migration. This influx was rapid (King, 2003), and led to over-crowded homes, a high demand for rental properties, and the occupation of sub-standard housing (Schrader, 2005). For a long time the majority of New Zealand's population has lived in large cities or towns (McLennan, Ryan, & Spoonley, 2000). Since their urban migration, Māori population figures have mirrored this pattern (Flynn, Carne, & Soa-Lafoa'i, 2010). The proportion of Māori living in urban areas was 84.4 percent at the 2006 census (Statistics New Zealand, 2006). At the last census, almost one quarter (23.8%) of Māori were living in Auckland, New Zealand's largest city (Statistics New Zealand, 2013). With so many Māori in the cities, few live in rural areas.

Those *whānau* members who remain on their *haukāinga* (tribal homelands) maintain their family's connection to their ancestral lands (Panelli & Tipa, 2007; Rangihau, 1992). However, they do so at the cost of access to health services, regular employment, and/or higher income opportunities (Kearns & Joseph, 1997; Srinivasa, 2003). Kereru is a programme developed by a local Trust to service the needs of a

small rural community. Long-term housing problems were impacting on the health of community members (Srinivasa, 2003).

Houses that had been managed by a family through the generations were in need of repair. Those who could afford to maintain their home, or who had utilised other funding supports (such as healthy homes initiatives) had experienced poor workmanship which resulted in sub-standard repairs which in turn were contributing to poor health among household members. Kereru evolved in response to these local housing problems. Already familiar with the poor engagement of government agencies when dealing with housing problems, many Kereru community members lived their everyday lives with that frustration (KET:S1SF-05³⁰).

A front bench Minister initiated the release of Cabinet funds for pilot projects contracted to high-needs communities. Cabinet agreed to fund provider contracts with reduced administrative accountability. After the contracts were signed, the provider was left to manage the project. However, an election year in the midst of the 3-year pilot changed the reporting dynamics. Ministry evaluators were brought in during the latter half of the contract to produce information for Cabinet.

In Chapter Two I described the history of government's tendency to favour scientific-experimental evaluations. Presumed to be able to produce generalisable results determined by impartial distanced observations, such evaluations generally include some form of cost-benefit analysis that supports claims about cost-effectiveness (House, 2003). With broad instruction to report on project outcomes, and the extent to which the funding relationship contributed to them, the evaluation team for Kereru developed a plan that also included a cultural lens within their data collection and analysis. This case observes how the Māori evaluators, through their commitment to an engaged evaluation relationship, were able to overcome Kereru staff initial distrust of them as Ministry employees. Charged by the Minister with producing an evaluation that could demonstrate the effectiveness of both the fund and the programme, the evaluation team had to navigate a political minefield.

Similar to the other cases, this one highlights the complex relationships that evaluators have to navigate in order to produce the expected report. Although it was a bruising

³⁰ Such references refer to coded archival documents supplied by interview participants. A list of the citations is listed in Appendix 4.

experience for the members of the evaluation team, their commitment to the stakeholders is clearly evident. This evaluation highlights the benefits of an evaluation team located within a Ministry with an ability to shape the way information is reported to the Minister in charge and to Cabinet. Even though the team were able to manage the needs of stakeholders, there were tensions within their ranks.

The origins of Kereru, its aims and funder

The Kereru programme was funded by Ministry C (anonymised to protect the programme *whānau*) and implemented within a single *ivi* boundary (more specifically, a single *hapū* within an *ivi*). The nature of the programme meant that delivery and management was handled by a single *hapū*. As a result perceived ownership (of Kereru) was claimed by the *hapū* who considered this a Kaupapa Māori Programme. From the Ministry's perspective, accountability for programme deliverables went back to the Crown (in this case through its representative – Ministry C). Although the Mauriora Trust (as the provider) maintained a focus primarily at *hapū* level, from time to time the Kereru programme was allowed to extend its resources to members of other *hapū* within the broader *ivi*, but not across to other *ivi* or to a national level (such as had happened in Kia Maia case study).

The Mauriora Charitable Trust had been operating for 4 years before, under a “new” pilot scheme, it received funding for the Kereru programme. Compliance costs under their former contract system had caused Mauriora Trust frustrations that resulted in high staff turnover, which had affected programme administration. Within the contract for services, culturally effective service provision with better coordination between By Māori for Māori providers and their funders was considered essential³¹ (KET:SRM-01).

The development of Kereru was based on the premise that the current system of service delivery was fragmented. When Mauriora decided to accept the contract offered by Ministry C, they referred to the following *whakatauki* within their contract because it described the sharing of knowledge and skills to empower (Māori) to make

³¹ A similar declaration was not seen in any of the other case study contracts reviewed.

sustainable healthy decisions about their future and their well-being (KET:SRM-01, p4);

Māori
Nau te rourou,
Naku te rourou,
Ka ora ai te iwi.

English
With your basket,
And with my basket,
Our people will be nourished.

A former programme (Kia Kotahi Tatou) was similar in nature and intent, but was implemented with less structure and fewer resources. When they entered contract negotiations with Ministry C Mauriora re-designed the programme and implemented a structure that took on board *hapū* and *iwi* feedback. They were dissatisfied with state sector funding, which maintained unilateral funding structures according to government agency imperatives and did not contribute to meeting the needs of their people (KET:SRM-01). Over a period of 9-months the Kereru programme emerged and a contract was signed.

The intentions behind the newly created service contract were to remove system and process barriers that restricted service provision. Furthermore, as a prototype/pilot, the fund was to be implemented on a programme that focused on reducing compliance costs, presenting outcome-focused accountability, and delivering a service that reflected the priorities of *whānau*, *hapū*, *iwi* and Māori (KET:SRM-01). Underpinned by principles that guided the nature of the relationship between government, *hapū*, *iwi*, and Māori (MinC: CabMin-02), the Kereru Programme was initially funded for 3 years (2004–2006³²).

Programme aims

The vision for the Kereru Housing Programme reflected the broader *iwi* vision to maintain and sustain *ahi kā* (to keep the home fires burning) by ensuring that “our *whānau* are in safe homes which are their sanctuaries within our community. This is the right of our people – to have decent housing” (MinC:ER1-03, p. 4).

In response to a well-respected elder in the community being refused support from Work and Income New Zealand (WINZ) to fix a broken septic tank, Mauriora Trust rallied community support to lobby to resolve the problem. As families became aware

³² 2005 was an election year.

of the support being offered by the Trust, more local housing issues were presented to the Trust, which became a central point for gathering community stories. Substandard building work and inappropriate plumbing materials (for the highly acidic water in the region) had resulted in numerous housing problems within the community. After several *hui* (meetings), a housing committee of local homeowners was established to work under Mauriora. The aims of the programme (Kereru) that emerged as a result of community consultation meetings were to determine support for family health, development, and personal and family circumstances and health. Furthermore, four areas focussing on regional housing were established:

1. healthy homes (e.g. renovation, maintenance and insulation)
2. sanitation and soil (appropriate disposal of human waste and protection against soil erosion/degradation)
3. water maintenance (ready access to safe water), and
4. affordable housing (ability to become a home owner).

As a prototype for a government-funded programme, Kereru was responsible for the development and implementation of services most likely to benefit families in the nominated region. In the case of Kereru, the community determined that housing was a major determinant of people's health.

This section has focused on highlighting the people involved in the development of Kereru and the funding structure that produced resources to support local-level implementation to long-term housing problems in the community. Poor housing is a known contributor to ill-health among families (Howden-Chapman & Tobias, 2000; Kearns, 1991; Srinivasa, 2003). The unaffordability of home ownership, the inability to pay increasing market rental prices, and the poor standard of housing have been noted by many researchers (Davey & Kearns, 1994; McPherson, Harwood, & McNaughton, 2003; Poata-Smith, 1997; Rashbrooke, 2013). While Māori are participants in many studies that highlight the realities of these problems in their everyday lives (Hodgetts & Chamberlain, 2003; Hodgetts et al., 2013), there is little research that incorporates cultural values in the design and evaluation of programmes.

Mātauranga Māori and evaluation

A framework for assessment was developed by Mauriora and centred on using multiple stages to determine quality. Quality (as defined by Mauriora) began with Mōhiotanga – taking knowledge of the past and knowledge of the present to gather an understanding of processes, skills, and attitudes required to allow the delivery of quality. From the movement of Mōhiotanga towards Mātauranga, a combination of knowledge and the necessary skills to develop quality practices during the delivery of services, can evolve. Once quality practices are achieved, the programme would ascend to Māramatanga. The programme was funded to deliver against targets set at the Māramatanga stage. Here the proposal promised to demonstrate achievements and further cultural clarity through realisation of its goals, which would then be further reviewed by the community (MCT:KPD-06, p. 6).

The collaborative approach that involved a partnership between government and Māori (Durie, 2005b) was reflected in the vision of the Mauriora Trust. In this area known for its high mental health needs, a range of organisations provided a number of services, most of which targeted Māori (MCT:KPD-06, p.12). Mauriora/Kereru needed to ensure that it worked alongside, and in support of, the community in a way that would not detract from already existing services. Drawing their wisdom from the words of Tā Apirana Ngata, Mauriora provided a service that intended to create a healthy environment where young people, and their families, could grow and develop into healthy adults supporting and maintaining the aspirations of *whānau*, *hapū* and communities (p.10):

Māori

*E tipu e rea
Mo ngā rā o tou ao;
Ko tō ringa kei ngā rakau a te Pākehā,
Hei oranga mo tō tinana;
Ko to ngakau kei ngā taonga a ō tipuna Māori
Hei tikitiki mo tō mabunga;
A, ko tō wairua kei tō Atua,
Nana nei ngā mea katoa*

English

Grow up tender youth
In the days of your life;
Your hands grasp hold of the tools of the Pākehā,
for your material well-being;
Your heart to the treasures of your Māori ancestors
As a plume for your head;
Your spirit to the Almighty God
The creator of all things.

This comment reflects Ngata's belief that Māori advancement would benefit by applying learning from Te Ao Pākehā (the Pākehā world) to Te Ao Māori (the Māori world), resulting in a positive effect on both cultures. Mauriora believed Apirana Ngata's position, and so posited that both cultures would benefit from the Ministry contract. While Mauriora felt that way, among the wider community there was

disagreement that the government could offer anything useful to local members. The Ministry would allow Kereru to control its own programme, as those goals aligned with the Ministry's aspirational goals. By Kereru/Mauriora achieving their goals, they would achieve *whānau* goals – ie. those goals were given priority by members – who would in turn develop better trust in the Ministry.

Despite the community's distrust of the government and its Ministry funding, a long association with the Ministry through its regional office staff, many of whom had *whakapapa* connections, meant people still hoped that a positive outcome was likely. The intention of Kereru was to support people to live in healthy homes. Although the Ministry was committed to supporting Māori to achieve their own identified aspirations for long-term housing, a history of tensions and conflict resulted in a lack of 'faith' in the government's intentions.

Ngata advised Māori to embrace the Māori and Pākehā worlds around them and to trust in God that a positive result would emerge. He believed that if Māori maintained that position they would never lose their connection to their ancestors, their future or their identity. A comment made by a Hawaiian community researcher resonates with the underlying spirituality presented by Ngata.

"... our spirit is who we are. It connects us to our ancestors... Take the hula for example. We can teach the hula to people... with practice they will be technically good dancers... Doing the correct movements... They can learn the moves, but they will never feel the connection we as kanaka Maoli feel to Pele..."

(Kailani, Kanaka Maoli community member/researcher, Community Workshop Hawai'i, January 2005)

These commentaries by Ngata and Kailani offer an insight into the strong belief of indigenous people. Their ability to grasp physical, intangible, and spiritual connections with the environment and the people around them are enhanced through cultural practices. Those practices foster a sense of identity and belonging. For the people living in the Kereru community, their connection to the land was one of the ways they maintained connection to their *whakapapa*.

Ahikāroa

Māori place high cultural value on maintaining a relationship with the home community. The significance of the relationship is told, and retold, in many stories shared by Māori (Black & Huygens, 2007). For example those families who have left their home region, and in more contemporary times, their country, in search of “a better life” can be the target of jokes made to remind families of their connection and obligation to *ahikā* (keep the home fires burning).

A keen sense of responsibility is placed on and felt by, those who remain, or return, to the community (Orford, 1992). Cultural values, beliefs, and custom are enacted regularly by those who have the responsibility of keeping alive the family relationship with the region (Nikora, 2007). The importance of maintaining a relationship within the community and the obligation handed down from our ancestors reflected in the value of *ahikā*.

A recurring theme in Waitangi Tribunal claims – other than grievance with the Crown – is the recognition of spatial, spiritual, and cultural connection among Māori collectives (for an example, see Te Awekotuku & Nikora, 2003). Such connections are often dealt with ‘in house’ among the community. However, sometimes the grievances can be played out in more formal structures. An example was presented in the Tamaki vs Māori Women’s Welfare League case (Connell, 2011). There the judge declared his reluctance to over-rule ‘lore’ unless it contravened the ‘law’. In her comments, presented below, Anania acknowledges the cultural lore and obligations she holds dear because they connect her to her ancestors. In the same vein, she relegates the government funding as secondary; and the judgement the government brings as an annoyance:

Through [Kereru] and ahikā... we will keep the home fires burning in an on-going way. We are able to focus on rekindling the values and beliefs of our ancestors. Doesn't matter if they [the government] don't fund us... then we won't have to be judged by them... (Anania, Kereru Kaimahi)

Anania’s comments contain a commitment to the values and beliefs of her ancestors, frustration at a lack of commitment from the government to support their cause (the maintenance of cultural values and beliefs) and, resistance to a system that does not recognise the importance to *whānau* on their lived reality.

Whanaungatanga

As a programme funded to work specifically with a *hapū*, the familial connections between service providers and service beneficiaries was common. Acknowledgement of *whānau* connections were part of the everyday engagement:

Whanaungatanga is important in any relationship as it has a settling effect... but we were able to keep the approach professional as well. (Hirini, Koroua, and Marae Kaumātua)

Hirini's comments reveal the way Kereru expected to engage with the programme funder (Cabinet/national office of Ministry C) and the evaluators (who were also staff of Ministry C National Office). The same sentiment was conveyed in different ways by other people involved in the programme. In this case study are comments by Tame (the Kaiārahi) and Ropata (evaluation team member) that confirm this evaluation was marked by good relationships with stakeholders.

It is worth acknowledging here that the evaluation only had a 12-month timeframe. Examining the establishment of the relationship suggests the evaluators went to great efforts to form relationships with Kereru stakeholders, including staff. Although staff were confused about the different roles occupied by Ministry staff, whether the person was an evaluator or a programme funder manager did not matter to Kereru *whānau*. Of importance to them was the relationship with their funder.

The evaluators mentioned only having enough time to make two trips to the Kereru site in the dedicated evaluation timeframe. While Peata and Ropata would have preferred to make more site visits, they both spoke of utilising other, less expensive, forms of communication – such as telephone, fax, and email. Both evaluators believed much energy and effort was directed towards supporting the Kereru programme, while also managing the other work they had to do within the Ministry.

In contrast, the comment below by Māhina, a *whānau* recipient of the programme, suggests that she felt that insufficient time was allocated to negotiate ways the project could better meet her reality:

We could only negotiate on very limited things, but we had to be prepared to live with what we could get... (Māhina, Kereru Community Member)

As with the other case studies, familial ties increased the sense of accountability (Bevan-Brown, 1998) that was seen in Māori evaluators. The accountability demanded of evaluation (in terms of methodology, reporting, and writing), combined with the additional pressure of obligation beyond the project, meant that managing relationships required intense effort (Cram et al., 2006). Peata (the evaluation team leader) was a descendant of the same *imi* on whom the *hapū* programme focused. Despite the relationships that were formed between the evaluators and Kereru, Peata was mindful of her accountability.

... [I] never let go that I was representing the Crown. Partners would suggest [we] were equals... it's never equal with the Crown. Partners in developing a way of doing something or wanting to see it work... showing the information we had on hand to help... (Peata, Ministry C, Evaluation Team Leader)

Peata spoke of tensions in her working relationship with Sandra that, I believe, stemmed from their different epistemological positions. Sandra (Pākehā evaluator) left the organisation not long after this evaluation, and I wonder if this was due to the tensions that evolved from their different starting place. Peata was explicit about her need to navigate accountability to the two stakeholder groups (as an employee of the Ministry and a *whānaunga* to the provider organisation staff). Efforts from each of the evaluators to navigate their way through the relationship dynamics were reflected in their comments (and those of the provider stakeholders). Peata's comments suggest wanting to be able to do more, or be more involved when lobbying to the Crown – but that it was also important not to forget by whom she was employed.

Comments suggest that the relationship between Kereru and the evaluators, once formed, generally worked well. The frequency (or lack) of engagement was a frustration when compared with the level of compliance placed on staff and the community:

... They were friendly on the phone and email and nice when they were here. But there was an expectation that we would line things up for them so that they could swoop in and get what they needed because they had to write the report for the Minister quickly. (Nikorima, Kereru Tūmuaki)

Nikorima's comment reflects the context for this evaluation. This external evaluation was initiated by the Minister and therefore a Ministry-driven project. The evaluators were employees at Ministry C, and made scheduled visits to the community to collect data for the evaluation report. The efforts taken to maintain an engaged relationship

not only with the provider, but also with the Programme/Evaluation funder, added to the workload of the evaluators. This caused some tension as demonstrated in a comment from Sandra, one of the evaluators;

... I had my idea of what [community development] looked like and my literature review pointed in that direction. When I talked to [the contract manager] they seemed to agree... Unfortunately, my ideas weren't the same as [programme provider stakeholders] or my team leader... With such a tight deadline it was hard trying to incorporate everyone's perspective. (Sandra, Ministry C Team Evaluator, Pākehā)

Even though Sandra's comments highlight the efforts to seek clarification from stakeholders, she also notes her disappointment that her ideas were not potentially accepted by stakeholders (i.e. Kereru staff and her team leader, Peata). In this situation, perhaps Sandra (a Pākehā evaluator) believed that the Ministry agreed with her perspective. Working with the Minister in mind Sandra's disappointment reflects her research orientation towards government as the target audience of the evaluation. Her position was warranted, given that the programme funding was government initiated, the emphasis of the contract was on health outcomes that were harder to measure, and government wanted to know if funding on programmes like this were a good investment.

People in this case study

My introduction to Kereru and Mauriora evolved from a conversation with a (now former) Ministry C staff member whose office I had visited when I was an Advisory Board member. From our initial conversation I shaped an email request that was forwarded to the regional manager who then passed my email on to other regional and service managers. A service manager from the Kereru programme contacted me. From there I initiated a series of face-to-face and email conversations that eventually resulted in my working with Mauriora (who were a Ministry C contracted service agency). Over a 2-year period I travelled regularly to engage in research activities with people involved with and surrounding Kereru/Mauriora. I conducted approximately 20 interviews/conversations with a range of stakeholders, eight of whom were interviewed more than once. As with other case studies, opportunities to gather information came from formal interviews (individual and focus group), go-along

conversations, and attendance at a *hui* between Kereru/Mauriora Trust and members of the evaluation team (Ministry C staff).

Table 9: Stakeholders referred to in this case study

Name³³	Title	Relationship Description
Tame	Kaiārahi	Kereru Programme Coordinator
Anania	Kaimahi	Health worker in Kereru
Nikorima	Tūmuaki	Manager of Kereru
Hirini	Koroua	Kaumātua for Mauriora, Kereru and local <i>marae</i>
Māhina	Whānau	Member of hapū /Kereru community
Hone	Whānau	Member of hapū/Kereru Community
Tia	Whānau	Member of hapū/Kereru Community
Hine	Whānau	Member of hapū/Kereru Community
Jayden	Minister	Leader of Ministry C, person responsible for reporting to Cabinet
Peata	Evaluator	Evaluation team leader, descendant from hapū/Kereru community, Ministry C employee
Ropata	Evaluator	Evaluation team member, Ministry C employee
Sandra	Evaluator	Evaluation team member, Ministry C employee, Pākehā

Kereru had a contract directly to a national Ministry office. While similar to He Oranga Marae (Case Study 1) and Kia Maia (Case Study 3), the context of this evaluation was so different from the other case studies (as a Minister initiated and Ministry delivered evaluation) that I considered its exclusion from my thesis.

The evaluation (in brief)

According to the evaluators, there were three reasons for undertaking the evaluation of Kereru, and other programmes funded under the new initiatives taken by government (KET:SRM-01). First, the majority of programmes were nearing the completion of their contract, so an assessment was warranted before exploring further funding commitments. Second, this initiative represented a new approach for the government and the programme was largely untested. As a result, the government determined that an evaluation was needed to increase understanding of the potential impacts this initiative had on development from the community level up (MinC: CabMin-02). The third reason recognised the contribution of evaluation to identifying whether such an approach made a difference to Māori communities in their

³³ Everyone interviewed who has been listed here has been given a pseudonym to protect their identity. Unless stated otherwise, research participants were Māori.

development aspirations while at the same time reducing inequalities (KET:SRM-01, p.1). Because this programme was funded by Cabinet, the impacts and outcomes were likely to receive a more intense scrutiny than regional-level contracting agencies, such as a District Health Board or other service purchasing agency.

The “external” evaluation of the Kereru programme was conducted over a 1-year period. The context of this evaluation was different from any of the other case studies involved in my research. Because the Minister commissioned staff employed at Ministry C’s national office to conduct an evaluation of a regional programme, it could be construed as an internal evaluation. However, the multi-layered dynamics and the number of agencies involved in the whole funding and directive process provided many levels of removal to ensure detachment between the *hapū* involved (within Kereru) and the Minister as commissioner (on behalf of Cabinet). From this perspective, this was an external evaluation.

Funding this programme reflected one of the government’s strategies to reduce inequalities. Targeting identified priority areas such as health, education, employment, and housing, and improving coordination of services across sectors were highlighted as important priorities for improving well-being in Māori and Pacific Island communities (MinC: CabMin-02). While a 1-year timeframe was given to the evaluation, a series of events delayed the start of funding for the project, which had on-going effects on programme implementation. For some people in the community the delays meant a limited time to engage in a meaningful relationship between the funder and the community.

Before presenting a synopsis of the evaluation findings and a description of stakeholder experiences, I provide below an outline of the evaluation contract in general. As can be seen, this project involved a high-cost, 1-year evaluation, conducted by national office staff of Ministry C who worked directly under the authority of Minister Jayden.

Table 10: Kereru evaluation contract information

Contracted timeframe:	1 year (52 weeks)
Number of evaluators:	team of 3 (min) - 4 people (max)
Approximate budget for evaluation:	\$100,000
Nō of evaluation reports produced:	2
Evaluation Funder:	Cabinet
Evaluator(s):	Ministry C National Office staff
Evaluator contact initiated by:	Minister Jayden
Type of evaluation:	Process/Impact

At the time of data collection for my thesis the reports I reviewed had not yet received clearance from the Ministry’s legal team: they were still to be handed to the Minister. The following points taken from those reports (and their appendices) were prepared for the Minister and Cabinet.

The second, and final, evaluation report declared that Kereru demonstrated a clear understanding of the funding model and its implications for other similar government-funded programmes. Cabinet’s funding model was acknowledged for empowering providers (such as Kereru) to develop and implement their own programmes without being overly burdened by accountability requirements, thus giving confidence to local level organisations that they could develop and implement their own solutions with minimal government intervention (MinC:ER2-04).

The evaluation also found that even though the administration demands were reduced, compared with earlier models, sufficient monitoring information was collected to meet government accountability requirements. Although changes in Kereru programme staff (the Kaiārahi and Tūmuaki) and contract management staff (Programme Fund Contract Manager and the Regional Office Manager) created confusion that affected contract relationships, this was moderated by effective relationship management (MinC:ER2-04). The future of Kereru following the current government funding period is largely uncertain. Sustainability of Kereru long term will depend on leveraging support from other funding sources (KET:SRM-01).

In the evaluation, administered by Ministry C, the presence of a cultural lens was instantly recognisable in the background (internal) documents. This is a unique feature of this evaluation. Overall this study has more similarities than differences when compared with the others.

Events leading to the evaluation

The development of this programme was based on the premise that the current system of delivery was fragmented with a lack of integration and co-ordination. In addition, it was considered that better coordination between “By Māori, for Māori” service providers and service purchasers was essential to culturally effective services.

Mauriora Charitable Trust was located in a region identified as a high need area with one of the lowest life expectancy among its *rangatahi* (youth): almost 90% of the Māori population were considered to be experiencing socio-economic deprivation, and more than 13% of working age Māori were unemployed (MCT:KPD-06, p.6). This was a new government initiative and the supports provided to the Kereru programme were helpful. However, with added increased political scrutiny (factors external to the programme) – such as a general election, and the subsequent attention from media that drew attention to cabinet-funded contracts – Kereru programme stakeholders were frustrated by the ‘shifting goal posts’³⁴ (KET:S1SF-05).

As a result of bilateral discussions (MinC:ER2-04), Cabinet approved the establishment of a fund as a new non-departmental expense (MinC:CabMin-07). Eligibility criteria were established to determine priority access the funding Cabinet ring fenced for this type of project. Cabinet’s criteria were focused on a programme’s ability to:

- close the economic and social gaps between Māori and Pacific peoples and other New Zealanders, particularly in the areas of education, health, housing and employment
- present new initiatives, or those initiatives Ministers agreed in the previous Budget should be funded, and
- demonstrate sufficient evidence of effectiveness, or have a robust plan for effectiveness evaluation (MinC:CabMin-08).

Once a provider/programme was considered eligible to access this fund, negotiations took place to ensure accountability requirements could be met. For Kereru/Mauriora, such negotiations took almost a year after the proposal was submitted before the

³⁴ This comment refers to the additional demands placed on Kereru after the contract was signed. More will be explained throughout the case study.

contract was finalised. By that time staff turnover had occurred and changes had been implemented to programme design.

Because funding was approved by Cabinet, financial outputs from each project site had to report back to Cabinet (MinC:CabMin-09). The fund was administered under a government programme aimed at reducing inequalities while simultaneously developing Māori communities. Such an approach reflected the Labour Government's³⁵ commitment to support successful Māori solutions that stem from *whānau, hapū, iwi*, and Māori organisations and communities working in conjunction with government agencies. Under the Minister's direction, Ministry C was charged with overseeing the funding of programmes and their evaluation (MinC:ER2-04).

The overall goal of the evaluation of Mauriora and the other programmes in receipt of funding from Cabinet was to determine the effectiveness of the 'new' funding relationship. More specific evaluation questions were developed by the evaluation team. Approved by Cabinet, they were:

1. What outcomes had been achieved through the programme?
2. To what extent were those outcomes primarily attributable to the 'funding' relationship?
3. Will the 'fund' affect on-going delivery of this programme? (MinC:ER1-03, p.2)

Implemented by a Government committed to contribute to sustainable development of *whānau, hapū, iwi*, and Māori, the policies that would evolve were intended to form the basis of a work programme aimed at reducing inequalities (MinC:CabMin-09).

Stakeholder expectations of the evaluation

Mauriora was established in a region of high deprivation. High unemployment meant that people had limited financial resources to maintain (let alone improve) their housing situation. Consequently, the most vulnerable people (young and elderly) were often sick and therefore required long trips into town to access medical assistance.

³⁵ Labour were the elected government. He Pūtahitanga Hou was Labour's policy manifesto for the 1999 elections that provided direction for Labour's approach.

After many years of this pattern of ill health, the community were in need of assistance, but they wanted assistance that could be delivered on their terms.

Over the years various funding sources had sought, with some success, to support the community. An earlier programme, under the *imi* (tribal group) umbrella, had received funding from a different Ministry (referred to here as D) to contribute to *whānau* (immediate/extended family) development. That funding was administered through an *imi* collective who then distributed the resources to the community. However a lack of transparency meant that people felt there was no proper decision-making process for the distribution of Ministry D funding. With no criteria, no funding panel, and conflict of interest issues impacting on decisions, people were critical about funding. Criticisms emerged that “a selected few *whānau* got money from the *putea*” (MinC:ER1-03, p.6). In response, Ministry D sent a consultant to review the programme and provide support about self-monitoring and assessment for the community.

Reflecting on a programme *hui* (gathering) that happened early in Kereru negotiations, Hone was sceptical about accessing government funding given previous problems generally experienced with contracts. At one meeting he recalled asking questions about the government’s commitment to supporting the community to achieve their own goals, and how the government would ensure that the money would go where it was most needed:

... but they couldn’t answer us at that time... about what the money would be spent on. (Hone, Kereru Community Member)

There were people in the community at that early round of meetings who did not want the funding contract for Kereru to go ahead because problems from the previous contract with Ministry D had not been resolved. Hone recounted comments from others who spoke about how the previous Trust manager had “grabbed the money, overlooked the rest of us, and set up their own people in the jobs”. Members of the community wanted that situation resolved before embarking on a new contract:

At the time there were a number of people asking “who was going to be accountable?” We said “Don’t sign. We want to know more.” But they [the Trust] rushed into Wellington and signed it [Relationship agreement and contract]... When we asked whose idea it was, we were told it was [one of the Ministers]. (Tia, Kereru Community Member)

Tia explained that there was a desire to get closure on the previous funding (where the manager had walked away with the car, computer, and office furniture after emptying the bank account and being paid on an early termination clause) and ensuring safety measures were in place before embarking on another government contract. Some community members wanted to proceed with caution and only after many other questions had been answered. Others saw the opportunity provided by Cabinet funding as a time-limited offer and so wanted to seize the moment. As a result, the community was divided about what they wanted and how their aspirations were going to be supported by a government contract with government expectations and accountabilities. There was, however, clear agreement about empowering *whānau* and that the *whānau* knew best how to do that (KET:S2SF-10).

For Ministry staff, however, their role was clearly described (MinC:CabMin-11). With oversight coming from Cabinet, the Minister and National Office were clear that support for Kereru (and other programmes funded under this new initiative) required minimal administrative work:

There was a clear expectation that [Ministry C] would work closely and in cooperation with the local people on the project. There was no administration funding allocated [to Ministry C] for that role... Regional offices were expected to appoint a Contract Manager. (Peata, Ministry C, Evaluation Team Leader)

While the head office was more removed from the community, the regional offices had relationships that were working well with the community. Regional staff were committed to maintaining these. In the Kereru community, regional office staff were so committed that the Contract Manager (appointed to Kereru/Mauriora) wrote the proposal that was submitted to National Office (KET:S3SF-12, p.12).

Stakeholder responses to the evaluation

According to Tame (Kaiārahi), during the first year of the contract everything was “on track... but then it turned to custard”. Tame explained that the overarching *imi* contracted an independent evaluation that gave “good feedback”. Believing that the evaluation requirements (stipulated in the contractual agreement with Ministry C) had been met, Kereru were disappointed when, after the evaluation was completed, they

received a directive that there would now be 6-monthly evaluations of Kereru (KET:S2SF-10, p.2).

Despite the helpful feedback in the evaluation report, Kereru staff maintained that a decent amount of time was needed to allow the Trust to introduce changes and ensure they were working “well” before subsequent evaluations should be conducted to determine “if” they were effective (Nikorima, interview2, 2008). There was concern that, in the months between each subsequent evaluation, a number of audits were to be carried out at the direction of Ministry C. Each of these demands was a heavy burden on the Trust:

[As a result] we requested a variation to the contract. The frequency of evaluations is over the top... This last 12 months has been torture. (Nikorima, Kereru Tūmuaki)

An election year fell in the midst of contract delivery. While the programme proposal had been negotiated (remember the proposal was prepared by the Contract Manager who was an employee of Ministry C) and the contract signed, the community of stakeholders were still in disagreement about the frequency of evaluations and milestone deliverables within the contract. As the country geared up for elections risk management strategies were introduced to reduce the likelihood of media blowback to Cabinet (Peata, interview2, 2007):

Everything went into lockdown... we couldn't buy toilet paper without permission. It was unfortunate that [Mauriora Trust] had all kinds of demands placed on them. But that is how things go in an election year... Everyone walks around on egg shells. (Tame, Kereru Kaiārahi)

The seemingly never-ending demands of Kereru made staff feel as though they had no control over the situation. Given the initial aims of the fund released by Cabinet (to fund community programmes with minimal demands for administrative and accountability costs), people had become disillusioned with the funding structure. Staff involved with Kereru made references to a lack of control as though they were dealing with an omnipotent being. Such engagement reflected their feelings of futility when trying to make decisions for themselves:

[Ministry C] paid them [the Trust] in advance, but it [funds] didn't really make enough difference and this led to period of huge stress for the Trustees. They [the Trustees] asked themselves, “How can we keep going with what God wants?” (Nikorima, Kereru Tūmuaki)

References to “God” and “God’s will” highlight the lack of control Kereru community members felt over the contract. Constant responding to demands for accounting information, evaluation reports, and implementation changes to the programme (such as telling community members they could not access support from Kereru) were reflected in meeting minutes that were recorded in a report to Ministry C:

We know if we follow God’s will, we will be crucified. (Tame, Kereru Kaiārahi)

Tame’s vivid language creates an image of being trapped – trapped between doing what is right (for their people), and what is expected (as a government-purchased service-provider). By doing what the government wants, Tame understands that he and Kereru will be crucified by their own people. Tame and Nikorima’s references to God highlight both their frustrations that they were unable to control the situation and their dissatisfaction with the implementation of the funding away from its original intentions. Such dissatisfaction with the funding (and the evaluation) was reiterated among the community. Hine (below) continues the theme of feeling a lack of control. Her comments referred to an earlier movement from receiving funding from Ministry D, which changed under the new structure to Ministry C. While the previous funding relationship (with Ministry D) had its problems, for Hine there was a sense that the community was in charge of the programme. However, the Ministry C contract required Kereru to respond to multiple evaluation demands and administrative and accounting requirements; and then, in spite of doing so, the Trust were told that the Ministry would not renew the contract. Hine found that very frustrating:

What was the kaupapa [purpose of the evaluation]? We thought it [the programme] was in the hands of the people. Well, so why did they [Ministry C] get involved? We didn’t need a government agency interfering. They took [control] out of our hands, and we weren’t given the chance again. (Hine, Kereru Community Member)

While there was clear dissatisfaction with the demanding nature of their funders, there were also some positives noted by the community, who acknowledged house repairs that would have taken much longer to get done (or not been possible at all) without the government’s financial support:

In the last few years there has been some good things done for housing. I finally got some repairs done on my house... They [Trust] did some things for nothing and that’s positive. Hope the evaluation noted things like that in the report. (Hone, Kereru Community Member)

Hone's comments relate to the positive aspects of being funded, and the hope that the good work was included in the evaluation. He suggests that documentation relevant to the evaluation was not shared with community members when noting that he "hoped" that positive aspects were included.

Positive relationship

The relationship between Māori and the Crown has been rife with tensions and conflicts (Kelsey, 1990b; King, 2003). Ongoing negative interactions have produced feelings of distrust and misunderstanding. After the introduction of neo-liberal policies in the 1980s, the number of Māori providers delivering "By Māori, for Māori" services increased tenfold. Considered by Māori as a positive result of neo-liberalism, there were underlying tensions in mainstream New Zealand that emerged after the January 2004 Orewa speech by the then leader in Opposition, Don Brash (Brash, 2004). As a result of his speech a spotlight was directed at all funding that was directed towards Māori programmes. Labour's 'Closing the Gaps' policies were ridiculed as promoting "Māori privilege". The reactive gaze of government was brought to the fore on all Māori targeted funding. The fall-out from that speech lingered in the minds of politicians and impacted on the way it managed service provider relationships with Māori, Kereru included.

Despite the negative relationship experiences with which New Zealand's history is riddled, one of the prominent themes in this case study pointed to the importance of a positive relationship. For stakeholders, even if an evaluation produced unfavourable results, such issues could be managed effectively if a positive relationship existed (Dyall et al., 2013). In the following section I present examples, from comments, of how a positive relationship was experienced by stakeholders in this case study.

At the time of our first interview, Nikorima was asked to reflect on the recently experienced external evaluation of the Kereru programme. His comments acknowledged the influence of government systems (Cram, Pihama, Jenkins, & Karehana, 2002) – generally the case when an evaluation is commissioned by a ministry – suggesting he was familiar with the demands handed down from a government funder:

We received lots of positive feedback [from the evaluators]... where they slipped back into compliance mode was because [the funder] was wanting so much from the project... They [the evaluators] had to be tough because there was so much [government] scrutiny. (Nikorima, Kereru Tūmuaki, interview1 2007)

In this comment, Nikorima conveys frustration at the demands placed on him by both the Programme/Evaluation funder and the Evaluator(s) for documents that required administrative time that was not covered by the provider contract. At the end of his comment, Nikorima acknowledges the pressure from the evaluators was driven by the Minister, who needed to show accountability for Cabinet funds. Because an election year fell within the project contract, media scrutiny on any negative results increased the level of risk-management strategies employed by the Ministry.

Despite the pressures associated with Cabinet funding and an election year, different stakeholders have noted that although demanding of effort, an engaged and respectful evaluation relationship was still achieved (Pohatu, no date; Wenn, 2006). The following comments demonstrate the effort, and reward, two stakeholder groups felt after the evaluation. Tame (Kaiārahi, Kereru) suggests that the efforts made by the evaluators to understand the provider's context were helped by regular communication:

We had a good relationship... although they didn't have the knowledge of [our] process, or our relationship with [the Funder]. Communication was regular, but not always helpful. (Tame, Kereru Kaiārahi)

While Tame's comment suggests he was not always happy with the information describing the programme in the evaluation, he noted the relationship with the evaluators was "good". The comments from one of the evaluators (Ropata) complement Tame's comments where he reflects on the efforts made towards building a relationship:

[It] took a long time to get a good, honest relationship going... [our relationship] evolved as my understanding grew, and as the project manager gained trust in me... when [he] realised I was there to help... (Ropata, Ministry C Evaluator)

The level of engagement within this evaluation was apparent by the agreement of provider organisation staff and evaluator comments. Building a relationship was harder than Tame portrayed. Adding strength to the notion of an engaged relationship were the comments of Anania:

Our relationship grew more respectful, when [the evaluators] knew more about us... who we are and what we are about. There seemed to be some critical

issues. Once we established our relationship we were fine. (Anania, Kereru Kaimahi)

As with the comments by Tame and Nikorima, who suggest that trust and understanding grew between the evaluators and the providers, Anania's comments also emphasise the importance of respect to an engaged evaluation relationship.

These conversations with stakeholders indicated that people wanted to be part of any evaluation conversations that had the potential to affect 'their' programme. Being involved in these types of conversations (about evaluation closure) was more likely to produce positive feeling towards the evaluation. Comments from these representatives of the provider organisation (and local community) highlight that once a relationship has been established, communication, trust, understanding, and respect were appreciated. The opportunity to be included in conversations about the evaluation meant that any adjustments made subsequent to an evaluation plan were more likely to be accepted by stakeholders.

Navigating stakeholder expectations

The resources given to Kereru were helpful to community members – even if the administrative demands that evolved after signing the contract were not. Government should be accountable for how it distributes taxpayer money, and how those funds have made a change in society. The nature of government resources (through Cabinet and Ministries C and D) remains preoccupied with funding programmes with as little money as possible, while at the same time demanding maximum change (Durie, 2005b; Kelsey, 1990b; Walker, 1990).

Acknowledged in Cabinet documents (see Appendix 4) was a commitment to partnerships with communities to achieve their self-identified goals without placing undue administration demands on providers to the detriment of programme implementation. However, the enactment of partnership was one that clearly involved differences in power (Jackson, 1998). In women's experiences of domestic violence, controlling access to resources (such as money, car, friends, and family) was a sign later recognised by the women that the 'partnership' did not mean equal sharing of power (Durie, Cooper, Grennell, Snively, & Tuaine, 2010; Robertson et al., 2013). Similarly,

equivalence can be made with a parent who can withhold or remove rewards from a child for not behaving as desired. In no way would a parent–child relationship be considered a partnership. With the exception of physical violence, this scenario presents similar dominating behaviours that are evident with government–provider relationships (Hodgetts et al., 2013). At the same time, the denial that such government–provider partnership relationships are far from healthy reflects the maintenance of unequal power structures (Howden-Chapman & Tobias, 2000; Kiro, 2000). Two examples of this unequal power relationship stand out. The first is the government’s decision to not release the evaluation report back to the provider organisation (Kereru). The second example is evident in the way the government dictated the terms of the relationship.

Comments made by Sandra (below) support the notion that more resources could have been provided, but were not because the Ministry (as funder) wanted the Trust to identify their areas of deficit and promise to implement systems according to the Ministry’s direction before more funding would be made available:

While this Ministry [C] could possibly provide further resources to remedy the financial and administrative systems for the Trust, there is a view that the Trust has to want to do this first. The Trust needs to take ownership, and as such needs to make a commitment to implement the systems and continue to maintain them. (Sandra, Ministry C Evaluator, Pākehā)

The evaluation was completed in 2004. At the time of writing this thesis, it was still uncertain whether the final evaluation reports from the Ministry would be released to the community. Given the nature of the relationship, with government dictating its terms, and the likely shift of focus towards the next election, there is a high probability the Trust and/or community members did not get a copy.

Conversations with both the evaluators and Kereru staff confirm that as the contract continued, the Trust had no intention of fulfilling some of their contractual requirements; and especially those that were introduced after the contract was signed (KET:S3SF-12). Of all the milestones contained in the contract, only half had been met by the last 6 months of the contract. The following excerpt from the internal (Ministry) report highlights that despite the Contract Manager working over and above the role in order to support the Trust, not all milestones were achieved:

It is quite obvious that [half of the expected] milestones were completed only because [the Contract Manager who was a Ministry employee] had been seconded into the Trust... to work alongside them [Kereru] and ensure milestones were completed. (KET:S3SF-12, p.14)

Additional resources committed by the funder to support the group by seconding the Contract Manager into the Trust suggest that the funder (at least the regional office of Ministry C) knew problems with achieving milestones were ahead. While clearly demonstrating commitment to the project by injecting further resources to ensure its success, such measures of success have been defined by Ministry C rather than the Trust – with whom a partnership relationship existed.

The quote below reiterates the Ministry's position of how the Trust should operate in ways that satisfy the Ministry's expectations as a funder, while at the same time forgetting the original intention was to let communities/programmes determine their own needs. Comments raised earlier in the case study clearly show that community members were adamant housing needs were a priority and that Kereru would contribute to their *haukāinga* (home people) aspirations. The draft evaluation report pointed to programme success being measured by the presence of policies and procedures rather than the positive impacts on the community:

[The report]... illustrates an immediate need for the Trust to have policies, procedures and planning in place at both a governance and management level that will guide what the Trust's priorities are, where their focus should be and how this group should develop within their given reality (KET:S3SF-12, pp.14–15)

Multiple hypocrisies are seen in this case study. Three in particular stand out. Firstly, the establishment of the funding contract as a “partnership relationship” between government and communities whose terms of engagement were changed partway through the contract because of election promises. Secondly, the last minute injection of additional resources to ensure the success of the programme while under media attention for Cabinet spending during an election year. Thirdly, internal documents note that the Trust had no intention of making operational changes that the Ministry expected (see comment below) and as such funding would be discontinued – even though this funding was supposed to be determined by Community priorities, not government. Internal (within National Office) Ministry correspondence noted:

[Mauriora] have never wanted to change anything about how the Trust operates, and they are proud of the fact that the Trust has outlasted many others that have

lost their way because they have been drawn into chasing the dollar. (KET:S3SF-12, p.15)

Peata felt conflicted because her team believed the Ministry had sufficient monitoring information to meet Government accountability requirements (KET:S1SF-05). She felt a sense of pride in Kereru for remaining true to their goals and disappointment at the same time for not adapting the Ministry strategies because this would likely jeopardise future funding.

Critical issues in the Kereru Case

The Kereru programme evolved as a result of community members who voiced their concerns about poor housing situations for their families. Negative or poor responses from government agencies had been a source of frustration. Initially funded for 3 years (2004–2006), Kereru was a prototype service contract for government created to remove system and process barriers that restricted service provision. The Kereru programme was a newly formed programme administered by Mauriora Trust. Mauriora had only been operating in the community for 4-years before winning its service contract with Ministry C. When the Trust was successful getting support for one worker in the community, others came forward to seek the Trust’s support and assistance.

Because a front-bench Minister was the initiator of the fund (which resulted in Cabinet taking on the role as Programme/Evaluation Funder) it was likely their consideration was given higher priority by Cabinet than a programme funded by a lower level contracting agency (e.g. a DHB). Even if more importance was placed on this programme than others because of Cabinet funding, comments provided by Tame, Nikorima, and Anania highlight that stakeholders still expected an engaged relationship with the evaluators. As seen, an engaged evaluation relationship occurred, even though Kereru and *whānau* were the less ‘financially’ powerful stakeholders in this context.

Three critical issues that posed challenges to the programme and to the evaluation were identified here: funder scrutiny vs risk management plan; partnership expectations; and commitment to an engaged relationship. Each of these critical issues was raised by different stakeholder groups. Consideration of evaluator responses to these issues provides valuable insight into the implications of evaluations directed at

programmes derived from, and operating within, a Māori frame. Each of the critical issues identified here will be discussed below.

Funder scrutiny and risk management

Ministry C documentation followed a positivist epistemology that proffered ‘universal’ validity (Coburn, 2013; Moreton-Robinson, 2013) rather than localised validity (KET:EAF-13; Smith, 1999; Stewart-Harawira, 2013). Government’s subsequent attempt to change the output-focused nature of its provider contracts resulted in the creation of a new funding stream (MinC:CabMin-07; MinC:CabMin-09) that was trialled with a selection of providers. The intention of the initiative was to facilitate provider partnerships that recognised delivery against health outcomes, were less compliance orientated, and provided more autonomy for programmes at the local level (MinC:CabMin-02). Though the Ministry may have been well-meaning in its intention to shift focus towards local-level solutions through fewer administrative demands and more autonomy for *imi*, *hapū*, and *whānau* providers, this case study site shows that the risk-management focus, which the government had originally hoped to eliminate in this contracting context, had nevertheless prevailed. The comments from case study participants highlight continued high administrative demands on the part of the Funder (e.g. evaluations every 6 months) of the provider in order to manage risk for government during an election year. Contractual requirements added after the document was signed were an example of the Ministry shifting from its intent of a high-trust funding contract that was less administratively demanding on providers back to its regular process of implementing risk management monitoring system. Perhaps the shift occurred because it was an election year. If that was the case, then it was likely the Minister did not want to draw unwanted media attention to Cabinet decisions/actions related to this project.

Within this case study there was also reference to the government’s focus being on meeting international definitions of success as determined by neo-liberal economic investment models (Awatere, 2008; Leontief, 1966; Mead, 1993) rather than community health development models (Campbell & Gillies, 2001; Jovchelovitch & Campbell, 2000; Rogers et al., 2005). Such practice meant that the continued emphasis

on accountability for spending was a direct contrast to the original intention of the fund.

Despite the risk management and funder scrutiny problems identified both by *whānau* and by provider stakeholders, further stakeholders comments by *imi* providers highlight that an engaged relationship was eventually established with the (Māori) evaluators. So, what did the evaluators do to make this happen? This evaluation had a timeframe of one year (which was the second longest timeframe of the four case studies reviewed in this research) and was allocated a budget of \$100,000. With 3–4 external evaluators from within the Ministry, additional costs were likely absorbed by the Ministry; costs that the smaller evaluations were not able to absorb. One example of a hidden additional cost was noticed in the contracting of an external advisor to oversee the production of the final evaluation report(s). The costs associated with site visits, dealing with provider queries, attending unplanned events and travelling (including flights, rentals and accommodation) of evaluation team members to meetings in the regions could be managed because of the resources put towards this project. Because the evaluation team were able to do all these things while being paid their salaries meant they were in a better position to develop an engaged relationship than were other evaluators in this wider study.

Partnership

Within Aotearoa evaluation has largely been driven by government processes (Lunt & Davidson, 2003; Saville-Smith, 2003) and shaped by Treaty relationships (Mutu, 1998b; Takakino, 1998). Our context places the driving force for evaluation firmly within the control of the evaluation funder – and in all the cases in my research that was the government (Walker, 1987). For Māori, partnerships are engaged in as a relationship between two equals (Jackson, 1992). Yet Māori experience of research reveals that the partnership has not been between equals (Henare, 1988). Government's approach to partnership, despite its rhetoric, suggests a partnership derived from contract law – where partners can be unequal in power (Jackson, 1998).

Limited community involvement at decision-making meetings (Grace, 1991), evidence of power inequality (Graham, 2000) and changing motivations that serve a government cost-cutting agenda (Kelsey, 1990) all contributed to the negative perception of this

being research on Māori (Smith, 1999). Despite the challenges to forming partnerships (Lynch, 2002), the likely impact of evaluators' work on policy (Hong, 2001) dictates that relationships are essential.

Māori evaluators work exceptionally hard to capture the stories of communities, in ways that are accurate and highlight their importance to a government agency. Where such experiences involve working with a government agency, the implications of accepting government money to conduct evaluations is intensely felt by practitioners. In the cameo box below two practitioners convey their feelings about the work they do for both the government and the Māori collectives. They clearly show the tensions, aspirations, and obligations Māori evaluators must navigate while undertaking their work.

“We’re the meat in the sandwich, we get told that they want the Māori view, but when they don’t like what they get [told about culture in the reports] they make us to take it out. Whose head is on the chopping blocks when iwi see what is in the reports? – not theirs...” (Rangi, Practitioner Focus Group Discussion, Rotorua, August 2008)

This reflection by Rangi on being an evaluation practitioner working on government contracts captures one of the tensions experienced by those trying to bridge the two political worlds between Māori and government. Torn between contributing to local and national Māori aspirations, Māori evaluators have to navigate government agency politics, agenda, budgets, and timeframes. Such demands shape the labyrinth continually negotiated by evaluators. Below is another comment by a practitioner that captures the importance evaluators place on getting the whānau message correct and as intended when working on projects that have policy implications:

“If our work influences policy, then we have a duty to our people to convey the meaning of their words as they were intended...not soften them for politicians.” (Paora, Practitioner Focus Group Discussion2, Wellington, August 2006)

Where the previous focus of government funding had been on evidential outcomes-based accountability for government programmes and community projects (Office of the Auditor-General, 1999; State Services Commission, 2003), recent reports highlight the need for monitoring and evaluation methods and methodologies that not only measure outcomes but are also able to assist in the development of programmes and projects that are optimised for success, and will do so in a partnership relationship (Office of the Auditor-General, 2006; State Services Commission, 2003).

Within the evaluation team different emphases emerged on the significance of relationships during the evaluation. My conversations with Ropata and Peata (Ministry C evaluators) showed their clear desire to make a positive contribution to the Kereru community. For both of them, meeting their obligation to the Minister was important, and as Māori they felt a personal accountability to the community. (This was particularly relevant for Peata who could *whakapapa* to the region.) Comments from Sandra (the Pākehā evaluator) identified that meeting the Minister's expectations was the primary – and indeed only – goal for her. For each of the evaluators a culturally embedded position that shaped their engagement with different stakeholders was noticeable. The Māori evaluators in the team (Ropata and Peata) were clearly frustrated with Sandra, who was not aligned to their position of advocating for the community; however, they tolerated her attempts to follow a positivist approach through allocating her roles that involved less contact with the community. They then managed her work by introducing additional monitoring and review systems for internal reports. For example, Sandra was allocated the lead role in writing the literature review, two small case study sites reports, and the first draft of the first evaluation report (which she wrote from an 'objective' and detached perspective). These tasks did not require long periods of interaction with the community, and involved tasks that could be reviewed by another staff member.

Evaluators have a responsibility to recognise both the pluralism and the subjectivity of stakeholders (Dew & Kirkman, 2002) as well as the complexity of the social connections (Thomas & Veno, 1992). Despite challenges to forming partnerships (Lynch, 2002), the likely impact of the evaluation on policy (Hong, 2001) dictates that engaged stakeholder relationships are essential; a point Mason Durie (2006) argued was important to Māori community vibrancy and well-being.

Commitment to an engaged relationship

Many factors influence the formation of evaluation relationships. In this case study and the others, a relationship between the wider community, the service-user *whānau*, and the *imi* provider was evident. Likewise a relationship between the provider and the funder was also demonstrated. Further relationships were evident between the evaluators and their funder, and between the evaluators and the *imi* provider. Less

obvious, although it did exist, was a relationship between the evaluators and the wider community/service-user *whānau*. Dedicating energy to maintaining a meaningful evaluation relationship with all stakeholder groups (Cram, 2003) is highly important when the foundation of the programme has been developed with an explicit cultural position.

The multi-layered complexity of government-funded programmes that are ‘owned’ by the local providers and ‘lived’ by the communities that engage them on a daily basis, means that it is difficult for an evaluator to satisfy each stakeholder group. While the ‘added value’ an indigenous perspective brings to evaluation and the contribution of such a perspective to the quality of the work remain under-recognised (Wehipeihana, 2008), the impact of an evaluator’s commitment to an engaged relationship with stakeholders clearly made a difference in this case study.

Two commissioned evaluation reports were redrafted several times because Peata (and Ropata) were unhappy with the tone of the documents written by Sandra as lead author (Peata interview). As a result of their unease with the way the reports could potentially be interpreted by non-Māori, an additional process of review was introduced that involved the overwriting of the reports by an (externally contracted) evaluation expert.

Peata introduced this overwriting of the evaluation because of on-going disagreement with Sandra about how best to convey the strengths of the programme and community to the Minister (Jayden) and Cabinet. The contracted evaluation expert was Māori (Piri) and had a long history of working with government but, more importantly, had been a long-term advocate for Māori knowledge and understood the accountability Peata and Ropata felt to the community because of the relationship they had. While Peata’s account of her relationship with Sandra suggests her younger age affected the power dynamics³⁶ between her and Sandra, I noticed that Peata was Māori with *whakapapa* connections to the *imi* for which the *hapū* focused programme was funded. Perhaps these two areas impacted on Sandra’s willingness to accept Peata’s leadership. For example, Peata’s conflict of interest as a descendant of the same *hapū* to which Kereru was delivered, meant her ability to be ‘objective’ had been challenged by Sandra. While unable to locate an indigenous framework within current evaluation practice and theories (Cram, 2003; Kerr, 2012; Taylor, 2003) that applied to the project, Peata

³⁶ Sandra left not long after this evaluation, and I wonder if these dynamics were the final push.

remained firm in her commitment to an engaged relationship with stakeholders, and especially the Kereru *whānau* (Peata interview).

Chapter discussion

Of all the cases within my study none conveyed more clearly than Kereru the political nature of evaluation. This case involved a programme that dealt directly with central government – a front bench Minister and Cabinet – so the impact of political manoeuvring on them was directly visible. The likelihood that the changes were the result of the speech of the leader of the Opposition (Brash, 2004), or the inevitable impact of New Zealand’s 3-year election cycle can only be a matter for speculation. While this cannot be proven conclusively, the evidence provided makes for a compelling argument.

The level of cabinet scrutiny that emerged in the middle of the programme meant the increased reporting demands intensified the level of administrative work required of Kereru. Those changes negated the reason Cabinet released the funds in the first instance. Previous contracting experience with another Ministry meant that Kereru staff and community members did not have trust in the government or its contracting processes. Feelings of distrust were directed towards the evaluation team who were charged with delivering an evaluation to Cabinet within 12 months.

Evaluation in general that has been closely linked to political agendas. In this case, the implications for future work programmes and policy that would be focused on inequality (MinC: CabMin-09) were specifically noted. Given government’s declaration here, a cultural lens in an evaluation of this nature was essential. In his report “*Measuring Māori well-being*”, Mason Durie (2006) advocated for ‘measures’ to reflect the way a community is organised and the positive attributions that can result for the population involved (p.9). He further argued that the “measurement of Māori well-being requires an approach that is built to reflect Māori worldviews, especially the close relationship between people and the environment” (Durie, 2006, p. 15). The evaluation team were charged with the important job of producing a report that captured a Maori worldview, used this view to determine well-being AND to do so in a way that would directly influence future policy on inequality.

Comprising of 4 Māori and 1 Pākehā, the evaluation team were Ministry employees whose base was at the national office in Wellington. Other than the team leader, who had genealogical ties to the Kereru region, the evaluation team members were not familiar with the community. The absence of an existing relationship meant that the evaluation team relied on input from regional office staff more familiar with the everyday lives of the community. The extent to which regional staff had an established relationship with the Kereru community was evident in the way the project proposal was written and the way its deliverables were managed and reported by them. Comments from different Kereru community members highlight their belief that an engaged evaluation relationship occurred. Although I was not able to interview the Minister or Cabinet for their perspective, engagement with Kereru was a common theme central to a positive stakeholder experience of the evaluation. This case study, as with the others presented in this study, has demonstrated that communities are a wealth of knowledge and, through shared opportunities, can enhance their sense of well-being (Durie, 2001a; Hodgetts, Drew, et al., 2010; Lynch, 2002).

Although I have not examined in great detail the internal complexities of working in a bi-cultural evaluation team, there were some tensions. This thesis has concentrated on the experiences of stakeholders. While evaluators are stakeholders, they are a different type of stakeholder (Abma, 2006; Clayson, Castaneda, Sanchez, & Brindis, 2002). To some extent they have less of a vested interest in whether the programme does or does not continue. However, as demonstrated in this case study, Māori evaluators have a high level of obligation and accountability to the Māori communities delivering these types of programmes. While the tensions that existed or developed in the evaluation team during this project could have been the result of many factors, they were not explored as internal dynamics were not the focus of this research. From my perspective as an outsider, this evaluation appears to have been a bruising experience for all members of the team.

The parameters of the evaluation were written in sufficiently broad a way to give the evaluators some flexibility in shaping how cultural values could be included in the evaluation. However, as agents for the Crown, their flexibility was limited. Key phrases in the evaluation aims clearly indicate that a scientific-experimental evaluation was sought. Phrases in the establishment of the fund by Cabinet declared that programmes must demonstrate “sufficient evidence of effectiveness”. One of the evaluation

questions, “To what extent were [the programme’s] outcomes primarily attributable to the funding relationship”, clearly illustrated Cabinet’s desire for some form of cost-benefit analysis. As overseas evaluation theorists (House, 1994, 2003; Shadish et al., 1991; Weiss, 2004) have noted, cost-benefit analysis is the type of evaluation governments prefer. This case confirms that their claim may also be relevant in New Zealand.

CHAPTER SEVEN: DISCUSSION & CONCLUSION

A lens on evaluation contexts

This thesis set out to explore how the various stakeholders of four case studies involved in the delivery of a Kaupapa Māori programme experienced external evaluations of their work. It examines critical issues that impacted on the evaluations and sought to understand how evaluators navigated the two paradigms of Mātauranga Māori and Positivism that dominated an evaluation of those same Kaupapa Māori programmes. A clear sense of ownership of the programme was felt by each stakeholder group. This sense of ownership informed their expectations of evaluation and shaped the demands they placed on the contracted external evaluator(s).

The dynamic ways Māori evaluators responded to socio-cultural variations highlight the need for research that engages at a critical juncture – the interface between Mātauranga Māori and positivism. By exploring the nature of government-commissioned evaluations, this thesis has implications for policy formation. Consequently, this thesis offers more than a “picture” of four Kaupapa Māori programmes – it highlights different layers of nuance embedded in stakeholders’ every day experience of a Kaupapa Māori programme. These layers converged through the commissioning of an external evaluation. Congruent with this understanding is recognition that the research contributes to a broader agenda for change towards culturally embedded evaluations. In exploring the development, contractual nature, and critical issues that affect evaluations, my research contributes to the ‘radical pedagogy’ (teaching approach for change) regarding the nature of evaluation practice in Aotearoa-New Zealand (Coburn, 2013; Cram, 2003; Mataira, 2004; Smith, 2003).

Throughout the thesis I have paid particular attention to how evaluators do more than just report against the stated objectives of an evaluation contract. They are dynamic, adapting to the constant state of flux in which their contracts place them. Evaluations are driven by political agendas – people determine those agendas. Power dictates whose agenda is prioritised.

A core question orienting this thesis has been: how are cultural values and concepts incorporated in the evaluation of a programme developed with an explicitly indigenous worldview (i.e. a Kaupapa Māori programme)? These case studies show that

incorporating cultural values and concepts into a programme evaluation can be achieved with varying success, a finding consistent with my own experiences as a contracted practitioner and with accounts presented in the literature. The evaluators in each of the case studies, by their own admission, achieved some successes and noted some areas for future development. Different levels of cultural confidence and evaluation expertise among evaluators were reflected in their responses to various stakeholder group demands. Each evaluator accessed or, where necessary, created their own social capital in order to complete an evaluation that cultivated a sense of relevance, achievement, and belonging for the targeted programmes. Evaluators managed their contractual relationships, with their various tensions and contradictions, in ways that reflected their own sense of accountability to the various stakeholder groups.

The research findings presented here need to be considered in the context of positivist aspirations for universal validity, with standardised frames, that sustain 'objective' evaluation from a distance. As noted in Chapter One, the stubborn maintenance of objectivity and a one-size fits all approach continues to determine the evaluation frames applied to government tenders in New Zealand. This homogenising approach maintains a lack of specificity that is in direct opposition to the subjective preference of Māori (*whānau, hapū, iwi*), which embraces localised everyday subjective complexities. The four cases portrayed in this study highlight the socio-cultural and socio-political drivers of the different stakeholder groups whose lives have been enmeshed through their common connection to a culturally centred programme. By exploring programme similarities and differences, followed by an analysis of their subsequent evaluations, this study offers a contribution to the debate regarding the importance of including Māori cultural concepts in evaluation research. In order to be effective in evaluations, we must take seriously an ethic of cultural safety that: acknowledges the unique and common needs of each community, engages in evaluation relationships with each of the different stakeholder groups, and interrogates power and privilege.

This thesis considers the dualistic observations of two philosophical systems (Positivism and Mātauranga Māori) to understand the impact they have on the evaluations of culturally centred programmes. By exploring the implications of such positioning we can extend our knowledge of health through better understanding the role of cultural well-being in Māori everyday reality, rather than a singular focus on

quantifiable outputs (e.g. Māori youth smoking-cessation rates). A more complete understanding of the complexities surrounding these types of targeted human-service programmes can help scholars, policy makers, service purchasers, providers, and evaluators to improve peoples' lives. My exploration of evaluation stakeholders' experiences (discussed below) of these types of targeted human-service programmes highlighted the complexities of responding to multiple stakeholder expectations. It also highlighted the importance of relationship-centred practice when navigating the aspirations and needs of people whose lives are affected beyond the span of an evaluation.

This chapter is divided into seven sections. In the first section, attention is directed to understanding the context of service provider delivery. Considered in the light of how New Zealand's health agenda has influenced targeted human-service programme contracts, the impact of how being defined as a Kaupapa Māori service enhances or provides a barrier, is examined. Because the way a programme or service is understood shapes the evaluation to emerge, it is relevant to examine this context further.

After re-examining the notion of Kaupapa Māori programmes my approach to understanding Kaupapa Māori evaluation is re-considered and re-presented. I suggest providers misunderstood the implications of being labelled as a Kaupapa Māori programme. Exploring and recognising the way that label was used and its impact led to my desire to understand the place of culture in an evaluation. Questions emerged that lead to my desire to examine whether the evaluations were culturally blind. This process would also enable me to critically appraise the data rather than reacting and making judgments from my previous experiences. Drawing on Sandra Grande's (2003) frame to examine the notion of whitestream feminism, I adapted her critique into a set of questions that were applied to the evaluations in this study. The answers to those questions confirmed for me that the evaluations were culturally blind and introduce a place to consider a culturally critical lens for future evaluations.

Critical issues that posed challenges to the evaluation/evaluators noted in the case studies are discussed and examples of critical evaluator characteristics are described. These issues provide valuable insight into implications for evaluations directed at programmes derived from, and operating within, a Māori frame.

Within these case studies competing cultural expectations and worldviews existed. Kaupapa Māori theory locates Kaupapa Maori evaluations as culturally embedded activities that contribute to Māori agendas. Having contended that the cases were commissioned culturally blind whitestream evaluations, I then contend that Māori practitioners were able to negotiate between two worldviews. I conceptualise and discuss this as culturally confluent evaluation.

I conclude the chapter by discussing the implications of cultural confluence as an opportunity for transformative change. The potential for transformative change offers some insightful ideas for future evaluations of programmes developed from a Māori worldview.

Understanding service provider delivery

Because I felt that it was important for evaluators and commissioners of evaluation to understand the type of provider they were dealing with, I had questions about the provider organisation type. Earlier work by Cram and Pipi (2001) discussed problems raised by providers when funders failed to recognise their contribution towards a Māori development agenda. I chose to explore the dynamics of service provision as part of the stakeholder conversations within each of my case studies. In trying to understand the expectations placed on a provider it seemed pertinent to understand the type of provider delivering that service. With that purpose in mind I considered the Te Puni Kōkiri (Te Puni Kōkiri, 2002) provider definitions. Cram and Pipi (2001) argued that the distinction between Māori and iwi providers is not clear cut (p.10). My experiences with the four case studies affirmed their work. Cram and Pipi (2001) initially summarised *imi* and Māori providers against three criteria: 1) is an *imi*/Māori organisation; 2) provides a service or programme that is controlled by *imi*/Māori, delivered by *imi*/Māori, and is primarily for Māori; and 3) delivers *imi*/Māori programmes or services (pp. ix–x). They later extended their definition to include a fourth that was documented in the Te Puni Kōkiri (2002) report, which determined Māori/*imi* providers:

1. Provide, or intended to provide, services to one or more of the following:
Māori individuals, *whānau*, *hapū*, *imi* or Māori communities
2. Are owned or governed by *whānau*, *hapū*, *imi* or Māori organisations

3. Have identifiable and clear accountabilities to *whānau* or *hapū* or Māori communities
4. Are dedicated to meeting the needs of Māori clients (p. 10).

The definitions provided by Te Puni Kōkiri (2002) provide a useful means to distinguish the four case studies. He Oranga Marae (Case Study 1) was a national programme delivered by a mainstream provider. Mainstream providers (Cole, 2004) were given this label in acknowledgement of their accountability for service delivery to the Crown or its representative (Rada, 1997b; Rada et al., 1999). The National Health Foundation, through its national programme only met one criteria presented in the Te Puni Kōkiri (2002) *imi*/Māori provider definitions (i.e. Criteria 1).

The service delivered by Whaia Te Ora (Case Study 2) was established by a group of young professionals (some Māori some not). Although this provider met 3 of the 4 criteria (1, 3 and 4) this service would more appropriately be categorised as a Community provider. My classification, as a community provider, was a result of the joint Māori/non-Māori ownership felt by community members and in acknowledgement of the wording in the Whaia te Ora contract to the local District Health Board (WTO:ER-01) – who were a mainstream service.

The remaining two cases, Kia Maia (Case Study 3) and Kereru (Case Study 4), met all four criteria of Te Puni Kōkiri (2002). However, when considered in more detail, these two providers can be distinguished even further. Kia Maia involved a group of community members who became a provider because of its aim towards generally meeting Māori clients' needs, without the need for clients to belong specifically to the *imi* from the region. In their service provision role Kia Maia were accountable to local Māori. Resources and funding for this service came from a sub-contract agreement with both the local *imi* provider (Awarua) and the District Health Board (a mainstream provider).

Kereru (Case Study 4) focused specifically on *whānau* within a single *imi* region. As such, the programme aligns with Te Puni Kōkiri's (Te Puni Kōkiri, 2002) definition of an *imi* provider. However, that definition can be classified even more specifically because the Kereru targeted a specific sub-tribe within an *imi* region, rather than the *imi* as a whole, which meant the group would more appropriately be described as a *hapū* provider.

The different spaces these four case studies occupied meant that making grand claims about encompassing common service provider weaknesses was not appropriate. Such variation also meant that it was equally difficult to make a claim about common strengths. In my attempts to understand each provider within their relevant case study I came to realise that each had different, at times similar and even overlapping, relationships to other providers types. Building on the Te Puni Kōkiri (2002) definitions, I have prepared a visual presentation of the types of service provider they describe and then indicated where each case study was located (see Figure 1).

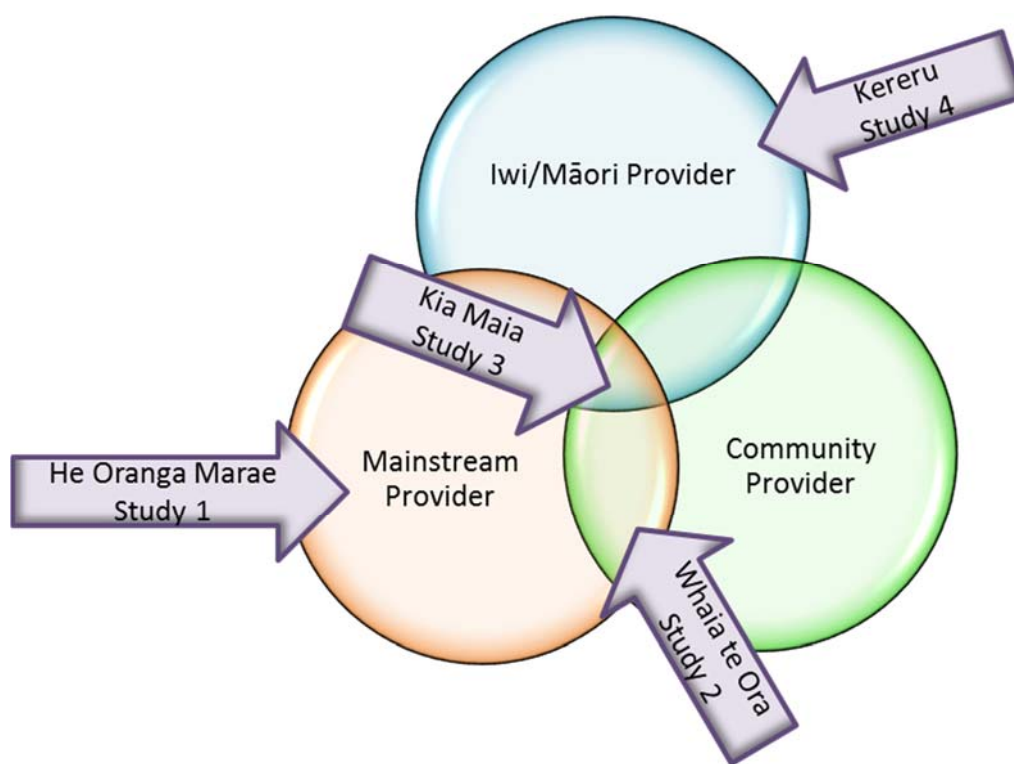


Figure 1: Visual of the cases in relation to their service provider relationships

Aware now of the relevant definitions by Te Puni Kokiri (2002) and Cole (2004), a brief set of observations about case study service providers can be considered in relation to the nature of their service provision:

1. **He Oranga Marae:** was managed by a mainstream provider and is no longer delivered. This case study demonstrated how relationships built on betrayal

and mistrust contributed to programme tensions and influenced the design of the evaluation.

2. **Whaia te Ora:** was delivered by a community provider and was in a partnership relationship with a regional mainstream provider and continues to deliver services in 2014. This case study highlighted clear differences between these two stakeholder information expectations of an evaluation.
3. **Kia Maia:** was delivered by a community provider who received funding and resources from an *imi* provider and the local mainstream provider. Kia Maia is still delivering a version of this service in 2014. The evaluation for this programme was funded by a third party – Ministry D. In this case study, the vulnerability of a service provider practicing their cultural values was highlighted.
4. **Kereru:** was managed by a *hapū* group and was funded by Cabinet. Reduced Kereru services are still available to the community. The programme and evaluation were overseen by a front bench Minister. This case demonstrated the close links of evaluation to political agendas.

In this study the similarities and differences of provider experiences highlight the importance of local contexts. The specific subjectivities that exist highlight the dangers of homogenising service provider labels. In Chapter Two, I argued that recognition of group subjectivities was essential. I still hold that position. The experiences presented in these cases also support the argument presented by Ngahuia Te Awekotuku (1991), that caution must be applied when describing *imi*/Māori group specific experiences.

The service providers featured in the four case studies varied in their cultural confidence and contracting expertise. Notably high levels of cultural confidence are demonstrated by the providers in Kia Maia and Kereru, which reflects their demand for the inclusion of cultural values in an external evaluation. Whaia te Ora is a new service provider with low levels of contracting experience but a strong desire to include cultural values. A clear difference, again, is seen in He Oranga Marae, delivered by a national, mainstream provider with long-term contracting experience, but very little cultural capital when it comes to working with Māori. Each of these service providers had to sell the uniqueness of its service to a government contract-purchaser, while also affirming how such services would meet previously identified health needs.

I hold firm to the belief that evaluation frameworks must not, intentionally or otherwise, support the ideology of the dominant cultural hegemony. My intention is to create interface relationships that involve joint activities and mutually positive experiences that contribute to a learning opportunity at the micro-setting level (Barker, 1978 cited in Orford, 1992) of an evaluation. The failure of evaluations to engage conversations at the interface level results in negative experiences for all stakeholder groups. For Māori, it means a continued sense of being ignored by researchers (Rua, Masters-Awatere, Groot, Dudgeon, & Garvey, 2012), and for evaluators it means a heavy workload navigating between, and on behalf of, the various stakeholder groups involved (e.g. the He Oranga Marae and Kereru cases).

Re-examining the notion of Kaupapa Māori programmes

It was during the analysis and write-up stages of my study³⁷ that I realised that an assumption had been made – both by the Kaupapa Māori programme stakeholders and by me as the researcher. Each programme was operating as a Kaupapa Māori programme insofar that they were accountable to Māori collectives, their intended target participants were Māori, cultural values were embraced in the development and implementation of those programmes, and the programmes were funded in recognition of their status as Kaupapa Māori. Although each of the programme stakeholders identified theirs as a Kaupapa Māori programme, named their programme as a Kaupapa Māori programme, and labelled it as such in their funding contracts, a question I held was, “what actually defined these as Kaupapa Māori programmes?” I began to feel uneasy about the application of the label Kaupapa Māori programme.

The Kaupapa Māori programme label was applied to a national level programme (He Oranga Marae) operating from a mainstream provider. It was also applied to the Kaupapa Māori programme delivered at *imi* (Whaia te Ora) and *hapū* levels (Kereru) by community service providers. This meant that the complexities and multiple areas of variation were homogenised as Kaupapa Māori. Similarly, the label was applied to Kia Maia, a case where delivery spanned multiple regions, had ‘sister’ programmes around

³⁷ See Appendix 6 for an outline of the main ‘order of events’ in relation to my doctoral study.

the country, had two regional level funders, a Ministry commissioned evaluation, and was recruited as an international site for a World Health Organisation project.

I now wondered about the use of the label Kaupapa Māori and whether being labelled as a Kaupapa Māori programme supported the earlier call made by Māori scholars for the complexity and subjectivity of Māori to be recognised (Bevan-Brown, 1998; Levy, 2007; Smith, 2012; Te Awekotuku, 1991).

Because of the various ways each of the programmes was designed and implemented, variations of their cultural markers, geographic locations, and success markers needed different levels of consideration – see Figure 2 for a visual presentation of the variation within Kaupapa Māori programmes. Given the experiences described by stakeholders, I doubt that funders truly understood the embedded cultural nuances of those programmes – even though everyone referred to them as Kaupapa Māori. At that point, I decided that using the label Kaupapa Māori homogenised the diverse, complex and evolving nature of programmes developed from a culturally centred or culturally embedded worldview.

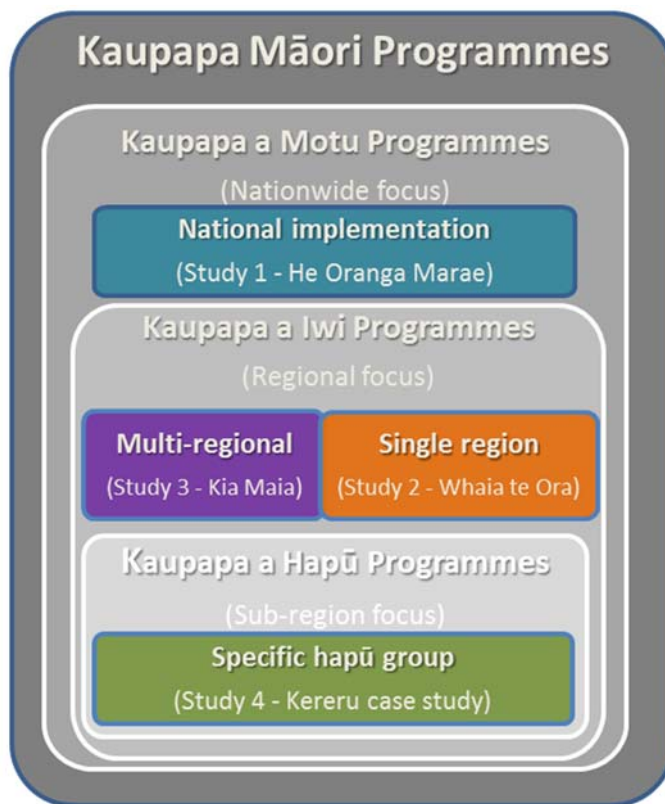


Figure 2: Case study distinctions situated as Kaupapa Māori programmes

The idea that the label Kaupapa Māori is too broad deserves further exploration. Distinguishing features of Kaupapa Māori programmes was not the central focus of my study. Some day a term such as Kaupapa-a-Te Rarawa might be used to refer to a programme within that region. Throughout my study I have been interested to learn about factors that support or impede an effective evaluation process for Māori programmes. After realising the label Kaupapa Māori was being liberally applied to a range of programmes without taking into consideration their specific attributes, I could see that such imprecision could potentially impede a culturally effective evaluation.

Having come to understand that programme funders were not likely to have a comprehensive understanding of the Māori programmes they resourced, I wondered whether the commissioners of programme evaluations believed that having Māori evaluators was sufficient for an external evaluation to be described as a Kaupapa Māori evaluation. Wary of my most recent lesson about applying a generic label to Kaupapa Māori programmes, I sought to understand the key elements of a Kaupapa Māori evaluation and how cultural frames are embedded or engaged.

The place of culture in evaluation

After the Public Health Commission (1995) identified the failure of health programmes to determine relevant health goals for Māori, there was a growth in the demand for health programmes with embedded Māori cultural values and practices (Durie, 2005a; Kelsey, 1999; Walker, 1990). The Bolger and Shipley Governments strongly consolidated neoliberal policies that were introduced from 1984 under the Lange Governments and extended greatly from 1987 as Rogernomics took hold .

All the case studies in this thesis affirm earlier declarations that evaluation is clearly linked to the political climate of the day (Lunt et al., 2003; Mathison, 2005). Here in Aotearoa New Zealand, the political climate of the 1980s created a demand for evaluation of human service programmes that ignited the previously unpopular practice. That same political agenda (Sagoff, 1988) supports scientific-experimental evaluations that are culturally blind. An evaluation that facilitates focus on “best practice” frames advocated through political associations encounters resistance when applied to programmes developed from an explicit cultural position.

Continued uncritical examination and focus on best practice models (Patton, 2001; Scriven, 2005) that draw from a culturally deficient toolbox (Walker, n.d.) that ignores matters of power and control, which privileges the colonisers' ideology when using that criteria to determine successful indigenous programmes. These case studies have confirmed that commissioners of evaluation largely continue to rely on culturally blind frames that homogenise Māori and therefore make no positive contribution to indigenous agenda or indigenous evaluation knowledge development. Fearful that a categorical error (Schreiber, 2000) had been committed by the evaluators whose work aligned with a culturally blind structure, I explored two questions; “where is culture embedded in an evaluation” and, “how is culture engaged in an evaluation?”

Where is culture embedded in an evaluation?

Many Māori, and I include myself here, (see Chapter Two for examples of Māori researchers) have made contributions to the discussion on Kaupapa Māori theory, research, and evaluation. Regardless of the various positions we have taken on the strengths and weaknesses of a Kaupapa Māori approach, there is one point of agreement – Kaupapa Māori research can only originate from, and therefore be driven by, Māori. While Chapter One highlighted the demand, by Māori, for research to contribute to their own agenda, the drive for evaluation within the case studies presented (Chapters Three to Six), originated from a non-Māori, culturally blind position that contributed to the government's agenda. With that revelation in mind, stakeholder demands for a partnership approach solidified my understanding of what was happening with evaluation – that momentum for an external evaluation was driven by a non-Māori agenda. None of the case study evaluations emerged from a Mātauranga Māori epistemological position and thus could not be Kaupapa Māori evaluations. It was with this realisation that I “hit the wall”. After some contemplation, I referred back to my original thesis question, and began to look for the answer to my question, “how is culture engaged in an evaluation?”

How is culture engaged in an evaluation?

Recognition of accountability to *whānau*, *hapū*, and *imi* is a core commitment of indigenous researchers (Philip-Barbara, 2004; Smith, 2004). Embedded within their accountability is the need to be vigilant about historical context, current political climate, and the future aspirations of their people. As contractors hired to conduct a service, measuring success against predetermined targets was difficult to navigate when the core values differed. Experienced evaluators were sometimes able to incorporate a cultural marker in to the success measures before contract finalisation (as in He Oranga Marae Case Study 1), but not always (such as in Whaia te Ora Case Study 2).

The two-way relationship demanded of practitioners during evaluation(s) created opportunities for Māori evaluators to reconnect with cultural practices (e.g. Matiu and Eruera – He Oranga Marae Case 1; Manawa – Kia Maia Case 3; Peata with her *haukainga* – Kereru Case 4). For Māori evaluators, cultural values were at the core of their work. Despite the reconnection, commitment and values espoused by the Māori evaluators only one case study (He Oranga Marae, Case Study 1) used culturally derived tools appropriately – the CHI Audit (Durie, 1994a) and the Taura Tieke framework (Cunningham, 1995) – to determine the effectiveness of that programmes service provision. A Cultural audit tool where Mātauranga Māori principles are explicitly positioned within the standards of measurement is desperately needed in evaluation.

To reduce negative experiences, engaged evaluation relationships that consider the interface between practice and values (Durie, 2001b; Eketone, 2008) will produce results that are more reflective of the diverse perspectives (Robertson, Jorgensen, & Garrow, 2004; SUPERU & ANZEA, 2014), and therefore more meaningful and useful to the different stakeholder groups (Goodwin et al., 2015; Rada, 1997b). With that understanding in mind, I turn to examine whether the evaluations were culturally blind.

Whether the evaluations were culturally blind

In Chapter Two I argued that evaluation practice continues to be shaped by the first world through dissemination and exportation of its knowledge, models, frameworks, and approaches (Moghaddam, 1987; Moghaddam & Taylor, 1985). In 2002, a Diversity Committee was established by the American Evaluation Association to increase

membership pluralism (American Evaluation Association, n.d.). With no subsequent changes being introduced to the AEA policy and procedure or even to the highly influential Program Evaluation Standards (American Evaluation Association, 1994), the culturally blind nature of evaluation, combined with its first world influence, has continued to shape, distort, and undermine the place of culture within evaluation practice around the world with this weakness.

The establishment of a formal professional evaluation entity (the Aotearoa New Zealand Evaluation Association, ANZEA) in 2006, with its commitment to Māori and the Treaty, has set New Zealand apart from other countries (Masters-Awatere, 2005b), because these evaluation practice guidelines give specific consideration to the context of culture and indigenous people. Furthermore, ANZEA's (2011; SUPERU & ANZEA, 2014) evaluator cultural competency domains direct evaluators how to position themselves, and their abilities, when navigating cultural spaces with Māori to demonstrate competency. Having this directive within professional practice will hopefully provoke a critical examination of the uneven playing field experienced by Māori.

Mistrust of research (and mistrust of Pākehā) by Māori has developed from its use in the exploitation and abuse of their rights as indigenous people (Battiste & Henderson, 2000; Smith, 1999). The inter-relatedness and inter-connectedness of the indigenous worldview is acknowledged within Māori culture and is lived through *whakapapa*. For Māori that tangible, and intangible, connection demands the acknowledgement of people's connections, and is what has been found wanting in culturally blind evaluation practice.

Despite programme providers and beneficiaries identifying as Māori (and working towards a Māori determined agenda) within each case study, the provision of services were funded and expected to deliver information that informed a non-Māori agenda (i.e. of targeted health outputs). This initial contracting process was transferred to the commissioned evaluations and demonstrated that a 'generic' approach to the evaluation was applied to the Kaupapa Māori programmes presented in this study (see Figure 3).

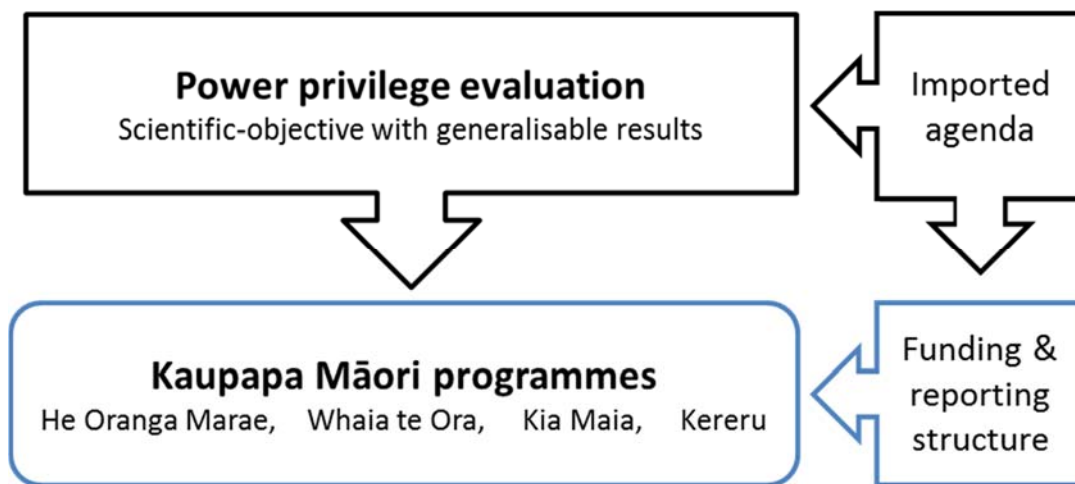


Figure 3: Importation of biased evaluation on Kaupapa Māori programmes

Each one of the case studies shows a continuing trend of playing catch-up when trying to meet changing accountability requirements. Because there are largely unacknowledged cultural values in calls for evaluation tenders, it could be assumed that there are less likely to be cultural values in the delivery of those programmes. Stakeholder stories highlight that the government maintains its chokehold on Māori targeted service programmes in this country. It is at the stage of calling for tenders that an evaluation can engage culture from a “token” position that makes literary notations of Māori concepts, a “co-option” position that imposes non-Māori definitions on Māori concepts (Smith, 2003), or an “interface” position, such as that suggested later in the chapter (see conceptualising Culturally Confluent Evaluation).

In Chapter Two I have provided examples of Māori cultural frames being integrated into legislation. Throughout the thesis I have criticised evaluations that are positioned as culturally blind. As my thinking evolved I began to feel uncomfortable with the assertions I was making, for the primary reason that I had not undertaken a specific analysis determining whether an evaluation was actually culturally blind.

I decided to apply an analysis frame to the evaluations within my study. To this end, I found the critical analysis of feminist works by indigena Sandra Grande (2003), very useful. In her analysis the educational setting was the common focus; in mine it was the external evaluation. Grande’s analysis identified aspects of those feminist texts which were weak or devoid of a cultural analysis. It was from that analysis that she

determined whether such works “employ[ed] postmodern indeterminacy of power to absolve themselves from the colonialist project” (p.332). Reframing Grande’s (2003) considerations to my evaluation context, I consider the extent to which the commissioners of the evaluations in my study were culturally blind – thus rendering them as “whitestream” evaluations. With that in mind, I developed the following questions to apply to the commissioned evaluations:

- **Was the evaluation theorised through a historical-materialist framework, which considered the context of colonialism and imperialism?**

Across all the case studies I believe the answer to this question was, “no”. The output measures for each of the programmes were initially determined by Māori stakeholders but then adjusted by the time the final service contract with the government funder was signed. For these Māori programmes a process of redefinition and modification – which has an impact on the ways groups subsequently engaged with each other – had to be shaped to suit government-defined timeframes and resource allocations. Prescription changes made without community input (cf. Feuerstein, 1986; Owen & Rogers, 1999; Patton, 1997) resulted in a programme evaluation that was unrealistic, or unattainable, given the community’s resources.

The absence of cultural knowledge explicitly positioned within research has been to the detriment of Māori whose programmes have been designed and delivered from a cultural centre (Cram, 1995, 2001; Cunningham, 1998; Davidson-Rada & Davidson-Rada, 1992). Provider and *whānau* stakeholder reflections highlight that they expected their experiences, expertise, and contextual knowledge would be embraced in future programme delivery. Additionally, the providers wanted assurance that the evaluation would relay the importance of their local context to the funder. Evaluations that do not consider the intersection of race with questions of capitalism, labour, and economic power do not undertake to understand the ‘every-day lives’ of the community or the people affected by them (Grande, 2003; Taylor, 2003).

- **Was there conscious consideration of diverse cultural positioning in relation to the evaluation commissioner/funder?**

I contend the answer to this question is “no”. The He Oranga Marae contract may have been initiated in response to stakeholder complaints, but the contract deliverables did not explicitly ask for the inclusion of cultural analysis in the RFP. In the Kereru case, pre-contract documentation from Ministry C suggests there was some initial consideration of the impact of administrative accountabilities on rural community providers. The evaluation aims were broad enough to allow the evaluators to incorporate cultural analyses. However, the demands introduced part way through the contract, in response to political agendas, highlight that the Ministry did not consider the every-day realities for the Kereru community an important factor in their evaluation information needs.

Programme measures that do not consider the specific context or the application of cultural practices in delivery, by choosing to focus on health outputs rather than health outcomes, fail to capture the social capital inherent within Māori culture (E. T. Durie, 1998; Durie, 1985b). The centrality of everyday cultural practices (Chaney, 2002) in people’s lives (Haber, 1994; Hodgetts, Drew, et al., 2010) was demonstrated by programme providers, which highlighted the positive returns each provider experienced. These positive returns were achieved by drawing on familial connections. Aligned with Grande’s (2003, p.334) notions of whitestream feminism, I contend that an evaluation commissioning agency, cognisant of the ways evaluation can be used, should not privilege “objectivity” and instead recast evaluation as socio-culturally situated. Evaluation should be determined by its application and context rather than its method.

- **Did the evaluation commissioner support a capitalist/colonialist perspective that privileged their informational desires over those that could empower a disenfranchised group?**

My answer to this question is, “yes”. Across all four case studies commissioners identified their information gaps and prioritised the type of evaluation, a scientific-experimental approach, that would elicit the type of information they wanted. In Whaia te Ora, for example, Jack’s information needs, on behalf of the DHB, clashed with the needs of the community service provider. The Whaia te Ora case provided an example of how the commissioner’s desired information could disenfranchise the community provider. Another example was evident in the Kia Maia case. The directive given by

Ministry D to the community evaluator (John) NOT to include cultural analysis frames when assessing the programme demonstrate how culturally centred programmes could be disenfranchised by using a capitalist lens. These two cases, along with the other two not discussed here, provide examples of the evaluation commissioning agency, who were also the programme funders, constructed themselves as heroes to the poor community situation while at the same time seeking control of these Māori initiatives.

Applying quantifiable measures to service provider outputs without the input of service-users (Davidson-Rada & Davidson-Rada, 1992; Rada et al., 1999; Ratima, 2000) produces evaluations that are culturally blind. Where this is the situation, for example evaluations that focus on a reduction in the uptake of cigarette smoking, an increase in immunisation rates, or a decrease in obesity and heart disease through nutritional knowledge, the work produced will – and I adapt Grande’s (2003, p.336) words here – result in evaluations that contribute to a legacy of deculturation and colonisation.

- **Did the commissioner promote individual choice and impartiality over social transformation?**

I consider that the way commissioning agencies ‘shaped’ their rationale for an evaluation means that the answer to this question is “yes”. The key questions presented in the evaluation aims inferred that evaluation is a tool that will provide guidance to: improve performance; recruit more participants; save the provider, and its funder, money because efficiencies will be enhanced; and improve people’s health. Focus within these evaluations was on confirming the individual commissioning agent choice to purchase the service. They did so by framing the evaluations as cost-benefit focused and scientific-experimental objective projects that presume objectivity and generalisable results. Such evaluations were not determined by Māori culture or values and so did not contribute to social transformation. Combined with a lack of clarity or transparency about decision-making frames with regards to an evaluation, cultural engagement was not intended for these evaluations. On the basis of that experience of service providers, I note the parallels with Grande’s assertions about feminist works:

Insofar as this text examines women, feminism, and the feminist project in essentialist terms [that is where women and feminism are positioned in contrast to men and patriarchy], without any consciousness of how such constructs are

informed by race, it sits squarely in the whitestream tradition. (Grande, 2003, p.334)

All the programmes included in this study were developed from positions that placed Māori cultural values at their core. However, the major influence on the initial design and scope of the evaluation came from the Programme/Evaluation funder. The cases in this study have demonstrated that external evaluations are commissioned from a culturally blind position – in other words those commissioning the work sought a “whitestream evaluation”. My answers to these questions highlight that a major problem rests with the focus of evaluation commissioners.

Section considerations

Given the contracting context of the evaluations presented in these cases, it could be suggested that having Māori evaluators conduct the work supported the ideology of the hegemonic tendency to favour whitestream evaluation. Presented in He Oranga Marae (Case Study 1) were recollections by stakeholders about the cultural engagement of the Māori evaluators. Their cultural knowledge, skills and abilities allowed the Māori evaluators to access information that was not offered to their non-Māori team members (such as invitations to participate in *pōwhiri*, *hui* and other programme events that gave access to service-users). Such a position was not a focus of my study and so is raised here with caution.

Not every Māori evaluator practising their craft will uniformly demonstrate resistance against the culturally blind lens being challenged in my thesis. As a result I present my ideas with a sinking feeling that if we develop Māori frameworks for evaluation then there is potential for some to mis-use the information and use that knowledge to create a rod to be used on Māori backs. I am fearful that Māori knowledge will be mis-used, abused, and then used against Māori. With that fear in mind, I approach with caution the remaining sections of this chapter, where emphasis is directed towards Māori evaluators who had to possess a range of skills, knowledge, attributes, and experience in order to meet the demands of the funder, while at the same time successfully manage a relationship with other stakeholder groups. In light of the variations across the case studies, I reflected on the nature of a culturally engaged evaluation.

Consistently conveyed across all four case studies was the expectation from Māori that any external evaluation of “their Kaupapa Māori programmes” involved measures that were influenced by Mātauranga Māori. As such, Māori stakeholders anticipated that markers of success would also need to be derived from an indigenous worldview. The contested space of “insider knowledge” (Hurley, van Eyk, & Baum, 2002) that is ensconced within each of these case studies embraces the subjective position of localised validity when working to benefit programme stakeholders. While the benefits of insider knowledge are still being debated as an **accepted** role in external evaluations, it is an **expected** role of Māori (Keefe et al., 1998; Ormond, Cram, & Carter, 2006; Ratima, Durie, & Hond, 2015; Watene-Haydon et al., 1995). Māori evaluators within each of these case studies placed emphasis on evaluation relationships and processes. Whether this is a cultural influence is unclear, given that I did not include an analysis of Pākehā, or more generally non-Māori, evaluators. Despite the absence of that focus in my stakeholder interviews, the prevailing dominance of positivist positioning with aspirations of “objective” distancing in research (Breen & Darlaston-Jones, 2008; Crotty, 1998) that are evident in each of the case studies suggests the contrast remains valid.

Examples of critical evaluator characteristics

Recognition of the interconnections evaluators have through their relationships with service programmes provided examples of evaluator characteristics that made a positive and critical contribution to the evaluation environment. Without a doubt the original evaluation tenders reflected a whitestream evaluation orientation. In fact, if it were not for these evaluators the experience would have contributed to the continued negative experiences of research being imposed **on** Māori.

Within the case studies there were cultural expectations of Māori evaluators that were not placed on their non-Māori counterparts. For example, in the case of He Oranga Marae, the Kaiārahi (Hinerangi) and a *koroua* (Henare) highlighted cultural expectations upon two Māori evaluators who received *manaakitanga*. Also within the He Oranga Marae case, comments by Eruera and Matiu reiterated the tensions they experienced while trying to meet their cultural obligations. These examples highlight the cultural obligation placed on the Māori evaluators by programme *whānau* (providers, recipients,

and local community) that; Māori evaluators follow culturally expected normative processes (Moewaka Barnes, 2003) with appropriate recognition of accountability and obligation (Nikora, 2007; Nikora et al., 2012). These pressures demonstrate the need for culturally informed and astute evaluators to work on evaluations of programmes derived from a culturally centred position and delivered in a way that privileges cultural values.

Evaluator engagement with service user *whānau*, while polite and friendly at the time, had limited, if any, on-going benefit for the *whānau* because, for the most part, engagement with the evaluators was a one-off/short-term experience. Cultural processes are a central component of Kaupapa Māori programmes (Mataira, 2004; Pihama et al., 2002), thus an expectation for evaluators to incorporate relationship processes into their work was conveyed in these case studies. An example in the Whaia te Ora case study, was presented by *whānau* who wanted a Mātauranga Māori framework developed to assess the value of their programme. Similarly, *whānau* expected the Māori evaluators in He Oranga Marae to be knowledgeable of *whakapapa* connections, attend programme events on *marae*, be leaders on *marae* at *pōwhiri*, and visit *kaumātua* in their home. Such invitations, or expectations, were not directed at Pākehā (non-Māori) evaluators. Similarly, (non-Māori) evaluators were not judged against such cultural frames as were used against Hana and Matiu (two Māori evaluators in the He Oranga Marae case). This experience provides examples of the skill demanded of Māori evaluators when working towards an evaluation that attempts to meet *whānau* expectations and obligations.

While comments about work levels and a sense of obligation were conveyed by all evaluators across all the case studies, in the He Oranga Marae and Kereru cases, where there were both Māori and non-Māori evaluators on a team, a greater intensity to meet cultural obligations was felt by the Māori evaluators. Not only was that heightened sense of obligation evident in the freeze, flight, and fight responses (Van der Kolk, 2005) by different Māori team members throughout the evaluations, it was also evident in the way they acknowledged *whakapapa* connection to various *whānau* and Kaiārahi, by responding to ad hoc invitations and attending culturally specific events (e.g. *hui-a-ivi*, *runanga* forum, and *marae* activities).

Evaluators navigate cultural/whānau obligations

Within each of the case studies there were examples of Māori evaluation practitioners who: lobbied for the inclusions of cultural frames and processes in research (the Whaia te Ora and Kia Maia cases); upskilled and trained providers to use cultural indicators when evaluating their work (the He Oranga Marae case); re-engaged culturally expected norms, such as going to local *marae*, participating in cultural training and performing appropriate cultural activities at formal gatherings (He Oranga Marae, Whaia te Ora, and Kia Maia); or led negotiations within a Minister (Kereru) to ensure cultural positions were duly privileged in reports intended to go to Cabinet.

Terms of endearment used towards elders (e.g. Matua Rihari and Whaea Mere) were noted in the He Oranga Marae case. The use of these terms denoted respect and reverence, both of which are culturally accepted and expected norms in Māoridom (Metge, 1967, 1995; Ritchie, 1992). Because such cultural behaviours were not observed (or I contend, expected) of Pākehā evaluation team members, the underlying assumptions of those cultural practices for Māori evaluators need to be considered. It stands to reason that if cultural conventions were followed by the Māori evaluation team members, then perhaps it was those same cultural observations that served to feed and/or heighten *whānau* levels of expectation on the evaluation. *Whānau* were happy with the evaluator engagement when it took place³⁸, but were unable to recall whether cultural practices were incorporated into an evaluation report (e.g. Hohepa in the Kia Maia case). Or, in the case of Jack the funder in the Whaia te Ora case, were unhappy with the lack of information provided to them after the project was finished (e.g.).

The absence of any “real” positive impact (as programme *whānau* defined change) from the evaluation of their programmes was noted in Case Studies 1, 2 and 4. Having already established that the basic expectation of *whānau* was that the evaluation would contribute to their self-defined agenda, some were frustrated because they had anticipated immediate changes would result from the evaluation (e.g. Matiu and Eruera, from He Oranga Marae). A common expectation observed by service-

³⁸ Examples were: hosting the evaluators in their (kaumātua) home and giving mirimiri, kai to eat and to take away, and by extending invitations to attend marae hui, pōwhiri for new Kaiārahi and marae whānau events.

providers and service-users was that evaluators could meet cultural obligations placed in front of them.

It could be suggested that Māori evaluators need to make sure that *whānau* know what the likely outcomes of the evaluation will be. Patton (1997) reinforces the importance of evaluators ensuring stakeholders know what the intended users want of the evaluation, and why. Failure to do so will impact the likelihood evaluation results will be utilised, and that stakeholders would inevitably feel that the evaluation did not meet their expectations. The Māori evaluators in these case studies continued to wear their ‘cultural hat’ and present themselves as ‘in-group’ members (i.e. Māori), while also collecting information for an ‘out-group’ (e.g. a government agency)

Signed consent forms for interviews held on file show that participants were informed of key evaluation information (such as aims, objectives, methods, and dissemination processes). The genealogical heritage and cultural expertise gave Māori evaluators access to information and engagements (eg. He Oranga Marae) that non-Māori evaluators were otherwise excluded from. The pressure to be cultural experts when conducting the evaluation in order to gain access to service-provider and service-user information was embraced by the funder. However, it seems that the Māori evaluators were expected to present their reports to the commissioner devoid of Māori cultural knowledge because measures of validity and reliability (external to the community) were prioritised. The hypocrisy would be amusing if it was not so sad. The absence of cultural dissonance for Pākehā evaluators (in the He Oranga Marae and Kereru cases) contrasts with the struggles Māori evaluators had in attempting to reconcile contrasting worldviews.

However, I believe a reverse position can be applied to this situation. The Pākehā evaluators (and the evaluation frameworks) were oblivious to cultural indicators and therefore did not feel a need to include cultural dimensions. Rather than suggest that Māori evaluators should have taken their “cultural hats” off – and produce an evaluation devoid of culture – my findings highlight benefits to the team through access to richer service-user and service-provider information. Evaluation commissioners and non-Māori evaluators need to be aware of the cultural context of evaluations focused on programmes developed from a culturally explicit value base.

When it comes to evaluations of Kaupapa Māori programmes, I believe that critical engagement with frameworks accepted by other more powerful stakeholder groups means that evaluators (and in these cases Māori evaluators) have been set up to face huge barriers when attempting to meet the expectations of service-user *whānau*. Building on earlier comments by Durie (2000) and Feuerstein (1986) about community strengths, I add that any recommendations presented by evaluators are much more useful and appropriate if they are developed in collaboration with the people who have a profound knowledge of the programme and the community it serves. Such an evaluation is more likely to be accepted by service beneficiaries (Mathison, 2005). As a result, an engaged evaluation would produce recommendations that can more be readily implemented into service provision and success measurement frames.

Evaluators advocate for Māori perspectives

Within the Whaia te Ora case study, the influence of a positivist epistemology for “hard data”³⁹ shaped the funder’s expectation of the evaluation. Information gained by engaging with people through interviews and attendance at events was considered supplementary to the key information wanted. He Oranga Marae had the longest contract timeframe of 3 years, and Whaia te Ora, the shortest at 5 weeks. The average contract timeframe for the four cases was just over 12 months. The contracting timeframe demonstrated in these cases reflects the dominant neoliberal economic model and ethnocentric position of evaluation funders (Hodgetts et al., 2013; Waa, 2015). where people are commodities to be used and thrown away. It is a model that prefers product over process, as well as outputs over, more difficult to define, outcomes. The power-position funders enjoy privileges their preference for evaluative evidence that can be accessed without the need for interaction(s) with culturally invested stakeholders.

Among these cases, only one privileged the Māori service provider and *whānau* perspective over funder desires – the Whaia te Ora case study. This case highlights how an engaged evaluation relationship produced different stakeholder feelings

³⁹ A reminder here that the funder wanted statistically powerful analyses conducted of programme effectiveness on reducing smoking, alcohol, and drug issues in the local community that could be compared with regional and national datasets.

towards an external evaluation. The opinion of both the provider staff and their management Board was sought to direct the focus and utility of the external evaluation. In this example the evaluator chose not to attempt to present quantitative data that had not been purposefully or systematically collected for the purposes of reporting against national measures. The experiences of the different stakeholder groups across all of the case studies reiterates the desire of Māori to determine their own measures of success and to apply those to evaluation.

The Whaia te Ora case narrative provides an example of community and provider expectations aligning with the cultural preference for contextualised evidence. Discord between Jack's (the funder) expectation of 'hard data' and Whaia te Ora's expectation for a narrative description reflect differing epistemological positions.

In the Whaia te Ora example Manuera (the evaluator) advocated for Māori perspectives and privileged them over Jack's desire for statistical analyses. Aware of the power he had to shape the evaluation Manuera engaged service-provider staff to negotiate a way to capture programme dynamics. If Manuera had focused his time on the contract working to produce the statistical analyses originally sought, it is unlikely the evaluation would have captured the programme reality for *whānau*. Instead an evaluation detached from the reality of service-providers, service-users and their *whānau* would have been produced.

In its report the Public Health Commission sought for all Māori to be able to experience at least the same level of health as non-Māori (1995). That vision required that the services purchased be culturally appropriate and compatible with gains in Māori health. To achieve this, Durie (1998) argued that local expertise and aspirations, alongside historical context, needed to be at the front of programme relationships. Engaged evaluative relationships reduce the likelihood of recommended changes in the evaluation being "out of touch" with local stakeholder realities (cf. Feuerstein, 1986; Owen & Rogers, 1999; Patton, 1997).

These cases serve as a reminder that negative research experiences of the past continue to be replicated today through power structures in the evaluation contracting process. Active inclusion of 'less-powerful' stakeholder voices in the key decision-making processes will be a difficult challenge for evaluators when programme contracts have been established in a way that serves a funder's agenda.

Programme *whānau* (providers, users and community members) must be meaningfully engaged in an evaluation process in order to have access to information networks, and build their capacity for collective action and decision making. Norris and colleagues (Pooley, Breen, Pike, Cohen, & Drew, 2007) argue that when people, nature and community competence align by “linking a set of adaptive capacities... a positive trajectory of functioning and adaptation” emerges (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008, pp. 130-131). Furthermore, communities must have economic resources to attend to areas of need, and community members must be meaningfully engaged and have access to forms of social capital. They must also have access to information and communication networks and communities must be competent in the sense that they have the capacity for collective action and decision-making (Hodgetts et al., 2013, p. 314) in order to navigate their way through the ups and downs of life (Fuller, 2000). Culturally informed frameworks that evolve from discussions should include outcome measures that fit the participating individuals or group (Herbert, 2011). To manage one’s way through the labyrinth of evaluation stakeholder expectations, demands evaluators to be politically astute.

Evaluators work with service providers

The way each of the programmes in these four Case Studies was established (in response to an identified need within their communities) reaffirms Durie’s (1994a) declaration that Māori communities are best placed to determine the priorities for beneficiaries (e.g. service-users, *whānau*, the community) within their given reality. While communities can become providers, each of the cases contained in this study were in the unfortunate position of needing better resources, training, and support in order to meet their obligations as holders of a government (tax-payer funded) contract.

Manuera’s (evaluator of Whaia te Ora in Case Study 2) critique of inequitable accountability provides an example of the attitude common to the Māori evaluators. Adapting the positivist lens which evaluators were directed to use to examine Kaupapa Māori programmes reflects evaluator’s attitudes – whether a private practitioner, research unit member or government employee – towards ensuring that Māori cultural values were included. Despite the seemingly powerful position being held by the funder, the evaluators have worked in with the government, who are located as the

powerful, in ways that contribute to social change. More than 20 years ago, Robinson (1993) noted the importance of including the powerful when working toward social change:

The exclusion or bypassing of the powerful is counterproductive, given critical theorists' own claims that they are frequently partially responsible for the problem, through their direct or indirect control of the economic, political or communicative practices which sustain it. Unless revolutionary change is advocated or contemplated, social change requires the involvement of the powerful in the process of education and action designed to serve the critically examined interests of all. (Robinson, 1993, p. 236)

Another example of evaluator's 'holding the powerful accountable' was demonstrated in the case of He Oranga Mārae. The evaluators in the He Oranga Mārae case study advocated for the inclusion of measures that assessed the mainstream provider's (National Health Foundation) contribution to Māori health outcomes. Programme stakeholders' experiences were taken on board by the evaluators who then negotiated with the Ministry to amend the evaluation objectives. Such efforts demonstrated the desire of evaluators not only for cultural inclusion in the project scopes, but also for engaged relationships with all the stakeholders.

A weakness of evaluations that broke down between concept design and implementation (Attkinson et al., 1978) was the result of funder failure to understand the needs of the target community. Programmes, such as those within my study, that have emerged as a result of community desires for improved health and well-being demonstrate their interest in addressing their situation. An evaluation offers ways to improve 'their' programme. Within the case studies an engaged evaluation relationship was a common desire expressed across all stakeholder groups.

Within all the case studies a shared dialogue already existed for *whānau* and providers: a similar shared dialogue existed between evaluators and funders. These are complex relationships even before evaluators engage with providers and *whānau*. It stands to reason that the failure of programme evaluations to take into account a range of stakeholder experiences will likely produce irrelevant information. With that in mind a critical examination of the processes that hinder or support engaged evaluation relationships (for all stakeholders) throughout the evaluation process should be considered. Positive, shared dialogue (Rappaport, 2000) from the outset of an

evaluation with a view to an equitable relationship (Moewaka Barnes, 2003), embraces the interdependent goal of good health outcomes for Māori.

Evaluators are politically astute

Criticisms levelled at evaluations were based on evaluators being seemingly out of touch with the reality of people's every-day lives. Programmes funded on the basis that they embrace cultural frames that allow them to make an active contribution to Māori achieving at least the same level of health as non-Māori, which locate them as "By Māori, for Māori", or Kaupapa Māori, mean that the culturally centred nature of those same programmes has been approved. Such approval acknowledged culture as central to their design and as such must be a measure when determining any success or failures.

More often than not, the greatest tension experienced in the evaluation contracts within the four case studies was directed at government agencies. In my focus group interviews, Māori evaluators relayed that *whānau*, *hapū*, and *iwi* wanted affirmation that their *kōrero* in an evaluation contributed to positive change for their people. They posited that programme *whānau* expected the report (and its recommendations) to result in improved resources for their community. When the outcome was not as *whānau* expected, it was the evaluators who were held to account. The quote from a practitioner (noted in the Kereru case study) so aptly captures the notion of burden placed upon Māori evaluators that I have repeated it here:

...We're the meat in the sandwich, we get told that they want the **Māori**⁴⁰ view, but when they don't like what they get [told about culture in the reports] they make us to take it out. Whose head is on the chopping blocks when iwi see what is in the reports? – not theirs... (Rangi, Māori evaluator, Practitioner Focus Group, Rotorua, August 2008)

The depth of hurt and frustration among Māori evaluators was clear; they felt they were placed in the firing line when the evaluation was completed. Their sense of cultural obligation (Nikora, 2007) contributed to a continued sense of accountability (Patterson, 1992) that extended beyond the evaluation contract relationship (Pihama et al., 2002; Pīpi et al., 2002). The same cultural obligation was clearly not felt by the evaluation funder/contractor. As a result I am left wondering why. Again my thoughts

⁴⁰ Added emphasis given here in acknowledgement of the sarcasm used by Rangi.

turn towards those who commissioned and therefore had control over the evaluation parameters.

While being ever conscious of the need to assess the political context of the evaluation (Campbell & Murray, 2004), an ability to maintain communication was vital for evaluators. In the context of a politically lively situation, such as those of Kaupapa Māori programmes and their evaluations, reflections by Campbell and Murray on health promotion programmes, offer some insightful ideas that build on the earlier comments made by Murphy and Torrance (1987):

A programme becomes the province of a policy-shaping community, not of a lone decision-maker or tight-knit group. Persons who play roles in approving the programme or in advocating alternatives, as well as most of those who carry out programme operations, are part of this community. Perhaps nominally, the decision sits on one person's desk, but that person will need concurrence from other administrators, from legislators, and from interested publics. She becomes more an arbitrator, more an architect of compromise, than an independent weigher of evidence. (1987, p. 6)

Māori culture recognises the inter-relationships between people, in the struggle for autonomy (over their own cultural health and well-being) of all people and the connection they have to the environment around them. Recommendations are much more useful and appropriate if developed in collaboration with people who have a profound knowledge of the programme and the community it serves (Kearns, 1991; Kearns & Dyck, 2005). Such an engaged evaluation would produce recommendations readily implemented into service provision and more likely to be accepted by service beneficiaries (Mathison, 2005). This study has highlighted that such processes are in high demand by Māori service providers, Māori service-users and their communities.

Evaluators engage stakeholder relationships

Negotiating one's way through the university training system is especially difficult for Māori and other indigenous minority students whose success in undergraduate studies requires the surrender of their culture and values (Alderfer, 1994; Bernal, 1994; Levy, 2002; Nikora, 1991; Ogbu, 1990; Pihama, 2001; Ratima et al., 1995; Tiakiwai, 1997). The danger of relying on the university to train researchers and other professionals adequately is that this can result in a lack of cultural consideration or training being provided by these institutions (cf Levy, 2002; Waitoki, 2012). If they followed the

epistemological directions provided by the Programme/Evaluation funders, Māori researchers were in danger of perpetuating the colonising processes that had been imposed on them for years (Bishop & Glynn, 1992; Keefe et al., 1998; Smith, 1999).

Campbell and Murray (2004) suggest that a shared understanding of a meaningful relationship can be created by people ‘storying’ their shared experiences. For programme beneficiaries (service-users, their *whānau* and the local community), the personal, cultural, and social investment made in a Kaupapa Māori programme was considered just as, if not more, important and than the Crown representative’s financial commitment. Even though communities were grateful for the resources given, service beneficiaries were committed to the health of their people regardless of the service provider’s budget.

The Kia Maia case, involving the evaluation work by Manawa, was completed with only a 6-month timeframe. A shorter timeframe again, was experienced by Manuera. To complete the evaluations within their time constraints, it would be reasonable to expect that a meaningful relationship would not have been experienced by stakeholders. However, comments to the contrary acknowledge that the evaluators put considerable effort into relationship management with programme stakeholders (both service providers and service beneficiaries for Manawa and, service providers for Manuera) occurred during and after the evaluation. Furthermore, comments from multiple providers in the Kereru case study highlight the effort evaluators (Ropata and Peata) put in to developing an engaged relationship. Multiple *imi* provider representatives (Tame – Kaiārahi, Ananaia – Kaimahi, and Nikorima – Tūmuaki) spoke of the efforts and rewards that came from the evaluators’ engagement with them.

This led me to question whether the way the relationship was managed had affected feelings of satisfaction. It appears there is a positive connection between the evaluation relationship and satisfaction with the evaluation. When relationship expectations were met, there was more willingness on behalf of stakeholders to accept the limitations of, or on, the evaluator – such as in the Kereru case, where the evaluators had to complete their collection in two site visits, and in Kia Maia case, when the project had to be completed within 6 months. Service provider and service users were also more likely to accept the context of the evaluation, in the Kereru case, where the political and public scrutiny were focused on their programme (and evaluation).

Whānau, in the Kereru case, felt the evaluation gave them the opportunity to explain their frustrations at the level of demands being placed on them (and their programme) by their funder, and were able to dissociate the evaluation in terms of it only capturing a small part of the work that had been carried out. Comments by the service provider, Kaihautu, indicate that the evaluation was yet another administrative expectation placed on programme *whānau* by the funder. The engaged relationship of this evaluation gave the providers and beneficiaries the opportunity to discuss their community practice (Wenger, 1999) by talking about issues they had with the contract relationship, learning more about evaluation and research, and taking time to discuss shared experiences of contractual relationships.

The role of community members as agents in behavioural change (Biddle, 1999, p. 117) was reiterated within this study and communicated through *whānau* expectations of the external evaluation. If external evaluations enacted an engaged relationship that incorporated a culturally appropriate lens on the programmes under examination, realistic expectations on the evaluation would be apparent. Namely, to produce a written report that provides a snapshot of the efforts and achievements that had been made by the programme that could then be picked up and used for further programme development.

Section considerations

Contained within each of the case studies are examples of Māori practitioners adapting the contracted originally accultural (culturally blind to indigenous positioning) evaluation to one that privileged the culturally centred nature of the programmes. Examples of the skills, knowledge, and attributes of evaluators demonstrated in the four case studies were elaborated. The examples discussed included: working with service providers to include cultural markers as measures of programme success; advocating for the inclusion of Māori perspectives in the evaluations, being politically astute; and engaging stakeholder relationships.

The examples from evaluators across each of the case studies reflect the primary expectation of stakeholders for an engaged evaluation relationship. Cultural processes (Chaney, 2002; Foster-Fishman et al., 2005) engaged in by the evaluators can either

enhance or detract from the evaluation. Comments from *whānau* indicate that being part of cultural processes was vital to the evaluator (and evaluation) being accepted by the programme stakeholders – as well as achieving the contracted outputs within the expected timeframe. The level of commitment people had to their programme, combined with the ways an evaluator engaged during and after the project, point to a high level of commitment – to both the relationship and the evaluation. The evaluator actions provide markers for considering the liminal space evaluators find themselves when undertaking evaluations commissioned from a culturally blind place on Kaupapa Māori programmes.

Conceptualising Culturally Confluent Evaluation

Graham Smith (1997) and Mason Durie (2004) had earlier demonstrated the ability of Māori to adopt and co-opt non-Māori philosophy to contribute to Māori aspirations. In each of my case studies the evaluations of the Kaupapa Māori programmes were formalised to serve a non-Māori agenda. My conceptualisation of Kaupapa Māori evaluation meant that despite the great efforts evaluators went to in order to incorporate cultural elements into the evaluations, the evaluations did not match with the current understanding of a Kaupapa Māori evaluation. In recognition of my ‘discovery’, it was necessary to reconceptualise my notion of evaluation. After taking into account the culturally blind history of evaluation and the clear desire of Māori for research to contribute to their self-determined goals, I felt that an approach that captured these two contrasting worldviews was needed. I began to consider the notion of Culturally Confluent Evaluation. In order to locate Culturally Confluent Evaluation I had consider it in contrast to, or alignment with, already existing evaluation frameworks. Given the expectation that Kaupapa Māori research embraces Māori principles and manipulates non-Māori principles to further its own (Māori) agenda, a key question for my case studies was whether these were Kaupapa Māori evaluations or not.

At one end of the continuum, Kaupapa Māori Evaluation is embedded in a Māori cultural context; at the opposite end of that (evaluation orientation) continuum is culturally blind evaluation which reflected positivist positions. My previous analysis of international practice (Masters-Awatere, 2005b; Masters, 2003) and my reflective

questions on evaluation commissioners revealed a culturally blind orientation to evaluation. This ‘generic’ form of evaluation reinforced an ‘objective’ approach that clearly does not align with or originate from a Māori agenda. With these two positions clarified, I began to locate the position of Culturally Confluent Evaluation (see Figure 4).

Culturally Confluent Evaluations can be initiated in response to either a Māori or non-Māori agenda. Whereas generic (culturally blind) evaluations favour a distanced and “objective” orientation, and Kaupapa Māori (i.e. culturally centred) evaluations advocate for embedded and engaged approaches, I believe Culturally Confluent Evaluations are centred on a reflexive orientation that seeks to be transparent in its movement across a range of research orientations.

When analysing my field-notes I found examples of traits and tensions in the evaluation relationships that seemed to reflect their two distinctive origins – Mātauranga Māori and Positivism (described in Chapter One) – as well as different interpretations of partnership. In order to keep my focus on the presence and expression of Māori culture in evaluation when analysing the data, I clustered the critical issues (See Appendix 3) and noted their origin. These notes then shaped the writing of my case studies, which I then began presenting publicly to various audiences.

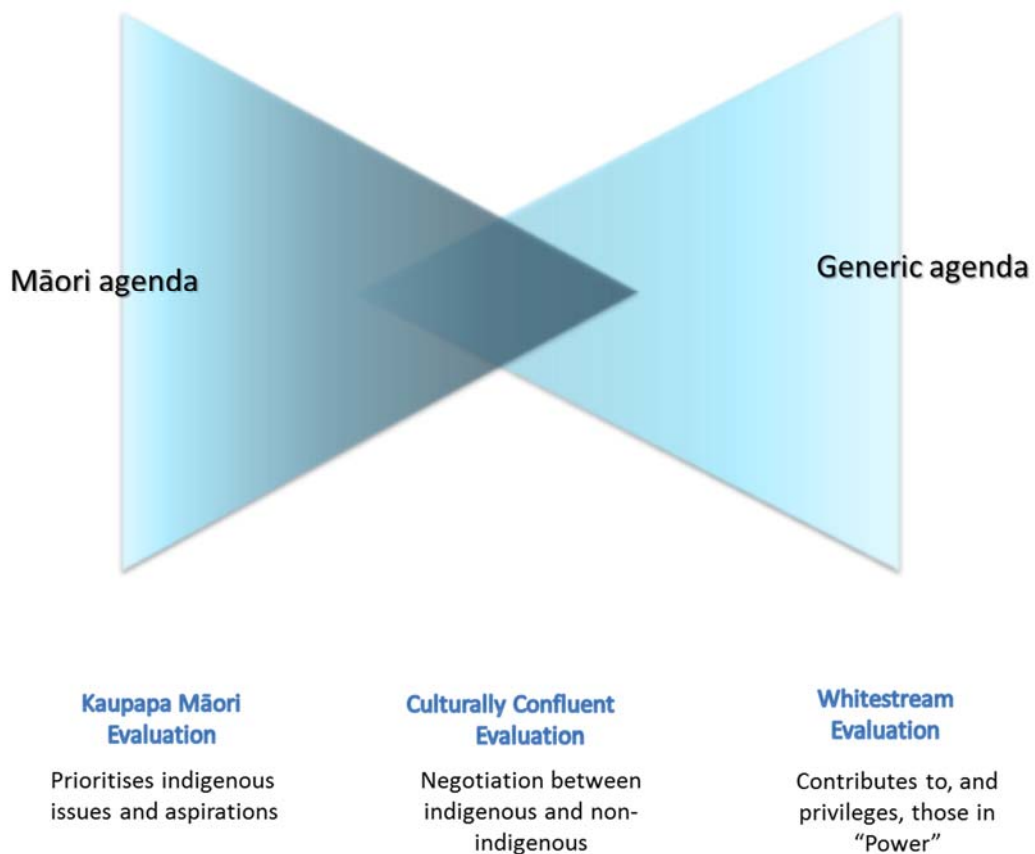


Figure 4: Locating Culturally Confluent Evaluation

The first time I publicly presented the idea of Culturally Confluent Evaluation was to practitioner evaluators at Hui Māori before the ANZEA conference (Masters-Awatere, 2012a). Later than year I year, I made a similar presentation to an Institute of Community Psychology (IComPA) professional development workshop (Masters-Awatere, 2012b). Initial feedback from evaluators, psychologists, and in particular from respected delegates at these events, indicated my conceptualisation of confluence in evaluation was worth pursuing. Below are excerpts from my research journals that note my growing confidence in talking about Culturally Confluent Evaluation. In the first quote I reflect on my presentation to Māori evaluators; in the second (after IComPA) I reflect on my presentation to Pākehā psychologists:

People were making head-nodding gestures and smiling when they looked at me and would say 'ahhh, Confluent Evaluation I'm going to remember that'... [s/he] said, "wow, you really know your stuff, one day I hope to be like you" ... I also read the [Hui Māori] report... and was pleasantly surprised to see positive reference to my presentation... seems I've left an impression... [Research journal; August entry, 2012]

I was nervous about presenting my idea to Pākehā... I realise now that I was stuck, and couldn't figure out why. But after presenting, and getting very positive feedback from [people]... I feel like I have been given permission to keep going down this path of challenging culturally blind evaluation... and now realise that I can target my kōrero to Pākehā rather than Māori – which had made me feel uneasy. [Research journal; October entry, 2012]

My first two presentations of the Culturally Confluent Evaluation concept were invited presentations to evaluation and psychology professionals. My visual representation of Culturally Confluent Evaluation was presented to two audiences: evaluation practitioners (hui Māori) and community psychologists (primarily Pākehā).

The positive responses I received at those two presentations encouraged me to develop the concept of Culturally Confluent Evaluation further. Later that year I delivered a presentation at the Toi o Matariki MAI doctoral conference (Masters-Awatere, 2012c). By the time of that presentation my conceptualisation and argument for Culturally Confluent Evaluation had evolved, and I shared an image of the concept. Again, my ideas were positively received by the audience.

An explanation of the culturally confluent evaluation model

When undertaking evaluations, evaluators often play multiple roles as community members (Kia Maia), and academics (Whaia te Ora), in addition to their role as professional research practitioners. Dynamics experienced across multiple projects provide valuable insights that can be reduced to conversational points within evaluations. An engaged relationship that encourages active dialogue about experience, worldview, and cultural practices nurtures the learning process for everyone involved (Luders, 2004) and has direct relevance to their everyday lives.

As I analysed and reflected upon the experiences of various evaluation stakeholders, and the multiple levels, points of tension, and histories between each group, the image that kept coming to mind was that of my geographical connection to Te Rerenga Wairua. The meeting of Tasman Sea and the Pacific Ocean represented the two epistemological views (Positivism and Mātauranga Māori) framed within my study. Te Wāhi Tūtaki, the place where those two bodies of water meet, presents the viewer with violent sprays of water, bubbling pools inferring strong undercurrents, and small patches of calm spattered amongst the constantly moving energy of Tangaroa.

Culturally Confluent Evaluation is the place that I see where historical tensions and betrayals can bubble underneath the surface of relationships or explode as traumatic and open relationships clash. It is also the place where there is opportunity for small whirlpools of energy to head in the same direction – at least for a short period of time.

The experiences of evaluation stakeholders caught in the middle of a clash between worldviews are reflected in the four case studies. Māori evaluators found themselves in the currents between whitestream evaluations that favoured scientific-experimental evaluations and presumably produce generalisable results, (such as the Whaia te Ora case study) while working to support Māori programmes that were developed from an explicitly cultural position that favour localised subjectivity. Characteristics demonstrated by Māori evaluators that enabled them to navigate those tension-riddled, multi-layered complex relationship spaces while undertaking the projects, contributed to the way I began to understand cultural confluence in an evaluation context.

In addition to having the skills to undertake an evaluation, Māori evaluators also had to possess some level of cultural knowledge that enabled them to respond appropriately to cultural cues such as local protocols, practices and values that acknowledge cultural obligations. These skills were demonstrated by Matiu who had to whaikorero when conducting the evaluation of He Oranga Marae. In the case of Whaia te Ora, Manuera demonstrated that he was aware of cultural obligations that had to be enacted to engage a relationship with programme participants – and sought the agreement of the Management Group to remove one pressure point from an evaluation project that only had a five week timeframe. Manawa, in the Kia Maia Case Study provided evaluation training and mentorship to a community worker that would allow the group to monitor their work in the future. And finally, Peata, in the Kereru case study, had to remain vigilant of the political context behind the evaluation she led for a front bench Minister and be vigilant of her whakapapa ties to the region in which the hapū provider was located.

My vision is for the Culturally Confluent Evaluation model to provide a framework that can be a starting place for programme participants to engage in conversations about their worldviews, expectations, understandings, and information needs with regards to evaluations. In the current government contracting climate there are likely to be clashes that stakeholders may not be able to work past without a third party. Tension-riddled situations in a programme mean that the evaluator will need to be

culturally aware, skilled and politically astute. Within this model, the key person to navigate the space between stakeholder groups is the evaluator.

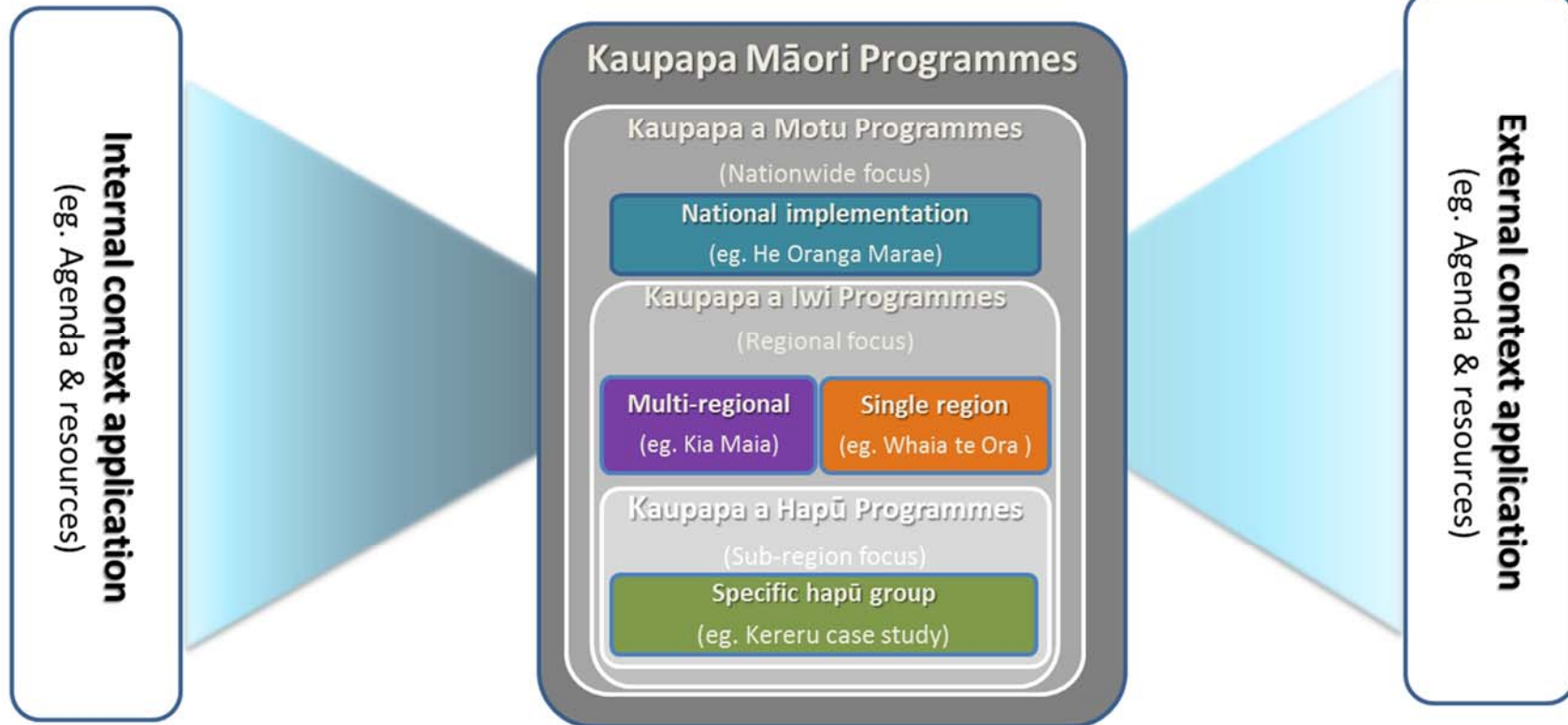
The Cultural Confluence Evaluation model is a place to consider the ways evaluation can be used as a tool to provide scope for those (eg. service-users, their *whānau*, and the wider community) whose voice can often be ignored when commissioners think about the usefulness of an evaluation. The model needs to be developed further, to allow the specifics of various stakeholder groups to be equally incorporated. At this point, I have been looking at the clash between Mātauranga Māori and Positivism (see Figure 5). Therefore I have considered the model's application to government-commissioned evaluations. I have not considered the model's application to *imi* or Māori commissioned evaluations.

There may be a situation where evaluation commissioners, programme funders, service-providers, service-users and community members' agendas align in the delivery of the programme. Although I have never seen that happen, it is a potential place that evaluation may find itself heading as Aotearoa New Zealand moves into a post-treaty settlement space. Different evaluator skills again would be needed in that situation.

Māori agenda

Agenda interface

Generic agenda



Kaupapa Māori Evaluation

Prioritises indigenous issues and aspirations

Culturally Confluent Evaluation

Negotiation between indigenous and non-indigenous

Whitestream Evaluation

Contributes to, and privileges, those in "Power"

Figure 5: Kaupapa Māori Evaluation is driven by a Māori internal agenda

Ways evaluators operationalised cultural confluence

By first taking into consideration stakeholders' expectations of an engaged relationship, I found a useful way to determine the quality of cultural inclusion to reflect against those expressed expectations. Drawing primarily from the qualitative interview data (supported by documents) within the cases, a retrospective assessment of the evaluation experience was undertaken. Within the case studies I noted that an engaged evaluation relationship was a common desire expressed by all stakeholder groups. I wanted to undertake a further analysis to explore the common elements of what an engaged relationship looked like for the stakeholder groups. My re-examination of an engaged evaluation relationship among stakeholders showed that cultural awareness/inclusion and connectedness with the community were two priority areas.

The findings in my study suggest that when working with communities to improve Māori health, Māori evaluators are often caught in an 'us/them' dualism (Grande, 2003; Meredith, 1998) between two agendas (Māori and non-Māori/generic). Being caught between the two promotes cultural distress for evaluators when culturally normative practices are followed. The He Oranga Marae case provides examples: firstly where evaluators referred to elders with appropriate seniority markers such as *korou*, *matua* and *whaea*, and; secondly when Matiu was reminded of his obligations to "return home to the marae" bringing to the fore a clash of work and cultural demands on his time. In the first instance, by acknowledging cultural awareness – cultural practices were expected, and in the second instance with Matiu, cultural engagement was expected. Cultural awareness and inclusion in an engaged evaluation relationship was noted across the four case studies.

Māori researchers have been actively pushing the notion of 'both/and' (Ormond et al., 2006; Walsh-Tapiata, 1998), a notion that seeks to counter the insider/outsider dualism of Māori and non-Māori agenda experienced with evaluation (Watene-Haydon et al., 1995; Weepa, 2005). My research points to instances of cooperation and dialogue through which programme providers and programme beneficiaries (participants, their *whānau*, and the local community) can negotiate a shared sense of contribution through evaluation. These actions are a way forward for evaluations of programmes developed from an indigenous epistemology.

Linda Nikora (Nikora, 1999) lobbied for the implementation of an audit tool that held stakeholders (including the evaluator and funder) accountable in an evaluation relationship. Such accountability in an evaluation contract from the outset encourages active engagement from all stakeholder groups who would enact a ‘personal evaluation’ (Patton, 1997) approach that embraces the cultural dimensions of people’s everyday lives (cf. Barnes, 2003; Chaney, 2002). The active engagement of all stakeholder groups minimised the level of ‘go-between’ demanded of evaluators (Whaia te Ora, Kia Maia, and Kereru), and was especially important when the contracted timeframe was short. These findings demonstrate that stakeholders want to engage in conversations that make assumptions, worldviews, and expectations transparent across stakeholder groups.

Within the case studies there were examples of events (the appropriation of intellectual property, broken promises, unexplained budget cuts, increased administrative duties that affected service delivery) that affected people’s willingness to trust the evaluation relationship. Each example involved multiple dynamics that built on layers of relationship and history. Central to Māori experiences of research (referred to in Chapter One) were issues of trust. Trust is an evolving process that we, as social beings, are taught from a young age and is a foundational cornerstone in healthy relationships (Santabarbara, Erbe, & Cooper, 2009). While it can be built up or destroyed by perceptions and interpretations of events between parties, trust is valued as central in a healthy relationship between organisations and stakeholders (Jahansoozi, 2006) involved in the evaluators (Patton, 1997). However, what happens when trust does not play a strong part in the evaluation relationship?

The point I reiterate here is that Māori grievances are not located in a distant past that is no longer relevant to today’s context. Discrimination is a lived grievance experienced daily (Harris et al., 2006). If the intention is not to perpetuate negative experiences, then engaged evaluation relationships are necessary and, as noted from stakeholder comments in the case studies, continue to be desired.

To engage relationships from a Māori cultural position involves both the understanding that the relationship was established before the physical encounter (Royal, 2003) and the expectation that it will be maintained beyond the immediate task (Pihama, 2001). Maintenance then becomes a given, because a reciprocal relationship of accountability has been entered into (Masters, 1997; Nikora, 2007).

From the outset, my research has been focused on whether and how evaluation encompasses cultural principles when making judgement of a health-oriented human service programme that has been established explicitly from a cultural lens. To that end, exploring stakeholder expectations became a starting point for determining whether a cultural lens was wanted in an evaluation.

Māori communities, service providers, and researchers draw on their cultural strengths when responding to adverse experiences. A common observation across the case studies was that providers and community stakeholders were not focused on why *whānau* were experiencing poor health and well-being. Instead of being focused on their situation, these groups were focused on what factors enabled *whānau* to move improve their lives. Such thinking moves emphasis away from the deficit-theory prevalent in literature. A strengths based approach embedded in culturally confluent evaluation conversations will contribute positively to change.

Potential for transformative change

Unlike Psychologists in New Zealand whose work, as health professionals, is regulated under the HPCA Act 2003, evaluators are not. Professional evaluation groups, such as the Australasian Evaluation Society (AES) and the Aotearoa New Zealand Evaluation Association (ANZEA), offer members access to professional learning opportunities, publications and international networks. Membership in these types of professional groups is voluntary. In this context of the evaluations described in this thesis, the evaluator's work would be classed as non-regulated profession (Ministry of Health, 2015).

Non-regulated health professions are: considered a low level of risk of harm; practitioners who work under the supervision of a regulated profession; able to provide an appropriate form of regulation outside the Act, and; who can self regulate their work (Ministry of Health, 2015). While some evaluators may consider this position a bonus of their work context, I am sure stakeholders whose lives have been severely impacted as a result of unethical work by an evaluator would disagree.

Both the “Code of Ethics for psychologists working in Aotearoa New Zealand” (Code of Ethics Review Group, 2002) and the “Evaluator Competencies for Aotearoa New

Zealand” (ANZEA, 2011) provide some informative principles and guidelines that evaluators could voluntarily use to monitor their work. At this point in time I could not find a current cultural audit tool designed to be used specifically on evaluators – or on their commissioners. The culturally blind nature of evaluation contracts applied to culturally centred (i.e. Kaupapa Māori) programmes, such as those presented in this study, continues to render invisible the struggle faced by indigenous evaluators. The implementation of accountability processes would enhance the potential for Māori (*whānau*, communities, and providers) to engage actively in determining the effectiveness of a programme (and its evaluation) in enhancing their health.

I believe that stakeholder experiences can be translated into measures, determined by the various stakeholder groups, that would make transparent the contribution of an evaluator, and evaluation’s practice more generally, to an engaged evaluation relationship. With that in mind, developed further, such a frame has the potential to hold evaluators accountable for what they report (to all stakeholders, not just to the funder). That information would be especially valuable to Māori service providers and communities when being evaluated by non-Māori.

This thesis has focused on Māori experiences of evaluation of programmes derived from a Māori ideology. While a “generic or whitestream evaluation” served to homogenise Kaupapa Māori programmes, a Culturally Confluent Evaluation recognises the ontological position of the Kaupapa Māori programme and the role of the evaluator. Within the four case studies different ontological positions needed to be reflected in the evaluation approach in order to demonstrate cultural confluence in the evaluation.

The cultural value placed on being a face seen (*he kanohi kitea*) infers that the person will be part of the community, committed to contributing to positive change (Kahakalau, 2004) and be accountable to that community (Walker, 1987). Within a Māori context, to be seen is to be known (Mead, 1996). Evaluators talked about a desire to formulate an approach that would provide support, leadership, and a means to grow practitioners able to engage in the practice of evaluation based on Māori values. Fiona Cram (2001), Kataraina Pipi (Pipi et al., 2002), and Linda Smith (1999) argue that the failure of Māori to meet this expectation would be to act outside cultural expectation and therefore would invite reprimand or exclusion (Nikora et al., 2012). The examples presented earlier reflect the efforts of the evaluators to consider the

interface between practice and values. Sometimes such interface comes at the cost of being judged against cultural frames that are not applied to Pākehā (non-Māori evaluators).

In the future, implementing cultural awareness and inclusion into an evaluation contract from the outset would encourage an active engagement from all stakeholder groups. The results would be a more personal evaluation approach (Patton, 1997) that embraces cultural dimensions of people's everyday lives (cf. Barnes, 2003; Chaney, 2002).

Concluding comments

For the past 100 or so years formal evaluation has taken its lead from frameworks that originated from a culturally blind standpoint. Worldwide, the major influence on evaluation practice comes from the United States of America. The absence of non-dominant culturally (or indigenous) constructed frameworks from there has been replicated around the world. The context of evaluation in New Zealand has been somewhat different from the rest of the world. Potentially this is because of our distance from other countries, but most likely because of the major influence of the Treaty on government (as a Crown representative) and because of engagement with Māori, evaluation practice here places more emphasis on “process” rather than “product”.

Evaluation's historical connection to social science research (including psychology) and the use of measurement to study social phenomena served to maintain its link with the natural sciences. Evaluation approaches traditionally emphasized measuring outcomes using quasi-experimental designs over philosophical and theological approaches. The assertion of funding agencies in response to having their own information needs fulfilled has directed evaluation models that return government priority data over that which is of interest to the community. As such, evaluation's focus has been on funding accountability and control with little, if any, consideration of whether the programme had an appropriate effect in/for the community.

My intention in this thesis was to determine if the evaluation of health service programmes explicitly derived from an indigenous ontology had incorporated cultural

frameworks. In fact, the evaluations in the case studies could be categorised as generic or whitestream evaluations. It was through Māori evaluator efforts to demonstrate cultural practices that contributed to meeting cultural expectations and obligations that fostered an engaged evaluation relationship. Those same Māori evaluators shifted the generic evaluations to incorporate cultural values into evaluations of programmes derived from a cultural-centred position.

In reviewing the literature, the central argument regarding scientific knowledge versus indigenous knowledge/Mātauranga Māori is a disagreement about validity. For Māori, validity can be determined by value with regards to furthering Māori development agendas, advocating Māori ways of being, engaging with local, subjective positioning, and deconstructing colonial power. For western science, validity is determined by objective, replicable, detached work that claims universality.

My desire to give voice to Māori (participants, community, providers, and evaluators) was one of the primary reasons I embarked on this research. At the beginning of the journey my interest was in exploring whether Māori values were incorporated into evaluations of programmes that were specifically recognised as being derived from a Māori ontology and epistemology. If such values were included in an evaluation, I wanted to understand how the people involved were affected. Recognising legitimacy of subjectivism meant that the absence of a culturally critical lens was not acceptable to me. In acknowledging my interest from the outset I approached the research in a manner that placed a Māori worldview, with all its dynamism, at the centre of all aspects (design, collection, and analysis) of the research.

A consistent feature of the four case studies was the way stakeholder experiences of an evaluation were shaped by their cultural values. The more diverse stakeholder groups were (in terms of their knowledge and experience of Māori culture), the more distanced from the scientific-experimental approach preferred by evaluation funders were their expectations of an evaluation. This was particularly salient when deciding to include Māori cultural values and positioning within an evaluation. Through the experiences captured in each case study we are drawn to consider our own understanding of experiences observed – autonomy, resilience, and transformative change. These insights are used to inform my analysis of stakeholder experiences of an external evaluation on ‘their’ programme.

The findings of this research were expected because Māori evaluators and researchers have been discussing problems with non-Māori driven research for years. Continued focus on best practice models without critical examination of power and control privileges the colonisers' thinking and draws on a culturally deficient toolbox to determine success against programmes derived from an indigenous epistemology. Evaluation contracting systems in this country continue to rely on culturally blind models that homogenise Māori and therefore make no positive contribution to indigenous agendas or indigenous evaluation knowledge development.

With the emphasis of evaluation measures placed on providers to deliver services that meet the commissioners' expectations, very little attention has been paid to the influence of evaluation commissioners on the contracting environment of evaluation. Additionally, even less attention had been paid to examining the culturally blind lens originating from the United States of America, or its influence on evaluation practice around the world. Here lies an opportunity to consider the culturally confluent evaluation.

The notion that a 'partnership' exists is flawed. If partnership implies equal status, power, control, and contribution, then there cannot be a true partnership if one side always has more power and control than the other. Where the government, as one party, has the ability to withhold resources (such as funding) and dictate the terms of the relationship then it is not an equal partnership. Partnership derived from contract law, where partners can be unequal in power, did not match Māori engagement as Treaty partners, where emphasis is placed on equal relationships.

Stakeholder expectations of an evaluation are ultimately based on their ontological position. Because process is a central component of Kaupapa Māori programmes, evaluators have to incorporate relationship processes into their evaluation frameworks. Because of the different perspectives and the lack either of conversation across stakeholder groups or of critical engagement with frameworks among stakeholder groups, Māori evaluators will always have a more difficult time (within the dominant paradigm) than their non-Māori counterparts. Within the context of examining the effectiveness of evaluation for Māori, the negotiation and contracting process potentially lays the foundation for what is a flawed relationship that generates cultural expectations that cannot be met within the context of the current contracting environment.

With a complex backstory driven by many different political and social agendas, the invisibility of the dominant ideology has resulted in research **on** Māori rather than **with** Māori. Moreover, the importance of addressing the power inequality experienced in evaluation indicates an urgent need to improve communication between stakeholder groups when making key programme and evaluation decisions.

No matter what frameworks an evaluator opts to use in the evaluation, if those frameworks are culturally blind, then the results the evaluation yields will be equally culturally deficient. Evaluations that takes one set of cultural values, in a culturally blind set, and applies these through methodology to a Māori context will fail to adequately capture the complexity of the situation in the findings it reveals.

The development of evaluation reflects the influence of the social and political climates of the day. Its funding, focus, and orientation tend to change with political tides, while it is also used as a means to justify the costs of services. As existing programmes continue to be examined for their cultural responsiveness, and as new culturally centred programmes are proposed, the need for culturally embedded evaluation is evident.

While evaluations continue to be contracted without critical examination of the value position behind the funding and delivery, non-Māori organisations will continue to enjoy a privilege that is not afforded to Māori. Māori experience of research is not founded on a positive relationship. Researchers have recorded both the objectification of Māori, and a relationship that benefits only one side. This is the context within which evaluation takes place for Māori communities and the platform from which change needs to occur.

Māori stakeholders involved in a Kaupapa Māori programmes have just as much, if not more, of a vested interest than any other stakeholder. Within this thesis we have seen that priority and privilege has been given to the government agency who fund the service, followed by the service provider who delivers programme aspects to Māori whānau. Less power and privilege, in the context of evaluation, has been given to the service-user who needs the programme to maintain and then improve their health circumstances, or the whānau members in the wider community whose commitment help maintain a sense of community that has a flow-on affect for the provision of service. Across stakeholder groups there are multiple levels of relationship and

interaction for Kaupapa Māori programme stakeholders, and their sense of ownership reminds me of Dame Whina Cooper's words, "that is the price we pay for the assistance given to us" (Byron, 2002, p.20)

POST SCRIPT

My reflections on the research

My ability to articulate what I have known and felt in my ‘gut’, but have been unable to label, reference, or source has vastly improved throughout this journey. A little while ago a good friend of mine Glenys reminded me to listen to my “puku-o-meter”. Throughout the process of undertaking my PhD I have put my pukuometer through a whole range of emotions. Slowly I learnt to read the signs and give meaning to those. Having reached the end point, I am glad that my *puku* is calm as it reflects my feelings of being true to myself, my *whānau*, and the people I have had the privilege of working with.

As I look back, writing this thesis has been a huge undertaking and a personally rewarding experience because I feel better able to describe the air that I breathe, and the *whenua* that gives me a place to hold on to. I can appreciate both worlds for their strength to support me, their flexibility to move with and around me; and acknowledge the depths that I am still to learn. Through all of this learning I understand the simplicity and complexity of my role in supporting Māori aspirations.

When I embarked on this doctoral journey I initially grappled with ‘finding my voice’. Not because of a lack of ability to write, but because of how I saw myself as being part of a socially constructed system that acknowledged and valued people’s different contributions. I saw myself as part of a much larger on-going conversation; a conversation that started with creation and will continue long after my time on this earth. Acknowledging my place in this conversation meant that, at times, I did not feel as though I could ever ‘catch-up’ enough to understand the depth of the conversation that has happened before me, and the breadth of the conversation going on around me.

Never once have I felt the desire to be a loud voice, but have constantly grappled with being a voice that people would want to listen to. While being heard is seemingly a small point, it is an important expectation of a PhD candidate. This expectation has been tempered by my concern that if people did actually stop to listen to me, I had to feel confident that my words came from a position that was informed, and one that was reached by transparent research processes.

Near the end of my thesis journey I reached a point where I accepted the strengths and limitations of my work. One would think that, at that point, finishing the thesis would be easy. Unfortunately, it wasn't. Somewhere in there I became concerned that my thesis, which placed Māori values as central, had to be addressed primarily to Māori. I was not happy with the line of argument I was potentially writing towards. A presentation to Pākehā colleagues and students helped me accept that it was ok to aim my arguments towards Pākehā, rather than Māori. And, in arguing my points about evaluation systems, and processes, doing so with the commissioners in mind, rather than the recipients, made complete sense to me.

During my work on this thesis I have watched part of the evolution of evaluation, particularly the commissioning of evaluation. While some might argue that things have moved on since I began my research, it is still contemporaneous. As at 2015 I continue to undertake and supervise evaluations with various agencies (not-for-profit, local and central government) whose notion of best practice is still strongly influenced by overseas models of validation. Don't get me wrong; international models have their strengths. But, when using such frames means that the local people's everyday life context is rendered superfluous and their cultural context is obscured to fit a measure that has "international validity", that gets my blood boiling. The Ministry of Business, Innovation and Employment are championing a 'new' universal evaluation system that seems to be growing favour as the preferred option within Crown purchasing arrangements. This a new Results Based Accountability (RBA) approach draws heavily from Friedman's (2005) lens that seeks to answer a number of 'commonsense' questions about the outputs from social innovations. The National Science Challenges, launched in 2014, are adopting this approach. As one of the researchers involved in one of the challenges, I wait to see where this will work synergistically with the Kaupapa Maori theory and practice or Culturally Confluent Evaluation.

Confluent evaluation is a concept that I have taken from my observations of a very sacred place for Māori. Called Cape Reinga (or *Te Rerenga Wairua*), it is the place where the spirits of those who have died take their leave from our shores before heading to Rarohenga. At the point where the Pacific Ocean and the Tasman Sea meet (see Figure 6) I have observed currents so strong that the churning water and multiple currents within the swirling masses make one feel insignificant. Looking carefully to see places where the waters converge and the current moves swiftly in a given direction gives me

hope. I liken this vision to the place where my thesis aims to describe; a place where two previously independent bodies, Mātauranga Māori and the dominant models of Western social science, collide. It is a place where there is conflict but also energy, dynamism and possibility. It is a place to embrace the messiness of all that is stirred up at the meeting point. Confluent evaluation is that meeting point. I hope that my work will make a contribution to ensuring that the converging currents move powerfully into the future in a way that preserves the integrity of Mātauranga Māori and honours our tīpuna.



Figure 6: "The Meeting Point" at Te Rerenga Wairua

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GLOSSARY OF MĀORI WORDS/TERMS⁴¹

<i>Aotearoa</i>	original Māori name for New Zealand
<i>aroha</i>	to love, feel pity, feel concern, to empathise
<i>aroha ki te tangata</i>	respect for others, regard for others ⁴²
<i>Atua</i>	guardian, deity, god, supernatural being, ghost, influencing ancestor
<i>Aupouri</i>	Far north region of the North Island
<i>hapū</i>	subtribe – the political unit of pre-settlement Māori society, to be pregnant
<i>haukāinga</i>	home people, local people of the marae, tribal homeland
<i>hauora</i>	health, healthy, be fit, be well, good spirits
<i>Hawaiian/Kanaka</i>	indigenous people of Hawai'i
<i>Maoli</i>	
<i>Hawaiki</i>	traditional homeland of Māori ²
<i>he haerenga</i>	a journey, a parting
<i>he kanohi kitea</i>	to be a face that is seen, 'seen to be actively involved' ²
<i>he ngākau māhaki</i>	Pleasant
<i>He pūtahitanga hou</i>	name of the 1999 Labour Manifesto
<i>Hoani Waititi (Marae)</i>	a marae based in Auckland
<i>hui</i>	gathering or meeting operating under tikanga Māori, for example Hui Whakaoranga – 1984 Māori health conference
<i>ivi</i>	tribe, aggregation of hapū sharing a traditional link, extended kinship group
<i>Ka Awatea</i>	name of a 1991 Government Report
<i>kai</i>	food, sustenance, eat
<i>Kaiārahi</i>	guide, mentor, escort
<i>kaiāwhina</i>	helper, assistant
<i>kaimahi</i>	worker, staff
<i>Kaitaia</i>	name of a township located in Northland
<i>kaitautoko</i>	supporter, advocate, sponsor
<i>kaitiaki</i>	guardian, steward, one responsible for care of a resource, trustee, caregiver
<i>kaitiakitanga</i>	exercise of stewardship, or guardianship
<i>kanohi ki kanohi</i>	face to face, meeting in person
<i>kanohi kitea</i>	colloquial phrase referring to a 'face seen' – being visible
<i>karakia</i>	incantation, chant; prayer
<i>kaua e māhaki</i>	do not flaunt your knowledge ⁴³
<i>kaua e takahi te mana</i>	do not trample on other's mana ³
<i>Kaupapa</i>	topic, policy, matter for discussion

⁴¹ Unless otherwise stated translations are sourced from: Williams, H.W. (1971). Dictionary of the Māori language (7th ed.) Wellington: GP Publications; or The online Māori dictionary: <http://www.maoridictionary.co.nz/index.cfm>

⁴² Definition from the MAI Review glossary, available online at: <http://www.review.mai.ac.nz/info/glossary.php>

⁴³ From Smith (1999): 120

<i>Kaupapa Māori</i>	Māori focused, a Māori way, Māori ideology
<i>kaupapa whānau</i>	(see Durie, 2001 - Mauri ora)
<i>Kawerau</i>	name of a township within the Bay of Plenty region
<i>kia tūpato</i>	be cautious ³
<i>kīwaha</i>	colloquialism, idiom
<i>kōhanga reo</i>	language nest, an early childhood immersion in the Māori language
<i>kōrero</i>	speak, narration, stories
<i>korō/ koroua</i>	elderly male, old man, grandfather
<i>kaumātua</i>	erudite elders (male and female)
<i>Kuia</i>	elderly female, old woman, grandmother
<i>kupu</i>	word, words
<i>māhaki/ māhaki</i>	mild, calm, self-possessed
<i>mana</i>	authority, integrity, standing, prestige
<i>mana motuhake</i>	autonomy, separate, distinct
<i>manaaki</i>	to entertain, provide hospitality, support
<i>manaakitanga</i>	caring for the needs of a person or people, care, respect
<i>manaaki (ki te) tangata</i>	to respect and sustain people
<i>mana tane</i>	an acknowledgement of Māori men's diverse positive attributes ⁴⁴
<i>manuhiri</i>	guest, visitor
<i>Māori/ māori</i>	(noun) indigenous people of Aotearoa, original inhabitant (adjective) normal, native, indigenous
<i>marae</i>	the open space in front of the whareniui/ meeting house
<i>Mātauranga Māori</i>	Māori epistemology
<i>matua</i>	father, uncle, older male
<i>mātua (matuatanga)</i>	parents, parenthood
<i>Maui</i>	an Island within the archipelago of Hawai'i.
<i>mibi</i>	greet/greetings, pay tribute, thank
<i>mokopuna</i>	grandchild/grandchildren
<i>Murimhenua</i>	collective name of the 5 tribes from the Northern region linked to a common ancestor (Pōhūhanga)
<i>motu</i>	island, separated
<i>ngākau māhaki</i>	pleasant, mild-mannered
<i>Ngāti Porou</i>	the tribe descended from Porourangi
<i>nōhopuku</i>	meditate; look and listen carefully
<i>O'ahu</i>	an Island in the archipelago of Hawai'i
<i>Pākehā</i>	the settlers, may refer to all non-Māori, or be restricted to New Zealanders of European descent
<i>pakeke</i>	grown up, adult
<i>pakīvaitara</i>	legend, fiction, story
<i>Papatūānuku, (Papatua)</i>	the Earth Mother
<i>pepeha</i>	tribal saying, proverb, figure of speech
<i>pōwhiri</i>	ceremonial welcome, ritual encounter, invite
<i>rangahau Māori</i>	research practice conducted in accordance with Māori principles
<i>rangatahi</i>	youth, teenagers, Māori youth

⁴⁴ An interpretation taken from two papers (Hodgetts & Rua, 2010; Hokowhitu, 2004).

<i>rangatira</i>	leader(s), chief(s)
<i>rangatiratanga</i>	sovereignty, chieftainship, independence, effectiveness, integrity, dignity;
<i>Ranginui (Rangi)</i>	the Sky Father
<i>Rarobenga</i>	the underworld
<i>rūnanga</i>	council, board, assembly
<i>taba hinengaro</i>	mental/emotional aspect of Te Whare Tapa Whā ⁴⁵
<i>taba tinana</i>	physical aspect of Te Whare Tapa Whā
<i>taba wairua</i>	spiritual aspect of Te Whare Tapa Whā
<i>taba whānau</i>	extended family or social aspect of Te Whare Tapa Whā
<i>(Te) Tairāwhiti</i>	East Coast region
<i>(Te) Taitokerau</i>	Northland region
<i>Tanemābuta</i>	one of the children of <i>Ranginui</i> and <i>Papatūānuku</i> , god of forests, birds and insects
<i>tangata/ tāngata</i>	person, people
<i>tāngata whenua</i>	“people of the land”, indigenous people (applied to Māori as the native inhabitants of Aotearoa)
<i>taonga</i>	highly prized, treasure, precious
<i>Tauivi</i>	foreign people, immigrants, non-Māori
<i>Tawhirimātea</i>	one of the children of <i>Ranginui</i> and <i>Papatūānuku</i> , god of the weather
<i>te ao tūroa</i>	the world, nature
<i>Te Ataarangi</i>	a Māori language learning approach
<i>Te Moana-nui-a-Kiwa</i>	the vast waters of Kiwa (Pacific Ocean)
<i>Te Moana Tāpokopoko-a-Tāwhaki</i>	tides of Tāwhaki (male waters of the Tasman Sea)
<i>Te Oru Rangahau</i>	a Māori Research and Development Conference held in 1998
<i>Te Puni Kōkiri</i>	Māori name for the Ministry of Māori Development
<i>te reo Māori</i>	the Māori language
<i>Te Rerenga Wairua</i>	Cape Reinga, the leaping place of spirits
<i>Te Rōpū Rangahau</i>	The Eru Pomare Māori Health Research Centre
<i>Hauora a Eru Pōmare</i>	
<i>Te Tai o Whitiāreia</i>	tides of Whitiāreia (female waters of the Pacific Ocean)
<i>Te Tiriti</i>	the Treaty of Waitangi, also Te Tiriti o Waitangi
<i>(Te) Waipounamu</i>	South Island
<i>Te Whare Tapa Whā</i>	model presented to Māori Womens Welfare League in 1982, then adopted within health sector – see Durie (1985)
<i>tikanga/ tikanga</i>	customary procedures, rules, processes, practice
<i>tikanga Māori</i>	conventions and protocols for behavior in accord with Māori custom
<i>tino rangatiratanga</i>	Self-determination, see rangatira (above)
<i>titiro</i>	to look, see, seen
<i>tokotoko</i>	talking stick
<i>tuakana/ teina</i>	elder/younger, denotes relationship status and obligations among family members
<i>tumuaki</i>	chairperson of an organisation, person in charge

⁴⁵ From Durie (1985)

<i>Tūrangaawaewae Marae</i>	important marae in Ngaruawahia, base for the Māori King Movement
<i>tūtae</i>	dung, excrement
<i>nāhi tūtakitaki</i>	meeting place, gathering place
<i>waiata</i>	song, sing
<i>wānanga</i>	forum, planning, or learning, Māori tertiary academic institution
<i>whaea</i>	mother, aunt, older female
<i>whakaaro</i>	thought, idea
<i>whakapapa</i>	geneology, knowledge of ancestry
<i>whakarongo</i>	listen, to hear, be heard
<i>whānau / whanaunga</i>	family, extended family, to give birth, born
<i>whakataukī</i>	saying, proverb
<i>whakataukī</i>	<i>saying, proverb</i>
<i>whanaungatanga / whakawhanaunga</i>	creating and sustaining relationships between relations and close friends, family and relationship building
<i>whānau hui</i>	purposeful gathering of family/friends
<i>whare tangata</i>	A woman's womb, the house of humanity ⁴⁶
<i>whenua</i>	land, country, ground; placenta

⁴⁶ See Te Awekotuku (1994)

LIST OF APPENDICES

- Appendix 1: Stakeholders numbers for each of the four case studies
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APPENDIX 1: Stakeholder numbers for the four case studies

Stakeholder Group	Individual Category	Kauri Case 1	Rimu Case 2	Totara Case 3	Matai Case 4	Category Total
Community Stakeholders	Kaumātua (Koroua/Kuia)	5	1	1	3	10
	Whānau of service user(s)	3	4	7	4	18
	Service user(s)	2	2	4	7	15
Service Providers	Trustees/Leaders	2	1	3	3	9
	Managers	2	3	1	2	8
	Kaimahi	1	2	2	1	6
	Kaiārahi	3	1	1	1	6
External Agencies	Tūmuaki	3	2	1	1	7
	Kaitautoko	1	1	1	1	4
Funder	Programme/Evaluation Funder	1	1	2	0	4
Evaluators	Leaders/Solo	2	1	1	1	5
	Team members	4	0	1	2	7
TOTAL	Interviews per case study	29	19	25	26	99

APPENDIX 2: Introduction to my study – an example email

This edited example is taken from an email (sent September 2003) sent after an initial face to face meeting(s) with providers. The purpose of this was to provide a formal introduction to my research and reiterate any points that arose in our meeting.

Kia ora anō [name]

The following is an outline of some of the points relevant to our last hui on [date].

Because I want to provide some support to Māori, and hopefully develop my own ideas about evaluation for Māori health programmes, I have approached the university to fund my travel and time spent working on the thesis so that the groups I am working with will not have to cover my costs. This means that I will not be drawing on the resources of a programme. My intention is to awahi those groups who agree to help me. Because of the contract that is already underway with the [your] Project and MPRU, I thought that this would provide a unique opportunity for further analysis of a currently active evaluation. This can be through analysis of the current interviews with stakeholders, supervision of the researchers doing the evaluation, as well as literature searches, attending hui and providing access to resources that the university has. Hopefully our relationship will be reciprocal and communication will be open so that there will be benefit from my being involved. I do not want to take things away from the groups. During this next year or so I will be writing a thesis for my doctoral research (PhD), but hope to continue my relationship with each group past the completion of my thesis.

Background interest:

My interest in this arose from my experience of contracting as an evaluator working with Māori programmes funded by “mainstream” organisations. Measures of success were often government driven and focused on the health statistic outputs (eg. Reduction of smoking, heart disease rates), rather than trying to be a reflection of the reality for those communities involved in a programme (reconnection with tikanga Māori, their wairua, whānau and whakapapa).

For the past 5 years I did contract evaluation work for various health providers around the motu. Often these were only short-term contracts with the providers and there were sometimes a number of issues that I did not get the opportunity to explore further. I would have liked to have done further research had there been time and the resources to do further work. Fortunately now I have the opportunity to follow up on the work I did with health providers (specifically in the area of health promotion) and provide more useful information for Kaupapa Māori health programmes.

Intention of the research is: to explore the concept of Kaupapa Māori evaluation. This involves exploring effective evaluation for Maori communities, service providers

(programme staff and managers) and crown agencies (eg. Funders such as Ministries, DHB or whoever this might be).

What am I wanting to do?

My personal stance is to focus on success of a programme and its' contribution to the future development for Māori (whether at a whānau, hapū or iwi level). As such I am hoping to explore the following issues with the different stakeholder groups (Participants of a programme, their whānau and the wider community; service providers (staff) and the funders (either managers and/or ministry contract managers):

1. Look at the notions of health (what does “healthy” look like?)
2. Understand what are the priority areas for health are for the different groups
3. Understand what each group consider indicators of success to be, and how that is measured
4. Explore concept of useful evaluation (what helps/impedes a programme?)

What am I not doing?

I do not want to focus on the “model” that a programme uses. (This means I do not want to compare the tikanga or kawa of a programme and then compare with other programmes and include these in my thesis. What works for one whānau cannot necessarily (nor should) be expected to be successful or relevant to another group. What a community develops is owned by them, and not by me. I will not:

- Focus my gaze on deficits or failures,
- Make comparisons across iwi, or with Pākehā, and
- Compare tikanga of programmes around the country

Who would it be useful to talk to?

Hopefully I will able to attend events or be involved with activities where I will be able to access (in many ways, this will already be happening with the MPRU evaluation):

- Participants of programmes, events (hui, wānanga etc) and their whanau
- People delivering/facilitating the events
- Funders (people who are involved as part of their “work” and/or their managers) and Ministry contractors

Intellectual property:

There may be concern that models used by providers could be used in my thesis (which the university will own) and taken away from the group. My personal stance is to ensure that the work that I do is of use to the group and that they are the people who

benefit from my involvement. I want to share resources and knowledge that I have with the [team] and provide information that will be of use so that our relationship can be reciprocal. Other researchers have taken knowledge away from the community, and that is not what I am about. I am prepared to discuss/negotiate with the programmes the information that goes into the thesis (with the key stakeholders) beforehand. I do not intend to give a detailed account of the different models that programmes use. The emphasis of my research is on the evaluation, not the delivery. What may be useful is to outline the intended aims of the programme and to document/reflect on events that are run. These of course can be negotiated as we go along.

One of the issues that may arise is whether we would need to have a Memorandum of Understanding (MOU). I am happy to work with the key stakeholders towards developing a MOU if that is what is wanted. Each of the groups I have been talking with is at different stages of negotiation, and have different ways of affirming their involvement. For example, one group has said their support is verbal, another has not yet considered what they want, while one group has used an already existing contract (that I have with them) as our agreement.

Groups that I have been talking with:

I have spent dedicated time this year to negotiating and consulting with possible groups about how we can work together on a research project that will be beneficial to everyone involved. Groups I have approached and who are willing to be involved thus far are:

- a “mainstream” health provider,
- a Māori division of Crown Public Health (mainstream),
- a community programme, and
- a Māori health provider.

I also approached other groups and they were all initially keen to be involved. However due to varying circumstances they have not taken up my offer.

Thanks for meeting with me. I will contact you shortly to follow up further. In the meantime feel free to contact me if you have any questions or concerns.

Nāku iti nei

Bridgette

APPENDIX 3: Analysis protocol - coding

Programme Analysis Protocol (Researcher role and observations)			
	VARIOUS COMPONENTS	DATA & SOURCE (ATTRIBUTES)	RESEARCHER OBS & REFLECTIONS
Descriptor	Context & Rationale		
	Objectives		
	People involved		
	Resources		
	Activities engaged		
	Perceptions		
	Reach		
	Linkages		
General Themes (Tree Nodes)	Nature of implementation		
	Factors enhancing implementation		
	Factors hindering implementation		
Maori themes (Tree Nodes)	Reference to tikanga		
	Cultural markers		
	Effectiveness for Maori		

Evaluation Questions (overleaf)

VARIOUS COMPONENTS (TREE NODES)	DATA & SOURCE (ATTRIBUTES)	CLUSTER ANALYSIS	RESEARCHER OBS & REFLECTIONS
1) Experiences of Eval/Mon			
2) Engagement of MM			
3) Success markers			
4) Supports for cultural inc			

The Programme	The Evaluation	Data Collected	Reflections
Description of the programme	Description of the Evaluation	Description of sources/evidence	What have you learned/missed?
Evidence of programme / evaluation	Evidence of programme / evaluation	How, when, what, where, and from whom was data collected	What have you learned/missed?
Key processes or systems of communication	Key processes or systems	How, when, what, where, and from whom was data collected	What have you learned/missed?
Expectations of evaluation (and programme)	Expectations of evaluation (and programme)	How, when, what, where, and from whom was data collected	What have you learned/missed?

APPENDIX 4: Archival documents in each case study

Citations in the He Oranga Marae case

Code Used in Case	Source of Reference	Type of Reference	Researcher Reference
NHF: EP-01	National Health Foundation	Evaluation Proposal	01
ET: PMN-02	Evaluation Team	Project Meeting Notes	02
NHF:ASP-03	National Health Foundation	Annual Service Plan	03
NHF:ASP-04	National Health Foundation	Annual Service Plan	04
HOM:IR-05	He Oranga Marae	Independent Report	05
HOM:IR-06	He Oranga Marae	Independent Report	06
NHF:EP-07	National Health Foundation	Evaluation Plan	07

Citations in the Whaia te Ora case

Code Used in Case	Source of Reference	Type of Reference	Researcher Reference
WTO:ER-01	Whaia Te Ora	(External) Evaluation Report	01
WTO: AF-02	Whaia Te Ora	Archive File	02
WTO:PA-03	Whaia Te Ora	Published Article	03
WTO:PR-04	Whaia Te Ora	Press Release	04
WTO:PP-05	Whaia Te Ora	Programme Proposal	05
WTO:IR -06	Whaia Te Ora	Internal Progress Report	06
WTO:DC-07	Whaia Te Ora	Draft Contract	07
WTO:MR-08	Whaia Te Ora	(Internal) Monitoring Report	08
WTO:SF-09	Whaia Te Ora	Stakeholder Feedback	09
WTO:MM-10	Whaia Te Ora	Meeting Minutes	10

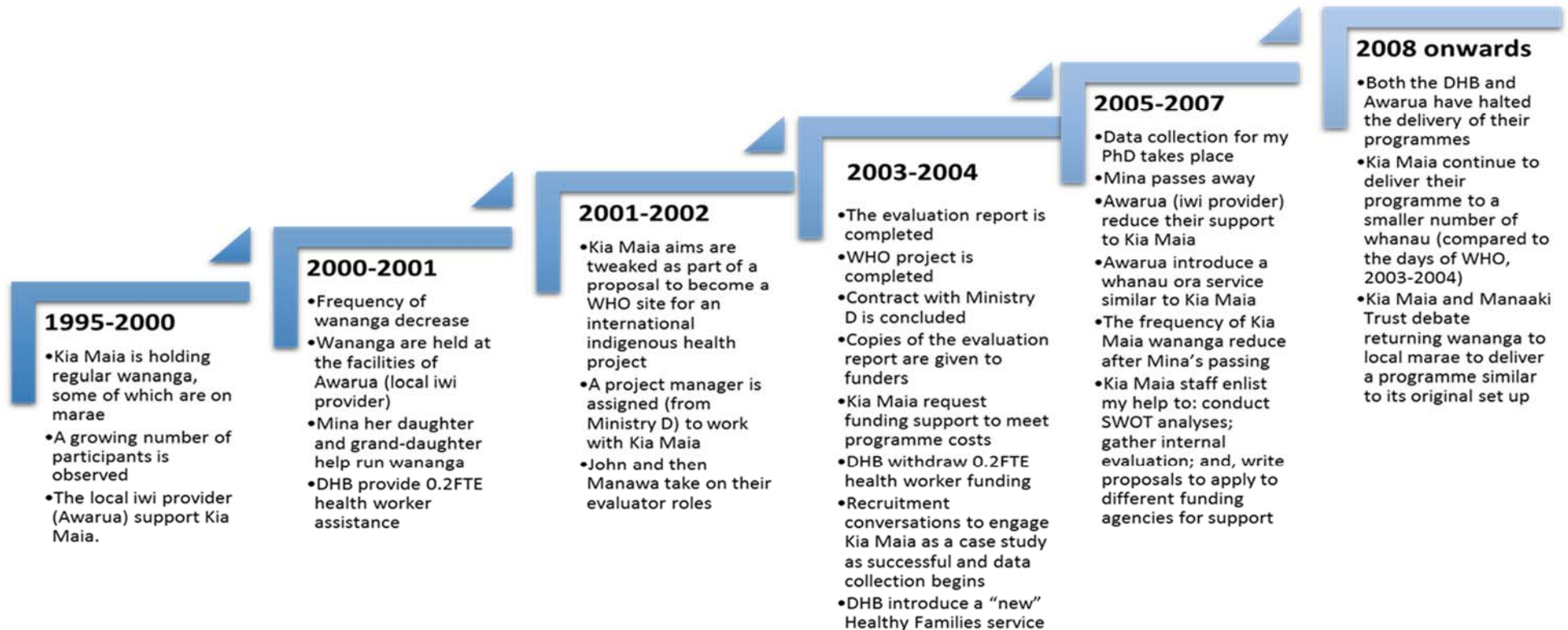
Citations in the Kia Maia case

Code Used in Case	Source of Reference	Type of Reference	Researcher Reference
MT: PP-01	Manaaki Trust	Programme Plan	01
DHB:PR-02	District Health Board	Programme Report	02
KMP:ER-03	Kia Maia Programme	Evaluation Report	03
EE:MDR-04	External Evaluator	Ministry D Report	04
MT:BD-05	Manaaki Trust	Background Description	05
MT:PRC-06	Manaaki Trust	Provider Contract	06

Citations in the Kereru case

Code Used in Case	Source of Reference	Type of Reference	Researcher Reference
MinC:CabMin-02	Ministry C	Cabinet Minute Reference	02
MinC:ER1-03	Ministry C	Evaluation Report 1	03
MinC:ER2-04	Ministry C	Evaluation Report 2	04
KET:S1SF-05	Kereru Evaluation Team	Mini-study – Site 1 Stakeholder Feedback	05
MCT:KPD-06	Mauriora Charitable Trust	Kereru Programme Description	06
MinC:CabMin-07	Ministry C	Cabinet Minute Reference	07
MinC:CabMin-08	Ministry C	Cabinet Minute Reference	08
MinC:CabMin-09	Ministry C	Cabinet Minute Reference	09
MCin:CabMin-09	Ministry C	Cabinet Minute Reference	09
KET:S2SF-10	Kereru Evaluation Team	Mini-study – Site 2 Stakeholder Feedback	10
MinC:CabMin-11	Ministry C	Cabinet Minute Reference	11
KET:S3SF-12	Kereru Evaluation Team	Mini-study – Site 3 Stakeholder Feedback	12
KET:EAF-13	Kereru Evaluation Team	External Advisor Feedback	13

APPENDIX 5: Kia Maia case study timeline of events



APPENDIX 6: My PhD timeline of research activities

Activity	Date	Who I engaged with	Reason for engagement
Emails, telephone, face to face meetings	2004	Indigenous evaluators	Relationship building/ Discuss values
Hui, wānanga, focus group, and individual Interviews	2004-05	Indigenous communities	Discuss values & recruit case study groups
	2005-08	Indigenous evaluators	Data collection
	2005-08	Indigenous communities	Case studies data collection
Desktop Analysis	2005-09	Evaluation Agencies*	International context
Feedback loop	2007-10	Case study groups	Give information of use and relevance back to sites
Advisory Work	2006-11	Government groups	Understand frameworks
Thesis write up, conference presentations	2012-2014	Scholars, and practitioners such as psychologists & evaluators	Disseminate my ideas and get feedback while writing my thesis

* This activity was conducted via an internet-based search

