DEVELOPING A KAUPAPA MAORI EVALUATION MODEL – ONE SIZE FITS ALL?[1]

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Abstract

Health statistics in Aotearoa (New Zealand) highlight that Maori, the indigenous people Aotearoa have poorer health than non-Maori. In response to the statistics a number of Maori health providers have established services that address specific areas of need in their regions. Initially there were minimal accountability requirements of providers. However, changes in the health system now mean that groups wanting to establish a new service must provide accountability measures before, during and after the funding has been allocated. As a result providers need to develop evaluations that show a clear rationale behind their decisions and assess the measure of change which has taken place as a result of the service or programme to ensure continued funding. The requirements reflect the dominant Western paradigm in which health promotion is understood to be about producing specific quantifiable behaviour changes in individuals. Maori health providers on the other hand have tended to take a holistic approach to health. Thus they have found themselves in the position of trying to show change within a paradigm where measurements are not easily taken. This has created frustration amongst Maori providers who face losing their funding because of an inability to report measurable outcomes using a framework that does not apply to their culture.

[1] This paper is based on the presentation given at the Hawaii International Conference on Social Sciences. (12-16 June 2002) Waikiki, Hawaii.
[2] This paper is based on early stages of a work in progress. It discusses some of the initial documents and observations made during Phase one of my doctoral research.

COMMUNITY CAPACITY AND EVALUATION APPROACHES

Amongst the research field, there have been moves by Maori within Aotearoa to organize and maintain their own research units (Stanley, 1999). This process has afforded research groups, and the whanau[3] central to the research, opportunities to explore and interpret their own realities. This form of community action research ensures that the community goals, as defined by them, are likely to come to fruition. Maori scholarship has been developing a research framework that encompasses the cultural experiences of the indigenous people as central. Of noted importance to the research is that all aspects of the research are conducted in a way that is culturally appropriate (Bishop, 1996; Cram, 2001; Health Research Council, 1998; Irwin, 1994; Smith, 1999; Te Puni Kokiri, 1999).

The intention of this paper is not to describe kaupapa Maori research, but to merely use it as a point of reference for the beginning of an exploration into the development of a kaupapa Maori evaluation model and its relevance to a range of groups. There are numerous publications regarding kaupapa Maori research, however specific methods pertaining to evaluation research are in early stages of development. With government agencies wanting evaluations to focus on outcomes and be based on methods that are not necessarily appropriate to Maori programmes[4] and community groups wanting emphasis on the process issues, there is plenty of scope for an evaluation model. One question that stems from here is "can one model fit all given the separate views of community and government organizations?"

Evaluation research within New Zealand has undergone a dramatic shift from being outcome orientated, where the end result is the primary focus, to being process orientated. While there are still clusters that tend to focus on one type of evaluation, overall the general trend has moved. The volume of evaluation research has markedly

[3] Traditionally a term used to define kin-ship through bloodlines. In contemporary times, Durie (1997) has noted the definition has shifted to include non-kin groups who share a common interest.
[4] The term 'programme' is used in a broad sense to refer to evaluation foci such as programmes, services, initiatives, pilots, interventions and policy positions.

increased over the last 5-7 years with increasing numbers of evaluators entering the market place from a diverse range of disciplines.

In general, evaluation has been instigated by the funding agency in response to its own information needs (Rebien, 1996). As such the evaluation focus was on accountability and control with a narrow focus on whether or not the project objectives were achieved. The methods used predetermined indicators that had been developed external to the project community. Conclusions drawn from the results presented little information that was of use to the community's development and in many ways was detrimental to the community's well-being as results highlighted failures that were based on inappropriate data collection (Casswell, 2001).

Maori community groups in particular have been vocal with their expectation that research recognise the diversity within New Zealand. According to Cram (2001) there were four key factors have influenced the shift in this direction: Waitangi Tribunal Claims, an attitude change amongst social scientists researching with Maori, the Maori education movement, and the revitalisation of Maori culture during the past 30 years (Bishop, 1996; Mead, 1997). The development of 'by Maori for Maori' health projects over recent years are believed to have developed for two likely reasons: in response to mainstream initiatives and from separate funding streams for Maori health service provision (Stewart & Conway, 2000). In line with these changes has been a move from Ministries being service providers, to purchasers or investors, making it only reasonable for communities to expect that providers demonstrate that they are in fact delivering in an effective manner, those services that were purchased (Nikora, 1999). As a part of the progression, has been an increasing requirement of purchasers, ethical review committees, and Maori communities, that evaluators and researchers give serious consideration to the Treaty positions of partnership, protection and participation, and to cultural and equity issues.

At the community level, how groups address matters regarding Treaty considerations has varied markedly. The reliance upon community enthusiasm often provides moral active support for a short time (Duignan et al, 1993). However, in the long term

communities are not able to sustain active support due to a lack of resources and therefore must continually look externally to recruit expertise for assistance (Masters et al, 1999; Mutu, 1998).

While Maori comprise twelve percent of total population for New Zealand, in the rural areas of the North Island Maori numbers tend to vary between 30 and 50% of the population. Those regions with a dense population of Maori generally have a health provider who has been funded by the ministry to delivers services specifically for Maori groups; mothers, elderly, men, youth, urban and rural (Pomare et al, 1995). Mainstream providers already have long, well established relationships with funders and therefore are viewed by Maori providers as receiving less demand for work accountability. For those Maori providers the long term relationship between funders and mainstream providers is not necessarily the issue. The issue lies with reporting measures that do not fit well with funders accountability requirements.

Unfortunately for those who intend to become new Maori service providers for their community, there is great difficulty in establishing a relationship with funders who are hesitant to support new initiatives from intending new providers. Experiences of previous contracting relationships have resulted in greater accountability measures being needed to ensure the funding provided has been appropriately utilized to assist those people identified as the target population for the programme. Often times those Maori providers who deliver services to various Maori groups are targeting those who might otherwise 'fall through the gap' of receiving needed services. A potential problem is that those being missed by mainstream services are usually as a result of inappropriate or ineffective services. However, Maori providers are being asked to use outcomes measures that are similar to mainstream services which can potentially negate their whole programme. Maori providers can receive funding as recognition of a niche market that mainstream services have not been reached, hence evaluation measures should be appropriate to the developed service. Discussions with managers of organizations that have successfully negotiated funding for services have highlighted this and a few others as some of the difficulties they face in the workplace. While managers are confident their staff and programmes have the ability to met contractual

obligations, the tasks involved with accountability measures and reporting are undertaken by those implementing the programme that do not have the administration training of a manager.

Herein lays a major problem. Funding agencies are outcome oriented wanting to see long term gains that will be made from short-term impacts and project workers are process and impact orientated looking to see small incremental change that leads towards the long term achievement (Durie, 1995; Moewaka Barnes, 1999; Owen 2001). For many Maori health service providers that long term goal is Tino Rangatiratanga.[5] Part of the move towards self determination for Maori has been the process of developing their own ways of collecting and interpreting information gathered from research with their own people. Implementing Maori health promotion programmes has assisted the thought processes around researcher methods and practices. The development of kaupapa Maori research practices has been a work in progress for many Maori researchers. Maori recognize the need to develop appropriate models of health which better align with planned health outcomes (Watene-Haydon et al, no date).

Research and evaluation issues for Maori have highlighted many concerns of debate whilst also providing opportunities for development of a skilled Maori workforce in research and evaluation methodologies. This research intends to extend on current scholarship by exploring current models of health promotion evaluation in Aotearoa with the intention of examining the demands on Maori health providers, the impact of supportive versus competitive environments, the benefits and drawbacks of being based in mainstream health organisation versus Maori provider groups, and the appropriateness of current evaluation models being utilized for the future direction of Maori health with the development of an evaluation framework that is appropriate for Maori as an outcome of the research.

[5] Tino rangatiratanga is referred to power and control over ones own future – self determination.

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