

Kaupapa Māori multimethod, qualitative evaluation—the Huringa Pai Māori health initiative: To inform further Māori whānau-led developments to optimise hauora

Shaun Akroyd

A kaupapa Māori multimethod, qualitative evaluation of the Huringa Pai Māori health initiative was conducted from May 2019 to May 2020. The evaluation aimed both to clarify the positive enabling and sustaining aspects of whānau wellbeing efforts, and to identify the effective characteristics of the operation of Huringa Pai. A retrospective intervention logic was developed through a consultative process, and data were collected with the specific purpose of clarifying the inputs, activities, outputs, and short, intermediate, and long-term outcomes of the initiative. This account of a kaupapa Māori approach to evaluating an iwi healthcare provider contributes to evaluation practice by using a conventional (western) intervention logic alongside an approach that sought inclusive participant input through use of multiple data-collection strategies that were cognisant of kaupapa Māori practices throughout. Through the evaluation process, nine elements emerged as positively enabling and sustaining whānau wellbeing efforts, and nine characteristics of the effective establishment and operation of Huringa Pai were identified.

This article reports on the evaluation of a Māori health initiative, Huringa Pai, and uses kaupapa Māori practices to underpin the evaluation approach. The article is divided into four sections. It begins with an introduction to the project: in particular the history, vision, and mission of Huringa Pai. The work with the Huringa Pai Trust Board to develop a (western style) intervention logic is then discussed, followed by an introduction to ways in which this kaupapa Māori evaluation was implemented. In the second section, the use of multiple data-collection methods is discussed in relation to kaupapa Māori and research ethics, and the rationale and purpose of each collection strategy is set out. The kinds of information that became available to the evaluator through each method facilitated different kinds of data analysis and these are described briefly in relation to the findings that emerged. What the evaluation found is outlined in the third section of the report, while the fourth section presents conclusions in relation to the inputs, activities, outputs, and short-, intermediate-, and long-term outcomes of the initiative. The fourth section also proposes recommendations and areas for future research.

Background

Ngāti Porou Hauora (NPHCT) is an iwi healthcare provider and a primary health organisation (PHO) that serves whānau within the Ngāti Porou rohe on the East Coast of the North Island of Aotearoa New Zealand. The smallest PHO in Aotearoa, NPHCT has the highest proportion of Māori patients (88%), and serves a population where people die younger and live less well than elsewhere (Te Runanganui o Ngāti Porou, 2016). The mission of NPHCT (Akroyd Research and Evaluation and NPHCT, 2018) is “to promote the health of communities within the rohe of Ngāti Porou and greater Gisborne City area”. Its vision (Akroyd Research and Evaluation and NPHCT, 2018) is for the “the next generation to live longer and

better than the last”, by empowering whānau to access information and improve their own health and wellbeing outcomes.

Huringa Pai was initiated in 2016 by the HPCT to support registered patients at risk of diabetes and heart disease to make healthy lifestyle changes. Huringa Pai has two main objectives. The first one is to enhance whānau hauora, specifically to support decreased risk of diabetes and cardiovascular disease including high blood pressure and high cholesterol, and overcome pre-diabetes. The second objective is to foster and encourage whānau-led and community-development opportunities.

Sport Tairāwhiti, a local school and other community organisations were invited to collaborate with NPHCT to meet with patients to plan activities to generate healthier lifestyles. The Huringa Pai Charitable Trust was then established in 2017 by Dr Willem Jordaan, a general practitioner employed by NPHCT, along with some Puhī Kaitī Health Centre colleagues and patients actively participating in Huringa Pai who had become role models and community leaders because of their own life-changing health journeys (Scoop Independent News, 2020). The vision of Huringa Pai Charitable Trust (Huringa Pai Charitable Trust, 2018) is “Whānau living healthy longer” and its mission (Huringa Pai Charitable Trust, 2018, as cited in Akroyd Research and Evaluation, and Ngāti Porou Hauora Charitable Trust, 2018), “To screen our whānau for pre-diabetes, diabetes, heart disease and empower them by walking alongside them with the knowledge and support to make sustainable positive change so our whānau will live healthy longer.”

Following an initial scoping meeting and subsequent discussion with the NPHCT research manager (research manager) about the initiative, the evaluator recommended developing a (western) retrospective intervention logic for the initiative. The initiative had evolved and gathered momentum quickly over time, without having

systematic processes and frameworks for capturing programme and evaluation data. An intervention logic therefore had the potential to facilitate shared understandings among those involved as well as to inform the evaluation (Cram et al., 2019). The evaluator emailed the HPCT Board and NPHCT staff information about the proposed intervention logic (see Table 1) and the rationale for suggesting it. These stakeholders agreed to attend a 4-hour workshop and participate in a consultation process, which the evaluator facilitated.

A kaupapa Māori approach to the evaluation was required by NPHCT and HPCT, as they wanted it to be underpinned by culturally Māori principles that at least matched the principles they reported were demonstrated in Huringa Pai. They also required the evaluator to apply a culturally Māori lens to the analysis of data to ensure that whānau voices were privileged. The evaluator described his response in a draft evaluation proposal and submitted it for discussion with the stakeholders. Key evaluator response points included that he had 20 years of research and evaluation experience, much of it engaging Māori participants, including conducting many kaupapa Māori projects. Central to the evaluator's kaupapa Māori engagement was the use of tikanga (e.g., mihi whakatau, karakia timatatanga and culturally Māori practices that guided all facets of evaluation activity, including aroha ki te tangata, and ngākau māhaki). The evaluator also outlined that he intended to use a holistic model of Māori health, Te Whare Tapa Whā (Durie, 1994), as a framing for guiding data collection around health and wellbeing, and for data collation and analysis. Te Whare Tapa Whā integrates four components of hauora: tinana, wairua, hinengaro, and whānau. The evaluator is also affiliated to local iwi (Ngāti Porou, Rongowhakaata, and Te Aitanga-a-Māhaki) and was known to the NPHCT research manager, having completed other kaupapa Māori research and evaluations for NPHCT. The evaluator, like others who have worked with NPHCT

(Carlson et al., 2017), considered it an honour to work on the project and to be able to give back to his iwi and hometown Gisborne. These stakeholders considered the evaluator to be a good fit for the study given his skills, experience, and iwi affiliations.

Data collection

The evaluator followed agreed ethical processes during the conduct of the evaluation. The project was conducted according to the NPHCT Health Research & Evaluation Stakeholder Policy (Ngāti Porou Hauora Charitable Trust, 2012). The policy stipulated 12 conditions that must be met, wherever possible, when research and evaluation is conducted by, with, or for, NPHCT and/or its registered patients and the communities within its boundaries. The evaluator also completed the Health and Disability Ethics Committee (HDEC) Scope of Review Form to seek clarity about whether the study required HDEC review. The study was deemed to be an audit or related activity, which did not require HDEC review (Health and Disability Ethics Committee, personal communication, 2019). Furthermore, the evaluator contacted the Tairāwhiti District Health Board (TDHB) research governance contact to ascertain whether the study required formal ethics approval from TDHB, which it did not. Other ethical practices included following a process of informed consent with all evaluation participants, who received written documents, and verbal explanations about ethical matters, including about voluntary participation, detailed description of their rights as participants, and privacy of their written and recorded information.

Kaupapa Māori research practices provided the evaluator with guidance to undertake ethical research with Māori communities (Cram 2009; Smith, 2005). One practice was about demonstrating a respect for people (*aroha ki te tangata*). The evaluator demonstrated this by greeting participants warmly, being hospitable, and offering

a koha to whānau interview participants. It was also shown by offering two evening wānanga as data-collection methods to cater best for whānau availability and engagement preferences, and by providing kai upon arrival. Another practice was about being a face that is known in the community (kanohi kitea), where the evaluator engaged whānau at a whānau fitness session and wānanga, describing his work in the area and presented his pepeha at the start of all interviews/wānanga to make them aware of his connection to the Tairāwhiti district and with them. Another practice that was shown was looking and listening before speaking (titiro, whakarongo, kōrero), where the evaluator demonstrated this by actively listening to whānau, and through facilitation that prioritised whānau response by allowing them as much opportunity to speak, while the evaluator focused on keeping the conversation flowing. The evaluator took a humble approach (ngākau māhaki) making sure that he didn't dress in a manner that was flashy or inappropriate and was mindful to use language that was fit for purpose rather than using technical terms or jargon that could make anyone feel uncomfortable. Another practice was being careful in conduct (kia tūpato), which the evaluator demonstrated by reading the interview situation, taking note of the physical and emotional state of mind of participants, and managing their energy levels. Lastly, the evaluator ensured that the mana of all people was upheld (kaua e takahia te mana o te tangata) by assuring them that there were no right or wrong answers, reminding them that what they had to say was valuable, and by affirming them for participating, for who they are, and for sharing their story.

The data-collection methods were chosen to ensure the inclusion of the range of potential evaluation participants and because of the methods' considered appropriateness for the predominantly Māori participants. Across all data-collection methods, the evaluator used the model of Te Whare Tapa Whā (Durie, 1994) to frame interview

questions to capture participant experiences of Huringa Pai and whānau wellbeing from a holistic perspective. The evaluator heeded the advice of the stakeholders about fitting data collection around whānau and key informant availability and engagement preferences.

Huringa Pai board members and NPHCT staff were invited to attend a workshop to support the development of a retrospective intervention logic for the initiative. Having had most to do with the vision, mission, and development of the initiative, these stakeholders were ideal contributors to the logic's development. The workshop focused on clarifying the inputs, activities, outputs and short-, intermediate-, and long-term outcomes of the initiative. It was expected that the workshop would also make explicit any Māori principles and values that underpinned the design and operation of the initiative, about which the evaluator could inquire during data collection.

Holding two wānanga a week apart in Gisborne enabled participants to select which wānanga suited them best to attend. This showed aroha ki te tangata and encouraged whanaungatanga through the mihimihi process that would occur at the start of each wānanga. The wānanga provided opportunity for collective participation from a diverse group of participants where, through good moderation, the evaluator was able to ascertain how common given perspectives were by seeking direct feedback from the group. The wānanga also allowed whānau to participate in a collective group without having all the attention on them individually, but still feel like they were contributing to the evaluation kaupapa. Wānanga feedback also contributed to the development of the intervention logic.

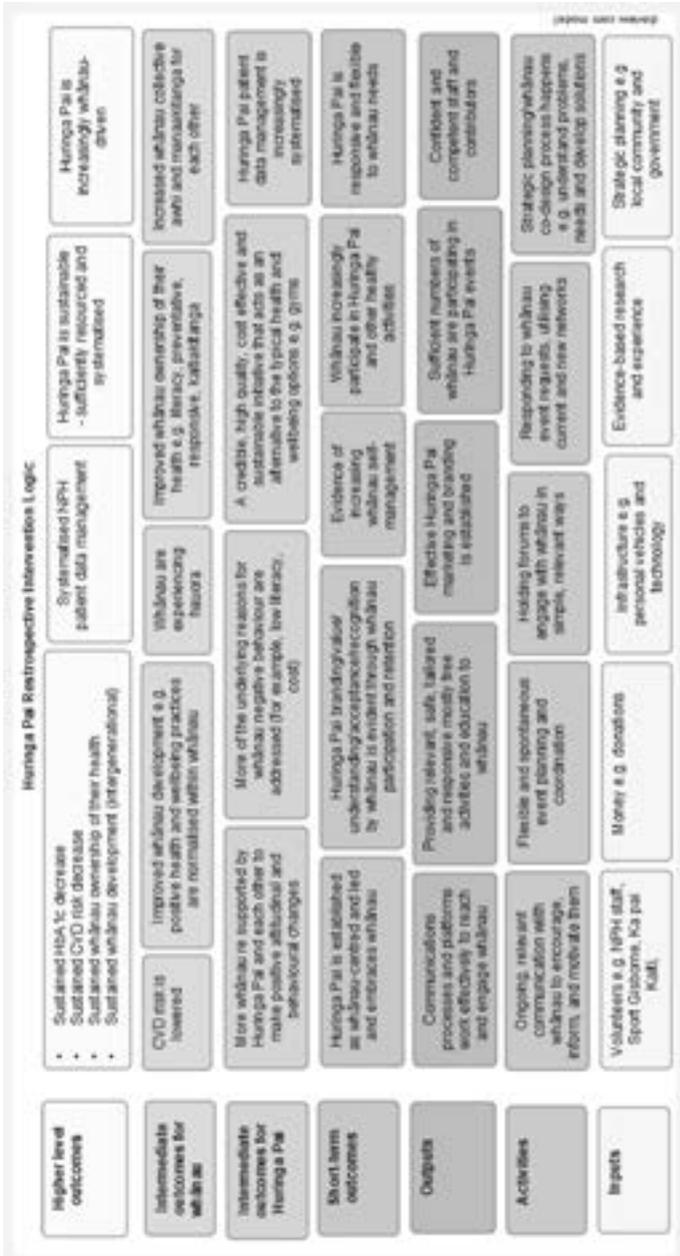
Whānau interviews were selected to enable individuals (and a support person as desired) maximum freedom to talk about their experiences of Huringa Pai and to tell their stories. Whānau who were interviewed needed to be current active participants in Huringa Pai or, in some cases, have been active in Huringa Pai in the past. Key

informant interviews were with those who had played, or currently played, important roles in the planning, development, establishment, and operation of Huringa Pai, whether as Huringa Pai board trustees, or volunteers and supporters from the community, for example, those involved in coaching, providing health literacy classes, or activity venues.

Case-example interviews were conducted with whānau participants and significant others as identified by them. It was expected that this would typically include a whānau member or friend, and at least one key informant who had worked closely with them along their Huringa Pai journey. Photovoice is a process which has been used in Māori-led research (Jones et al., 2013) by which people can identify, represent, and enhance their community, and voice their experiences, through a specific photographic technique. It refers to the use of cameras as providing a “voice” to explore a particular topic, with the idea that some things are more effectively explored visually than through words (Wang and Burris, 1997). Whānau were invited to take photos of the things that represented the good and not-so-good things about Huringa Pai for them, and to write narratives for each photo they presented.

A retrospective intervention logic workshop was developed through a consultative process with the board and NPHCT staff, which clarified the inputs, activities, outputs, and short-, intermediate-, and long-term outcomes of the initiative. The intervention logic guided evaluation activity, including the development of evaluation tools, data collection, and analysis templates (Figure 1). It provided a framing for assessing how well the design, implementation, and outcomes compared with their ideal counterparts and what if anything was missing or could be improved (see Table 1). The workshop also revealed the use of Māori principles and terms in use within Huringa Pai, which enabled the evaluator to inquire about whether these were in common use throughout the initiative.

Table 1. Retrospective intervention logic for Huringa Pai



Two wānanga, held in May and June 2019, involved 31 participants. Most of the wānanga attendees were whānau participants of Huringa Pai, and a small number were key informants. Using a semi-structured interview guide, and over a 2-hour timeframe, the evaluator guided discussion with wānanga participants who were invited to talk about their experiences of Huringa Pai. The wānanga enabled a range of responses to interview topics where the evaluator was able to qualitatively assess common perceptions and those that diverged from a majority perspective. Interview topics and the order in which they were discussed were: participation in Huringa Pai (how long, frequency, types of activities, how heard about the initiative); branding and function; reasons for participating; resourcing and barriers to participation; how well organised; ease of participation; difficulties experienced; distinctiveness of Huringa Pai; supportive and enabling factors/what is working well; barriers/what limits success; key people/drivers; changes over time with Huringa Pai; expectations of Huringa Pai; changes and benefits for them/others; best things about Huringa Pai; sustainability of Huringa Pai; and improvements. Participant responses were recorded on large paper sheets.

Twenty-three in-depth whānau interviews were conducted from November 2019 to April 2020. Four of these whānau had also attended the wānanga. Twenty interviews were conducted face-to-face and three by phone, and interviews lasted 60 minutes. Most whānau interviews were with Māori participants. Interview topics and the order in which they were discussed was largely the same as for the wānanga method. Interviews were audio-recorded, with consent. Selected interviews were transcribed.

Eighteen key informant interviews were conducted from November 2019 to May 2020. One of these informants also attended the wānanga. Fourteen of the key informant interviews were conducted face-to-face and four were conducted by phone. Most

interviews were around an hour long, with some lasting around 90 minutes. Interview topics and the order in which they were discussed was largely the same as for the wānanga method, but specific questions were nuanced/tailored to key informants—for example, they asked about their roles in Huringa Pai, and asked about governance matters. Interviews were audio-recorded, with consent. Selected interviews were transcribed.

Nine case-example whānau participants were selected by the evaluator from a list of potential whānau based on suggestions from whānau and key informants, and from interviewing whānau directly. They each identified at least one significant other who was whānau or a friend, and one significant other who was a key informant who could provide their perspective on their journey. The case examples included nine interviews with whānau, and twelve interviews with “significant others” (involving 14 people). Five of the “significant others” were interviewed about more than one whānau case-example participant as identified by whānau case-example participants. These interviews happened from November 2019 to April 2020. While the interview topics and order in which they were discussed was similar in parts to the wānanga method, much of the interview focused on teasing out in-depth information about whānau benefits and changes resulting from Huringa Pai involvement. Respondents were asked to describe their health and wellbeing prior to Huringa Pai and after they were participating in it, using the *Whare Tapa Whā* framing. Where possible, they were asked to describe the reasons for changes, both positive or negative.

Four whānau completed the photovoice task, from twenty that were invited to take photos or use existing photos of things that captured their experiences of Huringa Pai, whether positive or negative. They were asked to write a brief narrative, ascribing meaning for each photo they presented and to return completed tasks to the evaluator.

The evaluation data for each component of the intervention logic (inputs, outputs, activities, short-term, intermediate-term, and long-term outcomes) was assessed against how closely it matched its intended/ideal expectations as identified in the logic model. This was done by assessing the presence of the indicators that would evidence whether the idealised expectations had been met. For example, it was highly evident that volunteers and strategic planning were evident in the inputs component of the logic model, but having dedicated technology to support the initiative’s operation, within the same component, was not highly evident or evident at all. By assessing all the components of the logic model in this way, it provided a picture about how well the initiative was performing against its idealised operation. Knowing the relationship to ideal outcomes allows Huringa Pai key stakeholders to make informed decisions about “programme” improvement including areas requiring immediate or longer term adjustment and to consider whether some assumptions or expectations might need to be reviewed or removed.

To support data collation and analysis of whānau and key informant data, the evaluator created separate spreadsheets (Excel) for each of these groups. The templates were developed around the key information areas sought by the evaluation, which closely matched the topic areas used in the interview guides. Using interview transcripts and hand-written notes, the evaluator and a research assistant collated interview data into the respective templates. A briefing session occurred prior to the research assistant undertaking data collation and the evaluator met with the research assistant at a mid-point of the collation to ensure that the collation was accurate and sufficiently detailed. After data collation was completed, the evaluator and research assistant each analysed their respective whānau and key informant data by information area, looking for similarities and differences in content, and drew out emerging themes for

each information area. The evaluator and research assistant discussed their findings prior to integrating both sets of templates, where the evaluator repeated the content and thematic analysis and looked for similarities and differences within each participant group (whānau, and key informants) and then between them. He then discussed the overall themes that had emerged with the research assistant to check for accuracy and to ensure that there was a good level of consistency in the way that the evaluator had understood the data. There was good consistency. Analysis proved to be an in-depth and time-intensive but robust and useful process.

The evaluation data from the wānanga was analysed in the same way as the whānau and key informant data, including identifying similarities and differences of learnings about health and wellbeing framed through Te Whare Tapa Whā. For the case examples, cross-case qualitative analysis was conducted across the nine case studies. Interview recordings were transcribed, and transcript content was arranged in a template under the information areas, which closely matched the interview guide questions. Data were also qualitatively analysed for content and themes relating to Te Whare Tapa Whā around tinana, hinengaro, wairua, and whānau dimensions of health and wellbeing. Similarities and differences around whānau impact in relation to these elements was assessed. The content of the completed photovoice tasks (written narratives about whānau journeys, and their photos) was analysed much like the case examples, especially in relation to similarities and differences of learnings about health and wellbeing framed through Te Whare Tapa Whā.

Discussion—What the evaluation determined

Elements enabling and sustaining whānau wellbeing efforts

Nine elements emerged as positively enabling and sustaining whānau wellbeing efforts.

1. Acceptance of the need to improve health and wellbeing and a desire to become healthier and to take action to improve their wellbeing motivated whānau to engage in ongoing physical activity and to improving their health literacy through Huringa Pai. For some whānau it was a life and death situation, while others were motivated by improving things such as diabetes management.
2. Whānau personal commitment to their wellbeing and taking a journey approach was a common description and perspective across whānau. All whānau expressed in some way that they needed to put in the effort to achieve their goals and that they were determined enough to be proactive about their health and wellbeing. Their commitment was demonstrated by things like being proactive about requesting transport to activities, attending meetings to learn about new activities, cooking healthier food, prioritising attending whānau fitness and training, increasing their healthy literacy, and adopting new health routines and improved lifestyle. Whānau language around wellbeing reflected the ease with which they felt about not having to meet someone else's expectations about their wellbeing and was characterised by phrases like “taking small steps”, “don't rush”, “take your time”, “working at your own pace”, and “it's about what you want.” All of this was consistent with the intentionality of Huringa Pai to promote these things.
3. Huringa Pai culture has a positive impact on supporting whānau to improve their health and wellbeing. The culture was characterised by the presence of like-minded people from similar and diverse backgrounds participating in a movement aimed at improving health and wellbeing and doing so with equity irrespective of size, age, ethnicity, fitness, or physical activity experience, doing a range of activities. Whānau mentioned a range of descriptors about the Huringa Pai culture, which captured their thoughts

and feelings and hint at the personality and persona of Huringa Pai. These descriptors included: manaakitanga, demonstrating genuine care for others; whanaungatanga, developing friendships and close bonds and a family environment through group participation; no pressure to exceed one's capabilities; non-judgemental and inclusive—it doesn't matter what you look like or how well you "perform"; and it was happy, fun and enjoyable.

4. Unrelenting, constant, and long-term support was identified by all Huringa Pai whānau participants. Whānau overwhelmingly reported feeling supported by Huringa Pai at every step of their journey. The support was typically emotional, relational, mentoring, technical, and practical in nature, for example, a listening ear, non-judgemental attitude, one-to-one tailored support. Much praise by whānau was about how instrumental the NPHCT kaiāwhina (community health worker) was in providing support for whānau, including consistent individual tailored support and training, encouraging whānau and keeping them accountable, and health literacy coaching. There had been one NPHCT kaiāwhina role over the life of Huringa Pai, filled by two people, and the role was not established solely for the purposes of supporting Huringa Pai. Other praise was given for the support provided by the collective Huringa Pai whānau, coach John Scott, the GP and founder (Dr Jordaan), the fitness instructor (Sye-Sye) and kuia role models (Bobbie and Mihi).
5. Whānau experienced a strong sense of accountability from Huringa Pai whānau, including those delivering and managing the initiative. Whānau felt accountable to each other, having similar wellbeing goals, and engaging in physical activity and lifestyle changes with like-minded people. A genuine sense of belonging was experienced by whānau within Huringa Pai. The nature of the "expert" relationships, for example, between whānau and the

GP, kaiāwhina, or coach, also created an accountability, which whānau reported was motivating for them, for example, turning up for swimming training, having regular health check-ups.

6. Having a clear personal wellbeing goal or goals and a plan to achieve it through Huringa Pai (and elsewhere) reflected whānau intentionality, focus and value of being committed to applying themselves. Commitment to goals became a normalised way of thinking within Huringa Pai and was consistently encouraged by those within Huringa Pai. Common goals included losing weight, improving fitness, getting diabetes under control, reducing blood pressure, improved breathing, and learning new physical activity disciplines and techniques.
7. Whānau plans varied in their degree of structure and formality, whether short-term or long, written or internalised. Whānau were motivated by the positive results for themselves and by others, which encouraged them to keep applying themselves to improving their wellbeing. Positive results experienced by whānau included improved breathing and eating/nutrition, reduced weight, improved diabetes results, increased capability to walk distances, increased fitness, and reduced emotional and social anxieties. Whānau saw and heard results first-hand, by word-of-mouth or Facebook. Special mention was given to Dr Jordaan and Paul Smith, role models from Huringa Pai, for their inspirational wellbeing journeys. There is a groundswell of positive energy and vibe around Huringa Pai and it is unmistakable that whānau have clearly bought into the positive influence that Huringa Pai has on the health and wellbeing of whānau.
8. The timing of Huringa Pai coupled with whānau readiness for change was very complementary. Many whānau reported being ready for change and were looking for support when they encountered Huringa Pai. Huringa Pai was a catalyst and vehicle for

change, and it enabled whānau to take action to improve their wellbeing quickly and with relative ease. These whānau were then able to encourage their whānau members and friends to attend Huringa Pai, having determined the environment as a positive one for them.

9. Lastly, Huringa Pai was well organised and demonstrated good leadership, which appealed to whānau because it increased ease of participation and they felt that they could trust those in charge and the processes, which was important to them. Huringa Pai offered a range of physical activities, training, and development to suit anyone wishing to participate. It was evident that Huringa Pai had developed strong relationships with community organisations, for example, YMCA, Ilminster Intermediate, Sport Gisborne, and Trust Tairāwhiti which have enabled ongoing and often specific support such as grants, instructors, and activity venues. These relationships and the support they provide to Huringa Pai and whānau helps Huringa Pai to present as an organised “programme”. Key informants and whānau gave special mention about the role and composition of the Huringa Pai Trust Board, and how trustees worked hard to provide consistent and quality support and service to whānau.

Characteristics of the effective establishment and operation of Huringa Pai

Nine key characteristics of the effective establishment and operation of Huringa Pai were identified by whānau and key informants.

1. Huringa Pai meets a community need and is not forced on the community, which is evident by the community ownership of Huringa Pai as expressed by whānau and key informants. The timing of Huringa Pai coincided with a readiness that many whānau had to improve their health and wellbeing and has shown itself to be very relevant to them.

2. Clear communication processes supported the establishment and operation of Huringa Pai. Huringa Pai has a hard-working trust board with trustees having complementary strengths and skills which have enabled the initiative to operate in a co-ordinated, systematic, and responsive way. Communication processes used by the board to good effect to engage whānau and keep them updated included direct contact (those delivering the initiative and among whānau participants) and Facebook.
3. The provision of supports (people, no membership fees, low- or no-cost participation structure, health and medical expertise, transport) attracted whānau to Huringa Pai. What whānau are offered (and receive), mostly for no cost, and the quality of these resources, has established Huringa Pai as an attractive health and wellbeing proposition for whānau.
4. Huringa Pai has key people in key positions that gives effect to its vision and mission. The Huringa Pai Trust Board provides a working governance board, skilled in governance matters as well as event coordination, communications, and securing funding. Through a memorandum of understanding, NPHCT provides the kaiāwhina and in-kind support to the initiative. Together they have established and operate a system for educating and supporting whānau to invest in their health and wellbeing.
5. Huringa Pai adheres to a tikanga approach, most evident by having a kaumātua who accompanies Huringa Pai whānau and board members to marae as part of Huringa Pai activities, to provide Māori cultural advice and perform tikanga roles. Karakia and waiata are regular features at Huringa Pai activities. Huringa Pai processes are underpinned by culturally Māori values and principles, which are sustained by whānau. These are most evident in the expression of whanaungatanga, aroha ki te tangata, and rangatiratanga.

6. Those who deliver and represent Huringa Pai demonstrate high standards, consistency, quality, reliability, and likeability. The high standards, quality and reliability relate to things like having medical, health, and cultural expertise delivered by experts. The consistency relates to things like consistent health and wellbeing messaging such as, proceed at your own pace, eat and exercise healthily, and about maintaining consistent processes and resourcing such as free transport and coaching.
7. Huringa Pai promotes whānau progress on whānau terms, where whānau are not pressured to attend activities, but are supported to train and progress themselves according to their pace and schedule, not feeling pressured to go beyond their capabilities at all or too quickly. This attracted whānau who didn't want to attend classes geared for "gym bunnies" and for those who wanted to experience autonomy about their wellbeing.
8. Huringa Pai demonstrated good community engagement, utilised existing and new community connections, and garnered good community support for the initiative. This included having adequate consultation with locals such as kauāatua, health and wellbeing providers, and NPHCT patients, to ensure that the best strategies and processes for community engagement, communication, and securing resourcing were achieved. It also ensured that the initiative provided the type of support that whānau wanted.
9. Lastly, Huringa Pai demonstrates a passion for whānau, and an intentionality in supporting them and walking alongside them towards lifestyle changes and creating a safe and encouraging ongoing supporting environment for them. Removing financial, psychological, transport, and other barriers to whānau participation in their health and wellbeing was intentional for HPCT and NPHCT from the start.

Conclusions and recommendations

For this evaluation, there was complementarity between the use of a conventional (western) intervention logic alongside inclusive participant input through the use of multiple data- collection strategies while taking cognisance of kaupapa Māori practices. Huringa Pai has evolved and gathered momentum quickly over time, learning and innovating while providing motivation and support for whānau. Developing an intervention logic provided a means by which to assess how the initiative’s establishment, operation, and impact compared against ideal expectations, and in the process, it improved evaluation and monitoring capability.

Drawing from discussion with HPCT and NPHCT stakeholders, and from the logic model, it was clear that a one-size fits all evaluation approach might not be appropriate for engaging whānau and key informants. Offering multiple methods of data collection was as much about reducing barriers to effective participation for them as it was about having fit-for-purpose methods that would capture a depth and range of perspectives, that reflected the diverse whānau realities. It was an attempt to reduce the evaluation burden and plan data collection around whānau, which mirrored the intention of Huringa Pai’s whānau-led aspirations for their communities. The methods offered whānau opportunity for collective contribution (wānanga), in-depth contribution (whānau, key informants, case-example interviews) and creative contribution (photovoice) opportunities and worked well as an engagement approach. The logic model made explicit the initiative’s intent to be whānau-led and that it espoused underpinnings of kaupapa Māori principles. Having clear evaluation goals about information areas sought by the evaluation and how evaluative assessment might be made about the initiative’s “performance” became clearer through having the intervention logic.

Ensuring that the evaluation engaged a predominantly Māori population appropriately, while meeting NPHCT research and health requirements, was vital. Being cognisant of kaupapa Māori principles was critical for the evaluator to be awarded the contract and to conduct it appropriately. It was important for the evaluator to be known to evaluation participants, and to engage in mana-enhancing, respectful, humble, careful, and honouring ways, because it is the culturally, ethically, and professionally appropriate thing to do. Being cognisant of Māori philosophies of health (including Te Whare Tapa Whā) enabled the evaluator to readily discuss health and wellbeing through these framings, and importantly, to be able to understand whānau wellbeing through a Māori lens. It also enabled the evaluator to identify the presence of the principles in the operation of Huringa Pai, irrespective of whether evaluation participants articulated specific principles or not (such as whanaungatanga). It is important for evaluations of this nature to be able to articulate the usefulness and contribution of Māori cultural principles to improved whānau hauora.

Glossary

Te reo Māori as used in the article

aroha ki te tangata	valuing whānau, honouring their realities and voices, actively reducing barriers to participation
hauora	health and wellbeing
hinengaro	mind / emotion
rangatiratanga	demonstrating leadership, investing in whānau self-determination
tinana	body
wairua	spirit
whānau	kinship collective
whanaungatanga	establishing kin/familial/positive relationships

References

- Akroyd Research and Evaluation, and Ngāti Porou Hauora Charitable Trust. (2018). *Approved project plan. Kaupapa Māori evaluative case study with Huringa Pai: To inform further Māori community-led developments to optimise hauora*. Author.
- Carlson, T., Moewaka Barnes, H., & McCreanor, T. (2017). Kaupapa Māori evaluation: A collaborative journey. *Evaluation Matters—He Take Tō Te Aromatawai*, 3, 67–70. <https://doi.org/10.18296/em.0023>
- Cram, A., Hopson, R., Powell, M., Williams, A., & Kaul, A. (2019). Challenges and possibilities in developing a programme-theory model through stakeholder engagement, dialogue, and reflection. *Evaluation Matters—He Take Tō Te Aromatawai*, 5, 126–134. <https://doi.org/10.18296/em.0042>
- Cram, F. (2009). Maintaining Indigenous voices. In D. Mertens, & P. Ginsberg (Eds.), *SAGE Handbook of social science research ethics* (pp. 308–322). Sage Publications. <https://doi.org/10.4135/9781483348971.n20>
- Durie, M. (1994). *Whaiaora—Māori health development*. Oxford University Press.
- Jones, B., Ingham, T. R., Cram, F., Dean, S., & Davies, C. (2013). An indigenous approach to explore health-related experiences among Māori parents: The Pukapuka Hauora asthma study. *BMC Public Health*, 13(1), 228. <https://doi.org/10.1186/1471-2458-13-228>
- Ngāti Porou Hauora Charitable Trust. (2012). *Health research & evaluation: Stakeholder policy*. Author.
- Scoop Independent News. (2020). Huringa Pai at the heart of health and fitness movement in Gisborne. <https://www.scoop.co.nz/stories/GE2011/S00041/huringa-pai-at-the-heart-of-health-and-fitness-movement-in-gisborne.htm>
- Simons, H. (2009). *Case study research in practice*. Sage Publications. <https://doi.org/10.4135/9781446268322>

- Smith, L. T. (2005). On tricky ground—Researching the native in the age of uncertainty. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 1-12). Sage Publications.
- Te Runanganui o Ngāti Porou. (2016). Ngāti Porou Hauora Health Dashboard. (L. Tan, Ed.) <https://ngatiporou.com/sites/default/files/uploads/Dashboard%20Final%20Report%20March%202016.pdf>
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior Journal*, 24(3), 369–387. <https://doi.org/10.1177/109019819702400309>

The author

Shaun Akroyd is a research and evaluation consultant who works independently and in teams using kaupapa Maori methodology. Working across all stages of evaluations, his research interests in evaluation tend to revolve around wellbeing, whether from a health, justice or a social perspective.

Email: shaun@akroydresearch.co.nz