

# Evaluating the cultural appropriateness of service delivery in multi-ethnic communities

In reports of evaluations carried out in New Zealand the assessment of the cultural appropriateness of the service being evaluated is rarely mentioned. Over the past 5-10 years evaluators have been increasingly required to demonstrate that their research approach is consistent with the principles of the Treaty of Waitangi and responsive to the needs of the indigenous Māori people and other non-dominant ethnic groups such as those of Pacific descent. This requires attention to at least two aspects of an evaluation: (1) the appropriate design of the research methods and conduct of the research team; and (2) assessment of the extent to which programs and services operate in culturally appropriate ways. There has been relatively little discussion of how these aspects might be incorporated into the design of evaluations. This paper will focus on the second topic. Literature discussing appropriate programs and services for indigenous Māori people in New Zealand is reviewed. Specific strategies for assessing cultural appropriateness are illustrated using examples drawn from evaluation of 'mainstream' services in New Zealand. These topics will include: program management policies and practices, staff training and orientation, use of cultural advisers, networking with local communities, and liaison with specialist service providers. A framework that includes specific indicators for assessing the cultural appropriateness of services is outlined.

## Introduction

New Zealand and Australia both have culturally diverse populations in the cities and larger towns where social programs and services are delivered. In spite of this diversity there has been relatively little evaluation literature reporting criteria for assessing the extent to which services delivered are culturally appropriate for multiple ethnic groups. A review of papers published in the *Evaluation Journal of Australasia* over the last six years located only two studies that have mentioned or addressed cultural appropriateness (Faisandier & Bunn 1997; Scougall 1997). A small number of papers covering evaluations from cross-cultural or international perspectives did not mention cultural appropriateness. Only a few Australian reports have referred to the need to incorporate cultural appropriateness in evaluation (e.g. Gray et al. 1995; Mooney, Jan & Wiseman 2002; Scougall 1997). Most mention the need to engage in community consultation, such as with indigenous stakeholders. However, no detailed guidelines appear to have been developed for assessing the extent to which programs and services are culturally appropriate for ethnically diverse client groups.

In New Zealand there is now a considerable literature about the need for evaluations to take into account the cultural appropriateness of services provided for Māori. This is often framed in terms of meeting obligations arising from the Treaty of Waitangi for services and evaluations that involve Māori people (e.g. Durie 1994; Durie 2001; Durie & Kingi 1997; Te Puni Kokiri 1999). The report by Faisandier & Bunn (1997) described in some detail the evaluation of two parallel programs for treatment of alcohol addiction, one for non-Māori and one for Māori (the Taha Māori Program). This paper was noteworthy for providing detail about the evaluation design to ensure it was appropriate for the Taha Māori program.

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Given the need to assess cultural appropriateness, it is perhaps surprising that no general model or framework has been elaborated in the Australasian evaluation literature. The *AES Guidelines for the ethical conduct of evaluations*, which have been updated recently (Australasian Evaluation Society 2002), include the following guideline under the heading ‘Consider implications of differences and inequalities’. While not specifically mentioning cultural appropriateness, this concept is perhaps implicit in guideline 10:

Account should be taken of the potential effects of differences and inequalities in society related to race, age, gender, sexual orientation, physical or intellectual ability, religion, socio-economic or ethnic background in the design, conduct and reporting of evaluations. Particular regard should be given to any rights, protocols, treaties or legal guidelines which apply.

The purpose of this paper is to:

- review recent New Zealand literature relevant to assessing the cultural appropriateness of programs and services
- provide a framework and suggest an initial set of indicators that might be useful for evaluators.

Although this paper focuses primarily on literature discussing cultural appropriateness for Māori people in New Zealand, many of the ideas have potential relevance for assessing programs and services provided for other cultural groups.

### What is culturally appropriate and inappropriate?

The term ‘cultural appropriateness’ is sometimes used but rarely defined. It is taken here to mean the delivery of programs and services so that they are consistent with the cultural identity, communication styles, meaning systems and social networks of clients, program participants, and other stakeholders. An important point to note is that culture refers to a different set of attributes than that of ethnicity. As noted elsewhere by the author (Thomas 1986; Thomas 2001), the terms ‘culture’ and ‘ethnicity’ are used with the following meanings:

- *Ethnicity* refers to the categories which people use to describe themselves and others. Information about ethnicity is commonly obtained by self-report and is likely to reflect one aspect of self and social identity.
- *Culture* refers to the meaning systems and lifestyles of particular groups of people, such as socially acquired traditions, beliefs and values.

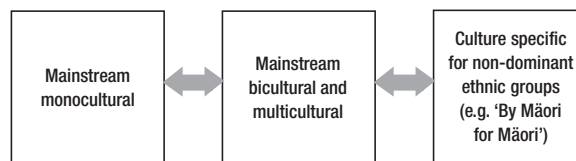
There is considerable evidence that many programs and services provided in New Zealand are inappropriate for some cultural groups. Much of the New Zealand literature relevant to evaluation has focused on areas such as: lack of adequate community consultation, insufficient Māori participation in the planning and delivery of

program and services, and the delivery of services in ways that are incompatible with, or inappropriate for, the cultural styles of Māori clients (e.g. Durie 2001; Durie & Kingi 1997; Te Puni Kokiri 1999). However, there is a need for further development of the criteria relevant to assessing cultural appropriateness to guide effective evaluations. A further point is that it has become common in New Zealand for government-funded requests for proposals to include a requirement that evaluators assess whether ‘the delivery of services is culturally appropriate for clients’ and whether ‘agencies, programs and services meet the specific cultural and ethnic needs of the clients’.

### Types of program providers

In New Zealand programs and services can be seen as somewhere on a continuum from ‘mainstream’ which are essentially monocultural (providing a ‘standard’ treatment for all clients or participants) through those which endeavour to ensure that services provided are culturally appropriate for more than one cultural group to ethnic or culture specific programs intended to provide services for specific non-dominant ethnic groups (e.g. ‘by Māori, for Māori’ programs). This continuum is shown in Figure 1.

FIGURE 1: CONTINUUM OF PROGRAMS AND SERVICES



During the last 15 years in New Zealand there has been extensive development of programs in health and social services for Māori groups that are run by Māori organisations (some of which are referred to as ‘by Māori, for Māori’). Concurrent with these developments there has been elaboration of ideas relevant to ensuring the delivery of programs and services are culturally appropriate for Māori. The main emphasis of the present paper is facilitating the movement of programs from ‘Mainstream monocultural’ towards ‘Mainstream bicultural and multicultural’. It is clear that many of the developments of culture-specific programs provide opportunities for understanding how mainstream programs might become more bicultural and multicultural. As Durie (2001, p. 230) has noted, mainstream services should be able to address Māori cultural needs and establish links with Māori networks including traditional healers. The next section reviews some of these developments.

### Development of Māori-focused strategies in New Zealand

Over the last few years a number of papers in the public domain have set out guidelines, concepts and

procedures relevant to the assessment of the cultural appropriateness of services for Māori. These papers are also useful for developing a framework for assessing the extent to which mainstream services are delivered in ways that are suitable for clients from multiple cultural groups.

The Ministry of Māori Development recently published a report *Guidelines for government agencies involved in evaluations for Māori* (Te Puni Kokiri 1999). In the guidelines, the following key questions were outlined for evaluators (Te Puni Kokiri 1999, pp. 20–21):

- Who is the target Māori population? Is the program reaching the target Māori population? Why/why not?
- How well is the service being delivered to Māori? How do we know? How do Māori perceive the service?
- What are the overall outcomes for Māori?
- Are there differences in outcomes across different groups of Māori participants? If so, why?
- Are the experiences for Māori on the program the same or different for non-Māori? If so, why?
- What are the differences in outcomes between Māori and non-Māori? How can these differences be explained? What are the implications of these differences for Māori? Does the program, policy or service need to be designed or delivered differently for Māori?
- Which components of the program or service are most crucial to ensure positive outcomes for Māori?

In a recent paper outlining a Māori-centred approach to health promotion, Mihi Ratima (2000) described some general principles, strategies and processes that are relevant to ensuring programs are culturally appropriate for Māori. The strategies she identified (with brief interpretations of their meanings) were:

- *links to Māori development* (initiatives should link to other ongoing Māori development programs)
- *utilisation of Māori community resources* (initiatives should use Māori resources as far as feasible)
- *cultural affirmation* (initiatives should affirm and support participants' identity as Māori)
- *Iwi endorsement* (initiatives should be endorsed by tribal authorities)
- *high technical and cultural standards met by program* (initiatives should not provide programs of inferior quality compared to those available to other groups)
- *operating in Māori domains* (initiatives should be located in Māori settings as far as possible)
- *Whanau-focused service* (initiatives should focus on the well-being of families not just individuals)

- *inter-generational transfer of knowledge* (initiatives should involve the transfer of knowledge to more than one generation of participants).

These strategies capture some key ideas in relation to assessing cultural appropriateness and have potential applicability to other indigenous and non-dominant ethnic groups whose needs are not adequately addressed by 'mainstream' services.

### **Framework for assessing cultural appropriateness**

The framework outlined in this section has been developed as an initial set of guidelines that might be useful for evaluators who wish to assess cultural appropriateness. This framework has evolved from the earlier review of literature and the author's involvement in several evaluations. The main components of a program or service that might be considered for the assessment of cultural appropriateness are:

- management policies and practices
- staff skills and training
- program or service operating environment
- consultation and advice
- monitoring of program effectiveness
- networking with local communities
- liaison with specialist service providers.

Each of these program domains is elaborated in Table 1 with examples of key topics and potential indicators for these topics.

### **Data-gathering methods**

Given the potential indicators outlined in Table 1, evaluators may find it useful to use a matrix approach for planning data-gathering methods. Table 2 (page 54) shows some common data-gathering methods (staff questionnaires and interviews, client questionnaires and interviews, information from other stakeholders, observation, and documents and records) and the indicators listed in Table 1. The methods included in the body of the table are suggestions that provide a starting point for evaluators to adapt for their own purposes. A key issue is that evaluation of cultural appropriateness is included in the planning phase of an evaluation.

### **Examples of potential evaluation indicators**

Given the potential indicators outlined above, what examples are there of specific data-gathering methods relevant to these indicators? Some illustrative cases from recent developments are outlined in this section. These include: Māori mental health outcome indicators, qualitative data from a client self-completion questionnaire, development of a school environment questionnaire for staff, and experience of discrimination questions.

**TABLE 1: A FRAMEWORK FOR ASSESSING CULTURAL APPROPRIATENESS**

<i>Program domain</i>	<i>Key components</i>	<i>Potential indicators (implementation and outcome)</i>
Management policies and practices	Extent to which program/ service goals and objectives identify and foster culturally appropriate program delivery	Content of strategic plan and other program documents Management reports of operational priorities
Staff skills and training	Ethnic profile of management and staff Employment of culturally competent staff Skills training provided for staff Resources to attend outside workshops/training programs	Extent to which client ethnic groups are represented among staff Cultural competence of staff (language, communication styles) Attendance by staff at skills training sessions Staff reports of resources available and extent of use
Program or service operating environment	Physical environment has culturally relevant displays Communication styles used are compatible with culture of clients	User-friendliness of physical environment for clients Communication styles of frontline staff, especially during initial contact with clients Assigning culturally competent staff to clients Client satisfaction surveys
Consultation and advice	Availability and use of internal or external advisors for specific cultural matters	List of available consultants Frequency of consultation Type of topics on which consulted Involvement of consultants in supervision and casework meetings
Monitoring of program effectiveness	Extent of need for service among specific ethnic groups in program area Program delivery and effectiveness is monitored, including the cultural appropriateness of services	Needs assessment information collected by program Reports from program audits Data from internal monitoring covering cultural appropriateness Number of clients from specific ethnic groups using services Are there different outcomes among ethnic groups using services?
Networking with local communities	Staff knowledge of and links to local ethnic communities Involvement of extended family or other social networks	Frequency of communication with people in local communities Extent of visiting to program by local groups Consultation with extended families
Liaison with specialist service providers	Staff liaison with other specialist service providers who have specific knowledge, experience or skills relevant to ethnic communities	Availability of specialist providers in area. Referrals to or from other agencies. Reasons for referrals

**TABLE 2: POTENTIAL DATA-GATHERING METHODS FOR CULTURAL INDICATORS**

Potential indicators	Data gathering methods			
	Staff questionnaires <sup>1</sup> Other stakeholders	Client questionnaires <sup>1</sup>	Observation	Documents and records
Content of strategic plan Program documents and reports	Do they exist? Available to the evaluators? Staff knowledge of policies			Content relevant to cultural appropriateness
Ethnic groups among staff Cultural competence of staff Attendance at skills training sessions	Staff reports regarding training and competence		Ethnicity of frontline staff	Staff profile Training program documents
User-friendliness of physical environment Communication styles of frontline staff Culturally competent staff for specific clients Client satisfaction	Questions about program environment	Client satisfaction survey including key topics	Description of physical and social environment Observation of staff–client encounters	
Consultants available Use of consultants, for example in supervision and casework meetings	Staff report about how consultants used (Interviews with consultants)		Visibility of consultants in program operations	Details of consultants and how used
Needs assessment data Program audits Internal monitoring Client profile Differences in outcomes	Sources of information about client needs and program impacts	Client satisfaction survey covering program impacts		Audit and other reports Ethnicity recorded in client data
Communication and consultation with extended families and local communities	Staff reports Survey of families Interviews with other service providers	Client reports		Records of consultations
Referrals to or from other agencies Reasons for referrals	Staff reports	Client reports		Records of referrals to/ from other agencies

**Māori mental health outcome indicators**

A recent report by Kingi & Durie (2000) can be seen as a significant milestone in the development of a culturally appropriate assessment tool, in this case for Māori mental health outcomes. Following extensive review of Māori models and frameworks the authors used the *Te Whare Tapa Wha* model as

a basis for developing a preliminary set of items based on the four dimensions of *taha wairua* (spiritual dimension), *taha hinengaro* (mental dimension), *taha tinana* (physical dimension) and *taha whanau* (family dimension). These items were then extensively tested and reviewed and developed into the final set reported by the authors. The four dimensions and specific indicators for each dimension are shown in Table 3.

A benefit in examining the specific items is that they alert evaluators to aspects of health and well-being which are important for Māori (and perhaps for other cultural groups). The items also provide an indication of key attributes that should be included in evaluation outcomes. Notable here are the emphases on supporting and maintaining cultural identity and impacts of interventions on social relationships with significant others.

**Qualitative data from a self-completion questionnaire**

Qualitative data from interviews and self-completion questionnaires can provide valuable insights into clients’ experiences of programs and services and potential conflicts between the cultural styles of service providers and clients. In a recent study of women’s experiences of mammography screening program in the Waikato region of New Zealand, one woman’s account of her experiences in a breast-screening clinic vividly conveyed the negative impacts of ‘insensitive’ clinic procedures.

When I first went for breast screening I was left in reception [with] no one to reassure me. [I was] then taken to a cubicle to strip off – still no reassuring words, taken in for the procedure, nothing reassuring there either. [I was] left in the cubicle again, then some time later told that I could leave. SURELY, a smile, a few reassuring words, even a bit of friendly banter couldn’t hurt? It would certainly help me. It is difficult for some people to uncover parts of their bodies, let alone giving a stranger the opportunity to squeeze the heck out of them. Reassurance, a friendly smile and some friendly banter would go a long way to helping relieve the stress. TRY IT!! (Brunton 2000, p. 290).

This account illustrates the inconsistency between the impersonal ‘professional’ style of clinic staff and the ‘coldness’ and lack of support and reassurance experienced by the client receiving the service. It also alerts evaluators to the need to tap into the more subtle aspects of interpersonal

**TABLE 3: MĀORI MENTAL HEALTH OUTCOME INDICATORS BASED ON TE WHARE TAPA WHA MODEL<sup>2</sup>**

<i>Dimension</i>	<i>Description</i>	<i>Items in assessment tool</i>
<i>Taha Wairua (Spiritual)</i>	Has the intervention made you feel stronger in yourself as a Māori?	As a result of the INTERVENTION are you: a) more valued as a person b) stronger in yourself as a Māori c) more content within yourself d) healthier from a spiritual point of view
<i>Taha Hinengaro (Mental)</i>	Has the intervention led to an improvement in the way you think, feel and act?	As a result of the INTERVENTION are you: a) more able to set goals for yourself b) more able to think, feel and act in a positive manner c) more able to manage unwelcome thoughts and feelings d) more able to understand how to deal with your health problem
<i>Taha Tinana (Physical)</i>	Has the intervention resulted in an improvement in your physical health?	As a result of the INTERVENTION are you: a) more able to move about without pain or distress b) more committed to having good physical health c) more able to understand how physical health improves mental well-being d) physically healthier
<i>Taha Whanau (Family)</i>	Has the intervention led to an improvement in the way you get on with others, especially your Whanau?	As a result of the INTERVENTION are you: a) more able to communicate with your Whanau b) more confident in your relationships with other people c) clearer about the relationship with your Whanau d) more able to participate in your community

communication that occur between service providers and their clients.

### School environment questionnaire

One method of assessing indicators related to cultural appropriateness for setting providing services for multiple ethnic groups is to conduct surveys of service staff. As part of an evaluation of a school-based health initiative, a school social environment self-completion questionnaire is being adapted for use with school staff in New Zealand. Missing from the original set of questions were items about staff competence and acceptance for working with multiple ethnic groups. A number of items are being developed and piloted by the evaluation project team. The following are some examples<sup>3</sup>:

- Having several ethnic groups at a school sometimes creates problems.
- This school is able to meet the needs of students from families where English is a second language.
- I like working at a school with multiple ethnic groups.
- Staff at this school have the skills required to address the needs of an ethnically diverse student population.

### Experience of discrimination questions

An aspect related to cultural appropriateness is assessing the extent to which services are discriminatory or racist. Among several questions covering discrimination being considered by the New Zealand Ministry of Health for possible inclusion in a national health survey, two are relevant to the experiences of clients receiving services. These questions are:

- Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist, etc.) because of your ethnicity in New Zealand?
- Do you think that people living in New Zealand, are generally treated differently by health professionals (for example, doctors, nurses, dentists) because of their ethnicity?

### Summary comments

In terms of making further progress in developing a framework for assessing cultural appropriateness, it would be useful for evaluators to report how they have assessed cultural appropriateness. This would allow collation of specific indicators being used to assess cultural appropriateness and ongoing development of the framework.

One area of contribution would be studies that provide specific details of appropriate and inappropriate styles of interpersonal communication that are relevant to the culture of clients experiencing services and programs.

### Notes

- 1 'Questionnaires' here refers to both self-completion questionnaires and interview questions.
- 2 Source of information: Kingi & Durie (2000).
- 3 These questions are part of a questionnaire being developed by a project team comprising: David Thomas, Dennis Moore, Angelika Anderson and Bridget Kool at the University of Auckland.

### References

- Australasian Evaluation Society 1997, *AES guidelines for the ethical conduct of evaluations*, viewed 26 October 2002, <www.aes.asn.au>.
- Brewin, M, & C. Coggan (in press) 2002, 'Evaluation of a New Zealand indigenous community injury prevention project', *Injury Control and Safety Promotion*, vol. 9, no. 1.
- Brunton, MA 2000, 'A changing dialogue within health communication in New Zealand: a case study of the Waikato screening, mammography programme', doctoral thesis, management communication, University of Waikato, Hamilton, New Zealand.
- Durie, M 1994, 'The CHI model: a culturally appropriate auditing model', in *Guidelines for public health services*, Public Health Commission, Wellington.
- Durie, M 2001, *Mauri Ora: the dynamics of Maori health*, Oxford University Press, Auckland.
- Durie, MH & Kingi, TKR 1997, *A framework for measuring Maori mental health outcomes*, (TPH 97/5), Te Pumanawa Hauora, Massey University, Palmerston North, New Zealand.
- Faisandier, S & Bunn, GA 1997, 'Evaluation of parallel addiction treatment programs: issues and outcomes', *Evaluation Journal of Australasia*, vol. 9, nos 1 and 2, pp. 37–52.
- Gray, D, Sagers, S, Drandich, M, Wallam, D & Plowright, P 1995, 'Evaluating government health and substance abuse programs for indigenous peoples: a comparative review', *Australian Journal of Public Health*, vol. 19, no. 6, pp. 567–572.
- Kingi, TK, & Durie, M 2000, "'Hua Oranga": a Maori measure of mental health outcome', Proceedings of the conference, *Mental Health Outcomes Research in Aotearoa*, Health Research Council Auckland, pp. 10–66, <www.hrc.govt.nz>.
- Mooney, G, Jan, S & Wiseman, V 2002, 'Staking a claim for claims: a case study of resource allocation in Australian Aboriginal health care', *Social Science & Medicine*, vol. 54, pp. 1657–1667.
- Ratima, M 2000, Tipu Ora – a Maori-centred approach to health promotion, *Health Promotion Forum Newsletter*, vol. 52, pp. 2–3, <www.hpforum.org.nz/newsletter.htm>.
- Scougall, J. 1997, Giving voice: the conduct of evaluation research in Aboriginal contexts. *Evaluation Journal of Australasia*, vol. 9, nos 1 and 2, pp. 53–60.
- Te Puni Kokiri. 1999, *Evaluation for Maori: guidelines for government agencies*, Monitoring and Evaluation Branch, Ministry of Maori Development, Wellington.
- Thomas, DR 1986, 'Culture and ethnicity: Maintaining the distinction', *Australian Journal of Psychology*, vol. 38, no. 3, pp. 371–380.
- Thomas, DR 2001, 'Assessing ethnicity in New Zealand health research', *New Zealand Medical Journal*, vol. 114, (9 March), pp. 12–14.