

# Evaluating the Cultural Appropriateness of Service Delivery in Multi-ethnic Communities

*David R. Thomas*

Professor David Thomas  
dr.thomas@auckland.ac.nz  
Community Health, University of Auckland

Paper presented at the 2002 Australasian Evaluation Society International Conference  
October/November 2002 – Wollongong Australia. [www.aes.asn.au](http://www.aes.asn.au)

## **Abstract**

*In many reports of evaluations carried out previously in New Zealand criteria for assessing the cultural appropriateness of the service being evaluated has not been mentioned. Over the past 5-10 years evaluators have been increasingly required to demonstrate their research approach is consistent with the principles of the Treaty of Waitangi and responsive to the needs of the indigenous Maori 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 programmes 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. General principles for the design of evaluations focussing on programmes that provide services for multi-ethnic communities are outlined. Specific topics for assessing cultural appropriateness will be illustrated using examples drawn from evaluation of "mainstream" services in New Zealand. These topics will include: programme management practices, staff training and orientation, use of cultural advisers, networking with local communities and liaison with specialist service providers. A framework and specific data gathering techniques for assessing the cultural appropriateness of services are also outlined.*

## **Key Words**

culture, appropriateness, services, multi-ethnic, communities

New Zealand and Australia both have culturally diverse populations in cities and many of the large towns where social programmes are provided, services are delivered and evaluations are carried out. Given this diversity it is perhaps surprising that there has been relatively little development in the evaluation literature of 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 which 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. A few Australian reports have referred to the need to incorporate cultural appropriateness in evaluation (e.g., Gray, Saggars, Drandich, Wallam, & Plowright, 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 programmes 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 Maori. This is often framed in terms of meeting obligations arising from the Treaty of Waitangi for services and evaluations that involve Maori people (e.g. Durie, 1994; Durie, 2001, Durie & Kingi, 1997; Te Puni Kokiri, 1999). A report by Faisandier & Bunn (1997) described in some detail the evaluation of two parallel programmes for treatment of alcohol addiction, one for non-Maori and

one for Maori (the Taha Maori Program). This paper was noteworthy for providing detail about the evaluation design to ensure it was appropriate for the Taha Maori program.

Given the above developments it is perhaps surprising that no general model or framework for assessing cultural appropriateness has been elaborated in the Australasian evaluation literature. The purpose of this paper is to review some recent papers relevant to assessing the cultural appropriateness of programmes and services, and to provide a summary set of criteria that might be useful for evaluators. It is worth noting that while much emphasis in New Zealand has been on ensuring cultural appropriateness for Maori, many of the ideas have potential relevance for assessing programmes 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 programmes and services so that they are consistent with the communication styles, meaning systems and social networks of clients, or programme participants, and other stakeholders.

There is considerable evidence that many programmes and services provided in New Zealand are inappropriate for some cultural groups. Much of the New Zealand literature relevant to evaluation has focussed on areas such as: lack of adequate community consultation, lack of Maori participation in the planning and delivery of programmes and services, and the delivery of services in ways that are incompatible with, or inappropriate for, the cultural styles of Maori clients (e.g., Durie, 2001; Te Puni Kokiri, 1999). However there is a need for further development of the criteria relevant to assessing cultural appropriateness to guide effective evaluations.

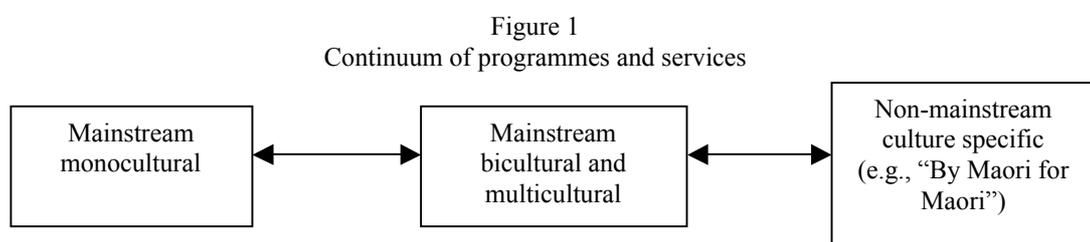
In a recent study of women’s experiences of mammography screening programme in the Waikato region of New Zealand, one woman’s account of her experiences in the breast-screening clinic vividly conveyed the negative impacts of insensitive clinic procedures.

*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, 2001, p. 290).*

This account illustrates the inconsistency between the impersonal “professional” cultural style of clinic staff and the “coldness” and lack of support and reassurance experienced by the client receiving the service.

### Types of programme providers

In New Zealand programmes and services can be seen as somewhere on a continuum from “mainstream” services and programmes which are essentially monocultural (providing a “standard” treatment for all clients or participants) through programmes which endeavour to ensure that the service provided is culturally appropriate for more than one cultural group to ethnic or cultural specific programmes intended to provide services for specific non-mainstream groups. This continuum is shown in Figure 1.



For the purposes of an evaluation, one objective might be to assess to what extent a programme or service is delivered in ways that are appropriate for the ethnic groups who are participants or clients.

During the last 15 years in New Zealand there has been extensive development of programmes in health and social services for Maori groups that are run by Maori organisations. Concurrent with these developments there

has been elaboration of ideas relevant to the delivery of programmes and services for Maori and the criteria that are relevant to their evaluation.

In a recent paper Mihi Ratima (2000) outlined ideas for a Maori-centred approach to health promotion. Her paper described several key principles and strategies that are relevant to both the delivery of programmes and their evaluation. These ideas are summarised in Table 1. The principles, strategies and processes outlined provide a useful guide for evaluators in terms of assessing programmes. Several key details are relevant to evaluations assessing the cultural appropriateness of programmes.

- To what extent is there ongoing communication with local communities?
- To what extent do local communities support or endorse the programme?
- To what extent are ethnic identities supported, affirmed and strengthened by the programme?
- To what extent do programmes take into account, involve the extended families of clients?

Table 1: A Maori-centred approach to health promotion (from Ratima, 2000)

Principles	Strategies	Processes
Interconnectedness	Inter-generational transfer of knowledge Links to Maori development	Criteria and procedure for kaitiaki recruitment Addressing determinants of health
Self-determination	Iwi endorsement Building relationships with funders	Iwi consultation Consistent communication with funders
Maori identity	Cultural affirmation	Utilisation of Maori networks Reinforcement and validation of Maori practices
Quality	High technical and cultural standards met by programme Maori domains	Enhanced service for Maori Home-based service delivery
Whanau relationships	Whanau-focussed service	Whanau-based service delivery
Community credibility	Utilisation of Maori community resources Iwi endorsement	Iwi consultation

The Ministry of Maori Development recently published Guidelines for Government agencies involved in evaluations for Maori (Te Puni Kokiri, 1999). As part of the guidelines, the paper noted the following key questions to be considered as part of an evaluation:

- *Who is the target Māori population? Is the programme 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 programme 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 programme, policy or service need to be designed or delivered differently for Māori?*
  - *Which components of the programme or service are most crucial to ensure positive outcomes for Māori?*
- (Te Puni Kokiri, 1999, pp. 20-21)

### Framework for assessing cultural appropriateness

The framework, outlined below in Table 2, has been developed as an initial set of criteria that might be useful for evaluators. This framework has evolved from the author's involvement in several evaluations of programmes and services and is intended as an initial guide for evaluators who wish assess cultural appropriateness.

In self-completion surveys among staff we have incorporated items relevant to assessment of their competencies and access to resources. Some examples are:

- My knowledge & skills for working with Maori clients
  - My knowledge & skills to work with other ethnic groups
  - Guidelines and support for providing services for Maori
- Comments and feedback on this evolving framework are welcome.

<b>Programme Domain</b>	<b>Examples of information to be collected</b>	<b>Possible indicators (implementation and outcome)</b>
Management policies and practices	Extent to which programme/ service goals and objectives identify and foster culturally appropriate programme delivery	Content of strategic plan and other programme 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 programmes	Extent to which client ethnic groups represented among staff Cultural competence of staff (language, communication styles) Attendance by staff at skills training sessions Staff reports of resources available and used
Programme 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 Client satisfaction surveys
Consultation and advice	Availability of and use of internal or external advisors for specific cultural matters	Identification of consultants. Frequency of consultation Types of topics on which consulted Attendance of consultants at casework meetings
Monitoring of programme effectiveness	Extent of need for service among specific ethnic groups in programme area Programme delivery and effectiveness is monitored, including the cultural appropriateness of services	Needs assessment information collected by programme Reports from audits Data from internal monitoring covering cultural appropriateness Number of clients from specific ethnic groups using services Are there different outcomes for 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 programme by local groups Consultation with extended families
Liaison with specialist service providers	Staff liaison with other specialist service providers who have specific knowledge of ethnic communities	Referrals to or from other agencies. Reasons for referrals

## References

- Brunton, M. A. (2000). A changing dialogue within health communication in New Zealand: A case study of the Waikato screening, mammography programme. PhD 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*. Wellington: Public Health Commission.
- Durie, M. (2001). *Mauri Ora: The dynamics of Maori health*. Auckland: Oxford University Press.
- Durie, M. H., & Kingi, T. K. R. (1997). *A framework for measuring Maori mental health outcomes (TPH 97/5)*. Palmerston North: Te Pumanawa Hauora, Massey University.
- Faisandier, S., & Bunn, G. A. (1997). Evaluation of parallel addiction treatment programs: Issues and outcomes. *Evaluation Journal of Australasia*, 9, 37-52.

Gray, D., Siggers, 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*, 19(6), 567-572.

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*, 54, 1657-1667.

Ratima, M. (2000). Tipu Ora - a Maori-centred approach to health promotion. *Health Promotion Forum Newsletter*, 52, 2-3.

Scougall, J. (1997). Giving voice: The conduct of evaluation research in Aboriginal contexts. *Evaluation Journal of Australasia*, 9, 53-60.

Te Puni Kokiri. (1999). *Evaluation for Maori: Guidelines for Government Agencies*. Wellington: Ministry of Maori Development, Monitoring and Evaluation Branch.