



# 'MY HOME IS MY MARAE'

**KAUPAPA MĀORI EVALUATION: COMMUNITY REPORT**



Prepared by Ko Awatea for the Accident Compensation Corporation

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This kaupapa Māori evaluation was funded and supported by the Accident Compensation Corporation (ACC), Wellington, New Zealand. Views and/or conclusions in this report are drawn from the analyses of evaluation data completed by Ko Awatea's Research and Evaluation Office (Counties Manukau Health) and may not reflect the position of ACC.

*" We are trying to save whakapapa, not money"*

Injury Prevention Consultant, capturing Māori aspirations for 'My Home is My Marae'





## ACKNOWLEDGEMENTS

We would like to express a deep appreciation to kaikōrero from provider organisations who contributed to this evaluation kōrero- from Management to kaimahi who deliver the approach in the whare of whānau. Your passion and enthusiasm to support whānau is an inspiration to the evaluation team and an asset to ACC and Māori communities.

Thanks also to whānau who so courageously let kaimahi into their homes to tackle hazards head on and make changes for the safety of our whānau- kuia, kororua, pākeke, tamariki and mokopuna.

Finally, thank-you to The Accident Compensation Corporation (ACC) who have supported the implementation of 'My Home is My Marae' and funded this evaluation with a commitment to improve this approach for the benefit of Māori communities.

Heoi anō kia ACC mō o koutou tino tautoko I tēnei kaupapa whakahirahira "Ko tōku kainga, tōku marae". Kia ora anō ACC mō o koutou tautoko I tēnei waitara me te whakanui I te kaupapa.

No reira, he mihi mahana anō kia tātou katoa.

## EXECUTIVE SUMMARY

The 'My Home is My Marae' approach is designed to empower Māori communities by sharing knowledge and skills around safety in the home, which enables them to identify and resolve/reduce hazards within their whare. Over an 18 month period from November 2013 to June 2014, 14 'My Home is My Marae' trials were conducted across South Auckland and Northland regions. This involved visiting at least 646 whare, including 2,897 individuals, to conduct a home safety audit in partnership with whānau.

The evaluation of these trials applied a Kaupapa Māori theory-based evaluation and Appreciative Inquiry methodologies to identify:

1. Critical success factors of the 'My Home is My Marae' approach.
2. Strengths and weaknesses of these trials against the 'My Home is My Marae' objectives.

The evaluation involved the participation of 14 kaimahi from six provider organisations who shared their whakāro and experiences delivering 'My Home is My Marae' with the evaluation team. Existing information from Excel spreadsheets and monitoring reports was also reviewed.


From the evaluation kōrero, five key strengths of 'My Home is My Marae' emerged:

- Mana tangata (reputation, respect and credibility),
- Manākitanga (generosity and care for people),
- Kānohi-ki-te-kānohi (face-to-face discussion),
- Capacity building for kaimahi, whānau and providers as an organisation,
- 'Low cost/ no cost' solutions to hazards in the home.

Mana tangata and manākitanga were consistent themes in the kōrero of all kaimahi, and key strengths of the approach which ensure whānau engagement. These strengths are intrinsic to the people who support and deliver 'My Home is My Marae': they carry local knowledge, speak the local language, are personally connected to whānau through whakapapa and their residence in local communities, and have the passion and integrity to deliver messages to whānau in a way that shows whānau they are valued and cared for. As such, they facilitate an approach which is genuinely 'by and for Māori', and which whānau are receptive to.

Key challenges of the approach were also explored. These included: funding, resource development, and relationships within and beyond ACC integral to sustaining 'My Home is My Marae' and addressing real issues in the homes of whānau. Approximately 76 per cent of hazards identified and recorded in the Far North whare of whānau could be resolved through 'low cost/ no cost' solutions. However, 17 per cent required a 'high cost' solution that was either unaffordable for whānau, or the responsibility of other stakeholders such as landlords. Kaimahi play a key role in advocating for whānau to have high cost hazards or substandard housing addressed, and perceive that they are accountable for this. This is important to understand when considering how ACC can be more responsive to Māori aspirations of 'My Home is My Marae', and as more effective resources and funding models are developed.

<sup>1</sup>The remaining 6 per cent were 'not identified' and 1 per cent had 'no solution'.



Recommendations from this evaluation are operational (to improve the day-to-day delivery of 'My Home is My Marae' on the frontline) and strategic (to better address Māori aspirations). Decision making in partnership with provider organisations is emphasised in these recommendations. Broadly, the recommendations cover:

- Resource development,
- Relationship development between ACC and providers,
- Relationship development between ACC and Government agencies.

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# INTRODUCTION

The home is a key setting in which the majority of injuries leading to Accident Compensation Corporation (ACC) claims occur, with 790,466 new injury claims across New Zealand from July 2014- June 2015 (ACC, 2015). Prevention of injury due to falls in the home is a key priority area for ACC. ACC is working to increase responsiveness to Māori through partnering with iwi/hapu and key Māori stakeholders to achieve effective injury prevention amongst whānau and Māori communities.

ACC's 'My Home is My Marae' kaupapa Māori approach to injury prevention aims to prevent falls in the home amongst Māori communities and whānau by:

- Empowering whānau with the knowledge and skills they need to identify hazards in their home environment.
- Motivating whānau to take continued action to minimise, isolate or eliminate hazards in their home.
- Reducing the risk of incidence and/or severity of injury in the home.

Over an 18 month period from November 2013 to June 2014, 14 'My Home is My Marae' trials were conducted across South Auckland and Northland regions through partnerships with local Māori providers. This kaupapa Māori evaluation of the 'My Home is My Marae' trials has been funded by ACC to explore:

1. Critical success factors of the 'My Home is my Marae' approach.
2. Strengths and weaknesses of these trials against objectives (these objectives are presented above).

Kaimahi from six provider organisations who have been identified as having well established trials were invited to participate in this evaluation. These provider organisations include:

- Papatūānuku Kōkiri Marae
- Tamaki Makaurau Māori Women's Welfare League
- Te Kura Kaupapa Māori a Rohe o Māngere
- Tumaitua Whānau Trust
- Te Hau Ora o Ngāpuhi (previously Kaikohe)
- Te Hau Āwhiowhio o Otangarei Trust

The whakāro of kaikōrero from these provider organisations form the basis of this evaluation report. The report aims to identify what does and does not work for whānau, and to provide a resource for ACC, providers and the public, to assist in furthering work in injury prevention. It is intended to be simple and practical, and will be used to inform improvements in the 'My Home is My Marae' approach for the benefit of Māori communities.

This evaluation report includes a brief background about the trials, the communities in which they have been delivered, and the types of hazards in the whare of whānau. This is followed by 'Kōrero findings', which details key strengths of the approach, as well as key challenges and opportunities for improvement that have been shared in kōrero with kaimahi. Finally, the evaluation report concludes with some recommendations about the future of 'My Home is My Marae'.



## BACKGROUND

The 'My Home is My Marae' approach is designed to empower Māori communities by providing them with the knowledge and skills to enable them to be able to identify and resolve/reduce hazards within their homes in a culturally appropriate way. 'My Home is My Marae' aims to work with the working age population (25 – 64 years of age) living in participating households, who are known to be at most risk of a fall in Māori communities. The approach also aims to be inclusive of the elderly parents, partners and children of those in the working age population residing at the same whare that will be visited.

ACC engaged with local Māori providers to deliver the home safety intervention, as this guaranteed a greater chance of success with messages coming via an established, trusted and recognised channel. Key milestones for the 'My Home is My Mare' approach are summarised in Figure 1 below.



Figure 1: Summary of key activities and milestones for the delivery of 'My Home is My Marae'

The first stage of the approach involved gaining commitment from Māori providers who would engage with whānau in local communities across Northland and South Auckland. A selection of kaimahi from providers were then trained by ACC's Injury Prevention Consultants to conduct home safety audits. This training involved equipping kaimahi with the knowledge, skills and resources to capacitate whānau to identify and reduce hazards that risk injury in the whare through the implementation of 'low cost/ no cost' solutions.

Kaimahi then conducted home safety audits in the homes of local whānau. As is explained throughout this report, this was not about walking into whare and completing a checklist, but working in partnership with whānau to raise the awareness of hazards in the home, and assist them in keeping their whānau- kuia, kororua, pākeke, tamariki and mokopuna-safe. This involved: whakawhanaungatanga, delivering a home safety presentation and completing the checklist assessment; identifying current risks and hazards that can be addressed immediately; increasing awareness of the risk of injuries in the home and potential consequences; providing skills and knowledge for whānau to be able to identify risks/hazards in the home; providing ways to minimise, isolate or remove identified hazards; and finally, encouraging participants to address issues identified on an ongoing

basis. Such changes required knowledge and attitudinal changes around the hazards in the home and resolving these.

As captured in Figure 1 on the previous page, the approach also requires that providers maintain whānau engagement and follow-up on audits- returning one year later to review what changes may have been made. Providers also submit reporting to demonstrate programme activities and impacts.

Kaimahi entering the homes of whānau are equipped with various ACC resources as summarised in Table 1 below.

Table 1: Summary of resources used throughout home safety audits

Resource	Use
<b>A3 Flip Charts on Home Safety developed by ACC (one per trained kaimahi)</b>	Flip charts used with whānau as a teaching aid.
<b>Clip board (one per trained kaimahi)</b>	To assist in the use of completing the checklists
<b>Home Safety checklists</b>	One checklist to be completed per household
<b>Database of home safety audits completed</b>	Data gathered from the completed Home Safety checklists will be entered into the data base for analysis by ACC Injury Prevention Consultants.

In addition to the above standardised resources, after making small commitments to change in their whare, whānau were provided with a safety product to assist them in further reduce injury risks such as:

- “Spray and Walk Away”
- Rug grips/non slip mats/shower mats/bath mats
- Non slip paint for outdoor/garden steps
- Cable grips/cord winders
- Step ladders
- Latches for windows and cupboards
- Smoke alarm
- Bath mats
- Handrails

### Completed trials

Over an 18 month period from November 2013 to June 2014, 14 ‘My Home is My Marae’ trials were conducted across South Auckland and Northland regions. A community profile of each of these regions is provided on the following pages. These profiles were requested by kaimahi to assist in summarising key demographics of the communities in which they work.

# MY HOME IS MY MARAE

## SOUTH AUCKLAND: COMMUNITY PROFILE

INCLUDES MANUKAU CITY, FRANKLIN AND PAPAURA DISTRICTS

POPULATION 524,505



1 IN 6 ARE MĀORI



1 IN 4 ARE PASIFIKA

8% ARE 65 AND OVER

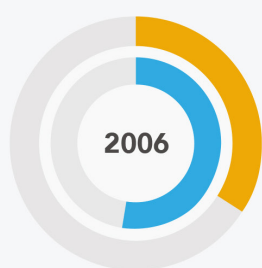
25% ARE 15 AND UNDER



1 IN 5 MADE A CLAIM FOR AN INJURY IN THE HOME FROM 2014 - 2015

Māori are disproportionately represented on state house waiting list. They are more likely to live in housing of poor condition compared with the rest of the population. Māori are also less likely than non-Māori to own their own house (Controller and Auditor General 2011)

### EDUCATION



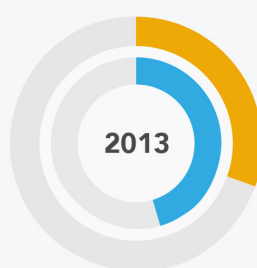
34% have no post-school qualification

53% have no post-school qualification

■ MĀORI POPULATION  
■ GENERAL POPULATION

29% have no post-school qualification

46% have no post-school qualification



25 MARAES INCLUDING

6 MANUKAU

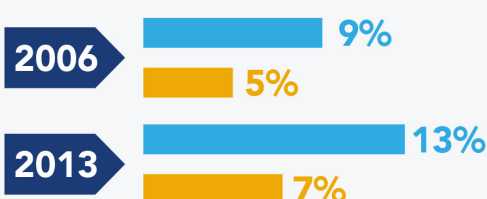
### MAHI/EMPLOYMENT

#### HOUSEHOLD COMPOSITION



OF 404 WHERE VISITED, 67% HAD 5 OR FEWER PEOPLE LIVING IN THEM

#### UNEMPLOYMENT



■ MĀORI POPULATION ■ GENERAL POPULATION

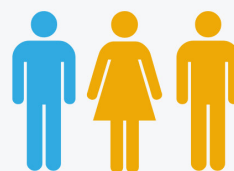
South Auckland has proportionally more people in most deprived section of the population than the national average.

# MY HOME IS MY MARAE

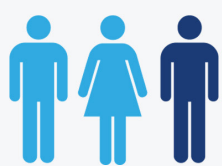
## NORTHLAND: COMMUNITY PROFILE

INCLUDES THE FAR NORTH, WHANGAREI AND KAIPARA DISTRICTS

POPULATION 151,692



1 IN 3 ARE MĀORI



1 IN 3 MĀORI  
SPEAK TE REO

2.9% OF MĀORI ARE 65 AND OVER  
36.8% OF MĀORI ARE 15 AND UNDER

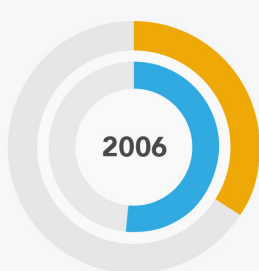
Northland has a very high proportion of people in the most deprived section of the population when compared to the national average; while the least deprived section is underrepresented.



1 IN 4 MADE A CLAIM FOR AN INJURY  
IN THE HOME FROM 2014 - 2015



### EDUCATION



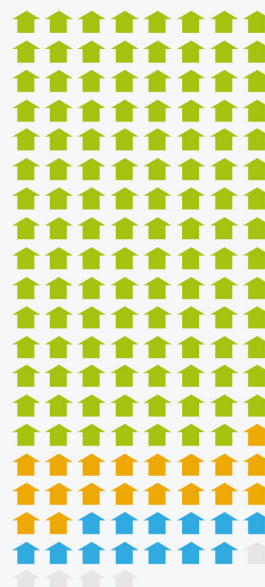
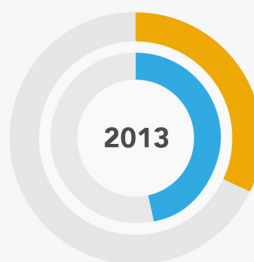
35% have no post-school qualification

51% have no post-school qualification

■ MĀORI POPULATION  
■ GENERAL POPULATION

31% have no post-school qualification

45% have no post-school qualification



156  
MARAES  
INCLUDING

119  
FAR NORTH

19  
WHANGAREI

13  
KAIPARA

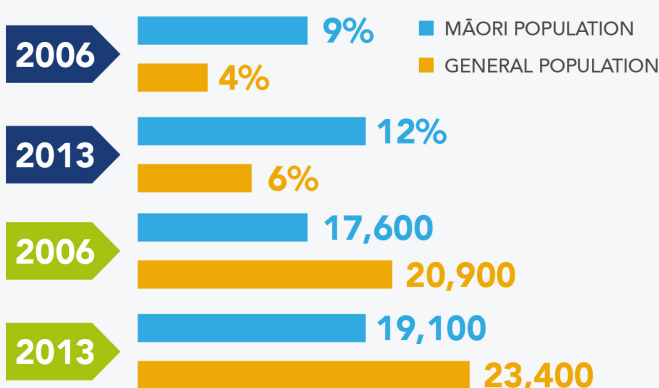
### MAHI/EMPLOYMENT

#### HOUSEHOLD COMPOSITION



OF 242 WHARE  
VISITED, 77% HAD  
5 OR FEWER PEOPLE  
LIVING IN THEM

#### UNEMPLOYMENT



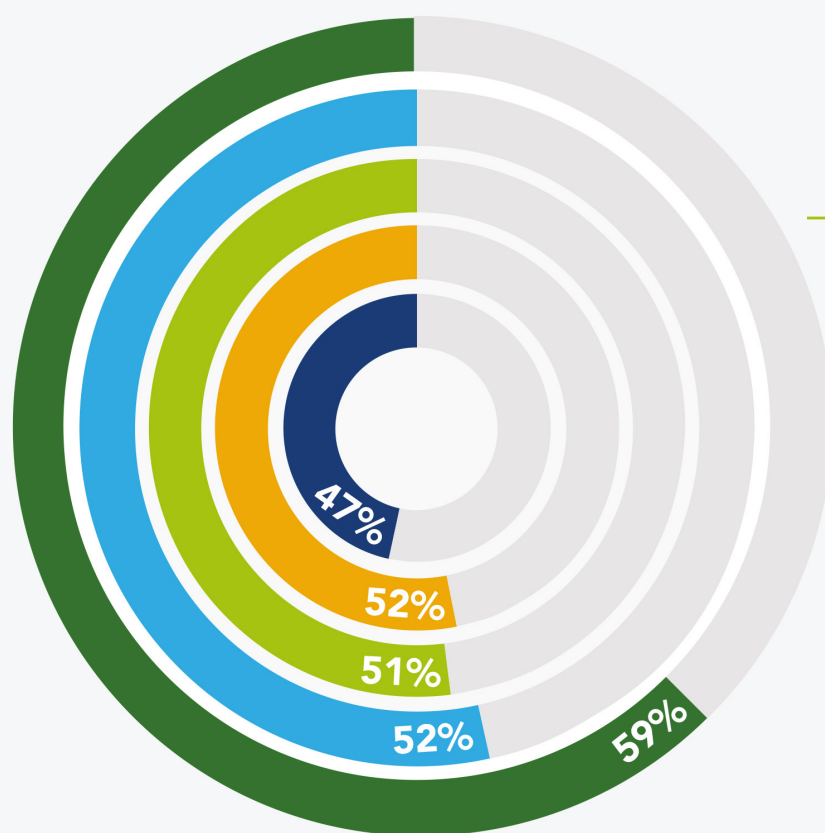


At least 646 whare and 2,897 individuals participated in the 'My Home is My Marae' trials, with a total of 404 whare visited in South Auckland, and a further 242 in the Far North. In South Auckland, the mean number of occupants in the 404 whare visited was 4.7 (SD=2.3) and 67 per cent of houses (n=272) had five or fewer people living in them. Across these 404 whare, there were 1,882 individuals. In Northland, 242 whare were visited, including 1,015 individuals.

'Low cost/ no cost' solutions were an important aspect of the approach, ensuring that changes in the whare were affordable for all whānau. As outlined in the infographic below, 'low cost/ no cost' solutions such as housekeeping could minimise household clutter, which decreases the risk of falls. However, a number of hazards identified were not able to be addressed by whānau, or did not have a 'low cost/no cost' solution. For example, previous evaluation reports highlighted some hazards that required attention or maintenance from landlords: *"Kitchen cupboards require landlord's attention to keep tamariki safe"* (Northland); *"Bathroom floors damaged and require landlord's attention to prevent accidents"* (Northland); *"Landlords not taking care of maintenance"* (South Auckland). One report identified that the main hazards for whare in Northland communities was whānau being *"unable to afford a plumber/carpenter/electrician to repair problems"*.

# MY HOME IS MY MARAE FAR NORTH COMMUNITIES

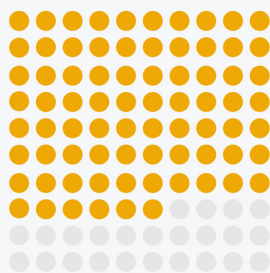
## HOME SAFETY AUDITS IN THE FAR NORTH DISTRICT OF NZ



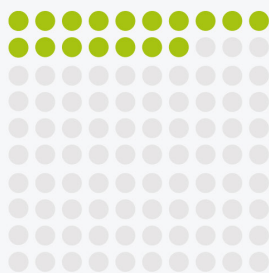
### TOP HAZARDS

- Front entrance**  
slippery floors, general clutter, shoes/bags
- Bathroom**  
plumbing issues, wet floors, general clutter
- Kitchen**  
electrical issues, clutter, wet floors
- Driveway**  
uneven surfaces, untidiness, lack of space  
poor lighting
- Back door step**  
slippery steps, shoes, clutter, poor lighting

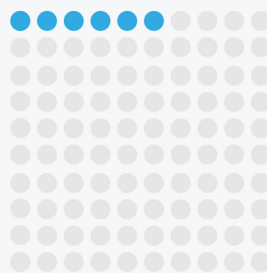
### SOLUTIONS



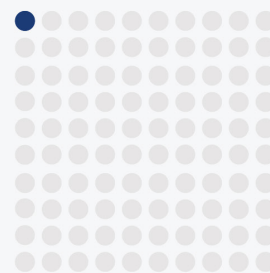
low cost or no cost solutions  
eg. better housekeeping or storage



high cost solutions  
high cost repairs or maintenance



other solutions (not identified)



no solution identified

The narrative below captures typical experiences in delivering a home safety audit.

## Delivering a Home Safety audit with whānau- a narrative from kaimahi


Before going to the whare of whānau, we first need to get ready. There are resources, support packages, and sometimes whānau incentives to organise. We need to coordinate with the whare we are visiting, and sometimes the best time to meet whānau is not during work, which makes it hard securing kaimahi who can work afterhours or on weekends when whānau are home. It can take up to an hour to drive to whānau in rural communities. Travelling is a normal part of life up north, but it does mean everything needs to be well planned. Sometimes kai is also taken to help engage with whānau.

When at the home of whānau, it is a really important for kaimahi to be able to read and engage with whānau in the right way. Being invited into their whare is usually based on the *"integrity of the person, the integrity of the message and having a prior relationship"*. We are often the cousins, siblings, Aunties or Uncles of whānau visited, and we are often welcomed into whare with open arms. This approach is *"whānau to whānau and based on the trust of the [kaimahi] and the project and who the messenger is"*. However, you could also be met with distrust about why you are really there and what you want from whānau.

Some of our whānau have *"given up"* on ACC. They may have had a bad experience dealing with claims- any negative experience can harm the relationship. Whānau may also believe that ACC doesn't care about whānau and whakapapa, instead just worrying about money and getting people back to work. In general, there is deep suspicion of Government agencies among our communities, some of whom are *"still fighting for the return of land - their distrust of Government agencies [is high]"*. This distrust means we have to take time for whakawhanaungatanga- meeting, connecting, explaining the kaupapa and assuring whānau we are there for the right reasons. *"By understanding the kaupapa it made it a lot easier to be able to connect with our whānau."* This is why it is so important to ensure we *"have the right people and the right facilitation"* to successfully do this mahi. Our kaimahi are passionate about the kaupapa, and care about whānau.

You wear several 'hats' when visiting whānau: as kaimahi delivering this work on behalf of ACC and other partners (for example, the Fire Service), an advocate for whānau in dealing with other stakeholders to address hazards in their home, a cousin, Aunty, Uncle or other member of the whānau, and a Māori person looking to build the knowledge and capacity of Māori peoples. When you walk into the whare *"you become everything to that whānau"*. Spiritually, this looks and feels like Māori doing it for Māori - an expression of manākitanga and connecting with the communities. Practically, this means walking in the door with many messages, and multiple mahi to complete- not just today at this one visit, but going forward to support whānau with a whole range of problems in the home that are identified.

Sometimes problems in whare that we identify with whānau are easy to fix. Whānau might need to do some basic housekeeping to remove shoes from the front door or tidy up other hazardous clutter. 'Low cost/ no cost' solutions to problems make it possible for our whānau to make their home a safer place for themselves, kuia, kororua, pākeke, tamariki and mokopuna. There are also times when the hazards we identify would have a high cost for whānau, or where there are no easy solutions. When there is no safe outside space to park a mobility scooter, for example, whānau may have no other choice but to keep it in a hallway or room inside. On these occasions, we become advocates- encouraging our whānau to follow up with landlords, Housing New Zealand, or others involved in the maintenance of their home. This mahi is ongoing and has a spiritual impact, in seeing all



that whānau have and do not have: *“How can we give a bathmat when some whānau don’t even have a toilet! We can’t even consider completing the safety checklist when there are major structural problems in the home (ie ‘cargo crates’ as a floor)”*.

The resources provided by ACC to do a safety audit in the home are extensive, covering all locations of the home, and provide a standardised kōrero for addressing hazards in the whare across communities. The visual aids are a great starting point for kōrero, and *“[lead] to open questions and [assist] us in looking at the safety and the hazards in their home”*. Completing the mahi inevitably means there is paperwork to be done, and at times this can detract from the kānohi-ki-te-kānohi that is so valued in this approach. Using technology such as a tablet or phone to fill in the form could assist in helping us to manage paperwork, and reduce duplication of work for data entry.

Although it is valuable to receive resources from ACC to complete this mahi, there are times when these resources do not reflect the lived realities of the whare we visit. Some are single level dwellings that do not have a bath, or have many whānau living in different rooms. The ‘problems’ identified in the ACC resources are conceptualised through a particular cultural lens, and are not always seen by whānau as problems. Some whānau are *“so worried about putting kai on the table that all those other things [be]come secondary”*.

Entering the homes of our whānau has been so valuable for kaimahi. Going to the homes of whānau, seeing where they live and connecting with them in their whare:

*“Is a great way to capture a lot about how our whānau are living. Most of them are in private homes that don’t have fire alarms in them and no insulation too. In some cases it has been quite sad - you have to be strong spiritually. This journey has enabled me to grow and work with our whānau. We don’t want to work by just ticking the box, we don’t work like that as Māori.”*

Looking back, we feel more prepared now, both spiritually and professionally in terms of knowledge and understanding: *“Each year we have had the opportunity to run with the programme and we always looked for the weaknesses and looked at ways we could improve”*. This evaluation is an opportunity to have some of these learnings consolidated into a report that can be used to benefit the whānau we care for.



## EVALUATION METHOD

This evaluation applied a Kaupapa Māori theory-based evaluation and Appreciative Inquiry methodologies to establish:

1. Critical success factors of the 'My Home is my Marae' approach.
2. Strengths and weaknesses of these trials against trial objectives.

For kaimahi, participation in this evaluation involved a kānohi-ki-te-kānohi or face-to-face discussion with Mataroria Lyndon, our interview facilitator. A commitment to kaupapa Māori evaluation was demonstrated through conducting this kōrero bilingually (a combination of te reo Māori and English), and committing time to whakawhanaungatanga before commencing the kōrero. Reciprocity and aroha ki te tangata in this evaluation approach were valued.

Interview discussions (kōrero) were not approached with a set interview schedule, but rather were led by kaikōrero. The interviewer functioned as a facilitator, inviting general areas of discussion, while allowing kaikōrero to direct the conversation to areas of importance and significance in their eyes. In doing so, we allowed kaikōrero to assert Tino Rangatiratanga (ownership) over interview topics and procedures.

Mihimihi, whakawhanaungatanga, and kai and were an integral part of the interview process. More time was dedicated, by both the interview facilitator and kaikōrero, to accommodate for this before the evaluation kōrero commenced. The interviewer facilitated the kōrero bilingually- in a combination of English and te reo Māori according to the preferences of kaikōrero. A summary of the evaluation team and different roles is available in Appendix A.

The evaluation also involved a review of existing project documentation including project plans, funding agreements, and evaluation reports to respond to the evaluation questions posed by ACC and 'My Home is My Marae' community providers. A summary of the evaluation process is captured in Figure 2 below.

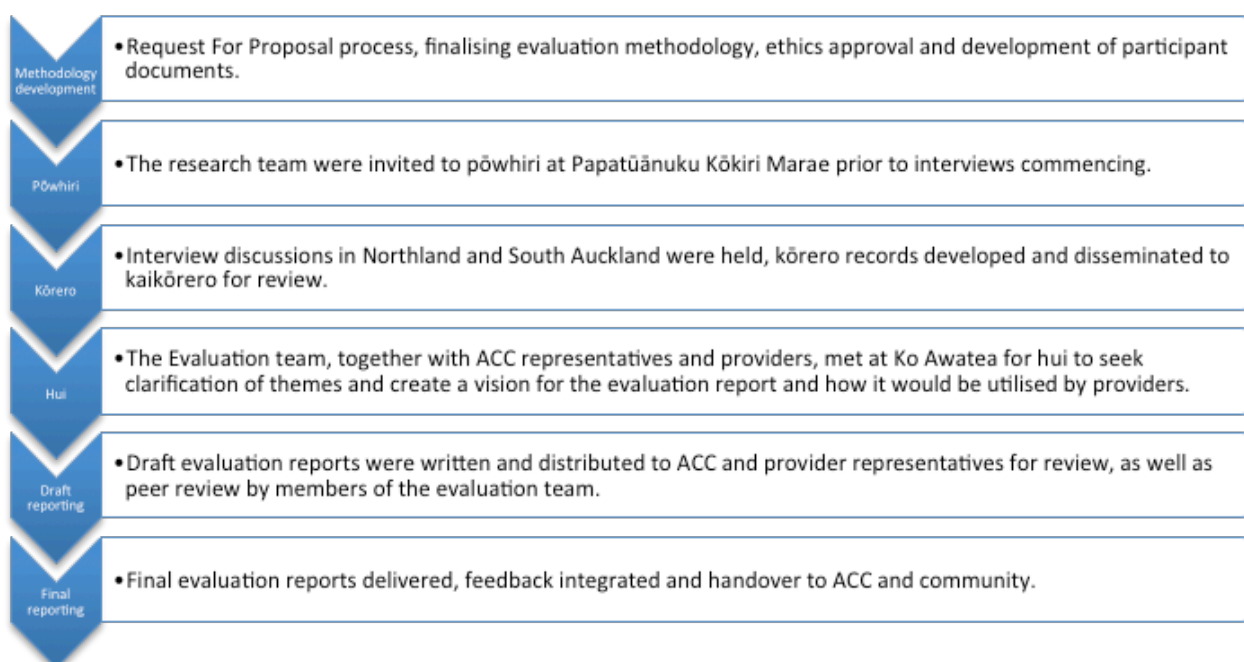


Figure 2: A summary of the evaluation process

## KŌRERO FINDINGS

The findings below are presented as key strengths of the 'My Home is My Marae' approach to injury prevention. This is followed by a discussion of challenges of the approach and opportunities for improvement that have been identified by kaikōrero.

### Key Strengths of 'My Home is My Marae'

From the evaluation kōrero, five key strengths of the 'My Home is My Marae' emerged: Mana tangata (reputation, respect and credibility), manākitanga (generosity and care for people), kānohi-ki-te-kānohi (face-to-face discussion), capacity building for kaimahi, whānau and providers as an organisation, and 'low cost/ no cost' solutions to hazards in the home.

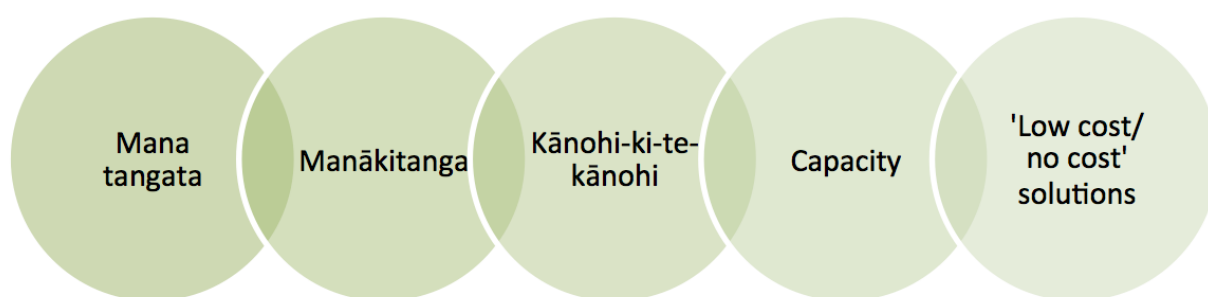


Figure 3: Summary of key strengths of the 'My Home is My Marae' approach to injury prevention in Māori Communities

### Mana tangata and manākitanga

Across kaikōrero, a powerful and consistent message emerged- the importance of having the right people (at ACC and in the community) to support and deliver 'My Home is My Marae'. Getting this right impacts (i) buy-in from provider organisations to deliver the programme in local communities, (ii) engagement and credibility with local communities and (iii) the integrity of a 'by and for Māori' approach to injury prevention. 'My Home is My Marae' is led by ACC's Injury Prevention Consultants- Hineamaru and Sandra- who are kānohi kitea, and deeply respected by staff from provider organisations. Provider commitment to delivering the 'My Home is My Marae' programme was secured by Hineamaru and Sandra as a direct result of the mana tangata, or reputation, respect and credibility, of these individuals in Māori communities.

Hineamaru and Sandra function as key conduits between ACC and provider organisations- managing kōrero between ACC and providers, delivering training, and offering their commitment and support to kaimahi from provider organisations who deliver 'My Home is My Marae'. More importantly, however, Hineamaru and Sandra are also well known and connected to local providers and Māori communities in which the programme has been delivered. As shown in the following quotes, for all providers, the mana tangata of both Hineamaru and Sandra have been pivotal in their decision to get on this waka, and be a part of this journey in delivering 'My Home is My Marae':

*“The key is the relationships- and Sandra is the key for us and if it wasn’t for Sandra then we wouldn’t have taken part in this programme. Sandra’s relationship with us has been the key. ACC is lucky to have Sandra and Hineamaru”*

*“... Everything we did we did through Hineamaru.. Hineamaru was the conduit between ACC and us. We liked that it was Hineamaru, she was a great go to person, she understood us as Māori”.*

*“If it was anyone other than Hineamaru to come and speak to us we would have said ‘no, it’s not worth it’. . . Hineamaru is trusted by us and she completed the training which was absolutely vital, came back to the marae, did extra training, so that’s one to one going that extra distance. That person is accountable to her marae, her whānau and to the [provider organisation]”.*

The above quotes demonstrate that without these key roles of Māori at ACC, providers would be reluctant to participate in the programme. The networks, relationships and trust that Hineamaru and Sandra have been able to leverage to secure provider involvement in ‘My Home is My Marae’ are a key strength of this approach. However, this same strength also presents challenges for the future of ‘My Home is My Marae’ as it grows- succession planning and supporting sustainability of the approach is further discussed in ‘Challenges and opportunities’.

Kaikōrero advocated that it is also vital to have *“the right mix of providers and the right type of people chosen to go into the homes”* to support whānau engagement. As described by one kaikōrero from a provider organisation, the ‘My Home is My Marae’ approach works because: *“The relationships and partnerships with whānau and community are at our level – they are ours”*.

Having local providers enabled whānau engagement because kaimahi are local Māori, carrying local knowledge, speaking the right language, are personally connected to whānau through whakapapa and their residence in local communities, and have the passion and integrity to deliver messages to whānau in a way that is mana enhancing, and shows whānau they are valued and cared for (see Figure 4).

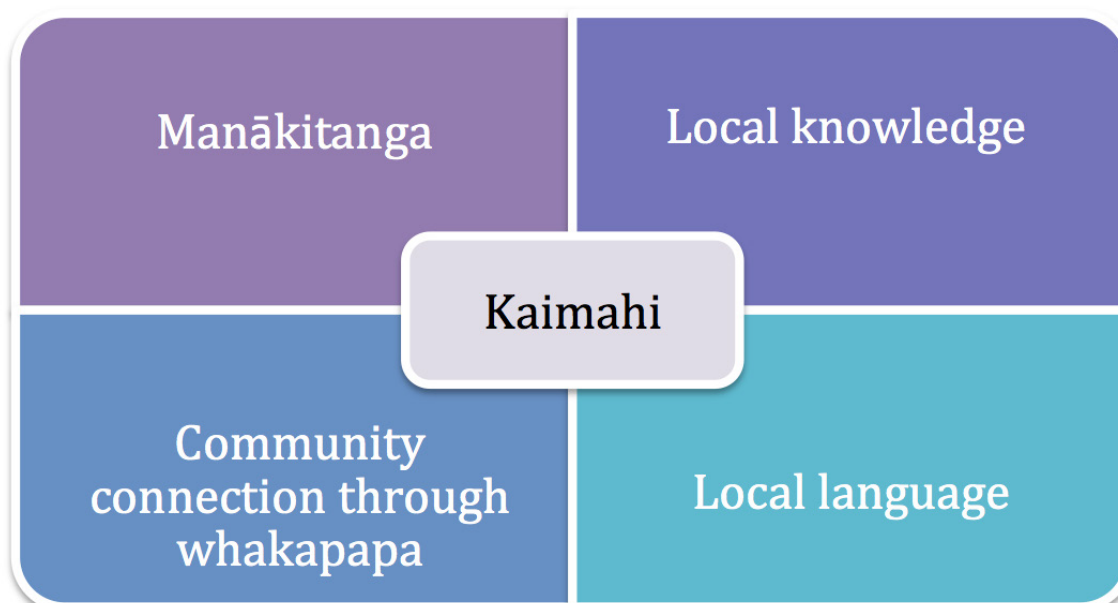



Figure 4: Attributes of kaimahi who deliver ‘My Home is My Marae’



These are unique characteristics of a 'by and for Māori' approach which providers and kaimahi offer the programme- they cannot be replicated or reproduced directly by Māori who are not kānohi kitea, or ACC as an organisation:

*"If you don't know the whānau then you will get the door shut in your face! So having the relationships and trust with our whānau is important. We knew them through whānau and social circles and that's why the programme was acceptable."*

*"Kaimahi (staff) have to be skilled in engaging with our local people. You have to speak their language and be a local. They will ask if you are a local, and if you say no, then you will be lucky if they talk to you. They want a connection and we have had to work at building this connection for many years"*

*"As providers we all have the passion so we thrived doing this programme".*

As highlighted in the narrative from kaimahi, ACC is not perceived by providers or whānau as a socially or culturally appropriate vehicle for messages about home safety to reach whānau: *"They will close the door to their home pretty quick if the wrong people go in and start asking questions"*. As explained by kaikōrero:

*"The perception of whānau is that the main agenda of ACC is to get whānau back into work after suffering injuries. Therefore, whānau are resistant to a relationship with ACC, whereas whānau have relationship with us as providers and as members of their community."*

This distrust of ACC also stems from poor previous experiences with claims processes (Mauri Ora and Associates 2010). In the eyes of whānau, ACC lacks genuine care and value for whānau. Comparatively, kaimahi reported genuinely caring for the local community and expressing manākitanga in the home safety auditing with whānau. The principle of manākitanga also created a safe environment for healing to take place for the whānau as they came to understand and resolve various hazards in their home.

The value of having the right people to engage was a key strength of this approach, yet some whānau were still reluctant to get engaged in the programme, as explained by one kaikōrero:

*"Some of our whānau did prefer us not to go into the home as they felt like could be judged and looked down on so this was an issue but we continued on and worked with these whānau at the marae".*

The above quote demonstrates the commitment of kaimahi to engage with whānau in other settings when they were not comfortable with kaimahi entering their home. Kaikōrero recognised the importance of changing how whānau perceive ACC, and play a role as change agents in changing these perceptions in the work they do.

### Kānohi-ki-te-kānohi

A unique part of the 'My Home is My Marae' approach is that it takes place in the whare of whānau. This is a significant departure from previous approaches undertaken by ACC and providers, and is fundamental to the approach being a 'kaupapa Māori' one- allowing for face-to-face engagement and whakawhanaungatanga with whānau: *"This is not just about the project, this is about creating conversations and talking with our people within the home"*.



In reflecting on how health or injury prevention messages were delivered to whānau previously, one kaikōrero commented that:

*"[Before] it was Health Promotion stuff, standing at a sports event. Handing out pānui, having wānanga. Whānau will be picky and come and not retain anything at all. It wasn't very effective. It was a waste of resources. You never really had the opportunity to engage with the whānau and see what it actually looked like at their whare. Pamphlets were only given - that's what it used to be like".*

In contrast, 'My Home is My Marae' gives kaimahi the opportunity to go out to the whare of whānau and engage with them more meaningfully kānohi-ki-te-kānohi. Kaimahi are grateful and humbled by this opportunity, and recognise its value in connecting with whānau and creating opportunities for further work in promoting the health and wellbeing of whānau.

*"The project gave us a reason to go into the homes and meet with whānau. We cannot just go into the homes and look around and inspect as this is disrespectful. This project has enabled us to go into the homes and talk with our [whānau] and say we are doing this project, [we need] your help and this is the understanding of this project and why we are here".*

As summarised in Figure 5 below, for kaimahi and provider organisations, kānohi-ki-te-kānohi added lots of value to the 'My Home is My Marae' approach, allowing for:

- Kaimahi and provider organisations to better engage and connect with whānau.
- A deeper understanding of the circumstances, home safety hazards and other health issues occurring in the homes of whānau.
- Kaimahi to be more responsive to the unique needs and circumstances of whānau, and to hazards in the home (increased responsiveness).

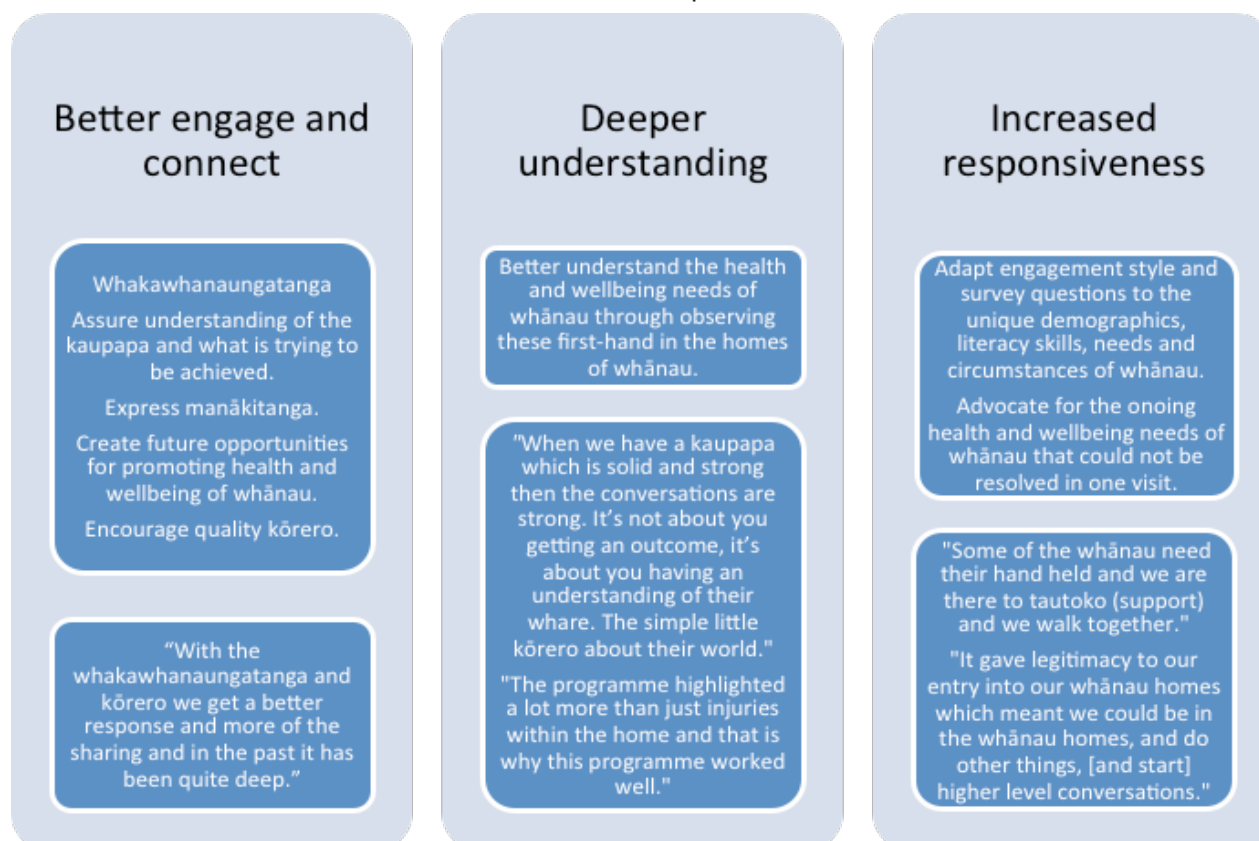



Figure 5: A summary of how kānohi-ki-te-kānohi is value adding for providers



It has already been well established that not all whānau are receptive to the face-to-face approach within their whare. Some whānau may require assurance from kaimahi, or prefer to engage within different community settings beyond the home such as the marae. Reportedly, however, kānohi-ki-te-kānohi has been of preference to whānau, and is particularly advantageous when engaging with whānau who need assistance to complete surveys or checklists. Previous evaluation findings have also highlighted that literacy issues with whānau could be problematic in whānau understanding the audit or other materials provided. The approach was also of particular value to whānau where someone close to them had experienced an injury in the past:

*“The whānau enjoyed having us in their whare and were open to the project due to someone in their whānau (especially their kaumatua) having a fall. The kōrero was the whānau were extremely grateful to have this opportunity because the dangers or the awareness of dangers in the home have been looked at for their homes”.*

All kaikōrero involved in this evaluation emphasised the need for kānohi-ki-te-kānohi in any future model of ‘My Home is My Marae’. However, as further discussed in ‘Challenges and opportunities’, the paperwork that needs to be completed for each household could detract from the value of kānohi-ki-te-kānohi.

### Capacity

Provider organisations have a strong vision for this mahi to expand to a regional or national approach. All providers were determined for the mahi to continue:

*“It cannot stop and there is more work to be done, but this needs to go from a pilot project to something ongoing, something bigger”.*

A key message from providers was that, **with the right resources**, they could reach more whare. This mahi is about the safety of whānau and whakapapa- providers are accountable to other whānau yet to be reached, particularly as whānau demand for the programme is feedback to providers:

*“I was having a kōrero with my aunty and part way through the project she rung me and said ‘boy this is good!’ She echoed my thoughts in saying ‘let’s hope it’s not just a one off’. When you have an old bag like her who loves the kaupapa and [is] complementing ACC, which she normally doesn’t do, then that speaks volumes for me. That this is inspiring and I guess to continue to support this project.”*

*“I want to see that this project gets bigger and it grows for. . . and for our whānau to ensure our homes, and our rural whare of our kaumatua and kuia are looked after by whānau and for whānau”.*

Building capacity to support growth was a key strength of the ‘My Home is My Marae’ approach, and has occurred in two key ways:

- Increasing capacity of kaimahi through train-the-trainer or tuakana-teina approach to training.
- Increasing the capacity of whānau to address hazards.

## Capacity of kaimahi

As explained in the 'Background' section of this report, training is delivered to kaimahi to upskill them with the knowledge they need to complete home safety audits collaboratively with whānau. As well as providing the 'knowledge' needed to identify, isolate, reduce or eliminate hazards, kaimahi also spoke about the spiritual journey, including confidence gained by kaimahi to engage with whānau and empower them to make changes in their whare.

Kaikōrero reported that training was highly valuable in providing kaimahi with the knowledge they needed: *"The train-the-trainer training gave us the tools to go into the homes and strengthen our wairua"*. During the training, kaimahi *"looked at the principles of the programme and had to familiarise ourselves with its resources. We also had to become competent and confident within ourselves and the kaupapa first"*. The above quotes highlight the spiritual and professional journey kaimahi have taken to learn and apply this new knowledge around making homes a safer place for whānau. The spiritual journey continues as kaimahi enter the homes of whānau, and become irrevocably aware of the many challenges that whānau encounter in their daily lives, which is carried on their wairua.

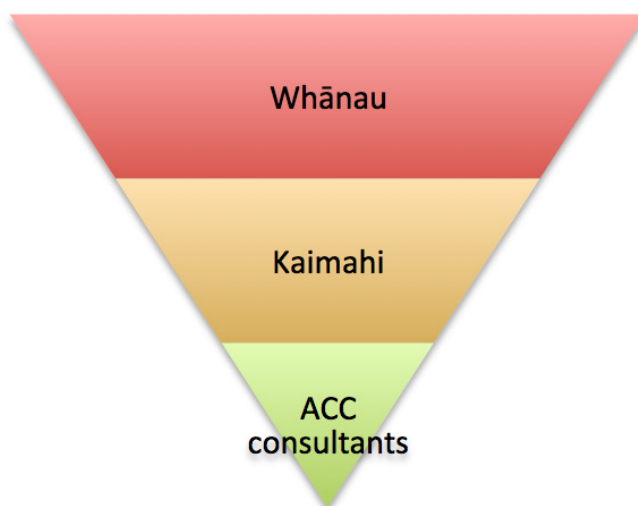


Figure 6: 'Train-the-trainer' model builds capacity through knowledge and skill transfer from Injury Prevention Consultants to Kaimahi to whānau.

The tuakana-teina model to training supports sustainability of the 'My Home is My Marae' by equipping kaimahi with knowledge around reducing hazards in the home and building leadership and capacity amongst whānau and rangatahi (depicted in Figure 6). As explained by one kaikōrero:

*"The good thing about it is that we are not only talking about the awareness with just the mothers and fathers, its with the kids- the mokopuna (grandchildren), kaumatua (elders) and kuia. So this has shown the togetherness and connectedness of the whānau and it has created a wider awareness and a greater involvement of the dangers within the home"*.

While all kaikōrero spoke highly of the training delivered, some suggested that additional training could be delivered to reinforce learnings. Kaimahi are *"hungry for more learning more and to try new things"*. Kaikōrero have been proactive in learning and familiarising themselves with the mahi- building confidence to walk whānau through a home safety audit often involved testing this at home with their own whānau, and becoming more

familiar with all the resources provided by ACC.

Opportunities for whakawhanaungatanga between providers would also support learning:

*“When we are all together (as providers) we have strong unity, and the togetherness and the different expertise is why this programme is great (share ideas/strategies). But there needs to be more opportunities to come together and meet as a whole (collective). Whakawhanaungatanga is very powerful and this provides the wealth of this programme”.*

### *Capacity of whānau*

Observing the impact their work had on whānau was inspiring for kaimahi. Kaimahi found that the approach created awareness amongst whānau about hazards in the home:

*“Whānau didn’t realise the potential consequences of the hazards in their homes because it had never been explained to them. They never thought about hazards because it is the ‘norm’ in whānau homes (ie. it is normal to have these ‘hazards’ in the home as they are not perceived nor recognised as hazards). So this programme was great in that sense that it explained what hazards are and created this awareness for whānau. It was an eye opener for whānau about potential hazards in their homes.”*

The upskilling of whānau promotes tino rangatiratanga (autonomy, self-determination and sovereignty) in protecting whakapapa. This capacity building of whānau also means that “we can call on whānau that we already have engaged to do the mahi and be facilitators of the programme. They are applying these teaching and practices within their homes”.

### *‘Low cost/ no cost’ solutions to hazards in the home*

‘My Home is My Marae’ is based on offering ‘low cost/ no cost’ solutions to hazards in the home. Comments from whānau captured in project document from Tamaki Makaurau Māori Women’s Welfare League stated that “financial costs were the greatest barrier to change” (p.1). Whānau having these options to reduce hazards in their home without a financial cost is a key strength of this approach, particularly in low income households. ‘Low cost/ no cost’ solutions include, for example, tidying up or reducing clutter such as shoes at the front or back door, tying electrical cables together, removing hazards from walkways in living spaces, moving poisonous household items out of the reach of young children, and ensuring spills are cleaned up before anyone risks slipping.

Data collection from the Far North suggests that approximately 76 per cent of hazards identified and recorded in the where of whānau could be resolved through ‘low cost/ no cost’ solutions. In the same communities, approximately 24 per cent of the hazards encountered could not be resolved ‘low cost/ no cost’ solutions, of which 17 per cent required a ‘high cost’ solution, six per cent were ‘not identified’ and one per cent had ‘no solution’. Plumbing and electrical work were classified as carrying a ‘high cost’ for whānau.



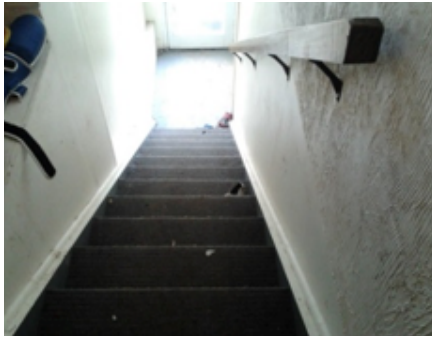


Figure 7: Steps and a stairwell with no 'low cost/ no cost' solution.

For kaimahi, encountering hazards which cannot be resolved through 'low cost/ no cost' solutions results in advocacy work as they provide ongoing guidance and support to whānau in addressing hazards through the likes of their landlords, or Housing New Zealand. This ongoing advocacy is a responsibility carried by all kaimahi:

*"You identify the small hazards around the home, but then you still have the bigger hazards in which the whānau then go back to because they are too pōhara to address them. Once you start identifying the hazards you then look inadequate as you have informed whānau of the hazards but they cannot afford to fix them. Therefore in the end, what have you really delivered?"*

*"There were quite major hazards, especially for kuia and kaumatua who were often living alone in their homes. By going into homes with this programme you identify the safety risks but then what? Whānau are left disappointed due to the limited funding to fix the hazards that were identified. . . You cannot harass whānau for an hour for this kaupapa and then say 'thanks for filling in my forms' and have really achieved nothing with the whānau".*

Despite the importance of having 'low cost/ no cost' solutions to household hazards, the above quotes highlight the need for improved funding and partnership approaches to eliminate hazards which are unaffordable for whānau to resolve, or are the responsibility of third parties such as landlords.

## Challenges and opportunities

While kaimahi have valued the 'My Home is My Marae' approach as an opportunity to engage with whānau, this has not been without frustrations. The following section discusses key challenges of the approach and opportunities these challenges present for improvement of the programme. In summary, the biggest challenges related to: funding, resource development, and relationships within and beyond ACC in sustaining 'My Home is My Marae' and addressing real issues in the homes of whānau.

### Funding

Throughout this evaluation, it has been clear that the strengths of 'My Home is My Marae' emerge from the ability and commitment of kaimahi to deliver home safety audits using a kaupapa Māori approach. For example, the establishment of whakawhanaungatanga, or taking the time to build and establish rapport with whānau in a meaningful way, resulting in whānau being more receptive to the programme, better 'buy-in' and therefore higher possibility of successfully completing the necessary activities required (as per the audits). Related to this however, has been the added reciprocal responsibility of kaimahi becoming

advocates for whānau, and maintaining accountability for following up hazards in the whare of whānau. The establishment of whakawhanaungatanga (as just one of a number of aspects related to the kaupapa Māori approach) has also been able to occur because of specific attributes of the kaimahi (such as being known to whānau, regularly seen within communities and having well regarded personal and professional reputations) that also supported the success of this project. Combined, these and other aspects of the kaupapa Māori approach were critical to the whānau engagement with the programme, but have been severely underestimated in terms of time and resourcing (e.g. length of time and resource to engage whānau), and acknowledgement of these aspects needs to be addressed in a more meaningful way, for example, through further funding, resourcing and recognition of what works.

The personal and professional characteristics of kaimahi are highlighted in the findings as core and essential in delivering an approach that is kaupapa Māori consistent. Currently, however, *delivering a kaupapa Māori consistent approach relies on the aroha and manākitanga of provider organisations and kaimahi, and the additional hours and resources spent to do this appropriately and in a meaningful way, is often undervalued and/or unrecognised.*

Managerial staff clearly communicated that the mahi cannot continue to be financially undervalued and resourced by the passion of kaimahi. Providers are excited and inspired by the opportunity to connect with their whānau that this programme has provided, and appreciate the training and support of ACC in doing so. However, managerial staff have strongly communicated that to support sustainability of the approach *“there needs to be more value to those delivering at ground level”*:

*“ACC need to have a ‘real’ relationship with Māori providers. A part of this relationship is paying what the mahi is really worth. We are over being paid peanuts. We need people (ie. ACC) to realise that we as Māori are doing it for Māori”.*

## Resource development

The resources provided by ACC are generic home safety tools that are at times inconsistent with the Kaupapa Māori approach- they are not localised for community relevance, do not incorporate te reo Māori, have no branding connection to provider organisations, and are currently not able to be adapted by providers. Giving providers the autonomy to adapt ACC resources to be more community and context specific would support increased whānau engagement and increase local relevance. This was particularly evident when considering the image of a home on a teaching aid in which whānau can ‘spot the hazards’ as depicted below in Figure 8.

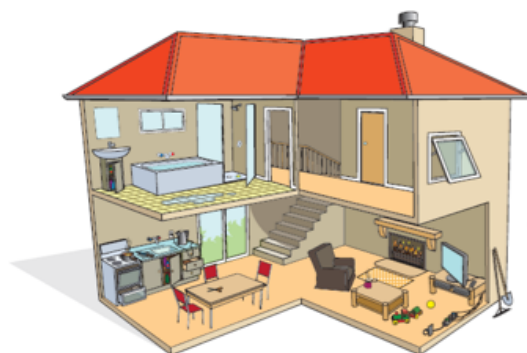


Figure 8: Picture of home on the ‘spot the difference’ teaching aid for use during home safety audits.

This home was not representative of homes in all provider communities. As suggested in the narrative from kaimahi, there was a lot of variance in the type and condition of where visited- some of which were single level dwellings, others which may not even have a bath.

Doing a home safety audit requires completing the checklist. Previous evaluations have reported this is too long, and at times made whānau feel uncomfortable when confidential information such as names and addresses were required.

*“When you do go into home you have the big checklist, it is an opportunity, [but] it’s full on for a whānau to take on. As the second year came around we found strategies to incorporate the wording so we made this clearer for whānau. We had to cover everything and tick it”.*

Depending on the providers and different messages that need to be delivered, there are sometimes multiple checklists or forms or paperwork that need to be completed. This takes time, can inhibit whānau engagement, and significantly adds to the workload of kaimahi:

*“The paper work was huge and whānau don’t want to take that amount of time to fill out the relevant paperwork. The length in time to then do the database entries and online data forms (for reporting) was substantial- it all took a long time. So the time factors for the programme were not effective for us”.*

Kaikōrero suggested use of an application (App) or other online tool for data collection to minimise how intrusive paperwork can be in the whare, and reduce the amount of work which needs to be committed by kaimahi in reporting- adding value for providers and whānau. Different formats were raised during the kōrero, including an App, survey monkey format, use of video clips for knowledge sharing- anything that is “simplified and user friendly and [presented] in a way that engages our whānau”.


Key benefits of technological aids identified by kaikōrero include:

- Reduced time needed for data entry and reporting.
- Adding to the toolbox for whānau engagement (to stop whānau “drifting away” during audits).
- Reduced demand on whānau time and energy.
- Reduced ‘double handling’ of information (i.e. from forms to computerised reporting), which also reduces the possibility of inputting errors.

## Partnership building

The work of ACC’s Injury Prevention Consultants (Hineamaru and Sandra) was previously identified as a key strength of this approach. As key conduits between ACC and providers, leaders and advocates of the approach, and Māori well connected to the local providers and Māori communities, Hineamaru and Sandra have secured the engagement of provider organisations to deliver this mahi. While this is a strength, the growth and expansion of ‘My Home is My Marae’ demands increased engagement of ACC staff:

*“ACC need to understand and work with the providers a lot more. They need a better relationship with providers. While people like Hineamaru have the knowledge to relate to our communities, others higher up in ACC management don’t have the same skills”.*



Kaikōrero would like to see increased engagement of ACC management- further exploration with providers around the level of this engagement and what this engagement should look like is needed. Currently, that the programme sits solely with two key staff members could be detrimental to programme sustainability- impacting engagement of provider organisations, and capacity of ACC to continue supporting the approach. Succession planning and wider involvement of ACC in the portfolio of 'My Home is My Marae' will in the future be needed to support expansion of the approach regionally and/or nationally.

Beyond the relationship between ACC and providers, other Government relationships need to be further developed. As earlier discussed, kaimahi work as advocates to address hazards in the home of whānau, particularly those that cannot be resolved through a 'low cost/ no cost' solution. Not addressing high cost hazards identified in the home of whānau, is to disregard the broader social causes impacting the state of housing and health and wellbeing of whānau. Kaikōrero often spoke about Whānau Ora as an example of an approach which facilitates collaboration between Government agencies to improve the health and wellbeing of whānau:

*"Whānau Ora is our partnership because this is the approach that guides whānau through budgeting support services, Housing NZ, WINZ and other agencies. Having these inter-connections and partnerships through Whānau Ora is important. As part of Whānau Ora, whānau have a 'whānau plan.' Home safety fits within a Whānau Ora context, and therefore the MHMM programme essentially sits within Whānau Ora and therefore should be incorporated into the 'whānau plan'. This would be useful so that agencies (Housing NZ, WINZ etc), can then work together in addressing whānau needs and the safety needs within the home".*

The Whānau Ora approach was heralded by kaikōrero for supporting Government agency collaboration to address underlying causal issues of ill health in Māori communities:

*"If the programme took a Whānau Ora approach from the start, then it would have been amazing. A kaupapa Māori framework specific to each community is important. Providers should have input into these frameworks and the focus should be on reducing inequities and improving the wellbeing of Māori, and their safety in the home".*

The current development of ACC's 'Responsiveness to Māori' strategy is a good opportunity to consider how 'My Home is My Marae' fits within a broader framework for improving the health and wellbeing of Māori, and builds and enables Government relationships to achieve better outcomes for Māori.

### Summary of kaikōrero findings

In essence, kaupapa Māori is an approach whereby Māori is normalised, and is "therefore about the creation of spaces for Māori realities" (Pipi et al. 2004, p.143). Aspects of 'My Home is My Marae' which are consistent with a kaupapa Māori approach include:

- Mana tangata and manākitanga of kaimahi and Injury Prevention Consultants leading the approach.
- By and for Māori delivery of the programme which values kānohi-ki-te-kānohi (face-to-face interaction/discussion with households) and the whakawhanaungatanga that this allows, and localises the approach for engagement through provider organisations relevant to local contexts and needs.
- Home safety audits being a strengths building exercise in which kaimahi and whānau are empowered with the knowledge and skills they need to identify hazards in their

whare.

- 'Low cost/ no cost' solutions reducing the financial commitment required of whānau to make their whare a safer place.

The mana tangata of people who support and deliver 'My Home is My Marae' was a strong theme consistent in the kōrero of all providers, and across many aspects of the programme approach and delivery. ACC's Injury Prevention Consultants are fundamental to the engagement of provider organisations in delivering the programme- not just in their skills to deliver training, act as conduits between providers and ACC, and complete the mahi, but in being kānohi kitea and respected by staff from provider organisations.





## EVALUATION RECOMMENDATIONS

The following recommendations are informed by the evaluation findings. The recommendations aim to leverage identified strengths of the approach or address key challenges and opportunities for improvement, in efforts to increase responsiveness to Māori in injury prevention. Decision making in partnership with provider organisations is emphasised in these recommendations, as this is essential to ensure 'My Home is My Marae' maintains the integrity of 'by and for Māori' and alignment with Māori values and tikanga.

Operational and strategic recommendations aim to support the progression of 'My Home is My Marae' from trials to a more permanent approach to injury prevention. However, moving beyond the primary scope of this evaluation, some aspirational recommendations are also included, based on significant insights from evaluation kōrero which need to be considered as part of a broader vision and direction of 'My Home is My Marae'.

### Operational recommendations

- Continue working with local Māori providers, who are best capacitated to deliver 'My Home is My Marae' to ensure engagement from whānau.
- ACC marketing team review the findings of this report and seek input from the current providers in order to develop home safety audit resources that better meet the local-level needs of whānau.
  - › Ensuring that questions in the home safety audit are understandable, relevant and mana enhancing to support whānau engagement.
  - › Enabling localisation of standardised ACC resources and teaching aids used throughout home safety audits for provider organisations to better tailor resources in response to unique community characteristics and needs.
- ACC Injury Prevention to explore opportunities for digitisation of home safety auditing to reduce duplication of work, simplify progress monitoring and evaluation reporting, and strengthen kānohi-ki-te-kānohi approaches through reduced intrusion of paperwork in the home.
  - › More extensively utilise photos to capture 'before' and 'after' impacts of eliminating, isolating or reducing hazards in the home to reduce reporting requirements.
- Provide further opportunities for kaimahi across provider organisations to come together for sharing and learning around 'My Home is My Marae' to support increased collaboration, innovation and whakawhanaungatanga between provider organisations.
  - › This is an opportunity for problem solving through the network which can be shared with other programmes at a regional or national level.

### Strategic recommendations

#### *Fulfilling Māori aspirations for 'My Home is My Marae':*

- ACC Injury Prevention ensures that it has succession planning for the community injury prevention consultants who lead this programme- to maintain and grow staff

with high cultural competence in tikanga and te reo Māori.

- In consultation with provider organisations, establish clear expectations that kaimahi have of ACC in regards to building a stronger future relationship, and ongoing engagement and consultation.
  - › Establishing what the relationship with ACC, providers and Māori communities would ideally look like in the future.
  - › Increasing visibility of ACC with kaimahi from provider organisations.
- In partnership with providers, adapt ACC's safer homes intervention logic to make it more 'My Home is My Marae' specific, and better capture 'inputs', 'outputs' and Māori aspirations of 'My Home is My Marae' held by providers and whānau.
  - › These may need to be localised for specific communities in partnership with local community leaders.

#### *Resourcing/funding of the 'My Home is My Marae':*

- ACC to ensure ongoing commitment from providers, acknowledge the aroha and manākitanga of kaimahi, and the full extent of work done to deliver an injury prevention approach which is kaupapa Māori consistent, through revised funding or other resource models.

#### *Future evaluation:*

- Participant responses from the whānau should be incorporated in future evaluation projects to capture their unique perspective.
- ACC to monitor data input and provide additional support around monitoring and reporting of home safety auditing outcomes to ensure consistent and complete data collection, collation and storage.

#### **Aspirational recommendations**

- ACC management to take increased responsibility for improving relationships with NGO's and Government agencies to deliver collaborative solutions to persistent issues with the state of housing impacting on the rate of injury in Māori communities.
- In partnership with providers, address how 'My Home is My Marae' fits within a broader Whānau Ora approach to health and wellbeing that enables increased Government accountability around resolving high cost hazards identified in the homes of whānau.

## TE REO MĀORI GLOSSARY

Aroha:	Compassion.
Kaikōrero:	A speaker. In this evaluation report, Kaikōrero refers to evaluation participants who contributed to kōrero throughout this evaluation.
Kai:	Food or meal.
Kānohi-ki-te-kānohi:	Face-to-face discussion.
Kānohi kitea:	Being a seen face in the community.
Kaimahi:	Worker. In this evaluation report, 'kaimahi' describes trained staff who work in the home of whānau to conduct home safety audits.
Kōrero:	Speech, narrative or discussion.
Kuia:	Female elder.
Koroua:	Male elder.
Mana tangata:	In this evaluation, mana tangata refers to the reputation, respect and credibility of Injury Prevention Consultants and kaimahi which supported provider and whānau engagement in 'My Home is My Marae'.
Manākitanga:	Respect, generosity and care for people.
Mihimihi:	Introductions and acknowledgements.
Mokopuna:	Grandchildren.
Pākeke:	Adults.
Pōhara:	Poor or poverty stricken.
Tamariki:	Children.
Tautoko:	Support.
Wairua:	Spirit.
Wānanga:	Workshop/ training day or educational symposium.
Whakāro:	Thoughts or perspectives.
Whakawhanaunatanga:	Establishing relationships.



## EVALUATION TERMS GLOSSARY

Appreciative inquiry methods:	Appreciative Inquiry is a 'glass-half full' approach that looks at the best of what already exists, to provide a foundation for thinking about how things could be in an ideal situation (Bushe, 2011).
Critical success factors:	Elements or parts of the 'My Home is My Marae' approach which are really important for the success of the programme.
Evaluation method:	A series of steps taken to acquire knowledge or information in response to key questions about a programme, service or facility.
Executive summary:	A brief section which summarises a longer report or other document.
Infographic:	A visual way of presenting information to help it be more quickly and easily communicated and understood.
Interview facilitator:	A member of the evaluation team who met with the kaimahi for kōrero to collect their thoughts and perspectives.



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## APPENDIX A: EVALUATION TEAM PROFILE

### Lead investigator: Brooke Hayward

Brooke Hayward commenced her position as Evaluation Officer at Ko Awatea in February 2015. She returned to New Zealand this year after working for three years as the Research and Evaluation Officer on the Healthy Together Victoria initiative at Cardinia Shire Council, Victoria, Australia. Brooke is grateful to be home working on projects with local relevance, and is passionate about improving health and wellbeing in all communities, but particularly about reducing health inequities across different cultural and equity groups. As the lead investigator for this evaluation, Brooke was responsible for managing the day-to-day progress of this evaluation, and final reporting.



### Interview facilitator: Mataroria Lyndon (Ngāti Hine, Ngāti Whātua, Waikato)

Mataroria Lyndon is a Clinical Fellow for Ko Awatea, with his research field in healthcare systems, while also completing his PhD in medical education. He is passionate about enabling Māori youth into the health workforce, and improving the delivery of healthcare through public health and medical education. He is a member of the Māori Health Gains Advisory Committee for Auckland, Waitemata, and Counties Manukau District Health Boards. For this evaluation, Mataroria conducted bilingual interviews with provider staff, and assisted with the analysis of kōrero.



### Co-investigator and writer: Luis Villa

Luis Villa is a Public Health Physician and currently the manager of Ko Awatea's Research and Evaluation Office. He has more than 15 years of experience in evaluation of health programmes in Europe, Africa, the Americas and NZ. He has extensive experience working with refugees and disadvantaged populations in different cultural settings and has successfully established partnerships with Māori, Pasifika and refugee communities in New Zealand. Luis led the completion of the Request for Proposal for 'My Home is My Marae' alongside the evaluation team, supported project management, and contributed to writing this evaluation report.





**Translator and writer: Hineamaru Lyndon (Ngāpuhi, Ngāti Hine, Tainui)**

Hineamaru Lyndon has an extensive background in Specialist Language learning in te reo Māori, and has completed Masters level papers in Applied Linguistics. Currently, Hineamaru is completing a case study towards her MA which focusses on Boundary cultural mapping and Dialectal cultural maps using use and occupancy methodologies. Hineamaru has worked with interviewing, translation and transcription projects for local whānau and hapu. Hineamaru is at home in Māori and Polynesian contexts and considers her ability to relate to different cultures as a personal strength. Her tribes and culture are important as they inform her world view.



**Kaupapa Māori consultant: Andrea Elliott-Hohepa (Ngāti Maniapoto, Tainui, Ngāti Pahauwera, Ngāti Kahungunu)**

Andrea Elliot-Hohepa is Director of OTS Consulting, a research and evaluation consultancy that specialises in projects with direct positive outcomes to Māori and indigenous groups. She has a law degree and Masters of Indigenous Studies – her thesis topic investigated concerns for Māori regarding cultural and intellectual property matters. Andrea has been involved in the field of research for a number of years, working with a range of Government, non-government (NGO), Māori and indigenous individuals, groups and organisations. For this evaluation, Andrea was the kaupapa Māori consultant.

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