Cultural fit: An important criterion for effective interventions and evaluation work

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Cultural fit is a concept that can be applied to the effectiveness of one's evaluation practice as well as the interventions that seek to help people. We argue that there is substantial vagueness about being culturally competent, or culturally responsive, or both, and that the concepts these terms are attempting to embody can be viewed better as a continuum of skills, knowledge, attitudes, and positioning. We propose replacing these terms with the concept of cultural fit; that is, the contextual stance or positioning of a practitioner or evaluator as an insider, of the same culture(s) as the service user or evaluand, and having a congruency with the service user or evaluand's core cultural values. We argue that the cultural fit between organisational staff and service user creates grounds for greater effectiveness, and therefore the concept of cultural fit is potentially an important effectiveness criterion for interventions and evaluators. Cultural fit also has relevance both for commissioners of evaluation (in reflecting on how they might reasonably assess the cultural fit of an evaluation team, or evaluator, or both), and for evaluators themselves, as a way of measuring their own cultural fit and how this impacts on their effectiveness as an evaluator.

Cultural fit is a concept borrowed from the human resources literature. It is defined in that particular context as "congruency with an organisation's culture, exhibiting the characteristics, language and values that exist within an organisation" (University of Kent, 2012). Cultural fit was an important criteria for success identified in two interventions through a developmental evaluation process (Patton, 2010). The evaluators took part in a journey of developmental evaluation with two organisations developing specific Māori and Pasifika approaches with young people and their families, whānau and āiga[1] to improve youth mental health and wellbeing. Attaining a high degree of cultural fit was greatly valued by the organisations as being effective for Māori and Pasifika interventions, and was therefore used as a part of an evaluative framework developed to judge the effectiveness of these two interventions in a transparent and culturally responsive way.

The purpose of this article is to explore the nature of cultural fit as a concept that is potentially useful to describe the intentional matching of service providers and service users, as well as service providers and evaluators. Culture, as defined by Betancourt, Green, and Carrillo (2002, p. 1) is "an integrated pattern of learned beliefs and behaviours that can be shared among groups. It includes thoughts, styles of communicating, ways of interacting, views on roles and relationships, values, practices, and customs". It can be extended to other "sociocultural factors" that shape one's values and belief systems, for example, language, gender, socio-economic status, and occupational group.

While the authors often refer to cultural fit in relation to ethnicity (i.e., Māori and Pasifika cultures) they acknowledge that culture can

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1   We have chosen to use the Samoan term āiga to describe the Pasifika families involved in the service because it was a term used by the providers. We also use the generic term *family* rather than whānau and āiga throughout the text for ease of reading.

be defined in many different ways with many layers. For example, youth culture is also a strong aspect relevant to the service model reflected upon in this article, and offers another layer of culture that sits within the cultural positioning of the young people as Māori and Pasifika.

The interventions: Background, purpose, and intent

In response to the statistic that one in every five young people in Aotearoa New Zealand is expected to experience some form of mental illness, the National government initiated the Prime Minister's Youth Mental Health Project (Prime Minister's Project) in 2012. The Prime Minister's Project aims to build on the strengths of the current system by improving the links between services and youth, and to explore some of the promising innovations happening within the youth mental health sector, resulting in 22 initiatives (Te Puni Kōkiri, 2012) across four identified settings—schools, online, families and communities, and the health system—being refined, designed, and implemented (Key, 2012).

Recognising that "Māori and Pacific young people have comparatively higher rates of mental illness than other young people in Aotearoa, and [that] services are not always working well for them" (New Zealand Government, n.d) the Prime Minister's Project sought to trial an innovative approach that recognised the needs of Māori and Pacific young people and their family (Key, 2012). This resulted in the application of the Whānau Ora approach as a pathway to engage young people and their families to support them towards mental wellbeing. This approach acknowledged that building resilience, leadership, and capability within young people and their families could lead to young people living with an improved sense of mental wellbeing.

Whānau Ora is an inclusive interagency approach to providing

health and social services to build the capacity of all New Zealand families in need. It empowers families as a whole, rather than focusing separately on individual family members and their problems. Whānau Ora navigators or practitioners work with families to identify their needs, develop plans to address these needs and broker access to a range of health and social services (Te Puni Kōkiri, 2012). Whānau Ora seeks broader outcomes for families, including: being self-managing and empowered; experiencing positive cultural, social, and economic outcomes; having the collective capacity and strength to pursue their aspirations; having goals and plans; and being skilled in accessing social support (Taskforce on Whānau-Centred Initiatives, 2010).

Two services were selected for the Prime Minister's Project—an Auckland-based Pacific provider,[2] and a Hastings-based Māori provider.[3] Each provider was charged with adapting and delivering a whānau-centred approach to working with young people and their families that was culturally responsive and provided holistic, wraparound support. Each service employed one to two staff members to take on the role of the whānau navigator and work with young people and their families.

A Māori and Pacific collective of evaluators was also placed alongside the providers in a developmental evaluation process to support the design and implementation of Whānau Ora for Youth Mental Health services. The evaluators provided some additional capacity to support the providers and enabled them to explore and reflect on the depth and breadth of what their Whānau Ora approach would look like and aim to achieve, as well as how they could collect data to evidence their achievements.

A key aim for the providers was to develop cultural- and

2   Pacific Island Safety and Prevention Project, commonly known as "The Project".
3   Central Health.

family-based approaches for youth mental health (Te Puni Kōkiri, 2012), that is, a Māori and Pasifika response to working with young people and their families who had experienced or were at risk of experiencing mental health issues. These providers developed, adapted, and delivered kaupapa Māori (by Māori, for Māori) and Pasifika approaches (by Pasifika, for Pasifika) on the basis of their cultural knowledge, values, and experience. These approaches were provided in specific geographical, cultural, and community contexts quite different from each other.[4] One service context was based around iwi and hapū links, while the other drew from a range of Pasifika urban communities. For effective design, it is important to note the context from which these cultural approaches were developed. That is, they were provided by a Māori or a Pasifika organisation that: a) used Māori or Pasifika staff members who had the appropriate skills and experience to work with young people and their families; b) included a focus on families as well as young people (i.e., worked with families as well as young people's aspirations and needs); and c) implemented their service using a range of Māori and Pasifika cultural approaches and frameworks that were seen as essential to good outcomes for these young people and their families.

The two services used a range of context-specific cultural imperatives (Dobbs & Eruera, 2014), some of which were captured in the evaluative frameworks developed with them to measure their progress and effectiveness. Examples include cultural processes such as conducting hui, wānanga, fonotaga, or talanoa, and the use of ethnic-specific language. They also worked with family members to address multiple needs, for example, working with siblings and parents (or grandparents, caregivers, and other family members) to address housing, education, employment, and caregiving needs,

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4   Auckland is the largest city in New Zealand, with Hastings being a smaller, provincial town.

while working with the young person's own goals, mental health needs, justice, or education issues.

Dobbs and Eruera (2014) found that the use of cultural imperatives has potential to inform wellbeing and transform behaviours in intimate partner and whānau relationships for Māori. They assert that cultural imperatives such as whakapapa, tikanga, wairua, tapu, mauri, and mana are protective factors for whānau wellbeing and intimate partner relationships, and for addressing family violence. Ultimately, Dobbs and Eruera (2014, p. 1) advocate that kaupapa Māori conceptual frameworks and Māori models can change the way significant issues for whānau can be understood and managed by whānau and those providing services to them.

Cultural fit within kaupapa Māori and Pasifika approaches

Cultural fit was identified and valued by the providers as an important factor and key element of a successful initiative. The authors propose that while there has been much written about a range of culturally responsive concepts, particularly in the health sector—such as cultural awareness, cultural safety, cultural appropriateness, cultural competency, and cultural capability—there is some vagueness about how these concepts are interpreted and implemented. While cultural competency builds on preceding concepts and terminology such as cultural awareness, cultural security, cultural respect, and cultural safety (Grote, 2008) it appears that most of these concepts discuss the need to work more effectively in cross-cultural situations (Cross, Bazron, Dennis & Isaacs, 1989) and reflect the purpose to address inequities in access to health and social services for minority populations (Grote, 2008). The Health Practitioners Competence Assurance Act 2003, a framework for the regulation of the practice of health practitioners in New Zealand, ensures that the function

of each registration authority includes setting standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of that particular profession. This framework attempts to, again, provide a way for practitioners to work more effectively by enhancing knowledge and skills to be applied in cross-cultural settings.

Competency is generally seen as a developmental process advancing across novice, advanced, and expert stages, and is defined as the possession and demonstration of a set of required knowledge, skills, and attitudes within the context of providing services within a professional scope (New Zealand Psychologists Board Te Poari Kaimaatai Hinengaro o Aotearoa, 2011). While there are many cultural competency frameworks developed for various professional contexts, it has been argued by Baker and Levy (2013) that the emphasis on knowledge and skills acquisition has denied a focus on the challenging personal work around values and knowledge bases that requires reflection, challenge, and sometimes realignment. Similarly, there has been a lack of focus on organisations and systems being culturally competent (Sones et al., 2010).

A core focus of the Aotearoa New Zealand Evaluation Association (2011) is for evaluators to have an awareness of self and of one's position in relation to others. As such, cultural competency is a central component of the Aotearoa New Zealand Evaluation Association (ANZEA) evaluator competency framework (Aotearoa New Zealand Evaluation Association, 2011). In line with Baker and Levy (2013), we believe that a key tenet of this framework to building cultural competency is through personal work, that is, reflective practice. The evaluation standards developed by SuPERU and ANZEA for Aotearoa New Zealand also support a consideration of culture and context, including how it is reflected in the evaluation design and methods (SuPERU & ANZEA, 2014).

LaFrance (2004) states that evaluators should not assume they can understand the culture of every group that they work with, and that cultural competency and cultural responsiveness is a process and a lifelong endeavour. In many contexts the practitioner or evaluator is often a person from a culture that is not the service user or evaluand. Thus cultural competency and cultural responsiveness focuses on working to cross this cultural divide. While it is important to work to ensure greater cultural competence, such as suggested by Betancourt et al (2002), there has been a call for other strategies, particularly from indigenous peoples, to better match service providers with the service user. These strategies include the notion of *cultural concordance,* which is the matching of health-care professionals and patients in terms of their race or ethnicity (Cooper & Powe, 2004). A second strategy is identified within The Wharerata Declaration which advocates for indigenous leaders in the mental health system and "the strategic use of both indigenous cultural and clinical approaches in structure, process and outcome" (Sones, et al., 2010, p. 5). Both strategies support the argument for indigenous people providing for their own as best practice for greater health outcomes, while also acknowledging that mainstream systems require culturally competent workforces and organisational systems.

In light of this discussion, we also propose that cultural competency and cultural responsiveness can be better viewed through a continuum of cultural fit. At one end is the health practitioner or evaluator as insider (of the same culture(s) as the service user or evaluand, and having a congruency with core cultural values). At the other end is the health practitioner or evaluator as outsider (not being of the culture(s) and having an absence of congruence with core values held by service user or evaluand). We propose that this creates grounds for greater or less effectiveness of the interventions, services or evaluation being undertaken. Cultural fit has similarities with the concept of

concordance, that is, "a state of agreement or harmony", and it may exist in a number of domains such as gender, ethnicity, and sexual orientation (Cooper & Power, 2004, p. 3). Their review of health care research led Cooper and Power to conclude that patient–physician concordance leads to better: communication, patient understanding, patient adherence, and appropriateness of care. These elements, in turn, result in improved health status, equity of services, and patient satisfaction. Cooper and Power argue that cultural matching of health-care providers and patients assumes that concordance is more easily developed between people from the same cultural background. We agree with this argument and further extend on this to include the importance of practitioners or evaluators who 'fit' culturally with the service user or evaluand and exhibit the characteristics, values, language of the service users or evaluand.

Baker and Levy (2013, in Te Pou, 2015) similarly identify two (not necessarily equally effective) components of system-wide cultural responsiveness: 1) universal cultural competency across the broader workforce, and 2) a specialised, culturally competent, indigenous or culturally specific workforce (p. 7). It is the latter component that we argue provides greater effectiveness for service delivery and evaluation work. We propose that an indigenous or culturally specific workforce is more likely to possess values, characteristics, and language that are congruent with the cultures of the service users or evaluand; in other words, there is a greater degree of cultural fit. This cultural fit requires the provider and evaluator to not only reflect on their skills, knowledge, and attitudes, but also their positioning. This reflection includes considering whether they are of the culture or cultures, and how congruent (or in concordance) they are with the core cultural values of the programme recipient, or the evaluand, or both.

Although there appears to be an imbalance of resources (that is, too few resources) that are allocated to Māori professional development

initiatives (Baker & Levy, 2013), the involvement of Māori and Pacific in the planning and delivery of health services has been an important prerogative for addressing health issues (The Standing Committee, 1988, in Baker & Levy, 2013; Ministry of Health, 2014). In particular for Māori, *He Korowai Oranga* – the Ministry of Health's (2002) Māori health strategy—affirms Māori approaches, Māori models of health and wellness alongside Māori-led initiatives to improve the health of whānau, hapū, and iwi.

These models and approaches require leadership as well as cultural and clinical competency and a focus on the Māori workforce participating "as Māori" (Baker & Levy, 2013). Baker and Levy provide an example of Māori registered nurses working "as Māori" in the health sector. This example emphasises the importance of having clinical and cultural competency and explicitly recognises indigenous health as a specialised area of practice drawing from the knowledge and skills of te ao Māori (Sones et al., 2010; Maxwell-Crawford & Ihimaera, 2012, in Baker & Levy, 2013). This work requires the bridging of two knowledge bases and value systems, support to do this in one's practice, development of best-practice models and tools to draw on from indigenous worldviews, and indigenous leadership.

Wehipeihana (2013) put forward a framework for evaluators that also considers ways of increasing participation and control by indigenous peoples and communities in evaluation "as Indigenous people" (p. 8). The continuum outlines a range of evaluator positionings when working with indigenous people and communities from doing "to, for, with, by, and as" indigenous communities (see Figure 1).
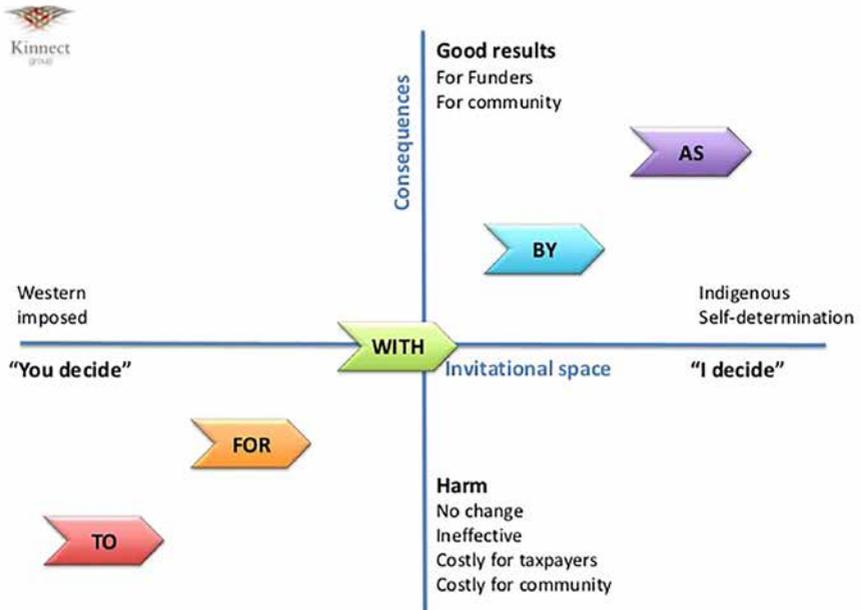
Figure 1. Locating evaluation practice: Evaluation as an expression of power, control and consequences (Wehipeihana, 2013).

This multidimensional continuum is charted from "western imposed/ evaluator decides" at one end to "indigenous self determination/ indigenous decides" at the other. The effect of these positions on a multidimensional continuum can range from "harm, no change or costly" consequences to "good results for funders and community." This framework highlights evaluation work 'as Māori' or 'as indigenous' at the height of self-determination and effectiveness.

> Evaluation as (Indigenous) community is based on community views on what is valued and what constitutes credible evidence. It does not exclude Western values or notions of credible evidence, but only as far as it is seen to be useful. There is no automatic or presumed right of participation by non-Indigenous people or approaches, only by invitation. (Wehipeihana, 2013)

Having a high degree of cultural fit with the recipients of programmes and evaluands means a high level of congruency with their culture and an ability to exhibit the characteristics, language, and values of those recipients. Cultural fit assumes that this congruency creates an ability to understand the nuances of cultural practice and knowledge that is required for practitioners and evaluators to be respected and accepted by service users and evaluands. We argue that this leads to more effective outcomes, such as: processes of engagement; effective and trusting relationships; and greater understanding of cultural nuances/knowledge which result in greater outcomes for service users and evaluands). A continuum of cultural fit can be useful in many cultural contexts as a value held in high regard which positions a provider or evaluator as from "inside" or "outside" that culture, and identifies the level of congruency they have with that cultural context.

LaFrance (2004) proposes that embedding evaluation within an indigenous framework is more culturally responsive to the tribal ethics and values of the participants or evaluand. Similarly, kaupapa Māori research and evaluation frameworks and service delivery models align well with the concept of cultural fit by virtue of being undertaken by Māori, with Māori, for Māori. We argue that such indigenous models describe a higher level of self-determination that can precede a higher level of effectiveness as operating "as Māori" and "as Pasifika". Thus indigenous models, in evaluation and service delivery, sit at the higher end of the cultural-fit continuum proposed by the authors and provide a role of oversight and control. This example can also extend to include Pasifika research and evaluation, and service delivery approaches for Pasifika.

Understanding cultural fit: Lessons from the field

Very early in the developmental evaluation process, the importance of cultural fit was apparent at different levels. These levels included:

· **Concept**: Māori and Pasifika young people, whānau, and āiga draw on Māori and Pasifika cultural knowledge frameworks and ways of being.
· **Design**: Māori and Pasifika approaches are required to address youth mental health for Māori and Pasifika young people.
· **Service**: Māori and Pasifika providers including staff are required to work with Māori and Pasifika young people, whānau, and āiga, "as Māori" and "as Pasifika".
· **Evaluation**: Māori and Pasifika evaluators with congruent frameworks and practices would be best suited to work with Māori and Pasifika people and providers.

These are described below in more depth.

Conceptual level

From the inception of Whānau Ora for Youth Mental Health, the commissioning agent, Te Puni Kōkiri, sought to fund providers who could apply culturally anchored practices and beliefs within a whānau-centred approach. Whānau and āiga are pivotal in Māori and Pasifika life respectively, as they provide the mechanisms through which young people develop and sustain connections not only to their immediate family, but also to their extended family, whakapapa, ancestors, or tūpuna who have passed on. These connections also extend to the bodies of land and sea which they are linked to and sustained by. The strengthening of whānau and āiga to secure a strong sense of belonging and identity is an essential, culturally relevant practice that can elevate the wellbeing of young people.

Design level

Each provider was given a mandate by the Whānau Ora commissioning agent, Te Puni Kōkiri, a government agency, that leads

public policy and advises on policies affecting Māori wellbeing. This mandate was to adapt and implement a Whānau Ora approach to positively address youth mental health. The approaches the providers delivered demonstrated the desire to ensure there was cultural fit between the young people and families. Key design aspects that demonstrated cultural fit were:

· Grounding the approaches in cultural framework(s) that are relevant to the provider and the service users, for instance, iwi, hapū, and Pasifika-based frameworks.

· Using cultural practices to inform "work with" youth and their families, for instance, the use of fonotaga, hui, talanoa, mihi, pepeha, karakia, reciprocity of giving such as "random acts of kindness", manaaki, and also sharing and teaching these practices to the youth and families.

· Focusing on engagement through relevant cultural approaches such as fonotaga, physical activity and sport mediums, connection to marae, hapū, pūrākau, youth, whānau and āiga-directed needs-based support.

· Emphasising the Whānau Ora approach as essential to youth mental health so that families are supported and equipped to provide the support that their young people need. In particular, they focused on whānau as a whole through attention to whānau-led goals, as well as specific youth-led goals. This supported the parents/caregivers and other siblings to meet their specific needs for education, employment and housing while also supporting their young person.

Service level

To deliver this culturally embedded approach, both providers selected staff who had high levels of cultural fit. This resulted in high levels

of engagement, and good working relationships with young people and their families. Their cultural fit was demonstrated in a number of ways: their being of the same culture as the participants; their intuitive understanding of cultural context needs (i.e., they know the culture intrinsically and they act intrinsically); their ability to use cultural practices; and their understanding of cultural norms. They related to Māori or Pasifika young people and their families in a way that built trust and relationships to provide an effective service to those who accessed their services. For Pasifika families, the right gender fit was an important aspect of their cultural approach.

Evaluation level

The evaluation commissioner, Te Puni Kōkiri, sought to secure an evaluation team that was able to be responsive to the two selected providers (Te Puni Kōkiri, 2012). The cultural fit of the evaluation team, comprising one Pasifika and two Māori evaluators, was important to the two service providers, particularly as early relationships were forming. As mentioned earlier, the providers integrated cultural knowledge and tools into their ways of engaging and working within their Whānau Ora for Youth Mental Health approaches, and provided relevant and responsive approaches to specific participants in unique locations and settings. Given the composition of the evaluation team and their grounding in these cultural practices, values, and knowledge bases, the weaving of these approaches into the evaluation design and process was important. For example, establishing meaningful relationships through relevant cultural practices is important for both Māori and Pasifika people.

While there are cultural similarities, for example, in the cultural practice of building relationships, it was essential for the Māori evaluators to be led and guided by their Pasifika colleague in the Pasifika context. The Pasifika evaluator was respected and trusted by

the provider and staff, which over time was extended to the entire team, following the practices of fonotaga and talanoa and valuing the time and space the evaluators shared with the providers. The Māori evaluators acknowledged their position as non-Pasifika and therefore when engaging with the Pasifika provider deemed themselves as "outsiders" and not at the highest level on the cultural fit continuum. They required the leadership and guidance of a Pasifika evaluator and a Pasifika evaluation approach. This situation demonstrated that there was a certain level of scaffolding or layered learning and support required from an "insider" to enable "outsiders" to work cross-culturally in a way that is deemed appropriate by an "insider", and ultimately the service provider the evaluators were working with and for.

The importance of cultural fit was highlighted in many ways throughout the fonotaga and hui undertaken with the providers and staff. Ultimately, cultural fit was identified as a key principle of effectiveness for service design and delivery. To enable the concept of cultural fit to be articulated in a way that providers and participants could relate to and use as one tool to measure the effectiveness or quality of their service, a rubric or framework for transparently measuring success was co-developed with each provider (see Table 1). One criterion identified by providers and evaluators as important was *relationships with the young people and their families.* Table 1 describes the various levels of effectiveness based on the trust and respect developed between staff and young people and their families, and the level of their cultural fit and intuitiveness around cultural context needs.

Table 1. Evaluating service effectiveness—example of cultural fit criteria

Criteria	Emergent/not yet adequate	Meeting basic requirements	Developing effectiveness	Consolidating effectiveness	Highly effective
Relationships with…(how well did we establish relationship)	For the majority (>50%) of whānau and āiga, no trusting relationship developed by staff, staff unable to respond appropriately to the cultural context.	For the majority of whānau and āiga, staff beginning to build trust and respectful relationships, can identify cultural context needs.	For the majority of whānau, staff building trusting and respectful relationships, can identify and respond appropriately to cultural context needs.	For the vast majority (>75%) of whānau and āiga, staff well trusted and respected, can identify and respond appropriately to cultural context needs.	For the vast majority (>75%) of whānau and āiga, staff fully trusted and respected, are intuitive to cultural context needs, and are an excellent 'cultural fit' with the whānau and āiga.

Conclusion

This article proposes that the practitioner's or evaluator's positioning is important, if not crucial, for effective outcomes, and this can be described in part by the cultural fit or alignment one has with the values, characteristics, and language of the culture(s) of the programme recipient and evaluand. A key point here is that providing services and evaluation to people from the basis of the same core cultural values and experience (as an insider) contributes to enhanced and improved processes, practice, evaluation and outcomes for service users. An example of this is "by Māori for Māori", "by Pasifika for Pasifika" programmes and services. Having providers who understand the culture and many of its implicit behaviours, values and characteristics from their own experience of being in and from that culture, is a feature of many indigenous people groups, and their call to provide for their own. For Māori and Pasifika peoples this is

a concept that is particularly relevant. In Aotearoa New Zealand the call for Māori and Pasifika-driven initiatives has been a key aspiration—the aspiration to provide for ourselves is an expression of tino rangatiratanga (for Māori) and self-determination (for Pasifika).

Cultural fit is put forward in this article as a continuum that may reflect aspects of cultural responsiveness and cultural competency, but which particularly distinguishes the positioning of programme providers and evaluators from inside or outside the culture(s) of the recipients and evaluands. We propose that a high degree of cultural fit at the upper end of the cultural fit continuum places the provider and evaluator in a position of alignment and congruency with the cultural values, characteristics and language of the recipient and evaluand. This also positions the provider/evaluator as being of the culture(s) of the recipients/evaluand and as working from the culture, "as Māori, with Māori", "as Tongan, with Tongan", or "as women, with women", for example. This positioning creates more effective connections and engagement as the experiences, values and knowledge are shared and understood by all.

In acknowledging that cultural fit is an important element for effective Māori and Pasifika evaluations and interventions, this article also reflected on how this might affect the commissioning of interventions for Māori and Pasifika and the commissioning of evaluation for Māori and Pasifika-driven approaches. Of note, this article suggests that the current commissioning practices around interventions, initiatives, and evaluation need improving. Such improvement would include increased involvement by Māori and Pasifika providers in the delivery of effective interventions, and Māori and Pasifika evaluators in the undertaking of, and capacity building for, evaluation work required. It also proposes that commissioners, policy makers, and evaluators develop an understanding of the argument for highly effective cultural fit and the need for continuing to gather evidence

of such work. In addition, this article suggests that commissioners should be able to benefit from being able to identify and assess cultural fit of evaluators to various contexts, and that evaluators would be able to assess and improve their response through understanding their positioning on a continuum of cultural fit.

Glossary

Words within Māori and Pacific languages come with a spirit and essence far greater than a literal meaning. However to enable readers' understanding of our use of Māori and indigenous Pacific words used in this article a glossary has been prepared. It is important to note that the Samoan language has provided the basis for many of the Pacific words drawn upon in this article. Definitions have been sourced from the authors and the online version of the Te Aka dictionary (http://www.maoridictionary.co.nz)

Āiga a Samoan term for the immediate and extended family

Aotearoa the Māori name commonly used for New Zealand

Fonotaga a Samoan term for a meeting or process of engagement where knowledge is shared

Hapū a Māori term to describe a number of whānau connected by ancestry who form a large kinship group

Hui a Māori process to meet, discuss and share information

Karakia a Māori term for incantation or prayer

Manaaki a Māori value which is to show support, hospitality and care for those you are connected with

Marae the Māori term used to describe a complex of buildings that provide a physical and spiritual home for whānau who are connected by ancestry, values, language, land and history

Mihi a Māori term to greet or give thanks

Pepeha a way for Māori to express your connection to people, land and history

Pasifika indigenous peoples of the Pacific Islands living in Aotearoa New Zealand and ways of working with Pacific people living in Aotearoa New ZealandPūrākau | a way for Māori to share their experience or story

Talanoa a term used by Pasifika researchers to describe a process of talking; of engaging and sharing, usually face to face, sometimes deeply; a process that seeks to talk without concealment; a process that seeks a point of understanding or resolution

Wānanga a Māori process for deep learning and sharing of traditional and contemporary information, knowledge, and skills

Whānau a Māori term for immediate and extended family

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