TE PŪTAKE – WHAKAUAE RARO

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Unpacking the interface: Kaupapa Māori research and Appreciative Inquiry in practice

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Acknowledgement: Pātiki Pattern (front cover & throughout)
The kōwhaiwhai pattern is of the pātiki and was designed by Honor McCorkindale for Ngāti Hauiti to reflect one of the mōkai left by Tamatea Pōkai Whenua in the district.

WHAKAUAE
Research for Māori Health and Development

Mihi

Ka tiaho mai ngā whetū o Puanga	*The lights of Rigel glows*
Hei tohu o te Kauaerunga	*The beacon of celestial origins*
Ka whitiwhiti mai te rā	*The sun shines bright*
Hei ara ki te Kauaeraro	*A pathway to terrestrial horizons*
Ngā pou o te Whare Kura	*Pillars of higher institutions*
Ko Papatūānuku, i tūhonotia e te	*The female form, joined*
Pito o Te Hono i Wairua	*by the umbilical cord to Te Hono I Wairua*
Ko Ranginui, i tūhonotia e te kāwai	*The male form, joined*
i Tākawe o Kahukura	*by lineage to Tākawe o Kahukura*
Ki te Whaiao, ki te Ao mārama	*Behold the world of light and understanding*
E ngā whānau, e ngā hapū ō	*To the families and extended families of the*
Ngāti Hauiti whānui	*wider Ngāti Hauiti group*
Nei rā te mihi atu ki a koutou katoa	*This is our greetings to you all*
Mauria mai o koutou mate kua tangihia	*Bring your departed, so that we may weep*
kua mihia i waenganui i a tātou	*and pay homage to them together*
Nōreira, e te whānau, tēnā koutou,	*Hence whānau, our greeting,*
tēnā koutou, tēnā koutou katoa	*thrice greetings to you all*

Many generations ago, out tupuna Tamatea Pōkai Whenua travelled through the Rangitīkei valley naming places along the way. The range, that extends, from the north-west of Mangaweka along a ridge to the west behind Taihape, was so named; "Te Whakauae ā Tamatea Pōkai Whenua" (The Jawbone of Tamatea Pōkai Whenua).

The jawbone of a Rangatira was said to be where mātauranga, both celestial and terrestrial knowledge was stored. It was for that reason Whakauae Research Services was so named.

We believe that information researched and gathered by Whakauae Research Services, in relation to all things Ngāti Hauiti should, most appropriately, be stored in an institution of that name.

Matua Neville Lomax

Te Pūtake - Whakauae Raro Occasional Series

Te Pūtake – Whakauae Raro Occasional Paper Series is a forum for working papers, original research and review studies, commentary and reflective essays on issues of relevance to whānau, hapū and Iwi Māori. Produced by Whakauae Research Services Ltd, these peer-reviewed papers are designed to disseminate formative thinking, early research findings, critical commentary and ideas to support discussion and engagement around creating positive outcomes for all Māori. The Series explores aspirations, challenges and important new issues arising from research on hauora Māori, where hauora is defined in its broadest sense, and is intended to address a wide audience of national and international change-makers.

The name *Te Pūtake – Whakauae Raro* reflects the merging of two key concepts central to Ngāti Hauiti's tradition of pursuing knowledge and applying that knowledge for the benefit of its people. The kupu *pūtake* refers to the idea of the source or origins; the origins of Hauiti as a people, but also the origins and creation of knowledge. *Te Pūtake* is also the name given to Ngāti Hauiti's own journal, a document launched in 2006 and intended to support Iwi advancements through the provision and dissemination of Hauiti-specific whakapapa, waiata, mōteatea, pūrākau and other scholarly writings.

Whakauae Raro, meanwhile refers to origins of our organisation's name. Our name is derived from *Te Whakauae ā Tamatea* (the Jawbone of Tamatea), a hill country range between Mangaweka and Taihape in the Rangitīkei and named by Hauiti tupuna, Tamatea Pōkai Whenua. In Māori tradition, the jawbone holds significant meaning referring both to te kauae-runga (celestial knowledge) and te kauae-raro (terrestrial, or worldly knowledge). *Te Whakauae ā Tamatea* provides Ngāti Hauiti with a physical and cultural link to ancestral knowledge and traditions. As the Ngāti Hauiti centre for health research and development, Whakauae Research Services Ltd is a hub for information and knowledge that strives to improve Māori communities and embody the essence of Te Whakauae ā Tamatea.

Te Pūtake – Whakauae Raro Occasional Paper Series brings these two traditions of knowledge and information together. Launched during the time of Puanga, this series of occasional papers also serves to remind us of the need to take stock, to reflect on the past, to make time for wānanga and to re-energise for future challenges. Thus, *Te Pūtake – Whakauae Raro Occasional Paper Series* seeks to promote new knowledge, new ways of thinking and of contributing to knowledge and evidence which upholds and supports Māori wellbeing. We hope you enjoy the series.

The Editorial Team

Unpacking the interface: Kaupapa Māori research and Appreciative Inquiry in practice

Dr Heather Gifford, Gill Potaka-Osborne & Lynley Cvitanovic

Acknowledgements

Sincere thanks to Dr Fiona Cram of Katoa Ltd for her comprehensive review of this paper. We have taken account of Fiona's feedback and used it to strengthen the paper wherever possible. Where we have missed opportunities to further improve the paper, we take full responsibility for this. Thank you also to Dr Monica Koea for taking the time to review our draft and offer constructive comments that we have also used to refine the final product.

1. Context

This paper builds on work exploring the compatability between Kaupapa Māori Research and Appreciative Inquiry (Cram, 2010; Gifford et al., 2023) in the specific context of the *He Waka Eke Noa* research project[1]. *He Waka Eke Noa* is premised on Kaupapa Māori methodology (Mahuika, 2008; Pihama, 2010; Curtis, 2016); that is, Māori realities and ways of knowing are fundamental. Kaupapa Māori provides a culturally grounded approach to qualitative research (Smith, 2021). It embodies the dual purposes of giving voice to Māori and championing a matauranga inspired structural analysis of power, privilege and racism to drive positive change for Māori (Smith, 2012)[2].

Appreciative Inquiry offers a strengths-based framework for organisational change (Cooperrider et al., 2008; Cooperrider et al., 1987). Both Kaupapa Māori research and Appreciative Inquiry prioritise people and relationships; Kaupapa Māori primarily within whānau and community contexts and Appreciative Inquiry at the organisational level, suggesting at least some level of compatibility despite very different origins.

We made an early research design decision to test Appreciative Inquiry for its compatibility with Kaupapa Māori, such that Kaupapa Māori is the foundation of the *He Waka Eke Noa* study.

[1] He Waka Eke Noa is a single-site study examinining whānau-informed concepts of best primary care practice to inform system shifts that may influence earlier cancer diagnosis and treatment for Māori. The objectives are to: (a) investigate primary health care and whānau notions of good practice, to increase Māori access to primary health care in the pre-diagnosis phase of cancer (b) bring primary health care staff and whānau perspectives together to identify the shifts necessary to ensure earlier diagnosis (and therefore treatment); and to (c) test the ability of primary health care staff and whānau on one site to better position health services to be whānau-informed. It is part of the broader five-year Kia Puāwai Ake Ngā Uri Whakatupu: Future Generations research programme, funded by the Health Research Council of New Zealand. The programme is led by Whakauae Research Services, an Iwi-owned health research centre based in Whanganui, Aotearoa NZ and recognised for its contribution to Kaupapa Māori research over the past 20 years.

[2] We anticipate that readers will be familiar with KM research, basic Māori kupu and concepts. No glossary of terms has therefore been provided.

A review of the literature confirmed our initial assessment that there is strong resonance between Kaupapa Māori Inquiry and AI *[Appreciative Inquiry]*. AI *[Appreciative Inquiry]* as a strengths-based approach that is both transformative and future focused clearly positions it as a good fit with…Whakauae research principles…. The privileging of participant narratives and an emphasis on 'lived experience,' further cements *[it's]* resonance with Kaupapa Māori inquiry. Finally, *[it's]* … positioning …as a decolonising instrument validates its use in a Kaupapa Māori setting. (Gifford et al., 2023, p.21)

> "Appreciative Inquiry concentrates on what is 'working well,' how and for whom."

The Appreciative Inquiry focus on what research participants 'appreciate' about the issue being investigated is consistent with "the dual approach of Kaupapa Māori inquiry, incorporating an affirming lens whilst also being cognisant of the impact of the structural determinants of wellbeing" (Gifford et al., 2023: 20). Appreciative Inquiry concentrates on what is 'working well,' how and for whom. Nevertheless, exploring challenges, losses and social structural factors, including racism, in conversations with researchers, remains within bounds (Gifford et al., 2023).

Despite promising literature review findings, we were wary of taking a KMAI research approach in the context of whānau cancer journeys. All key participants are patients enrolled with Gonville Health (GH), a single site general practice, and their whānau. All have a cancer diagnosis in the recent past. We anticipated that the cancer journey would significantly increase the likelihood that patients and their whānau would be dealing with deeply sensitive and complex issues relating to loss and grief, some of them specific to their cultural identity as Māori (Edwards et al., 2005). As Kaupapa Māori researchers, we are mindful of such sensitivities and are supported by a Tikanga Advisory Group, available to guide the conduct of the research throughout.

Alongside undertaking this sensitive research with whānau, we have been using an approach new to us - Appreciative Inquiry and specifically KMAI - making for a challenging research undertaking. Even though collectively the members of our research team bring with us more than 60 years of Kaupapa Māori research experience, the *He Waka Eke Noa* study has inarguably presented a steep learning curve. We have asked ourselves how we might be able to usefully and sensitively bring an appreciative lens to our interactions with whānau in the context of the study. What could whānau possibly appreciate about their cancer journey? How could Appreciative Inquiry responsibly champion the principles of Kaupapa Māori research? What positive difference could the research potentially deliver for whānau (Rua, 2022)? These are confronting questions that we feel we need to engage with on an ongoing basis.

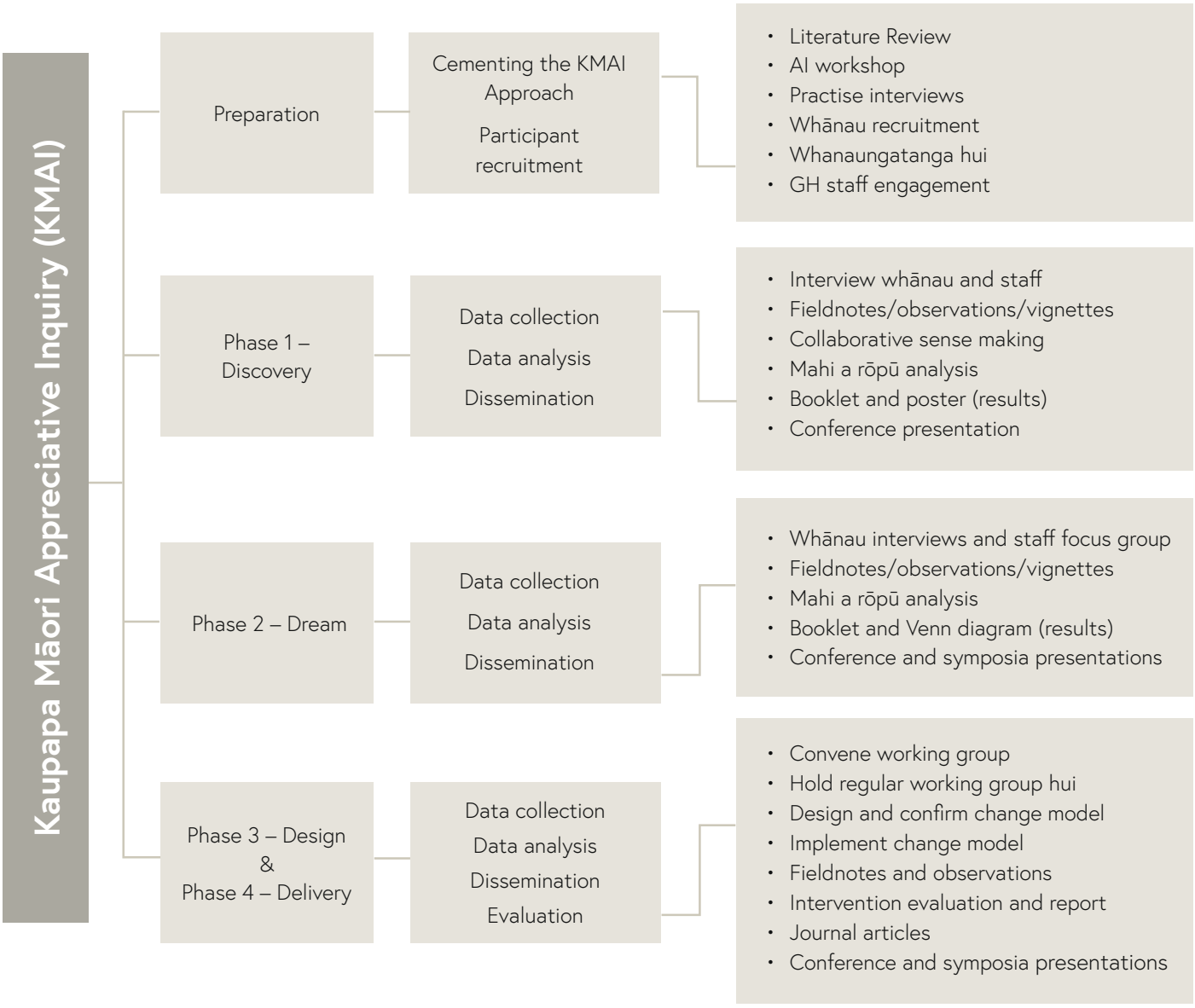
Finally, the paper addresses a notable gap in the literature; the implementation of a complete KMAI process[3] with whānau incorporating all four Appreciative Inquiry phases. We discuss the advantages of KMAI for Māori researchers working in the community and wanting to effect positive systemic change from research. We include our thoughts on further embedding KMAI in wider Kaupapa Māori research.

[3] Although *He Waka Eke Noa* was conducted over an extended period of four years a full KMAI study could be conducted over a much shorter timeframe.

2. Kaupapa Māori Appreciative Inquiry in action - what we did

Fieldwork preparation, participant recruitment, implementation of our four KMAI phases (summarised in Figure 1 below) and brief reflections on each phase are included in this section.

Figure 1: KMAI Flow Chart – Study Summary



PREPARATION

Our literature review (Gifford et al., 2023) identified a dearth of published material referencing Appreciative Inquiry's compatibility with either Indigenous research generally or Kaupapa Māori research specifically. With respect to the latter, Dr Fiona Cram's work is a notable, if now dated, exception (Cram, 2010). Cram (2010) identifies Appreciative Inquiry's potential for Kaupapa Māori research and documents trialling the initial Discovery Phase of a four phase Appreciative Inquiry process in a Kaupapa Māori research context.

To deepen our understanding of Appreciative Inquiry, we commissioned Dr Cram to facilitate an interactive workshop with us. The workshop included coaching participants in an Appreciative Inquiry informed reframing of traditional problem and solutions centred research questioning. Shifting our thinking to a focus on appreciation and potential proved surprisingly challenging even for some of the more experienced researchers among us.

As we explored testing the alignment of Appreciative Inquiry with Kaupapa Māori research, we increasingly recognised that KMAI offers a potentially innovative and exciting approach to conducting research with whānau Māori alongside supporting organisational change.

PARTICIPANT RECRUITMENT

In order to capture the perspectives of both whānau and Gonville Health staff, we recruited study participants in each of these categories. We used two different recruitment processes which we outline below.

WHĀNAU

Māori patients living with cancer and enrolled at Gonville Health, were recruited through leveraging the expertise of a Gonville Health nurse practitioner seconded to the research team. Referencing selection criteria developed by the research team, she reviewed the enrolled patient database and identified potential study participants. Criteria for inclusion were Māori patients with a cancer diagnosis within the past four years, who indicated an interest in taking part in the research. The database review identified 35 patients who met the first two of these criteria.

A script was developed and used by the nurse practitioner to guide telephone conversations with potential participants, most of whom were unknown to her. The script included broadly explaining the research and gauging initial interest. The nurse practitioner's use of the script was complemented by her own professional practice intuition and, in a few cases, her knowledge of a potential participant. Where interest in the study was voiced, she sought consent for further contact from a research team interviewer. As a result, nine patients were shortlisted for follow-up.

To initiate kōrero with these patients more than 200 contacts were made using multiple communication methods, including mobile and / or landline telephone calls, text messages, Facebook Messenger, email and postal mail. After 16 contacts, two patients withdrew due to family, health, and / or work commitments. A total of seven patients agreed to participate in the initial Discovery Phase of the study, opting to also invite members of their whānau. What these whānau 'looked like' varied, with most including a number of whakapapa whānau, at different points in the study, and one limiting wider whānau involvement to a single key whānau member.

GONVILLE HEALTH

Recruiting Gonville Health staff to take part in the study was straightforward. The Gonville Health clinical director, both a research partner and a member of the research team, sponsored the recruitment process internally. He raised staff awareness and ensured that opportunities were provided to 'opt in' to the study, supporting the participation of a diverse cross-section of staff. The following section explores whānau and staff participation in the Discovery Phase.

DISCOVERY PHASE – LISTENING AND LEARNING TOGETHER

The Discovery Phase involved engaging participants in an exploration of what they consider 'best' about their lives in the context of their cancer journeys – especially in relation to their whānau, their health care generally and Gonville Health specifically. The focus was on uncovering examples of what is working well and what is making a positive difference (Cram, 2010).

WHĀNAU

Two experienced Kaupapa Māori community researchers, one Māori and the other Tangata Tiriti, interviewed patients and their whānau in this phase. The interviews were led by the Māori researcher with seven patients, together with their whānau, participating in separate interviews.

The interviews were conducted consistent with 'business as usual' for Whakauae as a Kaupapa Māori health research centre. Kaupapa Māori guided every interaction with whānau, from the inclusion of karakia and koha, to the sharing of kai and whakapapa. Whakawhanaungatanga created space for participants and interviewers to hui as whānau, as relations, as we made connections across peoples, places, and time allowing for deeper conversations about the research. 'Setting the scene' in this way meant that whānau knew who was inviting them into what kind of space; namely, a Kaupapa Māori research context.

> "Whakawhanaungatanga created space for participants and interviewers to hui as whānau."

We had intended to conduct a single kanohi ki te kanohi interview with each patient and their whānau in this phase of the research. However, two were conducted; data were collected in both instances. The main reason for conducting two interviews was to better accommodate the sensitivity of whānau cancer journeys, including the cultural dimensions of these journeys. The decision to invite whānau to take part in two separate interviews was made organically in response to our situational assessment, as experienced Kaupapa Māori researchers, when we first entered the field. All seven whānau opted for two interviews which together, gave us rich insights into issues, including the health and wellbeing of participants.

The two interviews with each whānau additionally supported making optimal use of an Appreciative Inquiry lens; the time spent with each meant that we were better positioned to recognise gaps in our KMAI practice and to address these in 'real time'. Of course, the Appreciative Inquiry lens was particularly important in colouring how we phrased interview questions. We were open with whānau about our formative use of KMAI and, in particular, our limited experience with Appreciative Inquiry, and encouraged their feedback on our practice.

Our first interview with each whānau group took as long as was needed to share connections, kai, experiences and initial Discovery-focused insights and ranged from approximately 1.5 hours to 2.5 hours in length. We did not audio record these interviews largely because of the sensitive nature of the research focus. We wanted to make sure that the whānau were as comfortable as possible, upholding their mana and proceeding with respect and care (Edwards et al., 2005) as we built relationships between us.

We compiled field notes and together debriefed after each interview. A combined written summary of what was discussed with whānau during each interview was then compiled. These interview summaries, or vignettes, were later shared with participants with any necessary amendments being made at their direction. The vignettes offered insights into what mattered most to whānau on their cancer journey and how Gonville Health primary care was supporting them on that journey. Creating, sharing and revising the vignettes reflected our commitment to accurately capturing the voices of whānau and to being sure that whānau felt that they had been heard.

The second, more formal interviews were conventional in terms of process, with the relationships established during the first interview making for a smooth transition to the further sharing of insights. Vignettes compiled following the first interview were referenced in this second interview as they formed a foundation of knowledge that patients and whānau were then invited to talk more

about, minimising the need for them to have to repeat themselves. The follow-up interviews were briefer than the first, ranging from 45 minutes to 1.5 hours in duration. Each was audio recorded and transcribed for analysis.

GONVILLE HEALTH

In the Discovery Phase, two senior members of the research team led out interviews with Gonville Health staff. Both researchers have clinical backgrounds; one with primary health care and public health experience and the other as a general practitioner (GP) and health researcher. The two operated using a Te Tiriti model; one researcher being Māori and the other Tangata Tiriti.

Gonville Health provided a list of a cross section of staff members from which the researchers finalised a shortlist of those to invite to take part in the research (refer Study Participant Recruitment section above). The interview invitations and interview timetable co-ordination were done by Gonville Health team leaders, making managing the schedule around a busy clinical load very easy for the research team.

> “ The purpose of these individual interviews was to determine the strengths of Gonville Health. ”

The purpose of these individual interviews was to determine the strengths of Gonville Health in meeting the needs of Māori patients and their whānau and to encourage staff reflection on their own contributions, however seemingly small, to supporting earlier cancer diagnosis among Māori. The researchers conducted interviews with nine participants from across the full range of employment categories at Gonville Health, including general practitioners, nurse practitioners, nurses, allied health staff and administrators. The interviews, lasting from 30-60 minutes, were audio recorded and transcribed.

DATA ANALYSIS

The Discovery Phase concluded with an intensive mahi ā rōpū or collective data analysis process (Boulton et al., 2011). We independently reviewed a full range of data, including interview transcripts, vignettes and field notes, before participating in a hui to discuss and agree on themes.

We gave careful thought to how best to return our findings to participants in ways that were both manageable and meaningful, particularly given the poor health of some whānau members and the competing demands on their time as well as on that of Gonville Health staff. We subsequently chose dissemination vehicles that allowed findings to be shared widely and in formats that were visual, engaging, straightforward, and as easy as possible to understand at a glance. A slim draft booklet was produced for whānau, written in plain language and entitled *Whānau Kōrero,* along with a poster for Gonville Health staff.

We met separately with each whānau group to present the booklet, discuss the draft findings and support sense making. The Gonville Health poster was also shared with whānau during these hui. Gonville Health management identified interested and available staff to participate in a findings and sensemaking hui; ten staff subsequently joined the hui including three who had also taken part in Discovery Phase interviews. During the hui, the research team presented the poster which was then discussed in detail and finalised. The *Whānau Kōrero* booklet, outlining whānau findings, was also shared and discussed with staff. It was the first time that some had ever received appreciative feedback directly from whānau about Gonville Health services; the sense making hui was particularly impactful for them as a result. Both whānau and Gonville Health participants talked about how much they appreciated seeing themselves accurately reflected in these dissemination outputs.

The research team's original intention to engage the same Gonville Health staff participants in each phase of the study was, at this point, re-evaluated. Due to factors including the role related demands on the time of several Discovery Phase participants, and staff turnover, it was not possible to pursue our original intention of participant continuity across all study phases. Rather than viewing this as a design flaw, we took a KMAI approach acknowledging an opportunity to involve a wider cross section of Gonville Health staff thereby further enriching the research.

DISCOVERY PHASE REFLECTION

The time - intensive KMAI approach adopted, with the inclusion of two full whānau interview processes, contributed to fostering deep connections between whānau and the researchers. Kaupapa Māori research practices, complemented by Appreciative Inquiry, contributed to whānau being fully engaged as well as invested in participating in each subsequent phase of the study.

Patients and their whānau chose to remain involved throughout the Discovery Phase despite, at times significant, health and other challenges. Their early commitment to the research was strongly evident. Interviews often needed to be rescheduled, sometimes more than once and at short notice, as whānau juggled multiple issues including medical appointments, pain and the side effects of medication. Sadly, two participants passed away in this phase due to their illness; one following the initial Discovery Phase interview and the other soon after the second interview. The whānau of the latter participant have continued to contribute to the research in honour of their lost whānau member.

During their debriefing sessions, the researchers who conducted Gonville Health staff interviews reviewed the interview process and their interactions with each interviewee. The feedback from interviewees on their interview participation was overwhelmingly positive. They commonly observed that taking time out to reflect on what they thought was working well and what could be expanded upon to strengthen practice at Gonville Health was a worthwhile exercise. The interviewers in turn felt energised by the interview process noting that interviewees appeared to be comfortable and open. The positive experiences of both the interviewees and the interviewers are, we believe, a direct reflection of the use of a KMAI approach with its emphasis both on a Kaupapa Māori approach and on using an Appreciative Inquiry lens.

“ The time - intensive KMAI approach adopted, with the inclusion of two full whānau interview processes, contributed to fostering deep connections between whānau and the researchers. ”

DREAM PHASE – COLLECTING THE DREAMS OF WHĀNAU AND GONVILLE HEALTH STAFF

During this phase of the Appreciative Inquiry process, participants together picture what an optimal future for their whānau, their community and / or their organisation might 'look like'. Building on the Discovery Phase, strengths and potential are amplified (Cram, 2010; Gifford et al., 2023).

WHĀNAU

In line with our usual Kaupapa Māori research practice, each Dream Phase interview began with whanaungatanga (Edwards et al, 2005). What this looked like was different for each whānau, however we always opened with a mihi, sometimes accompanied by karakia offered either by whānau or by members of the research team, and shared kai and koha as an expression of manaakitanga.

As in the Discovery Phase, each whānau group participated in a separate interview during the Dream Phase. A new set of KMAI questions was designed to explore whānau insights and aspirations, both for themselves and for optimal Māori primary health care. The same two community researchers conducted the whānau Dream Phase interviews, which were once again led by the Māori researcher. Once again too, the flexibility of KMAI accommodated shifts in the composition of several participant whānau, as had occurred in the Discovery Phase. In one instance, a daughter-in-law of a patient joined the interview and in another, a niece. A mokopuna of one patient and a daughter of another, who had participated in the Discovery Phase of the study, were unavailable in the Dream Phase due to paid work commitments.

Dream Phase interviews ranged from 45 to 90 minutes in length. Each interview was audio recorded and transcribed for research team analysis. The researchers individually compiled field notes after conducting each interview and also met to debrief and to record further insights. Most interviews were conducted in the homes of whānau participants when they elected this, consistent with our usual Kaupapa Māori research practice.

GONVILLE HEALTH STAFF

Acknowledging the very busy nature of general practice, and wanting to minimise interruptions, the research team approached the planning of the Dream Phase with care. We contacted Gonville Health management to arrange our facilitation of a staff focus group interview. Gonville Health was asked to identify and invite staff available to participate in the Dream Phase and to nominate an interview time, date and venue.

There are at least 12 focus group interview types; our Dream Phase focus group interview was characterised by the involvement of a "…naturally occurring or already existing group" (Patton, 2015, p.476) bringing with it a more complex dynamic than would likely be the case when interviewing a group made up of strangers (Patton, 2015). Pre-existing participant relationships and relationship histories were factors that we needed to take into account in relation to the successful facilitation of the group interview.

A total of 26 Gonville Health staff took part in the interview. Participants included three who had joined in both the Discovery Phase interviews and a subsequent Discovery Phase sense making hui. Another seven staff who took part in the latter hui were also Dream Phase focus group interview participants. This overlapping participant involvement brought valuable continuity to the research, both strengthening connections and supporting shared understanding across phases. Focus group interview participants included allied health workers, clinical and administrative staff. In line with a KMAI approach, we were mindful of providing opportunities for all members of staff to participate in as many phases of the organisational change activity as possible, including the Dream Phase.

The interview opened with whakawhanaungatanga and shared kai. It was facilitated, over a two-hour period, by two members of the research team; one who had interviewed staff in the Discovery Phase and another who had interviewed whānau. In keeping with Dream Phase

intent, focus group participants were introduced to a scenario inviting them to imagine Gonville Health being recognised nationally, in 2028, for excellence in its early Māori cancer diagnosis and treatment. This future casting exercise was designed to open up the space for aspirational thinking and possibility, guided by three key reflective questions:

- What has changed at Gonville Health to make it a leader in cancer care for whānau Māori?
- How is the workplace different for staff?
- What is different for whānau?

Participants were split into small groups of four – eight staff members to consider each of the three questions. The facilitators recorded each question on a separate A3 sheet before placing these at stations in different areas of the room. Participants were engaged in small group rotations and invited to use brightly coloured Post it notes to respond to each question in turn, cumulatively adding their Post-it notes to the A3 sheets. The small groups moved between the stations to broaden perspectives, after reading and discussing the contributions made by others, and to best ensure the capture of a diversity of ideas.

With the small group work concluded, focus group participants were invited to spend time viewing the contents of the A3 sheets displayed around the room. A facilitated whole-group discussion then followed that explored any surprises in the dream statements, the identified changes that stood out most strongly, the achievability of aspirations, and reflections on the data collection process. Before concluding the focus group activity, next steps were discussed, encompassing options for bringing whānau and Gonville Health staff together in the Design Phase of the study, and how results from the Dream

DATA ANALYSIS

Dream Phase data collection was followed by mahi ā rōpū analysis with the researchers examining the data individually and then collectively in a hui setting. Whilst some unique themes emerged, the most striking outcome was the extent of overlap across whānau and Gonville Health staff responses. Insights were captured in a draft booklet for whānau, entitled *Moemoeā o Ngā Whānau* and in a Venn diagram illustrating shared themes for Gonville Health staff. Each participant group then participated in a sense-making, or ground-truthing, exercise to consider how closely the representations accurately reflected their narratives.

For the first time, available members of four of the whānau groups were brought together in a single hui facilitated by the two community researchers. The purpose of the hui was both to establish connections between the four whānau groups and to explore how accurately the booklet had captured our interpretations of the collective insights and aspirations of whānau explored in the Dream Phase. A similar ground-truthing exercise was undertaken during separate hui with each of the other two whānau. Holding three separate hui, rather than the single hui anticipated, eventuated when it proved unrealistic to schedule a meeting time and date that suited all six whānau.

In addition to establishing connections between the whānau groups, and undertaking a data ground-truthing exercise, the hui also set the scene for the next stage of the study. Participants were introduced to the Design and Delivery Phases and their interest in continuing to contribute to the research was discussed. At this point, four of the six whānau indicated an ongoing commitment. The two whānau who withdrew from the study did so because of deteriorating health in one instance and competing demands on time and energy in the other.

Meanwhile Gonville Health staff reviewed the shared themes Venn diagram during a hui at Gonville Health led by the research team. This hui not only validated the findings, through a sense-making process, but also laid the foundation for the upcoming Design Phase of the study.

Following the ground-truthing of Dream Phase results, the whānau findings booklet was fine-tuned and a final version was generated by the Whakauae design team. Copies of the gloss finish, stylised *Moemoeā o Ngā Whānau* booklet were printed and shared with whānau as koha. The Venn diagram was also finalised.

DREAM PHASE REFLECTION

By this stage, our interactions with whānau felt less like formal interviews and more like social 'catch-ups', reflecting the depth of the relationships established during the Discovery Phase. There had been extensive contact, both formal and informal, between whānau and researchers as we worked around whānau wellness journeys and everyday life commitments. That contact supported ongoing whānau investment in the research. KMAI underlined still further for us the importance of connection and of making the time to fully accommodate it. We have, for example, been more mindful about making sure that whānau have the opportunity to take the lead in setting the pace of our interactions with them. Setting the pace includes whānau having the overriding say in when and where they meet with us and for how long, as well as with respect to how hui unfold.

Additionally, we were becoming more familiar with KMAI and increasingly confident in its application. As our understanding grew, we came to embrace the approach more fully, experiencing it as a meaningful and productive way of working. The aspirational drive of KMAI brought an upbeat energy to the research enterprise, both for the research team and for research participants.

DESIGN AND DELIVERY PHASES – CEMENTING AND IMPLEMENTING SHARED ASPIRATIONS

In the Design Phase, the perspectives and aspirations of diverse study participants are formulated into a shared vision and concrete actions. The Delivery Phase, which we interwove with the Design Phase, centres around implementing the agreed design and adapting it as necessary (Reed, 2007; Zandee & Cooperrider, 2008; Nel & Govender, 2019; Cooperrider et al., 2008).

WHĀNAU

As previously noted, when concluding the Dream Phase of the study, we introduced the upcoming Design and Delivery Phases. When the study moved into these phases, the two community researchers once again brought whānau participants together for an initial hui; this time specifically to kōrero in more detail about what these phases might 'look like'. Options discussed for ongoing whānau involvement in the research ranged from the two community researchers continuing to regularly meet with whānau in order to represent their interests in influencing these phases through to whānau, as a combined group, engaging directly with Gonville Health staff in some form to contribute to a co-design process.

All four whānau represented at the hui concluded that they wished to directly engage with Gonville Health staff in a hui setting, at least initially. They voiced their understanding that the service changes that they wanted to influence would be the responsibility of Gonville Health to implement. Whānau additionally emphasised that, at an initial hui with Gonville Health, they would first want to share the results of their Dream Phase work. That sharing would include the presentation of their *Moemoeā o Ngā Whānau* booklet. The research team strongly supported the decision of whānau to directly engage with Gonville Health and to influence how their Dream Phase work was delivered, explained and potentially utilised.

GONVILLE HEALTH STAFF

Staff, for their part, were keen to meet with, and work alongside, whānau in the Design and Delivery Phases. They indicated that they valued the willingness of whānau to share their views and aspirations for care at Gonville Health. Staff were very interested in, and appreciative of, the insights that had been shared with them to date through the *Whānau Kōrero* Discovery Phase booklet and through the broad overview of whānau Dream Phase results reported by the research team.

The potential establishment of a Gonville Health service refresh co-design group, made up of both whānau study participants and staff, was discussed. Possible representation drawn from each staff grouping - administrative staff, allied and medical staff - was proposed and agreed with seven staff being selected to contribute. The research team met with these staff members ahead of their initial joint hui with whānau. During this preparatory hui, the research team revisited study progress to date, welcomed two newly appointed staff to the study, and worked through practical matters such as the joint hui venue and technology requirements.

SERVICE CHANGE CO-DESIGN - MODEL

In the lead up to the initial joint hui, the research team drew on Discovery and Dream Phase findings to identify 36 potential service change areas. The team considered how best to consolidate these 36 areas to align with KMAI values and support both whānau working at their own pace and genuine shared decision - making. Through this process, the 36 areas were first distilled into six, then further refined to three, generating a three-point co-design change model that was potentially actionable within the 12 month Design and Delivery Phases of the study. The three dimensions of the change model were:

1. Physical environment;
2. Team culture and communication; and
3. Patient care

SERVICE CHANGE CO-DESIGN – WORKING GROUP ESTABLISHMENT

Both the whānau and Gonville Health participant groups agreed to take part in an initial joint hui to clarify Design and Delivery Phase activity. As previously noted, the establishment of a working group to guide the design and implementation of a service change model informed by *He Waka Eke Noa* study data, was supported by each of the two participant groups individually. What a working group might 'look like' and how it would operate had yet to be determined.

The initial hui was attended by seven whānau members, six Gonville Health representatives, a Whanganui Regional Health Network[4] (WRHN) manager, and members of the research team. Consistent with a KMAI approach, whakawhanaungatanga was followed by a 'what's on top' discussion; an opportunity for whānau especially to raise any issues that might influence their full participation in the hui. Whānau then spoke to their Dream Phase research results and shared *Moemoeā o Ngā Whānau*.

The forming of a service co-design working group was discussed and agreed, along with group representation. Terms of reference were considered and were then confirmed at a later hui. The draft three - point change model was tabled by the research team and adopted as the basis of the group's work plan. *Te Korowai Aroha ki te Tangata* was adopted by the working group as the title of change model co-design and delivery activity. Gonville Health confirmed its responsibility for *Te Korowai Aroha ki te Tangata* implementation as well as for servicing regular working group hui to monitor and guide implementation.

SERVICE CHANGE CO-DESIGN AND DELIVERY

Discussion at the inaugural Working Group hui gravitated towards shaping the physical environment into an inviting space for Māori consistent with Dream Phase aspirations. Whānau further shared their practical, grounded examples of what this could look like. They felt that initially addressing the physical environment component of the three - point change model would encourage whānau engagement with Gonville Health. Staff embraced the ideas shared by whānau, undertaking to come back to the next hui with workable options.

By the third hui, the group recognised that significant, positive change could be achieved through straightforward actions with little disruption to service delivery. These physical environment-related actions included the decluttering and refreshing of the reception area to create a more welcoming space and refreshing the surrounding garden area.

Initially, monthly hui across the 12 month duration of change model design and delivery were planned. However, after the first three hui, when the group moved into the second area of change, team culture and communication, Gonville Health determined that they needed more time for staff discussion and change implementation. Subsequently, they proposed that the regular Working Group hui shift from a monthly to a two monthly schedule. In the intervening month, when Working Group

[4] Gonville Health, Whanganui's largest primary health care practice, is a subsidiary of the Whanganui Regional Health Network.

hui were not convened, related work would be carried out by Gonville Health.

As articulated above, team culture and communication shifts were more complex and required the active engagement of all Gonville Health staff. Collective engagement was essential to ensure alignment with the overarching values of the WRHN. To advance team culture and communication, internal hui were held every second month to focus on staff development and to explore what WRHN values meant to staff both personally and as members of the wider organisation.

Meanwhile, the two community researchers also met separately with the whānau group every second month. The purposes of these hui were to support the broader connection with the Working Group mahi and to maintain momentum. During these hui, we explored whānau perspectives on progress in the implementation of the three point change model, invited reflection on Gonville Health values and practice translation, and collected evaluation process and outcomes data.

> “By the third hui, the group recognised that significant, positive change could be achieved through straightforward actions with little disruption to service delivery”

By the end of the 12 month period, it had become clear that the third area of change, patient care, would require an even longer timeframe to implement. Gonville Health noted that progress in this area was, at times, hindered by external factors outside the organisation's direct control. The Working Group therefore decided to add another four months to the implementation timeline to give Gonville Health more opportunity to advance the complex patient care component of the model.

Fortuitously, at this point, there was increasing synchronicity within the wider primary health sector across the Whanganui region, with the WRHN initiating service changes across its GP practices closely aligned with the shifts proposed by *Te Korowai Aroha ki te Tangata*. As a result, Gonville Health has already begun implementing changes that enhance the experience of whānau engaging with their services.

At the time of writing, the Working Group had identified and differentiated between initiatives that were externally driven and those influenced directly by *Te Korowai Aroha ki te Tangata*. During Working Group hui, members acknowledged the value of these developments and highlighted further opportunities for enhancement. A final hui will be held at the 15-month mark to gain the perspectives of the working group on the contribution of *Te Korowai Aroha ki te Tangata* to Gonville Health service delivery.

DESIGN AND DELIVERY PHASE REFLECTION

Regularly working alongside each other in Gonville Health Working Group hui has increased familiarity and comfort levels across the participant groups. That familiarity and comfort has contributed to, for example, the willingness of whānau members of the Working Group to routinely share their ideas and voice their opinions among their peers, primary health care staff and members of the research team consistent with the Kaupapa Māori principle of cultural aspiration (Smith, 2017).

Primary health care staff have consistently demonstrated being open to hearing what whānau members have to say, treating their input with respect and with the appreciation promoted by the KMAI approach. Additionally, staff have been active participants in co-design mahi with other Working Group members during regular hui. Together with whānau, they explore the solutions and direction that whānau bring to the Group, appreciating the value of what that has to contribute to how Gonville Health can go about supporting Māori wellbeing. This prioritising of Māori ways of seeing and Māori - generated solutions is integral to advancing Māori wellbeing (Gifford et al., 2023), so it is important that a KMAI approach can contribute to that work in the practical kinds of ways outlined here.

3. Advantages of a KMAI Approach

We begin this section with a summary of our learning and reflection across the four phases of the *He Waka Eke Noa* study (refer Figure 2 below) before identifying and discussing the advantages of KMAI.

Figure 2: Key learnings and reflections summary by study Phases

Phase 1: Discovery

Intensive KMAI recruitment and data collection mahi fosters deep connections between whānau and researchers along with whānau investment in the research.

Staff appreciate the opportunity to reflect on what is working well and what could be expanded to strengthen practice at Gonville Health.

Phase 2: Dream

Connections further strengthened and extended, including between whānau and Gonville Health staff.

The aspirational drive of KMAI, highlighted by the collective exploring and sharing of dreams, generates an upbeat energy among research participants as well as the research team.

Phases 3 + 4: Design + Delivery

Involvement in Gonville Health Working Group design and delivery enhances whānau and staff familiarity and comfort with each other.

Whānau willingly voice their ideas and opinions in the Group setting as a result. Staff listen and appreciate whānau input whilst actively contributing to co-design mahi.

Notably, our engagement with KMAI has contributed an unanticipated reinvigoration and energy through drawing the research spotlight to bounty, to opportunity and to aspirational futures. Despite our initial misgivings, KMAI has guided us to a place where possibilities have increasingly become concrete realities. It has enriched both our research practice and our everyday lives, encouraging us to frame challenges in different ways; to look for the possibilities, to build on the promise, and to more willingly embrace fluidity.

Building shared aspirations, before collaboratively searching for practical ways to translate those aspirations into a series of progressive small changes on the ground, moves KMAI research into the realm of driving direct action for future wellbeing. The Appreciative Inquiry process is necessarily cumulative, involving a series of four or more phases. Being heard (Discovery Phase of the study), exploring and sharing dreams (Dream Phase), inspiring and shaping change within a collegial co-design framework (Design and Delivery Phases) celebrates strengths at a multiplicity of levels; individual, whānau, community and organisational.

“ Notably, our engagement with KMAI has contributed an unanticipated reinvigoration and energy through drawing the research spotlight to bounty, to opportunity and to aspirational futures. ”

We have found that a KMAI approach has had the advantage of offering an effective power - sharing method ensuring that, even in the traditionally hierarchical world of health care systems, the research has promoted equity and has vigorously supported honouring the whānau voice across all its phases, keeping it firmly at the centre. Consistent with the Kaupapa Māori principle of self-determination (Smith, 2017), whānau participants have themselves controlled what they want to share, and how, as well as their own aspirations for primary health care and their bottom line for generating positive change. KMAI has guided the process of ensuring whānau knowledge, understanding and practices have been acknowledged and valued.

Critically too, KMAI is supporting us to privilege the Kaupapa Māori principle of whānau (Smith, 2017), ensuring that whānau sit at the centre of the research rather than the research team 'making do' by working solely with the individual as a proxy for the collective. The cumulative nature of Appreciative Inquiry, with its iterative phases, supports keeping whānau at the centre, providing ongoing opportunities for engagement rather than limiting whānau input to a single data collection point as may more commonly occur with some other Kaupapa Māori research approaches.

The flexibility of the approach is reflected in our enhanced openness to trying different research strategies and to come at research from a different angle. That fluidity may, in part, be influenced by the innovative nature of trialling the implementation of KMAI across all four phases of an Appreciative Inquiry process. This flexibility has nurtured our creativity along with intensive practice reflection encouraging in-depth consideration of questions like "what might happen if we try this?" and "what data are we missing and how can we best gather it in the next phase?"

A further advantage of using a KMAI approach has been its capacity to prioritise nurturing relationships between participants as well as between participants and the research team. Relationships founded with whakawhanaungatanga build 'whānau like' connections even when those involved are not actually close whānau. Recognising the centrality of such relationships is consistent with Kaupapa Māori principles as Pohatu (2013) asserts. Nurturing productive relationships additionally sits comfortably with an Appreciative Inquiry process.

There has been a strong emphasis on robust connections and a concentration of resources, in particular kaimahi time, in the Discovery Phase of the research. That investment has been critical to the development of the sound, respectful, reciprocal relationships between whānau and the research team, which have continued to mature over later phases. Journeying together with whānau and health practitioners, to learn from and alongside them, has been integral to the ongoing momentum of the study. Robust, respectful relationships have likewise been formed between the whānau who were brought together to advance the research in the Appreciative Inquiry informed Dream, Design and Deliver Phases which followed on from the initial Discovery Phase. The care that members of the different whānau take of each other, and their concern for each other's wellbeing, is reflected in their conversations as well as regular small deeds of goodwill in the context of our ongoing hui together.

The incremental phases of the research, consistent with an Appreciative Inquiry process, have had the advantage of contributing to building positive relationships between Gonville Health staff and the research team. Relationships between staff and whānau participants have likewise developed during the later Design and Deliver Phases of the research with the two groups of participants being brought together shortly before forming the Gonville Health Working Group.

Throughout the study, the data collected were analysed and refined with input from participants as well as from the research team. Making sense of the data collected in each phase of the study, and doing so principally from a collective perspective, has contributed to its solidity and rigour. In practical terms, analysis and sense - making activity have taken place in group settings; individual and combined whānau hui, Gonville Health staff hui, research team hui and joint discussion across these groups in various forums.

Many eyes repeatedly over the research data, coupled with regular reflection and intense discussion, has contributed to a high level of *He Waka Eke Noa* data scrutiny. We have in the past routinely used a collective or mahi-a-rōpū approach (Boulton et al., 2011) to data analysis and have taken findings back to participants to ensure our sense of the data is tika. The implementation of a KMAI approach, however, has further strengthened that Kaupapa Māori activity through additionally harnessing the iterative, creative, fluid and energising elements of a cumulative Appreciative Inquiry process.

Finally, using an Appreciative Inquiry process has been advantageous in helping us, and our research participants, to together 'bring to life' some of the principles of Kaupapa Māori research, including aspiring to a better future, in practical and achievable ways.

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4. Recommendations for KMAI implementation

Reflecting on our recent KMAI practice experience, we have identified several factors that warrant consideration if intending to adopt this approach. Each is briefly discussed below under one of four headings, namely: methodological considerations, mindset, partnerships, and time / other resources.

METHODOLOGICAL CONSIDERATIONS

Clearly, some level of familiarity with both Appreciative Inquiry theory and practice is a non-negotiable precursor to planning and conducting a KMAI study. Familiarity with Appreciative Inquiry will help to establish clarity around how it will be used in any study, contributing to ensuring its complementary role in the KMAI research enterprise. KMAI can then more likely be harnessed to full advantage with its penchant for fluidity, creativity and adaptability recognised and embraced. In our experience, these characteristics are nurtured by the energising flavour of Appreciative Inquiry that additionally supports participant engagement.

KMAI readily accommodates trying new research strategies and encourages ongoing reflection on research practice. Iterative data collection and data sense - making, with its built - in multiple feedback loops working with participants both to validate findings and to co-design solutions, offers just one example of the opportunities KMAI supports to maximise research activity and results. Finally, being very clear and specific about the research question and focus, framing these in an appreciative way, is essential if KMAI is to be used to full advantage.

MINDSET

Adopting a KMAI approach may necessitate a shift in researcher mindset. For us, a shift was definitely required; KMAI pushed us outside our research 'comfort zone.' It would have been an advantage if we had understood that we would be moving into new research territory and had grappled with the necessary mindset shift early on. Accepting that there would likely be a need to 'sit' with some discomfort about working in a KMAI way would have also been helpful. Understanding the full scope of Appreciative Inquiry, at an early stage, may be especially useful when conducting KMAI research in a particularly sensitive context such as that of a cancer journey. The catch cries 'be brave, be bold, and 'give it a go' come to mind!

> “For us, a shift was definitely required; KMAI pushed us outside our research 'comfort zone.”

PARTNERSHIPS

Appreciative Inquiry is fundamentally an organisational change process and will likely be of most value in the context of KMAI research with organisations or groups. This being the case, securing research 'buy - in' from partner organisations at the earliest opportunity will be vital. In most instances, that will be at the research planning stage, including scoping the research question to be addressed.

He Waka Eke Noa was conducted in a partnership between Whakauae Research, Māori patients and their whānau and Gonville Health. The foundations for the partnership included a long - established and close working relationship between the academic lead researcher and the clinical director of Gonville Health. There were additionally a myriad of social connections between members of the research team and Gonville Health staff, providing a basis for then partnering on *He Waka Eke Noa*.

The Gonville Health commitment to a research partnership, secured in the planning stage of the study, meant that the research team was far more readily able to access primary health care participants than had been our experience with conducting research in primary health care contexts in the past. In those instances, setting up interviews with clinicians and other staff and even recruiting online survey respondents, for example, had been a laborious process with a low uptake despite utilising various recruitment strategies. Our Gonville Health research partner was active in the research and willing to release staff to participate in key informant interviews (Discovery Phase), in focus group activity (Dream Phase) and in the ongoing activity of the Working Group formed in the latter phases of the study.

TIME AND OTHER RESOURCES

Though *He Waka Eke Noa* has been conducted over approximately four years, the KMAI process does not need to be so protracted, especially if it is conducted within existing relationships and within settings wherein there are fewer demands to be balanced. For example, it may be more straightforward if partnering with an organisation less deeply immersed in direct service delivery than is a primary health care centre working with a high - needs population. Likewise, partnering with whānau who are not currently dealing with sensitive and serious issues such as a cancer journey.

Researcher commitment to engagement is essential. Rushing whakawhanaungatanga processes, the planning and implementation of data collection, data analysis and co-design will likely serve to undermine both the depth of connection across the partnerships and the subsequent quality of the insights generated through the research. The intensity of the mahi is at its peak in the recruitment and Discovery Phase, when relationship building is especially resource intensive but critical to establishing a stable KMAI foundation.

> “ Researcher commitment to engagement is essential. ”

Our study location - the geographical proximity of all research partners and the relatively small size of the Whanganui district with a population of approximately 48,000 – was, of course, a time and other resource advantage for us. Community size contributed to the various players being more readily accessible than may have been the case had we conducted the study in a different type of community setting, such as in a major urban area or across geographic regions. In this sense, the KMAI approach perhaps best lends itself to localised, rohe specific studies.

A further resource consideration is building in sufficient budget to cover whānau research contributions. Multiple engagements with whānau means koha that adequately recognise input. Finally, investment in visually engaging, plain-language materials to support sense-making feedback loops and dissemination is worthwhile and may act as another form of koha; whānau participants in our study appreciated and valued these materials, as have participants in our various other dissemination audiences.

5. Conclusions

What positive difference has KMAI made to our Kaupapa Māori research? In essence, what has been the Appreciative Inquiry value-add? KMAI has supported us in negotiating a seismic shift from problem - solving research to centering our thinking on success and strategies to expand it in service provision and policy. The shift has inevitably seen a sharpened emphasis on aspirations and on translating these into reality.

Being conscious of strengths and aspirations has always been a key component of our Kaupapa Māori research enterprise. Before KMAI, however, a strengths-based focus included working in mana - enhancing ways, prioritising Māori ways of being, doing and seeing. We maintained that focus in this KMAI study but added rocket fuel when we 'flipped our thinking'; giving priority to exploring the wins, seeing their potential for cementing aspirations and harnessing them to drive research translation and uptake.

The study saw the development of data collection tools geared to generate a way of thinking that is about recognising the triumphs and the opportunities present in any given situation. Identifying problematic issues took a backseat, in turn releasing a palpable energy and corresponding momentum to inspire ways forward.

We have asked ourselves whether we would adopt a KMAI approach in future research and have considered where it might be of most use. The answer to the first question is a resounding yes; research needs energy just as it needs purpose and to be of real value for whānau. In short, we believe that KMAI can contribute to making positive differences, as we have documented above. Our answer to the second question is that KMAI is an invaluable approach to driving progressive change – at whānau level as well as at organisational and community levels.

The *He Waka Eke Noa* study's use of KMAI has facilitated the explict connection of the voices of whānau Māori with influencing shifts in the design and delivery of primary health care services on a single site (Gonville Health). Whānau have been motivated to take part in the research including because it has provided an opportunity to use their voices to inform systems change. Enhanced primary health care access and delivery has the potential to benefit whānau taking part in the study as well as others more broadly.

Adopting a KMAI approach can be challenging as, in our experience at least, it requires 'sitting with discomfort' and ongoing critical reflection to ensure that the Kaupapa Māori - Appreciative Inquiry alignment remains weighted in favour of the former. We would embrace designing and implementing a KMAI study again aimed at supporting progressive, Kaupapa Māori - grounded change in whānau, community and organisational settings.

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