

## Researching with Whānau Collectives

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**Abstract:** Much of what is known about whānau (Māori families) is sourced from key informants within a whānau, or from the aggregation of data on individuals within a household or whānau. The ‘Researching with Whānau Collectives’ project (RWWC) described here was initiated in recognition that understanding whānau as a collective would support whānau development and the achievement of whānau ora. The aim of the project was to find methods for researching with whānau collectives that were compatible with Kaupapa Māori and to pre-test these methods with whānau. Stakeholders consulted in the first phase of the project were clear that the methods should be strengths-based, and should ensure the protection of Māori concepts and the integrity of whānau. In the second, reviewing, phase of the project, profiles for 12 methods were developed by the principal investigators and colleagues. In the final, dissemination, phase of the project, stakeholder feedback on the completed project was canvassed. Feedback from stakeholders was positive with many seeing opportunities for the further trialling of the methods. The project and the resulting research methods will inform researchers, evaluators, government agencies and whānau themselves about ways in which the lives and realities of whānau collectives might be well represented by research and, in turn, in whānau-related policy formation.

**Keywords:** Kaupapa Māori; research methods; stakeholder consultation; whānau

### Background

In the mid-1990s Linda Smith (1996, p. 18) wrote that for Māori, “The whānau remains a persistent way of living and organising the social world.” This view was reiterated in the Ministry of Health’s 2002 Māori Health Strategy ‘He Korowai Oranga’ which recognised that whānau is “the foundation of Māori society. As a principal source of strength, support, security and identity, whānau plays a central role in the wellbeing of Māori individually and collectively” (p. 1). The current Whānau Ora strategy also emphasises the importance of the relational self for Māori whereby aspirations and values (to name but a few aspects) exist within the context of whānau and whanaungatanga (supportive relationships) (Taskforce on Whānau-Centred Initiatives, 2010).

Some contemporary uses of the term ‘whānau’ refer to different Māori collectives that may or may not be whakapapa (kinship) based. Mason Durie (2003, in Cunningham, Stevenson & Tassell, 2005) describes three such collectives: whakapapa whānau have shared ancestry; kaupapa whānau have shared interests and may or may not have shared ancestry; and statistical whānau that reside in the same household and may or may not have shared ancestry. When Metge (1995) writes about kaupapa whānau she is describing collectives that, whether or not they are organised on whakapapa lines, are inevitably organised to address a particular kaupapa or interest. Such organisations are often described by members as whānau (e.g. kōhanga whānau) and demand a similar commitment to the collective as a whakapapa whānau.

A statistical whānau might be either a ‘family nucleus’ or ‘extended family’. In the 2006 census a ‘family nucleus’ was defined as “A couple, with or without child(ren), or one parent and their child(ren) usually resident in the same dwelling. The children do not have partners or children of their own living in the same household” (Statistics New Zealand, 2006, p. 11). An ‘extended family’ was defined as a family nucleus with other related persons, or more

than one family nucleus residing together (Statistics New Zealand, 2006). Much of the information about contemporary whānau comes from census data about individuals within households. Internationally, researchers are adding depth to this data by collecting additional, often qualitative, information about the individuals who live in the house and their interactions. While their household container might bind statistical whānau, whakapapa whānau often exist across the multiple households of whānau members.

Lately, researchers and government agencies have been exploring other approaches to understanding whānau as more than the sum of individuals or a group within the confines of a household (e.g., Morphy, 2007; Tomlins-Jahnke & Durie, 2008). The project reported on here is known as the 'Researching with Whānau Collectives' project (RWWC). It adds to the previous initiatives by exploring research methods that more fully capture the complexities and interconnectedness of whānau.

In this article, we first introduce the RWWC project as a backdrop to the methodology papers collected and published in this issue of *MAI Review*, then we describe the initial government agency hui (meetings) and the background to the Health Research Council of New Zealand (HRC) Request for Proposals. This is followed by a discussion of Kaupapa Māori research as the context for the project. Finally, the three phases in the implementation of the RWWC project are outlined.

## **Inter-agency hui**

The RWWC project was first mooted in 2005 when the Ministry of Health called government agencies together for a hui to discuss how to research Māori collectives; that is, whānau, hapū and iwi. In their welcome and introduction to the hui the Ministry of Health explained that the Ministry's interest in researching Māori collectives stemmed from their desire to monitor and evaluate the implementation of the Ministry's Māori health strategy (Ministry of Health, 2002). Until this time, there had been considerable emphasis placed on defining whānau and understanding its meaning. There had also been feedback from Māori pointing out that information about collectives was wanted; including local data about themselves that communities could access. The discussion of conducting research on whānau as a collective was therefore very timely.

Some of the methods for researching collectives that were discussed at the government agency hui included social network analysis, asset mapping and Te Wheke. Social network analysis examines the social relationships between individuals who are linked together by, for example, family ties (see the companion paper by Kennedy, 2010). Asset mapping within a community starts with what is available within the community, including the resources that are present in terms of people capacity and capability. The 'mapping' promotes the relationships or connections between people, and between people and the organisations and agencies present in their community. Te Wheke is the Māori model of health and wellness developed by Dr Rose Pere (Pere, 1984). Such a model could assist the evaluation of policy initiatives from a whānau point of view. (Due to time and researchers' interest, these second two methods were not expanded upon in the present project).

The timeframes for evaluating the outcomes from a programme or intervention were also discussed at the hui; namely, that it might require an intergenerational approach to take into account all the changes that might occur for whānau if an intervention is successful. Other issues raised at the hui included: helping whānau to define their own outcomes; recognising that a quick fix from a focused intervention might not necessarily capture whānau outcomes; and a query about whether the government's goals for wellbeing are compatible with whānau goals.

There was agreement at this hui that the collection of information about Māori as a collective was important and that a starting point might be the whānau as a collective (as the notion of collectives itself was very broad). The outcome of the hui was an agreement between the agencies that they would collaborate on a proposal to the Cross Department Research Pool (CDRP) for funding for further research on how to conduct research on Māori collectives. The CDRP proposal was for a scoping project investigating options for measuring Māori-based collectives. The output from this scoping project was identified as a report outlining options for developing tools and methodologies around collective measures for whānau. This funding bid was successful and negotiations between the Ministry of Health and the HRC resulted in the HRC matching the CDRP funding under their 'Māori Health Joint Venture.

## **Health Research Council Request for Proposals**

The 2007 HRC Request for Proposals (RfP) set out an agenda for a 12-month research project on "Options for tools to measure Māori-based collectives – Investigating options for measuring whānau". Key portions of the RfP provide a sense of the expectations of the project in terms of how it would involve stakeholders and inform government policy and practice.

Recently the Ministry of Health has been working in partnership with a range of agencies in the public sector to look at developing measurement tools for researching, monitoring and evaluating whānau that are reflective of current whānau roles and structures. In response to this, the Ministry and the HRC wish to co-invest in a project that will facilitate the development of a methodology for measuring Māori based collectives, namely whānau. It is expected that this initiative will significantly enhance the government's efforts in building strong, connected whānau with high levels of health and well being. It is also anticipated that the partnership approach to this research will create knowledge transfer and research uptake through the development of linkages with decision-makers and research stakeholders (HRC, 2007, p. 1–2).

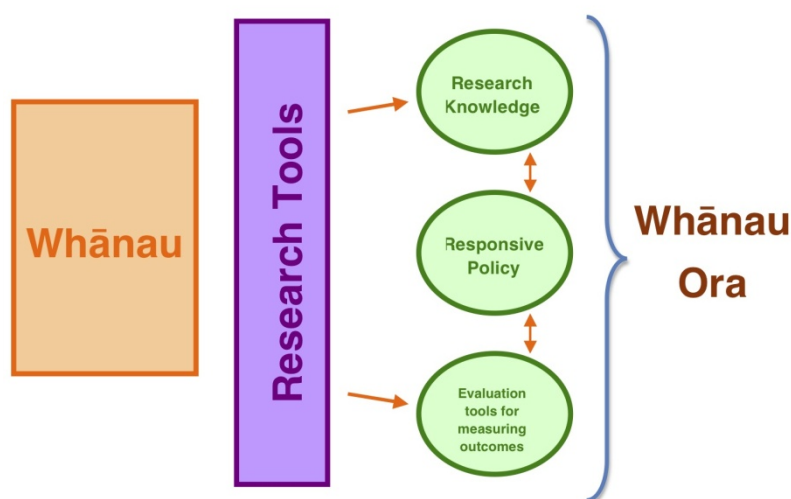
The RfP also stated that "...it expected that the work will contribute to the future of innovative research relating to whānau collectives in Aotearoa New Zealand and support strategic policy objectives, in particular supporting whānau development, whānau wellbeing and the achievement of whānau ora" (HRC, 2007 p. 2). The RfP noted that the research approach taken in the project would:

1. Be Kaupapa Māori
2. Involve decision-makers, stakeholders and commentators
3. Identify methods and tools for measuring Māori-based collectives
4. Focus on knowledge transfer and knowledge exchange; and
5. Build capability.

We (FC and VK) submitted a proposal. In our conceptualisation of the project we envisaged that there would be research tools (e.g., social network analysis) that would provide a window on to the world of whānau, and be able to tell us something about whānau as a collective. That is, tools that took a more holistic and collective look at whānau as opposed to tools that just collected information from individuals within a whānau (see Figure 1). We also thought that the research and evaluation knowledge that these tools help us gather about whānau would facilitate the development of policies, programmes and services that would, in turn, be more responsive to whānau needs and aspirations; that is, more responsive to the 'lived realities' of whānau. If policies, programmes and services were more responsive to whānau as a collective, we posited that they would contribute to Whānau Ora (that is, facilitating whānau to achieve their maximum health and wellness).

Missing from Figure 1 (and explained at the first stakeholder hui for the project) are Māori and iwi providers whose understanding of whānau (moving and working together as a collective) can add insight to the present project. Providers also have ways of working with whānau that may be able to be used within research and evaluation.

We were notified in July 2008 that we had been awarded the research funding. The present research began in May 2009. There have been three phases over the 12-month period of the project: scanning, reviewing and dissemination. During each phase stakeholder meetings and feedback have played an important role in decision-making and direction setting.



**Figure 1. Overview of the conceptualisation of the project**

An Intersectoral Group made up of government agency people interested in this topic also guided the research project. Presentations of all the research methods were made at a hui with the Intersectoral Group in March 2010.

As Kaupapa Māori was an explicit requirement of the RfP for the present project, a brief overview of Kaupapa Māori is included as the next section. This followed by an overview of each of the three phases and then, finally, a brief concluding section.

### **Kaupapa Māori**

Graham Smith (1997) writes that Kaupapa Māori is founded on three themes: taking for granted our right to be Māori, ensuring the survival of of the Māori language and customs, and acknowledging the central place occupied by our struggle to control our own cultural well-being. In other words, the core of Kaupapa Māori is a catch-cry: ‘to be Māori is the norm’. There is a growing theorisation and practice of Kaupapa Māori across, for example, education, health, justice and social services. Kaupapa Māori informs practice, research and policy within these disciplines and within mainstream (where Māori groups operate), Māori, and iwi contexts (Cram, 2009).

Within health research, one of the forces behind a move to a Kaupapa Māori research paradigm has been the growth in the Māori health research workforce, facilitated in large part by the HRC’s Māori Health Committee’s commitment to workforce development. In 1996 these researchers came together at Hongoeka Marae, Plimmerton, to network and talk about

Māori health research that is “determined and coordinated by Māori, working with Māori, for Māori” (Hongoeka Declaration for Māori Health Researchers, 1996). One of the keynote speakers at this hui, Moana Jackson (1996), further reinforced this tino rangatiratanga approach to Māori health research, saying that:

We have to accept that the Treaty did not submit us to the research methodologies and ethics of somebody else. The Treaty affirmed our right to develop the processes of research which are appropriate for our people. (p. 18)

Kaupapa Māori provides us with paradigm within which to conduct by research. This paradigm encompasses a Māori epistemological tradition that frames the way we see the world, the way we organise ourselves in it, the questions we ask, and the solutions we seek (L. Smith, 1996). It includes a Māori axiology, or set of values that influence the way we conduct research. These are expressed in many of the discussions of Kaupapa Māori research ethics (Cram, 2009). Kaupapa Māori also distinguishes between methodology and method, namely that

...the aim of methodology...is to describe and analyse these methods, throwing light on their limitations and resources, clarifying their presuppositions and consequences, relating their potentialities to the twilight zone at the frontier of knowledge (Kaplan, 1964, p. 268).

While some of the methods used within Kaupapa Māori research might be viewed as Western in their origin (e.g. questionnaires, focus groups), researchers often reflect upon their appropriateness for Māori research. There is also an ongoing development and/or reclamation of Māori methods. For example, Lee (2003) used and theorised about a purākau method to researching Māori teacher narratives. Many Māori health researchers now employ hui (gatherings) as a data collection method. The development of these methods is also subject to critique. Perhaps the overriding factor in any critique is a slight pragmatism about whether the method – its application, the subsequent analysis of the findings produced, and the questions the research addresses – enables us to be Māori (e.g., by facilitating a structural analysis of New Zealand society and/or the acquisition of knowledge that upholds our indigeneity). Such a critique played an important role in the RWWC project. Each method explored in this journal issue has been analysed for its potential to be used in Kaupapa Māori research.

## **Scanning**

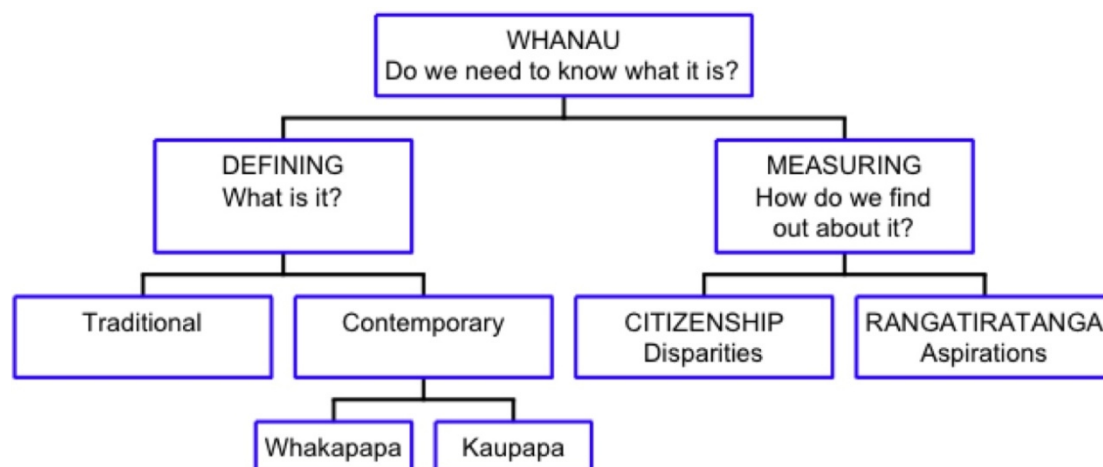
The scanning phase of RWWC involved the examination of the literature as well as consultation hui with stakeholders. These two components are now described in more detail.

### ***Literature scan***

An initial scan of the literature on whānau and families research included a review of how whānau has been defined, looking at ‘traditional’ and ‘contemporary’ whānau and the distinction that is made between whakapapa and kaupapa whānau (Cram & Pitama, 1998) (see Background section above, and Figure 2 ).

As a result of this scan we came to the opinion that even in a ‘kaupapa’ whānau people often link themselves through whakapapa, although these familial links may be more distant than in a whakapapa whānau. In addition, we became acquainted with whānau living in the same household who were not connected closely through whakapapa; for example, a couple parenting former street children. While distinctions between different types of whānau may be useful in some circumstances, in reality these distinctions often become blurry and irrelevant. A koroua (male elder) at one of the hui also talked about how people used the word

‘whakapapa’ when really what they are talking about is ‘whanaungatanga’. We took from this that that whānau is about support, ongoing relationships and inter-dependence.



**Figure 2. Overview of the scan of ‘whānau’**

In terms of ‘measuring whānau’ (Figure 1) we distinguished between citizenship measures and rangatiratanga measures, based upon the Treaty of Waitangi. Citizenship measures, such as health disparities, speak to the rights Māori have to citizenship (rather than telling us anything intrinsic about Māori). Rangatiratanga measures are those measures that speak to Māori aspirations to be Māori. They are about self-determination and wellness. This distinction between citizenship and rangatiratanga measures leads to the conclusion that any initiative (e.g., policy, programme) should have a dual focus: a commitment to reducing inequalities between Māori and non-Māori, and a commitment to facilitating Māori aspirations for health and wellness.

### **Stakeholder hui**

Often when researchers present research projects at hui they are asked questions about who generated the research idea, who has been involved, and why people were not asked for their ideas earlier in the research process. The hui for the present project were therefore organised at the very beginning of the project so we could tell people how the project came about and get their ideas and feedback before we set off further into the research. Five hui were held with stakeholders including policy writers, government agencies, community-based organisations, researchers, iwi and whānau. Two hui were in Auckland, and one each were held in Wellington, Christchurch and Whangarei. Those attending the hui were presented with a background to, and overview of the project, and invited to discuss issues related to whānau, research methods and whānau ora (health and wellness).

The issue of the ethics of research with whānau was raised at the hui as part of the general overview of the RWWC project. Three ethical issues arising from the literature scan were discussed as an introduction to a more general discussion of ethics (see Figure 3). The first issue was the matter of exclusion; that is, who potentially gets left out? Researchers need to be aware that some whānau members may be excluded from whānau collectives research. This could happen for a variety of reasons, for example, dissenting opinions, or having fallen out of favour on a separate issue. It may not be possible to take this fully into account if whānau are asked to self-define their membership for a research project (cf. Greene & Biddlecom, 1997).

As a corollary to the first issue, the second issue was about inclusion; that is who might potentially be coerced to participate? We wondered whether it was possible that some people

(especially vulnerable members of whānau) might be coerced by other whānau members into participating in a research project. Those under 16 years of age cannot give informed consent (only assent) to research participation. Even so, researchers need to seek out their assent or permission as well as a caregiver's consent (cf. Morrow, 2009). Thirdly, the issue of confidentiality was canvassed. Just as in focus group or hui research, confidentiality cannot



Figure 1. Hui presentation slide about research ethics

be guaranteed when whānau are participating together in a research project. They will invariably be told this as part of an informed consent process. Even so they should also be made aware that some times people say more than they might intend to within a research context so the whānau should agree to maintain confidentiality (Margolin et al., 2005).

Hui participants' responses to the overview of the research project were wide-ranging, noting in particular that whānau was about whakapapa and relationships. Some participants voiced concerns regarding the ownership and control of the tools and methods, and about who wanted to measure whānau (see Figure 4).

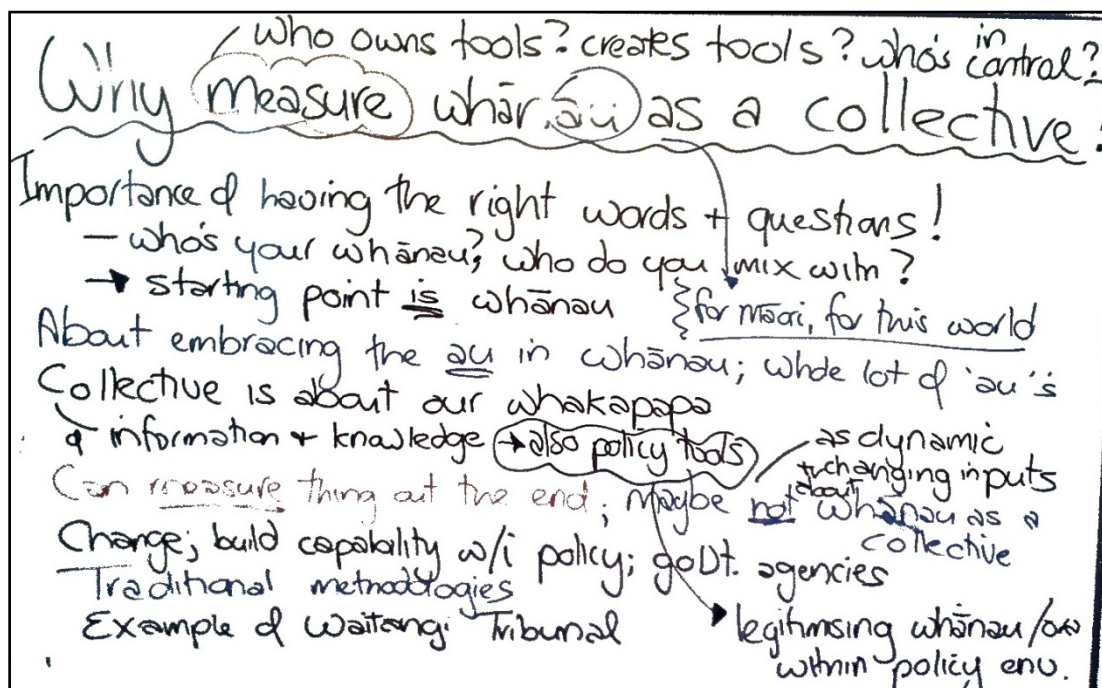


Figure 4. Sample of whiteboard notes taken by the researchers at a hui

Key points raised by participants included:



1. Who is the 'we' that wants to measure whānau? It is important that we know who and what the research is for, and why they want data about whānau; including whether the 'measure' is about some standard against which whānau will be compared.
2. The dynamics of whānau change all the time in terms of leadership, succession planning, tāne/wahine roles and 'standards'. We need to reflect on the strengths of whānau and plan for the future.
3. Any measurement has to be driven by Māori concepts, be strengths-based, and have a systems analysis. It also needs to ensure that integrity and respect are accorded to whānau.
4. Having the right words and asking the right questions is important. The starting point is whānau, for Māori this is the world. The collective is about our whakapapa.
5. The need to protect Māori concepts and protect whānau. So there are issues around the interpretation of information and issues about consent.

These issues are explored in more depth in the Kennedy and Cram (2010) paper of this issue.

Overall, people were interested in the idea of the research while at the same time being very cautious about research agendas and how they might assist or hinder whānau, whānau ora and Māori aspirations. The discussions at these hui also prompted us to think about whānau as a self-defined unit. When researchers ask whānau about a certain research topic they should also consider asking whānau who they would like to include, as their whānau, in a discussion of that topic. In this way a whānau is dynamic in terms of its membership and able to expand and contract in response to a research or evaluation question. So some times the household might be the 'whānau', and other times the 'whānau' will be those across several households; depending upon the topic of enquiry.

In response to a request from hui participants, the hui notes were posted to the Katoa Ltd website ([www.katoa.net.nz/measuring-maori-collectives](http://www.katoa.net.nz/measuring-maori-collectives)) in order to keep stakeholders updated. Hui participants were also invited to participate in the reviewing phase.

## Reviewing

The second phase of the research involved the reviewing of methods and tools that had the potential to be used in Kaupapa Māori research with whānau collectives. The research team and researchers who are undertaking research with whānau conducted reviews of selected research methods. An invitation to be involved in the reviewing phase was issued to researchers in the HRC Māori health newsletter; via the Katoa Ltd website; and through professional networks that included the participant lists from the hui in the scanning phase. Eleven research groups responded to the invitation and eight developed method papers within the project timeframe. Members of six of the participating research groups had attended a stakeholder hui for the project.

Templates for the method papers were developed in consultation with the Intersectoral Group and covered:

1. **Introduction.** An introduction to the method, including a description of its theoretical background. In this section researchers were asked to discuss why the method was developed and whether this development considered the concerns of Indigenous peoples, minority and/or marginalised groups of people. They were also asked whether the method was a departure from 'business as usual' and, if so, why this departure was deemed necessary by those developing the method.



2. **Application.** A profile of how it has been used, including some examples. Researchers were asked to write about which disciplines used the method, whether it was being used consistently, what sort of research questions the method was being used to address, and whether the method was being used with Indigenous, minority and/or marginalised peoples.
3. **Kaupapa Māori analysis.** An analysis of its potential use with whānau, including the alignment of the method with Kaupapa Māori principles and practices. Researchers were asked to outline their understanding of Kaupapa Māori and then to describe if and how the method was compatible with the theory and practice of Kaupapa Māori. They were also asked to analyse the methods potential to inform policy about whānau realities.
4. **Pre-testing with whānau.** The findings from a discussion with 2 to 3 whānau about the method (e.g., what was their impression of, and feedback on, the applicability of the method for whānau research). Ethical approval had been gained from the Multi-Region Ethics Committee for the pre-testing. Researchers were asked to inquire whether whānau enjoyed their research experience and whether it allowed them to voice their experiences. Whānau were also asked whether they would consent to being involved in a research project using the method, and whether they thought other whānau would consent to being involved.
5. **Summary and discussion.** Researchers were asked to sum up and draw conclusions about whether or not the method was suitable for researching with whānau collectives.

An annotated bibliography template was used to reference and briefly describe four to six background documents, including studies that had used the method (available from individual authors upon request).

Twelve methods have been reviewed; four by the research team and an additional eight by research colleagues. Many of these methods are qualitative methods that have their roots in therapy-based methods and/or strategic planning tools concerned with collecting information, as well as instigating change. The methods are: Appreciative Inquiry; Genograms; Ecomaps; Te Whakapapa o te reo i roto i te whānau; Participatory Action Research – Whānau PAR Groups; Participative Action Research: Consensus Cardsort – Whānau Future Narrative; Quantitative analyses of changes in whānau using longitudinal population-based surveys; Social Network Analysis; He Kōrero Whānau (o Te Rarawa); Kōtahi Whānau: Māori Community Partnership Research; Family trees – (Manitoba); and PATH Planning Tool.

## Dissemination

Researcher and stakeholder hui were conducted in May-July 2010 to disseminate information about the project. Five hui were held: Whangarei, Wellington, Christchurch, and two in Auckland. Many of the people who attended the first round of hui in 2009 also attended these hui. These hui consisted of an overview of the methods that had been written about, followed by a brief discussion of the project and the future application of the methods. Generally the research methods were considered as a starting point for researching with whānau as collectives, rather than the solution. Participants could see the potential of the methods, saying that they now needed to be used in, and refined by, research with whānau.

Presentations about the project, including two of the methods, were made at the Ngā Pae o Te Maramatanga International Indigenous Conference on Traditional Knowledge in Auckland in June 2010. The presentations on Genograms and Te Whakapapa o te reo i roto i te whānau, highlighted the applicability of their use with whānau; genograms for their

aptitude to depict connectivity and relationships within whānau across multiple arenas and generations; and Te Whakapapa o te reo i roto i te whānau – the use of Te Ataarangi, an immersion style of learning te Reo Māori through use of rākau, to facilitate whānau to talk about their whānau and whakapapa. A presentation at Hui Whakapiripiri in July 2010 gave an overview of the project and two of the methods (Genograms and Ecomaps).

## Conclusion

Whānau are described as the building block of Māori society (Ministry of Health, 2002). Understanding how whānau function as a unit, from how tamariki (children) are socialised and form their identity through to the role and place of kaumātua (elders), is essential if Māori well-being is to be supported and if Māori aspirations are to be facilitated (both at a local level and within a policy environment).

The present research sought to expand our understanding of how Māori collectives, especially whānau, might be researched in ways that capture the fullness of the relationships and connectedness that exist between whānau members that makes them so much more than the sum of their component parts/members. The researchers sought out research methods that have the potential to uphold the mana of Māori whānau and support the building of a knowledge base that enhances the ability of Māori to be Māori through an understanding of what it is to be part of a collective. These methods can be used in research that informs whānau-related policy to enhance the potential of this policy to support and facilitate whānau health and well-being.

A major output from this RWWC project therefore, is the present collection of 12 research methods contained in this issue of MAI Review. In addition, stakeholder input has been invaluable in both shaping our thinking about the project and, in particular, about the ethics of Kaupapa Māori research with whānau.

The methods now need to be taken, used, debated, adapted and further tested for their usefulness in addressing important issues about whānau collectives. The findings from such research can then help fill the gap identified by government agencies at the beginning of their conceptualisation of the current project; namely, research that supports whānau wellbeing and the achievement of whānau ora.

## References

- Cram, F. (2009). Maintaining indigenous voices. In D. Mertens & P. Ginsberg (Eds.), *Handbook of social science research ethics* (pp. 308–322). Thousand Oaks, CA: SAGE.
- Cram, F. & Pitama, S. (1998). Ko tōku whānau, ko tōku mana. In V. Adair & R. Dixon (Eds.), *The family in Aotearoa New Zealand* (pp. 130–157). Auckland: Addison Wesley Longman.
- Cunningham, C., Stevenson, B., & Tassell, N. (2005). *Analysis of the characteristics of whānau in Aotearoa*. Wellington: Ministry of Education.
- Greene, M. E. & Biddlecom, A. E. (1997). Absent and problematic men: Demographic accounts of male reproductive roles. New York: Population Council.

- HRC. (2007). Māori health joint venture – Request for Proposals 2007. Options for tools to measure Māori-based collectives – Investigating options for measuring whānau. Auckland: Health Research Council of New Zealand.
- Henare, M. (1995, October). Te Tiriti, te tangata, te whānau: the Treaty, the human person, the family. In *Rights and responsibilities. Papers from the International Year of the Family Symposium on Rights and Responsibilities of the Family*. Wellington: International Year of the Family Committee in association with the Office of the Commissioner for Children.
- Hongoeka Declaration for Māori Health Researchers. (1996). In *Hui Whakapiripiri: A hui to discuss strategic directions for Māori health research*. (p. 7) Wellington: Te Ropu Rangahau Hauora a Eru Pomare.
- Jackson, M. (1996). Māori research and Te Tiriti o Waitangi. In *Hui Whakapiripiri: A hui to discuss strategic directions for Māori health research*. (pp. 8–11) Wellington: Te Rōpū Rangahau Hauora a Eru Pomare.
- Kaplan, A. (1964). *The conduct of inquiry: Methodology for the behavioural sciences*. San Francisco, CA: Chandler Publishing.
- Kennedy, V. (2010). Social Network Analysis in relation to social support networks. *MAI Review*, 3, 12 pages.
- Kennedy, V., & Cram, F. (2010). Ethics of researching with whānau collectives. *MAI Review*, 3, 8 pages.
- Lee, J. B. (2003). Ngā tohutohu: A purākau approach to Māori teacher narratives. In D. Fraser, & R. Openshaw (Eds.), *Informing our practice: Special volume. Selections from the TEFANZ Conference* (pp. 29–42). Palmerston North: Kanuka Grove Press.
- Metge, J. (1995). *New growth from old: The whānau in the modern world*. Wellington: G.P. Print.
- Ministry of Health. (2002). *He Korowai Oranga – Māori health strategy*. Wellington: Ministry of Health.
- Margolin, G., Chien, D., Duman, S., Fauchier, A., Gordis, E., Oliver, P., Ramos, M. C. & Vickerman, K. A. (2005). Ethical issues in couple and family research. *Journal of Family Psychology*, 19(1), 157–167.
- Morphy, F. (2007). Uncontained subjects: ‘Population’ and ‘household’ in remote Aboriginal Australia. *Journal of Population Research*, 24(2), 163–184.
- Morrow, V. (2009). *The ethics of social research with children and families in young lives: Practical experiences*. Working Paper No. 53. Oxford: Young Lives, Department of International Development, University of Oxford, Oxford, UK.
- Orbell, M. (1978). The traditional Māori family. In P. Koopman-Boyden (Ed.), *Families in New Zealand society* (pp. 104–119). Wellington: Methuen.

Pere, R. R. (1984, March). Te oranga o te whānau: the health of the family. Presented at *Hui Whakaoranga Māori Health planning workshop*, Hoani Waititi Māori, Auckland.

Smith, G. (1997). *The development of Kaupapa Māori: Theory and praxis*. Unpublished PhD Thesis, University of Auckland.

Smith, L. T. (1996). Kaupapa Māori health research. In *Hui Whakapiripiri: A hui to discuss strategic directions for Māori health research* (pp. 14–30). Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

Statistics New Zealand. (2006). *Definitions and questionnaires. 2006 Census of Population and Dwellings*. Wellington: Statistics New Zealand.

Taskforce on Whānau-Centred Initiatives. (2010). *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*. Wellington: Te Puni Kōkiri.

Tomlins-Jahnke, H., & Durie, A. (2008). *Whānau socialisation through everyday talk. A pilot study*. Family Commission Blue Skies Report No 22/08. Wellington: Families Commission.

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