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A Relationship Between the Ethics of Care and Māori Worldview—The Place of Relationality and Care in Maori Mental Health Service Provision

Tula Brannelly, Amohia Boulton and Allie te Hiini

This short practice article draws on a small empirical study of Māori mental health nurses who work in mainstream and specialist cultural services. Emphasis on relationality in the Māori worldview places people at the heart of caring and resonates with the care principles of Tronto's integrity of care. Personal motivations for caring as well as tribal expectations of providing care and protecting integrity and respect for the person, even when taking guardianship roles formed an explicit basis for care in the social welfare of ewpopel with mental health problems and their families.

Keywords Ethics of Care; Relationality; Māori Values

Introduction

During the process of working together in supervisory roles (AB and TB) and as supervisee (AtH), it was noted that there were some shared values between a kaupapa Māori¹ approach—a Māori way of working, and the ethics of care (Gilligan 1982). The research student, Allie, was undertaking a small empirical project with a focus group of Māori mental health nurses who worked both in kaupapa Māori health services—services which operate according to Māori values, and mainstream services. The aim of the research was to examine how the nurses brought their Māori ways of knowing to their nursing skills and what benefit they saw in this way of working within their communities. Such questions are important to ask in Aotearoa/New Zealand where the government commitment to supporting

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1. A glossary of Māori terms is included at the end of this paper.

kaupapa Māori mental health service provision wavers, and where a lack of 'evidence' is often cited for the contestation of resources to support kaupapa Māori services. Kaupapa Māori services tend to be focussed on clinical needs but also to meet the social welfare needs of communities. We would like our readers to know that it was not the aim of us writing this paper to provide any 'explanation' of Māori values or to attempt to translate or validate Māori values using western concepts and ideas. It is worth noting that while we have provided some western definitions of Māori concepts, we recognise their inadequacy as it is not possible to capture the entirely different philosophical underpinning of Māori knowledge and ideas. However, the significance of this paper is that it illustrates the values of an ethics of care as told by a group of Māori nurses in their usual talk about care and being Māori.

Amohia is a Māori woman with tribal affiliations to Ngāti Ranginui, Ngai te Rangi and Ngāti Pukenga in the Bay of Plenty. Allie has Ngāti Tuwharetoa and Tapuika tribal affiliations, Tula is a new Aotearoa/New Zealand citizen, having migrated from UK. The research adopted a Māori-centred qualitative methodology. In conducting the research Allie followed tikanga Māori (Māori protocols) including holding a hui (meeting) about the research, having a kaumātua (tribal elder) to provide advice and support, and interviewing the nurses in a focus group to enable a collective approach, also consistent with tikanga Māori. On reading the focus group data, Tula was struck by certain aspects of the kaupapa Māori way of working and its resonance with a care ethics approach. Notably these aspects included the centrality of, and attention to, the establishment of the relationship with whānau (extended family) as the receivers of the service; the responsibility to meet the wider needs of the whānau as an aspect of service intervention (despite the boundaries set by service contracts); and the personal and collective motivation to provide care as recognised through whakapapa (tribal and ancestral positions). These values place people at the heart of care. Some accepted aspects of professional care such as objectivity and managerialism emphasise distance in the relationship. Boundaries are set that remove the personal from care, and unemotional but somehow compassionate care is expected. People who care in their everyday lives are encouraged into professional practices that ask them not to demonstrate care. As a result, it is likely that the people they practice with, do not feel cared for. In this paper, we describe Māori approaches as they apply to nursing practice, briefly outline Tronto's 'integrity of care' (Tronto 1993), present some data from the focus group and discuss the possibilities from this conversation about two sets of values in a relationship to each other.

The Application of Māori Values to the Practice of Nursing

Māori nursing practice can be characterised as including five features: the promotion of cultural affirmation, including cultural awareness and identity; the

support of and access to Māori networks; the adoption of Māori models of health; the enabling of visibility and pro-activity of Māori nurses; and the validation of Māori nurses as effective health professionals (Simon 2006). It is this first characteristic of Māori nursing practice, the promotion of cultural awareness and identity, that is explored in greater depth in this paper as we examine the specific values that Māori nurses bring to their interactions with patients. For Māori nurses, being recognised as Māori and working in a Māori manner is an important component of Māori nursing practice (Simon 2006). Māori cultural values are regarded as crucial elements to Māori nursing practice; however, they may also be regarded as being equally important conceptually for practices of relating and inclusion.

Māori nurses work in a range of settings, from mainstream services (those which deal with Māori as merely part of the larger population of New Zealand),² through to kaupapa Māori services. Kaupapa Māori services include clinical and non-clinical services that have an underlying Māori philosophy, worldview and approach that distinguishes them from other services. Values that are central to Māori worldview include whakapapa—a social positioning of each person identified by ancestry and tribal links; manaakitanga—hospitality and kindness; kaitiakitanga—guardianship; and whanaungatanga—relationship, kinship, and sense of connection (Mead 2003). The existence of kaupapa Māori services does not lessen the need for mainstream services, as some Māori service users may feel more comfortable receiving treatment in a mainstream environment, accordingly mainstream services must understand the needs of their Māori service users and offer culturally appropriate and effective treatment environments (Boulton 2005).

Core Maori values

Whakapapa forms the foundation of Maori society and our relationships and interactions, as an indigenous people, with the world around us. Graham notes that in a contemporary context, whakapapa may be regarded as ‘a shared illumination of the interconnections between people and their spiritual and physical connections to the land and not just collective biological connections’ (Graham 2009, p. 2). For Māori, whakapapa not only represents the genealogical descent of living things, but also legitimates Māori epistemology, forms the central core of Māori ways of knowing and mātauranga Māori (Maori knowledge) and provides the means to organise that knowledge (Graham 2009). In a clinical setting the importance of whakapapa (genealogy) and whakapapa connections cannot be underestimated when engaging with Māori patients. Making whakapapa, or genealogical connections, reminding the person of their ancestral ties and links to their past by identifying genealogical connections between the nurse and

2. Mainstream services are expected to be ‘responsive to’ Māori and reflect Māori perspectives both in their policy and in their practice (Cunningham & Durie 1999).

the patient, between the carer and the cared for assist to make the patient comfortable in their surroundings, ground the person to the place and time, and prepare the person for what is to come.

Closely linked to the concept of whakapapa, is that of whanaungatanga (relationships, kinships, and sense of connection). The act of making personal connections through shared genealogy, of introducing yourself and getting to know someone else is termed whakawhanaungatanga and is one of the first and most important rituals that is observed (formally or informally) when Māori people meet. In a clinical setting whakawhanaungatanga can occur between carer/clinician and patient, between health service provider and users, or between users. Introductions are made through whakapapa which allows people to uncover how they might be related to each other by identifying shared ancestors and tribal links. The process of whakawhanaungatanga is one which cements ancestral ties and provides the basis for the new relationship to be forged.

Manaakitanga may be defined as the act of providing hospitality and encompasses values such as generosity and kindness, and responsibility to look after people. According to Roa and Tuaupiki (2005) the Māori term manaakitanga forms the basis of all well-intentioned human interaction. Manaakitanga refers to the respecting of the other (living, dead, non-human...), to nurturing and fostering relationships and treating the other with care and respect. To more fully understand the concept, one should understand the composition of the word:

The meaning of 'manaaki' lies in its root words - 'mana' and 'aki'. 'Mana' refers to one's power, influence, authority and control. To 'aki' is to encourage and to support, and at times to challenge! Thus, the term 'manaakitanga' is to encourage and support one's mana regardless of their status. (Roa & Tuaupiki 2005, p. 3)

Kaitiakitanga is the act of guardianship, and is most commonly associated with the care and stewardship of natural resources, of resource management or the protection of biodiversity. However kaitikaitanga is an important concept in relation to healthcare where Māori nursing staff may take on the role of a Kaitiaki, or guardian, for their patient, while that person is under their care. The concept of kaitiakitanga, and by extension the role of the Kaitiaki implies protection, care and vigilance of those things which are deemed to be precious resources (Kamira 2003). It also introduces the idea of an inter-generational responsibility and obligation to protect those things which are held dear.

An Ethics of Care

Care is a part of everyday life (Barnes 2006, 2012), rather than the concern of women or the vulnerable (Tronto 1993, 2010, Kittay 2001). An ethics of care challenges the boundaries of morality and politic and presents radical political

possibilities (Sevenhuijsen 2003) to transform the practices of care and oppression (Barnes and Brannelly 2008, Brannelly 2006, 2010, 2011) by consideration of the social positioning of marginalised groups in policies (Williams 2001, Sevenhuijsen 2003, Barnes 2011) and practices (Ward 2011, Ward & Gahagan 2011). Care ethics can challenge the dominance of neoliberalism, and the individualism and self-responsibilisation that is unhelpful in understanding the experiences of many who use mental health services. This paper employs the definition of care from Tronto (1993, p. 103):

On the most general level we suggest that caring can be viewed as a species activity that includes everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life-sustaining web.

Care, as a practice, takes into account the full context of caring, and cannot ignore the needs of all, considering the concerns of the care-receiver(s) and giver(s) (Tronto 1993, p. 118). Where the needs of all involved are identified—often the needs of care givers and providers are not stated, or care is focussed on one party rather than all, care can aim to meet those needs. Care is culturally and individually shaped and so acknowledges the uniqueness and individuality of the care receiver rather than the application of universalistic rules of care. Intimate and involved knowledge is required so that the complexity of care giving is done well, and care can only be recognised as having happened by the reaction of the care receiver(s). The practice of caring involves caring about, taking care of, care giving and care receiving and interdependency between people means that these elements of caring are relational and reciprocal.

Tronto identified four elements of care. *Attentiveness* requires that the practice of care is attentive to the needs of others, or those needs cannot be met. It is a difficult task and as such a moral achievement. We might consider that professional agendas are put to one side and the needs of those requiring care are identified. Inattentiveness does not recognise the needs of others and the opportunity to meet needs is lost—‘*That others matter is the most difficult moral quality to establish in practice*’ (Tronto 1993, p. 130). *Responsibility* in most moral theory is aligned with obligation but Tronto argues that responsibility is embedded in a set of implicit cultural practices, rather than a set of formal rules, and therefore responsibility arises out of the recognition of need because otherwise that need will not be met (p. 131). *Competence* refers to carrying through the intention to provide care, caring work needs to be competently performed. From a perspective of care, we would not permit individuals to escape from responsibility for their incompetence by claiming to adhere to a code of professional ethics (p. 134). *Responsiveness* recognises the experience of the care receiver as central to knowing that care has taken place. Within this are the concerns of vulnerability and inequality. Responsiveness requires that we

remain alert to the potential for abuse that arises with vulnerability (p. 135), and the need to maintain a balance between care givers and care receivers.

The integrity of care requires all of the elements to be present; care inevitably involves conflict and that conflict can be overcome by the practice of an ethics of care. Sevenhuijsen (1998) adds *trust* as the final element, in that caring relationships cannot exist without trust in order to use power creatively and positively in times of conflict. Care also requires that there is an intimate knowledge of the situation of caring, the complexities of providing care and the competencies of those providing care, as care is about making judgements about needs, conflicting needs, strategies for achieving ends and the responsiveness of care receivers (p. 137). The principles of Māori-centred research also reflect care ethics in their attentiveness to the processes and responsiveness to the outcomes of participation in research.

The Research

The aim of the study was to examine the ways that nurses brought their Māori ways of knowing to their nursing skills and what benefit they saw in this to their communities. The study employed a Māori-centred research methodology, drawing on qualitative methods of data collection. The term 'Māori-centred' distinguishes a particular approach to health research that differs from western medical models (Durie 1996). Māori-centred research recognises the importance of Māori culture, Māori knowledge and contemporary Māori realities to Māori health and wellbeing. As a methodological approach Māori-centred research takes the position that research which involves Māori people should make a positive difference to their lives. To that end, researchers themselves should always be guided by the principle of 'tika' which means right or correct (Mead 2003). Therefore, processes, procedures and consultation with Māori participants in research need to be correct so that every participant involved in the research is enriched, empowered, enlightened and pleased to contribute to the research.

Seeking solutions for Māori issues through research requires a framework that respects and protects the rights, interests and sensitivities of the participants. Te Awakotuku (in Smith 1999) identified a set of principles for a Māori-centred methodological approach applicable to Māori participating in research. These principles provide a guideline for researchers conducting research for the purpose of propagating Māori knowledge, and provide a conceptual framework that assists researchers to work in ways conducive to Māori philosophies, beliefs, values and practices. It was these seven principles that guided this study, namely:

- aroha ki te tangata (respecting people);
- kanohi ki te kanohi (communicating face-to-face);
- titiro, whakarongo and korero (looking, listening and only then, speaking);

- manaaki ki te tangata (hosting or taking care of the people);
- kia tupato (taking care);
- kua e takahia te mana o te tangata (maintaining the integrity of the person); and
- kua e mahaki (not flaunting your own knowledge) (Smith 1999, p. 120).

Data were collected through the means of a focus group, using a series of open-ended questions. The focus group was facilitated by AtH, who was responsible for providing a culturally safe environment for the participants including access to Kaumatua at all times during the process. Participants were purposively sampled and all were Māori registered nurses working in community adult mental health and child and adolescent mental health services. The focus group consisted of five women and one man whose collective nursing experience ranged from three and a half years to 30 years practice in the health sector. Three participants worked in mainstream mental health services while the remainder worked in kaupapa Māori mental health services. All participants were well versed in tikanga Māori and applied some principles and concepts of tikanga in their day-to-day practice. Data were thematically analysed to identify common themes (Holloway & Wheeler 2010).

Findings and Discussion

In the focus group the participants discussed aspects of care that they brought to their work as Māori nurses. In this presentation of the findings, the nurses discuss that Māori are materially disadvantaged, and adversity is part of their wider whānau experience. Social disadvantage and adversity is a known and commonplace experience within the whānau. The nurses work within their own hapū and iwi (tribal communities) as well as outside of them, and in each of their meetings with whānau present their whakapapa (ancestry or lineage). This introduction usually includes an acknowledgement of their iwi (tribe) mountain and lake or sea, ancestral lineage to the waka (canoes) that first settled Aotearoa, the iwi (tribe) and hapū (sub-tribe) of each parent, the marae (traditional meeting place) the family is linked to, and a greeting to the tangata whenua (people of the land). This process cements ancestral linkages and invites a new relationship to strengthen links. As consequence, the responsibility for care is an act not only of the nurse in the relationship with an individual but of two sets of peoples coming together for mutual benefit.

The nurses emphasised going beyond the scope of the service, both in terms of time and in finding solutions to needs that are not part of the service that they deliver. Here, a participant discusses knowing inequality and disadvantage:

I think that as Māori we are accepting of the diversity that is in the world because if I think of some of the Pākehā (non Māori) colleagues who have kind of grown up

thinking everybody is like them and everyone should be treated like them whereas from a Māori, we can recognise that you know some of our family weren't treated equally or felt that they were the minority or that not everyone should be treated equally. . . . I think that some colleagues say I didn't know that people were living that way. Then I think what's wrong with you, why didn't you know that. And I think as Māori we're much more accepting of what is out there and the different way that people are living and yes I think we're more accepting.

Participant pg. 8

Two issues resonate from a care perspective. The first is systemic, in that when recipients of services feel judged by people providing services, the relationship is affected and needs are not met as people receiving the service are less likely to reveal the extent of their needs. The second is recognition of a political responsibility towards people affected by colonisation as a result of the experience of social injustice in a colonised society. Therefore care relates to acceptance of, and a responsibility to meet, need. Meeting those needs may not be part of the service and may be taken in the nurses' own time as recognition that 'something must be done' . . .

Just want to tautoko [support] um what's being said, because you know, um the reality is that so many of our people have nothing, absolutely nothing and I see my job as a Māori mental health nurse is to find them, to give them something, a little something, anything. . . . And sometimes I find um, yeah first time accessing a resource, or a treatment resource on behalf of you know a person

Participant pg 12

In this quote the participant is attentive to the needs of the whānau, and the needs are set by the whānau rather than what the service may be able to offer. Taking responsibility to meet need and demonstrating competence to access resources that are not 'usual' in the provision of the service are not discussed as a barrier to meeting needs, but rather as an opportunity. In the next quote a participant discusses how nursing is more than just a job, as it incorporates manaakitanga and aroha based in the caring relationship:

Because I think that the way which we practice has a lot to do with . . . the way that we're brought up um so alongside the, alongside the training that you do um in nursing um, you also bring the things that you've been brought up with and um Māori I think um have ah those things that that that um we will share here and that is that we um manaaki people and um we have um aroha for people and it's usually more than just a job, it's um I think I guess that's why we've become quite passionate about what we do. Because it's, ah because of our relationship that we have with each other and with the land, those sorts of things.

Participant, pg 3–4

Manaakitanga is a responsibility for hospitality and kindness beyond the self and the reciprocity is that the kindness is not only shown but that it is received. This establishes a role of reciprocity ordinarily missing from relationships where care is provided. Some mental health service users may only have social contact with nurses. Relationships lacking in an element of reciprocity may be considered

harmful as one person only takes from the relationship and contributes nothing in return. In Te Ao Māori (the Maori world) the environment and people, living and dead, present and past are intertwined and all require care. Aroha is the love that demonstrates a personal commitment to providing care. The depth of the caring relationship is compared with non-Māori nurses:

I think that Māori nurses seem to be more comfortable with having a deeper relationship with the clients than a lot of non-Maori nurses. . . . And I think Māori nurses are more comfortable mainly because they're more aware of who they are that they're more comfortable to share of themselves and I think they form a more deeper relationship because of that.

Participant pg. 5

The depth of the relationship is acknowledged as an aspect of whakapapa:

Ah, we're bringing to the table of our work who we are, whakapapa (lineage), our heritage, our ancestors who stand behind us, everything that we are as Māori and we're blending that with our professional training as a nurse, you know western training, we're blending that together so yeah we're unique alright.

Participant pg. 6

I think um, I think identifying our own whakapapa helps us, have a, identify a connection to their whakapapa, which makes our relationship more solid because they have, with the trusting relationship forms because our whakapapa may align and things like that with our people. I found that with a couple of people I work with, the alignment of our whakapapa have definitely solidified the relationship that we have. So kia ora.

Participant pg. 6

Establishing whakapapa (ancestral links) and inviting the new relationship (whakawhanaungatanga), provides a different frame for the care relationship. In care ethics taking a personal responsibility for care is valued, but nursing and other professional practices emphasise the establishment of a boundary in the relationship to remain uninvolved or impartial. This impartiality is often confused for a lack of care as caring relationships are characterised by reciprocity and sharing. However, for these Māori nurses, the commitment to share and for reciprocity is formalised in tikanga, and expected by both parties. Interdependence is demonstrated by the expectation of hospitality and kindnesses that are given and received so that the mana of both sets of parties is restored or strengthened, a representation of action and interactions that are beyond the self.

The process of whakawhanaungatanga establishes the relationship and for Māori is a signifier of the ability of one set of people to help another given the resources they can draw on, including the people available to come and help. Providing help is a matter of mana (integrity), as it is a symbol of the generosity given from one to another and therefore is regarded by both people as a strength. It is a personal motivation and tribal responsibility to care well, with the mana of the caregiver being enhanced if care is provided appropriately and respectfully.

Whakapapa has a purpose of clearly stating who is participating and this immediately acknowledges the need for attentiveness to these participants. The informal setting encourages all involved to state their concerns at a particular time and all are encouraged to speak about their experiences and preferences. This practice means that the person at the centre of the whānau crisis gets to participate in the process of decision-making about the care outcome, and that may play significant role in the way a person is able to come to terms with, and recover from, distress. Achieving a deeper relationship with the whānau where the approach and commitment is 'more than a job' helps avoid unwanted outcomes, for example where unwanted detention is described as a mere formality. We argue that the personal motivations for care are part of attentiveness that nurses and caregivers could recognise as influencing decisions. The outcomes of decisions, and the impacts these decisions will have on longstanding relationships, clinical, interpersonal and tribal, necessitates judging with care.

The effects of colonisation are far reaching in terms of the impacts that lost land and connection to the land have had on Māori. In Aotearoa New Zealand, Māori are overrepresented in mental health services and prisons, in poor housing, education and employment. The Maori population is 14 per cent nationally, but in some notably poorer areas, the population is as high as 60 per cent, such as on the East Cape of the North Island. In prison and forensic mental health units Māori make up about 50 per cent of the population. Maori have higher incidence of mental illness and addictions when compared to the non-Māori population (Oakley Browne *et al.* 2006). Material disadvantage is often as result of many cycles of poverty in areas of high unemployment, also associated with poor school achievement, especially for young Māori men. Māori have also survived the initial impacts of colonisation, where the population decreased significantly due to introduced disease. Subsequent movements to improve health and economic status have brought about kaupapa Māori schools, health services delivered through marae and other initiatives designed to meet the needs of Maori and decrease health inequalities and poverty. We have opened this political space to a conversation about values with a commitment to contributing to the demise of social injustice.

Conclusion

We hope that this paper has introduced some thoughts about how Māori values are an illustration of the values of care ethics and provide an example of the care values in an alternative cultural lens, maybe much like ubuntu (Coetzee 2003 in Barnes 2012, p. 16). Like other philosophies, Māori values are fluid and changing and differently enacted and also subject to different tribal and localised understandings. This research did not seek to examine the values of an ethics of care in practice, rather it presented a small section of focus group data where

the nurses described how they care. We value their emphasis on care in a relationship, as an enactment of cultural knowledge. While individual practitioners have power and control in the way that they practice and the outcomes achieved for whānau, practices are also entirely contextualised by the policies and politics of the care (and wider) culture. In the lives of people experiencing mental health problems, the culture of neoliberal, and risk-focussed policies that are individual (or family) blaming and adverse to personal growth are not viewed as conducive to recovery. Emphasis on working with conflict and maintaining relationships is more likely to be helpful to people requiring care.

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We would like to thank the participants in the focus group for giving their time and knowledge to this project—it is much appreciated.

Glossary of Māori Terms Used

Aotearoa	Literally the land of the long white cloud, New Zealand
Aroha	Love, affection
Hapū	Sub-tribe
Hui	The term generally used to for a meeting or gathering, however there are many different forms, e.g., Hui-a-iwi, a gathering of all the people in the tribe to discuss tribal concerns vs. a Hui Wānanga, a hui where some specific knowledge is imparted
Iwi	Tribe, people
Kaitiaki	Guardian, Trustee
Kaitiakitanga	The act of guardianship; care and stewardship especially of natural resources
Karakia	Prayer
Kaumātua	Respected elders; usually refers only to men, hence Kuia/ Kaumātua
kaupapa Māori	In a Māori way, hence kaupapa Maori health services and kaupapa Māori schools which are underpinned by Maori philosophy and operate according to Maori values
Koha	Gift
Koroua	Elderly man
Kuia	Elderly woman, an elder who is a woman
Mana	Integrity, prestige
Manaaki	To care for, to show respect

Manaakitanga	The act of providing hospitality, of caring and showing respect for
Māori	The indigenous people of New Zealand
Marae	Meeting area of a village or settlement, including its building and courtyards
Mātauranga	Knowledge, wisdom
Noa	The state of being normal, mundane, everyday
Ngā	The (plural)
Pākeha	Non-Māori of European or Caucasian descent
Tāngata whenua	Local people, indigenous people, literally people of the land
Tapu	A state of being sacred or inviolate
Tautoko	Support
te	The (singular)
Te Ao Māori	The Māori world
Tika	Authentic, realistic, right or correct
Tikanga	Protocols, practices, customs
Waka	Canoe(s); in terms of whakapapa (genealogy) refers specifically to the ocean-going canoes which originally settled Aotearoa
Whakapapa	Ancestral links, genealogy, lineage
whakawhanaungatanga	The process of making whakapapa, or genealogical links between people, but also less formally, the process of meeting and greeting people
Whānau	Family, but in Māori culture refers to extended family, rather than simply a nuclear family
Whānaungatanga	Relationship, kinship, sense of connection

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