



CONDUCTING EXCELLENT RESEARCH WITH INDIGENOUS COMMUNITIES

BALANCING COMMITMENT TO COMMUNITY AND CAREER

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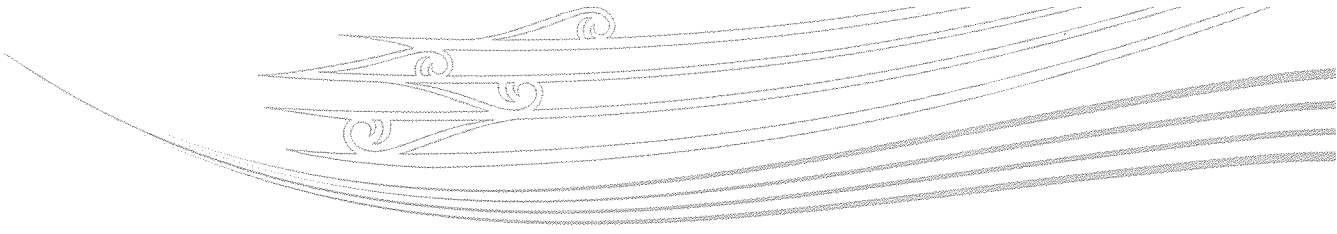
Abstract

There has been a growing trend in New Zealand/Aotearoa for health research involving Māori (the indigenous people) to be conducted in partnership with Māori communities, iwi (tribes), hapū (sub-tribes) and whānau (extended families). Achieving excellence in indigenous health research which meets the standards both of the indigenous communities who partner in the research and the standards set by the academy, is often a complex and demanding objective. In this paper two Health Research Council Māori Postdoctoral Fellows explore the various challenges and tensions they have faced as researchers committed to undertaking excellent indigenous research in community-based settings, while at the same time growing their professional careers as academic researchers. The paper begins by briefly introducing the researchers and summarising the critical success factors they have shared in their respective academic journeys and the values they hold that have led to their involvement in community-based research. Two case studies of engagement in community-based research are then presented to illustrate the types of challenges faced by indigenous researchers who work both with communities and within university settings. The first case study is an iwi-based health and social services research centre while the second involves growing a research culture within an urban Māori community setting. The concept of indigenous research excellence is explored with particular reference to excellence as described by the communities themselves and to the criteria for excellence used by the Health Research Council of New Zealand to assess Māori health research proposals. The authors argue that while tensions do exist in trying to meet differing standards of excellence, managing the interface between these differing standards is a crucial activity undertaken by indigenous academic health researchers. The paper concludes by outlining the lessons and implications for the academy and the community of attempting to meet a set of dual aims, noting that while both aims can be realised, this requires researchers to skilfully balance their obligations to career and to community.

Introduction

If asked to consider the sites, locations and contexts of indigenous health research, images of medical schools, research institutes and academic institutions are those most likely to come to mind. However in Aotearoa/New Zealand Māori health researchers are active participants in a movement to transform the health research landscape into one that acknowledges and validates the role of community, whānau, hapū and iwi¹

1. Whānau is commonly used to mean family; however, in Māori culture whānau is an extended kinship group, hapū are sub-tribes comprised of a number of whānau and iwi are tribes.



involvement in health research. The actions of these researchers confronts and questions the traditionally held belief that health research can only be conducted in universities, as they strive to achieve more meaningful, translational Māori health research. In this paper two mid-career Māori health researchers present their experiences as university-trained academics who are also engaged in community-based research. Building on Irwin (1988) and Durie's (1995) work on the impact of community needs and institutional demands on the lives of Māori researchers and academics, the authors identify some of the tensions and challenges that must be met to achieve the dual aims of conducting excellent Māori research in community-based settings and growing an academic career as an indigenous researcher.

The paper begins by briefly introducing the researchers and summarising the critical success factors they have shared in their respective academic journeys and the values they hold that have lead to their involvement in community-based research. Two case study sites of community-based research are described and the concept of indigenous research excellence is explored. Particular reference is made to how the case study sites conceptualise research excellence and this is compared with criteria of excellence employed by the Health Research Council of New Zealand to assess Māori health research proposals. The challenges and tensions faced by indigenous researchers wishing to develop excellence in community based translational research are discussed. The paper concludes by outlining the implications for the academy and the community of attempting to meet a set of dual aims, noting that while both aims can be realised, this requires researchers to skilfully balance their obligations to career and to community.

Growing indigenous researchers

Dr Heather Gifford and Dr Amohia Boulton are both indigenous researchers from Aotearoa/ New Zealand. They are of Ngāti Hauiti, Te Atihau nui ā Pāpārangi, Ngāi Te Rangi, Ngāti Ranginui and Ngāti Pukenga² descent respectively.³

Dr Gifford holds a Health Research Council of New Zealand (HRC) Post Doctoral Fellowship and is working out of both Te Pumanawa Hauora, the Research Centre for Māori Health Research and Development at Massey University, Palmerston North; and Ngāti Hauiti's Research Unit: Whakauae Research Services. Her main focus is intervention research, which may be defined as research which benefits Māori development. She is currently implementing the results of her PhD; an iwi (tribal) approach to reducing uptake of tobacco among Ngāti Hauiti.

2. Tribal affiliations.

3. In our view as Māori researchers actively conducting indigenous research we consider that where you are from and your tribal affiliations are as critical to claiming identity as are the institutional and academic qualifications one holds.

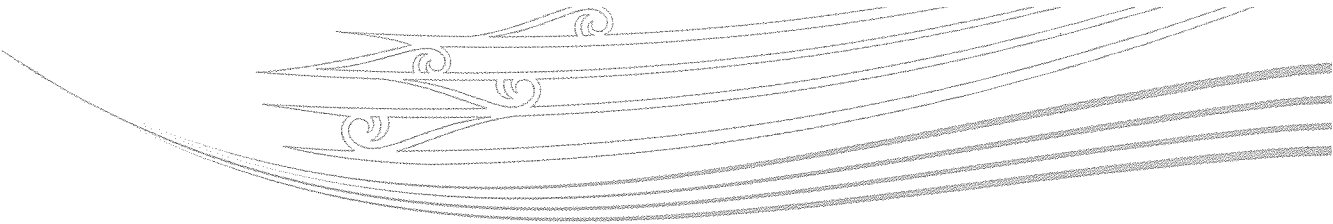


Dr. Boulton is also an HRC Post Doctoral Research Fellow based at the Research Centre for Māori Health Research and Development at Massey University and a Visiting Professor at the University of Northern British Columbia in Canada. Her postdoctoral research programme, sited in both New Zealand and Canada, investigates the relationship between national policy intent, planning practices and funding strategies for indigenous health services and the desires of local, indigenous community for improving the health outcomes of their people.

Critical elements of career growth

The respective career paths of these researchers contain a number of striking similarities which have allowed each researcher to attain their current positions as mid-career health researchers and to be regarded as exemplars of strategic investment by health research funders. Their comparative success in their field thus far, as funded and practising researchers, may be attributed to a number of key elements.

Firstly, both have benefited from mentorship and pastoral support from key individuals who took an interest in 'growing' Māori health researchers. In each case, both were encouraged to change career paths and, as mature students, enrol in specific, health-related, postgraduate research degrees. Their mentors were crucial in the establishment phase of their careers as they identified research scholarships and awards, advised on grant writing, included the researchers in collaborative research projects, and provided each with equipment and infrastructural support. Secondly, both researchers actively pursued the funding opportunities available to them through Government granting bodies such as the Health Research Council and other non-governmental funders. Each has invested considerable effort throughout their research careers into applying for the highly competitive grants and awards available to health researchers to ensure they have continuity of financial support. Thirdly, as mature students both researchers brought the skills, knowledge and networks developed in their previous employment to their research careers. The ability to think critically, to analyse and synthesise data and then to articulate ideas and conclusions were valuable assets to their new careers. A final element which has contributed to the success of each researcher has been that their respective careers have evolved in a very logical and stepped approach, one which has built upon their own previous work and earlier achievements. Both researchers began by undertaking junior research projects such as summer studentships, advancing to conducting independent, researcher-initiated studies. This stepped and logical progression to a research career, while not immediately apparent through the course of their doctoral study, has clearly emerged now as each researcher enters into a phase of postdoctoral consolidation, collaboration and independent research. A recent report on recruitment and retention success factors for the Māori health and disability workforce emphasises that factors such as those described above are crucial for Māori health workforce development (Ratima et al, 2007).



To date, both Dr. Boulton and Dr. Gifford's academic research careers have focused on applying for research grants, working collaboratively with other health researchers in Aotearoa and overseas, strengthening their methodological and analytical research skills, developing a track record of publication and disseminating research findings in relevant academic forums. However, both researchers are also determined to use the research skills developed within the academy to enhance the position of Māori. The researchers have identified communities where their respective skills might be usefully employed and have negotiated becoming a resource for these communities. Dr. Gifford has established an indigenous tribally-based research centre, while Dr. Boulton's interest in the health services/community development nexus has resulted in a partnership with an urban community-based Māori health service provider. In making this commitment to actively contribute to Māori development goals, both researchers acknowledge the privileged position they occupy as well-educated, middle class Māori and undertake to reflect internally, examine our privilege and indeed engage in the "deep inner work" other researchers may not be prepared to do when working with communities (Chávez et al. 2005). It is to these case study communities that we now turn.

The case studies: Sites of indigenous research

Whakauae Research Services

Dr. Gifford is a member of the Ngāti Hauiti, a small tribe of only 1200 registered members. Most members reside away from Ngāti Hauiti's ancestral lands located in the Rangitīkei, a rural centre of New Zealand.

The tribe is governed by a group called a rūnanga⁴ comprising delegates from the five sub-tribes. Over the past two decades the tribe has focused on a broad range of development activities. Part of this development is characterised by the rebuilding and re-establishment of infrastructure and capacity, including research capacity. To assist in this capacity building process the rūnanga has established an operational arm that delivers a range of health and social services. It is under this operational umbrella that the tribal research centre, Whakauae Research Services, has been established.

Whakauae Research Services opened in February 2005 and over the last two years has successfully met all its strategic research goals by increasing the profile and credibility of the centre in the wider research field; participating and partnering successfully on a number of projects; achieving success on a number of funding opportunities thereby establishing financial viability; and building the research capacity of Ngāti Hauiti by recruitment and training of tribal members.

4. Tribal group.



Te Roopu Āwhina Ki Porirua

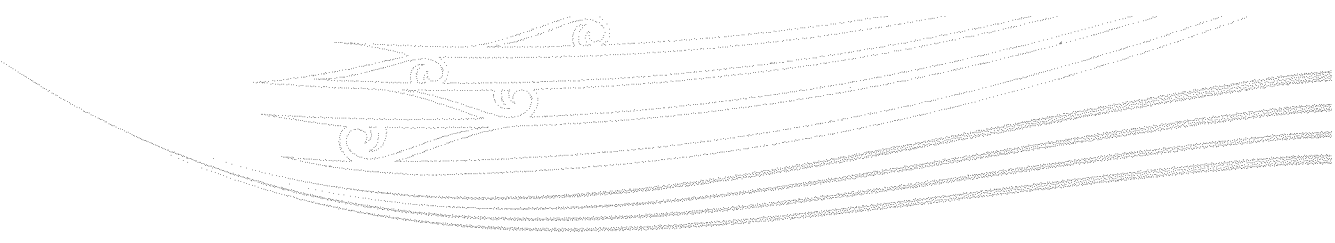
The second case study, rather than concerning a specific research organisation, may best be described as an informal partnership arrangement between Dr. Boulton as a university-based researcher and Te Roopu Āwhina ki Porirua (TRA), a small, urban, Māori non-governmental organisation, TRA provides health and social services to Māori clientele in Porirua, a culturally diverse community where Māori are “relatively disadvantaged when measured by income, employment, housing and education” (Ministry of Health, 2000).

The partnership between Dr. Boulton and Te Roopu Awhina has its origins in 1997 when Dr. Boulton undertook an evaluation of a Māori men’s mental health programme being run by another Māori community organisation in Porirua, Te Wātea Incorporated. The organisation’s first foray into research was a valuable learning experience for both parties and set the foundations for an ongoing working relationship between key, community-based health workers and an academic, university researcher.

Over the course of the last ten years, Dr. Boulton and these key stakeholders have pursued opportunities to undertake more research projects together. The research is focused in the Porirua community and includes not only a commitment to build the capacity of the community to undertake relevant research but also to consider how research results may be translated and transformed into improvements in practice and service delivery (Jacobson et al., 2003; Kiefer et al., 2005). There is no formal contract, memorandum of understanding or other document which structures the relationship between the researcher and the community. Rather the relationship is fluid and flexible. The relationship is, however, grounded in appropriate tikanga (protocols) and guided by the ethical principles developed to support and assist Māori researchers researching in Māori communities (Cram, 2001; Mead, 1996).

There are characteristics in both sites that have assisted the development of indigenous research. Both have had access to an indigenous researcher with Western academic training; both have a desire for research that is transformative or results in a distinct intervention; both have had the opportunity to explore indigenous methodologies and to ‘grow’ the research capacity in the community; and each community manages the process issues of research, including the management of timeframes, of ethics and of intellectual property.

Key to these communities being able to engage in the activity of research was access to an indigenous researcher with the appropriate knowledge and expertise to carry out the research required. However, of greater significance than the ‘learned’ skills the researchers brought with them to the communities were the attitudes of deference and respect the researchers displayed and their understanding that they were not the experts



in these communities. They demonstrated a willingness to be involved in the work of these communities, ‘cultural humility’ (Tervalon & Murray-Garcia, 1998; Wallerstein & Duran, 2006) and a commitment to the specific kaupapa⁵ which drove the work of each organisation. Access to each site was gained through personal relationships and kinship, a process outlined in depth in the Māori research methodology literature (Bishop & Glynn, 1992; Dewes, 1975; Glover, 2002; Smith, 1999).

Relatively early on, both communities, identified a need for research which was transformative or which produced a particular intervention. This call for transformative or intervention research has also been supported as a national research priority by a number of countries, including Canada and New Zealand (Canadian Institutes of Health Research, 2004; Health Research Council of New Zealand, October, 2006).

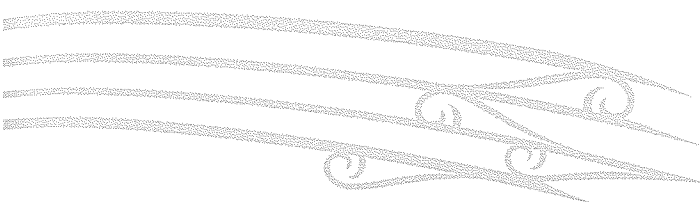
Establishing the research relationships afforded both Whakauae and TRA the opportunity for reflection on the development of indigenous research methods and methodology. Identifying a field of inquiry, developing meaningful research questions and then participating in their own ‘programmes’ of research, has provided each of the communities with the time, space and opportunity to consider what is important to them as Māori communities. Alongside the development of indigenous methods and methodologies, both Whakauae and TRA have had to consider and devise standards or principles of research excellence. These principles or criteria of excellence determine how researchers will engage with the respective communities and indeed act as standards of accountability for those researchers.

Excellence in indigenous research

Notions of indigenous research excellence are, by definition, context specific. As indigenous peoples we comprise diverse and complex populations (UNESCO, 2004) and to expect that a definition of research excellence for one community, tribe or people would suit any other indigenous community, tribe or people is not only unrealistic but also inappropriate. The principles of research excellence developed by Whakauae and TRA provide clear examples of how, for indigenous communities, standards of research excellence must be derived from within the community itself. However, the value and usefulness of research is assessed by many yardsticks, not the least of which includes those established by funding bodies.

Māori health researchers and communities wishing to conduct research using public funds are required to meet a set of criteria developed by the Health Research Council

5. In this context we use the term to mean “organisational vision”.

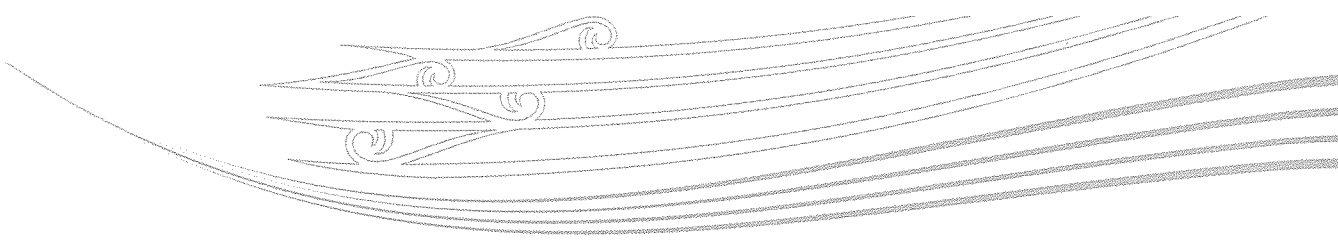


of New Zealand (Health Research Council of New Zealand, 2004). There are currently four key criteria against which Māori health research proposals are assessed for excellence: Health Significance; Scientific Merit; Design and Methods; and Expertise and Track Record of the Research Team. While these four criteria and the general definition of excellence outlined for each provides a useful mechanism to assess grant applications against other grant applications, it is unlikely Māori communities themselves would describe research excellence in the same manner. Nor is it likely that Māori communities would emphasise these same criteria when judging excellent community-based research.

A tension exists for those indigenous researchers who, like ourselves, accept the HRC's criteria for research excellence and deliberately seek HRC funding to pursue research, yet who also accede to work within the community's principles for research excellence. This tension is manifest in a number of ways. For instance, according to the HRC, excellent researchers are those that "have excellent academic qualifications and a publication track record in peer reviewed scientific journals as well as other professional publications." While these things may be valued in indigenous communities they are not the only consideration for excellence. Other attributes tend to take precedence such as the researcher's connection to the community, being trusted by the community, an ability to listen to the community, and an ability to interpret the research needs and translate these into results.

The tension also becomes apparent when one is asked to consider 'scientific merit' and 'excellence in design and methods'. Currently excellence in these areas is assessed against standards developed out of Western scientific scholarship that tends towards a reductionist approach whereas indigenous knowledge has its own concepts of epistemology, philosophy, and scientific and logical validity that incorporate an integrated or holistic approach (Daes cited in Battiste and Henderson, 2000). A critical component of conveying Māori epistemology and philosophy is through the use of te reo or Māori language, yet currently there is no facility to allow for research proposals by communities to be conveyed in te reo. There are a number of key Māori concepts that are difficult to convey through the medium of English; therefore, the standard of the proposal is compromised through the forced use of an unsuitable language. This puts some communities at a disadvantage, as they are unable to access funding for research originating from a Māori epistemological and philosophical knowledge base.

Thirdly, the tension is evident simply because as publicly-funded health researchers we are applying for health research funding within a framework that has been constructed by Crown interests. Māori health research priorities fall out of overarching Government priorities and funding decisions are made on the basis of whether researchers' questions address these priorities. These priorities may have little or no bearing on what Māori communities consider to be important, relevant, useful or even of interest. What is judged



as being of ‘high significance’ by funders considering the use of public money for the wider public good is not necessarily what local communities may consider significant.

While the tensions created in meeting sometimes diverse standards of excellence are very real, they can be reconciled and a balance between these competing standards may be found. Identifying and then achieving the balance is a critical task for indigenous academic researchers. Excellence is created by the indigenous researcher acting as a conduit or managing the interface between the two positions, meeting research excellence as defined by academic peers through a process of incorporation of various epistemological and knowledge bases, and the interpretation and adaptation of these that enables communities and researchers to translate excellent research into practice that communities can value. Walters (2007) describes this process as one of hybridisation, stating that it is a critical component of community-based participatory research.

To assist the development of research, both case study sites have clearly articulated what they see as excellence in research. Ngāti Hauiti has defined a set of research principles including concepts driven from a Māori worldview (Te Rūnanga o Ngāti Hauiti, 2001).

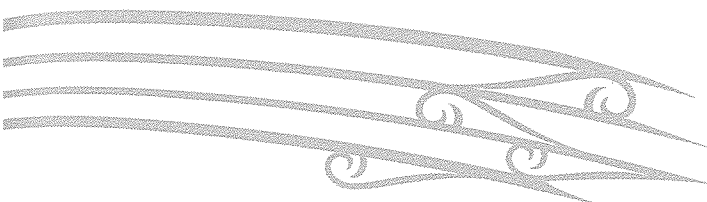


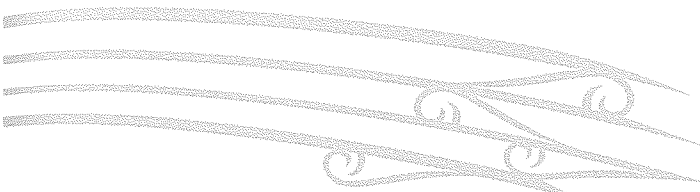
Table 1: Guiding principles for Ngāti Hauiti research activities

Principle	Definition
Kanohi	Kanohi ki te kanohi or face to face contact is the preferred approach when talking to people, particularly when discussing and resolving important matters.
Mana	Ngāti Hauiti will be represented at different times by people who have certain skills, experience and qualifications. In all cases, such representatives will be given the correct mandated authority.
Rumaki	All hui will be undertaken within cultural settings. This ensures that participants are immersed in the appropriate environment, either in the form of a venue such as marae or the observance of Ngāti Hauiti tikanga during hui.
Whanaungatanga	Ngāti Hauiti maintains a strong link with neighbouring hapū and iwi. The whanaungatanga principle acknowledges these relationships and any associated shared history.
Mahi	The practice of utilising Māori thought processes and frameworks that enrich culturally based activities.
Hui	Every effort should be made to incorporate hui into any activity. Such hui encourage debate and discussion to take place while specific gatherings such as hui wānanga promote education. Hui whakawhanaungatanga are another opportunity to gather and strengthen relations.

Similarly Te Roopū Āwhina ki Porirua has also developed another set of excellence criteria which highlight the usefulness, applicability and transformative aspects of community-based research.

Table 2: Principles of research excellence for Te Roopu Awhina ki Porirua

Principles of research excellence	Definition
Enduring	Research which occurs as part of an ongoing service within the community and works in tandem with that service.
Encompassing	Research which involves not just researchers, but a whole team comprising service staff, governors and directors, kaumātua and whānau.
Integral/intertwined	Research which is an integral part of the service, and not separate from it.
Practical	Research which produces tangible and usable, practical results for that community. Research which understands that notions of confidentiality are different than those of traditional Western scholarship, yet are equally as important.
Transformative	Research which changes the lives of individuals, whānau and communities.
Relevance/recognition	Research which allows for recognition by participants/ whānau of themselves in the results. In other words, whānau can see themselves in the research results, so the research is meaningful and relevant.
Positive	Research which creates a positive reaction within the community.



Challenges in managing the interface

There are a number of challenges and tensions faced by indigenous researchers who work at the interface between competing paradigms in order to conduct excellent community-based research that speaks to the lived experience of communities while at the same time being valued by the academy. Key challenges include managing multiple accountabilities, negotiating rights to intellectual property, managing ethics processes and the associated concern of privileging non-Māori ethics committees, and ensuring the sustainability not only of the research infrastructure developed in communities, but also the careers of indigenous researchers determined to support Māori development objectives.

Managing multiple accountabilities

Academic or university-based researchers who are committed to fostering research with Māori communities manage multiple, and at times competing, accountabilities and responsibilities. As university staff, researchers will have commitments and responsibilities to the university administration, to their colleagues and to students, and in some instances they will also teach in programmes or act as supervisors. Researchers are required to meet their research objectives, achieve a required level of publication and participate fully in the wider research environment. Where researchers are externally funded, the funders' expectations must also be met. Alongside these responsibilities, researchers who choose to engage in community-based research, and more particularly iwi or hapū-based research, manage a range of responsibilities and accountabilities placed on them by their communities and/or rūnanga. Iwi researchers may be called upon to participate and work at iwi hui⁶, whether this be as ringawera⁷, kaikaranga⁸, or kaimahi⁹. Maintaining relationships at a community level consumes significant amounts of time and energy, requiring researchers to attend meetings which may not have a research agenda but which are integral to supporting community development.


There are a number of costs associated with the failure to maintain respectful relationships with communities. The most immediate consequence is the loss of goodwill and trust in research by the communities themselves and in the longterm the disengagement from research activities altogether. Communities, who as a consequence of a mismanaged relationship decide not to participate in research activity, risk marginalisation in a society that places a high value on knowledge generation and the production of 'new' knowledge. In disengaging from the activity of research, communities risk losing the opportunity to

6. A meeting or gathering.

7. Cook, kitchenhand.

8. Formal cultural role welcoming or calling to visitors- facilitated by Māori women.

9. General workers who may do any activities required to prepare for a meeting.



generate their own data so that they may become better informed about their own people. Further, they risk losing the chance to use this evidence to lobby for increased services, changes in service delivery, or funding for development activity.

Academic researchers must also be cognisant of the need to satisfy funder and/or university expectations. The failure to publish, to attract research funding, to contribute to the research environment and ultimately to invest in advancing an academic research career could result in the exit of highly skilled researchers from the academy and the loss to the community of research that traverses the two paradigms.

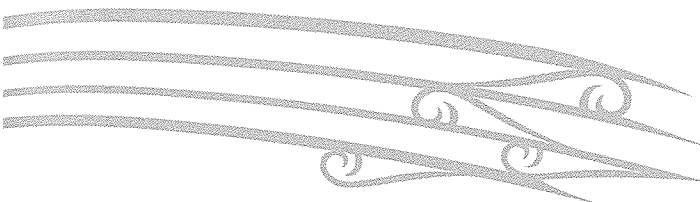
Intellectual property

Who owns the product of the research activity and the intellectual property (IP) it generates is an issue that has been long debated in the academy (Gibbs, 2001; Williams, 2001; Smith, 1999) and in the last twenty years in Aotearoa/New Zealand community organisations, iwi, hapū and whānau groups have become increasingly aware of the need to protect their IP. Academic researchers working with Māori communities have a responsibility to ensure that IP concerns are discussed at the start of any research contract negotiation to prevent communities unwittingly surrendering their IP. Whakauae Research Services for example, has developed its own Intellectual Property Protocol to ensure that the IP generated from any research project undertaken in Ngāti Hauiti remains within the community. It then becomes incumbent on the community to disseminate the new knowledge gained in the research to whānau members in the way that best meets the needs of that community.

An additional issue discussed by Smith (2006) is that of informed consent to research and the possible ‘leaching’ of collective iwi knowledge based on an individual’s consent to participate in research. Acting as a collective of whānau, hapū and iwi in the conduct and control of research may mitigate some of the loss of collective intellectual property; however, it assumes that whānau and hapū, and indeed individuals within the whānau and hapū, are compliant with directions issued from ethical/research iwi advisory committees.

Ethics and ethics committees

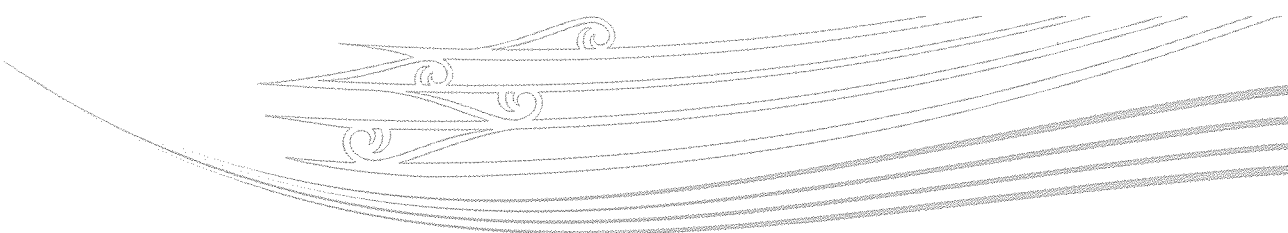
Smith (2006) provides an extensive discussion on the background of research ethics for indigenous communities, specifically the issues facing indigenous communities and researchers working within the current global, interdisciplinary and eurocentric ethical frameworks. In response to the imposition of these ‘foreign’ ethical frameworks, indigenous communities are focusing their efforts on transforming research and institutions (Worby & Rigney, 2002) and challenging the status quo regarding who has the right to grant ethical approval for indigenous, community-based research.



Entities such as Advisory Committees, Kaumātua Committees, and even iwi-based Ethics Committees are being established by Māori researchers to ensure that their research adheres to the appropriate cultural norms and values, or tikanga, of the area. Both of the case studies cited above rely on advisory committees, their role being to provide advice on their respective communities and to ensure that the research proceeds in accordance with local tikanga so that the collective needs of the groups involved in the research are met. In the past advisory, committees have tended to be unfunded, with committee members giving up their time and expertise on a voluntary basis or for a small koha. In both the case studies presented here, an effort has been made to include appropriate levels of remuneration in grant applications so that advisors may be adequately recompensed and their unique skills acknowledged.

The mandate for granting ethical approval in Māori communities or for iwi and hapū provides a challenge for those academics who wish to undertake excellent community-based research. Every Crown or Government-funded research project is required to be vetted by an ethics committee to ensure the safety of all who participate in the research process. The national system of ethics review comprises a number of committees with various responsibilities for human ethics and animal ethics. For human ethics, a number of ethics committees are established under statute: The Health Research Council Ethics Committee (HRCEC), The National Advisory Committee on Health and Disability Support Services Ethics, The Ethics Committee on Assisted Reproductive Technology, and six Regional Health and Disability Ethics Committees and the Multi-region Ethics Committee. In addition, ethics committees are also set up by organisations and accredited by the HRCEC: Institutional Ethics Committees, and Private Sector Ethics Committees (Health Research Council of New Zealand, 2002). Researchers undertaking community or iwi based health research must submit their research proposals to one or other of these committees for approval. Ethics committees established by iwi, hapū or communities do not have the same standing as these national bodies. Despite being the best judge of whether a research proposal is ethically sound from a cultural point of view, these 'ad-hoc' committees established by iwi or hapū currently remain unrecognised as having the ability to grant ethical approval for publicly funded research activities.

Indigenous academics have spoken of the importance of reciprocity, critical sensitivity, strengthening connectivity and the appropriate application of tikanga (Smith, 2006; Cram, 2001; Mead, 2003; Bishop, 1998) as some of the key elements of an ethical relationship between communities and researchers. While we practise with these elements in mind, there is another aspect of the ethical relationship that is important, namely bringing others, such as research partners, into the pre-existing relationship that we have with our communities. There is an added responsibility to ensure that 'outside' research partnerships operate in the same ethical manner as described by indigenous academics and our community



advisors, that the relationship be directly beneficial, and that it strengthen community development and empower communities to maintain control of the research.

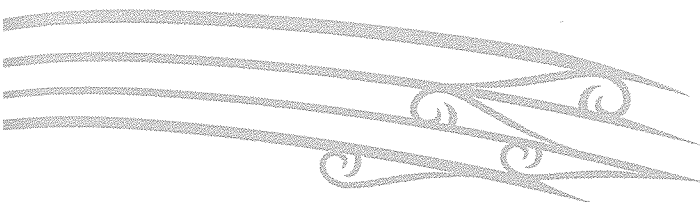
Sustainability

A number of critical sustainability issues face those indigenous academic researchers working with iwi, hapū and community including the following limitations in community capacity to conduct research; under-developed or minimal infrastructure; and challenge of securing ongoing funding.

Ongoing investment in the human resource capacity in our communities is required. In the case of Whakauae, despite a successful track record of growing a community-based research workforce (where success is measured purely in terms of staff who have secured HRC career development awards), there is still a gap in knowledge levels between senior researchers and the developing community-based research workforce. Furthermore, those who may be regarded simply as mid-career researchers in an academic context may in fact be considered to be senior, highly skilled, researchers within their communities. Attributes such as competence in te reo, an understanding of tikanga and protocol, leadership within the community, or the fact that one has simply grown up and lived in a community can impact upon how a community views a researcher's credentials. These qualities in combination with a doctoral degree may confer 'seniority' and indeed legitimacy upon a person who, in a university setting is still regarded as 'in training'.

The gap in knowledge between the senior or mid-career researcher and the emerging community-based researcher places significant stress on the senior members of a research team. Those considered senior researchers carry the heavier workload, being responsible for supporting junior staff, for securing funding for salaries and overheads, and for meeting research programme objectives. The time and level of investment that is required to grow workforce capacity and senior researchers capable of meeting these responsibilities should not be underestimated. Neither should the amount of support required to realise community research potential.

Another sustainability issue is that of limited infrastructure support for community-based researchers. Many of the support services available to researchers based within universities or larger private settings are lacking in community-based settings. Infrastructural supports such as information technology, library services, research management services, health services, human resources, professional development and training and peer support are commonplace within large academic institutions. Iwi, hapū and community-based organisations can rarely access this range of services from within their own organisation. To counteract this, and provide staff with greater opportunities, many organisations may



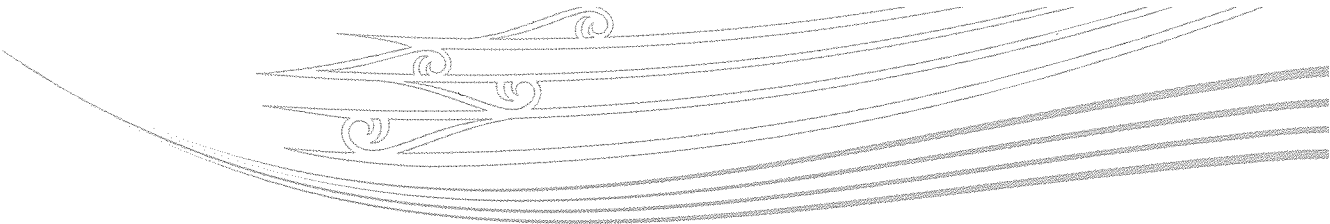
enter into partnership arrangements with other NGOs, universities or Rūnanga. These partnerships may prove mutually beneficial, in that community organisations are provided with the opportunity to review Western research tools and determine suitability for use in a community setting, while universities may utilise the partnership to determine how the community wishes to interface with the research process and potentially produce research of greater relevance to Māori communities.

A constant challenge for researchers in community-based settings is securing ongoing funding for salaries and overheads. A significant amount of time is required to prepare grant applications or respond to Requests for Proposals (RFPs), many of which may be unsuccessful. Again, due to the capacity within community organisations and the very specific nature of the language required for grant applications and RFPs, the task of applying for research funds largely falls on the most senior researcher within a community organisation. Involvement in grant writing for community organisations must be balanced against other academic career tasks such as writing for, and being published in, peer-reviewed academic journals. The conundrum is that academic careers in health research are built upon a track record of publications in peer-reviewed journals and successful grant applications. Indigenous researchers must skillfully manage the balance between the time they dedicate to supporting community's research efforts and the time required to meet their academic responsibilities.

The current timeframes for funding decisions are often protracted and based on annual funding application rounds driven by the Government's budget cycle; cycles to which community research organisations may not be attuned. Community research groups are at greater risk of disestablishment after a poor outcome from the annual funding cycle as they do not have the financial buffers in place that larger institutions may. A further complicating issue is that applications from community organisations are assessed alongside those from institutions (such as universities) with significant levels of resources, using criteria that may, or may not, be compatible notions of research excellence according to iwi, hapū and Māori communities. That organisations such as Whakauae Research Services, and more recently TRA, are involved in research given these many challenges speaks to the resiliency and tenacity of the Māori community.

Lessons and implications

There are a number of implications that can be drawn from the case studies presented above. Firstly it is clear that in balancing the dual commitment to community and to career indigenous researchers must be able to skillfully negotiate a series of challenges, barriers and obstacles. If successful however, indigenous researchers become vital conduits between two distinct approaches to knowledge generation: that of the academy and that of the

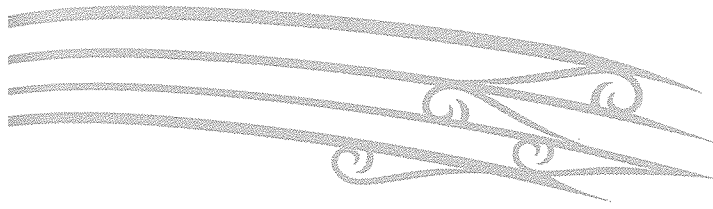


indigenous community. Secondly it is clear that those mid-career researchers who choose to grow their academic career in community settings are more susceptible to stress and burnout due to pressure from multiple demands, workload, limited workforce capacity and limited infrastructure support. Finally we would argue that the current funding approaches are not conducive to developing and sustaining excellence in community-based research.

However, there are a number of solutions to each of these issues. Growing the community-based research workforce, in particular those indigenous researchers with postgraduate qualifications will ensure that there is the capacity in communities to conduct excellent research. While this paper has focused on the challenges and tensions of conducting community-based research, as indigenous researchers we believe there are many advantages to working in communities and for some researchers it is a desirable career pathway. Workforce development will need to be matched by strategies to support community-based researchers such as pay parity with academic colleagues in other settings, peer support networks, and access to resources and entitlements similar to other mid-career academics. Communities too, have a role to play in supporting researchers who are able to work both with community and in academia. To foster the development of these researchers, communities may need to reassess the importance given to the more academic tasks so that they value and resource activities such as writing, disseminating results and participating in professional development and training.

Looking for synergies in partnerships to achieve common goals is critical to ensuring the short to medium term sustainability of community-based research development while at the same time growing an academic career. These partnerships may be forged with variety of organisations from academic institutions, to community-based research centres, private business, not-for-profit organisations, or government agencies. What is critical for the success of these partnerships is that the community remain focused on their strategic objectives; that the partnerships are driven by strong leadership from the community and community researchers; that research principles are clearly defined by all parties and enhanced by the partnership; and that there are mutual gains to be made for all parties.

It is also important to review how research is funded so that communities can participate more effectively in community-initiated research. Initiatives such as ring-fencing a pool of funding dedicated to community-based research; reviewing the application process for funding so that the bar is more realistically set to enable wider participation; and developing a set of criteria that has greater alignment with what communities identify as research excellence may assist communities to participate in more research activity. In addition, timeframes for both funding decisions and contract length need to meet sustainability goals.



We are able to identify a number of elements that for our work contribute to excellent community-based research. These include: the use of broad community partnerships; ensuring the utility of research results; developing research objectives based on the needs of the community; assessing the ethicality of proposals from a community standpoint, by community members; and a dissemination record which reflects community engagement. These elements may be easily merged into a researcher's toolbox of skills and methodologies, so that other communities can benefit by being true partners in research activity.

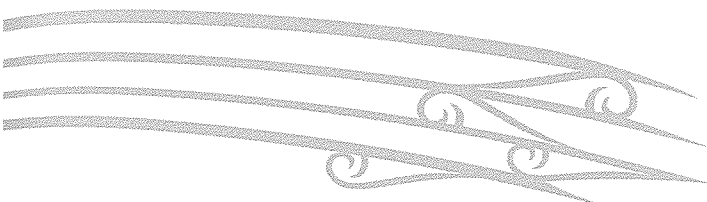
Conclusion

Conducting excellent indigenous research in community-based settings whilst growing an academic career can be achieved but it requires researchers to carefully balance and synchronise what at times may be very disparate activities. Academic careers in health research are built upon a track record of publications in peer-reviewed journals and successful grant applications. Excellent indigenous research relies less on publications than on the utility of the research outputs to the community. By achieving both an academic career and excellent indigenous research, mid-career researchers play a vital role in demystifying research for our communities, growing a culture of research excellence and acting as facilitators of community transformation, bringing university-based knowledge and indigenous knowledge together for the benefit of Māori communities.



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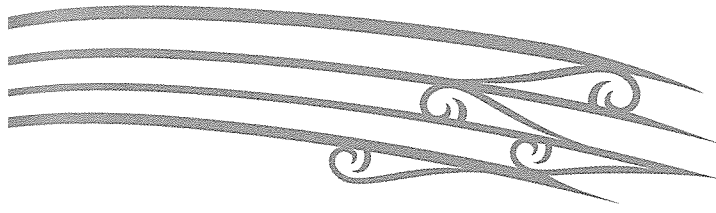
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