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Doing research in Aotearoa: a Pākehā exemplar of applying Te Ara Tika ethical framework

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RESEARCH ARTICLE

Doing research in Aotearoa: a Pākehā exemplar of applying *Te Ara Tika* ethical framework

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Kaupapa Māori was once, and still is for some, ordinary in the context of Aotearoa. Active processes of colonisation and assimilation led by the settler government in New Zealand have served to significantly displace Māori to the marginalised position of exotic and other. *Te Ara Tika* powerfully reaffirms Māori experience as ordinary, and embeds *Te Tiriti o Waitangi* and core Western ethical principles into a framework uniquely of this land. Within this paper I share my application of this framework as an exemplar for others to benchmark against and critique. I conclude by advocating for the uptake of the *Te Ara Tika* framework by Tauiwi (non-Māori) researchers as a response to the challenge from Māori to do acceptable, accountable and responsible research.

Keywords: kaupapa Māori; public health research; Treaty of Waitangi; *Te Tiriti o Waitangi*; research ethics; institutional racism

Introduction

As a seventh generation Pākehā (settler) New Zealander I am clear that *Te Tiriti o Waitangi*,[1] as the founding document of New Zealand, established the terms and conditions of my ancestors' settlement in this country. Te Tiriti o Waitangi reaffirmed[2] Māori[3] tino rangatiratanga (sovereignty), granted the English kāwanatanga (governorship) and promised Māori ōritetanga (equity) with British subjects (Huygens et al. 2012). In a practical sense, Te Tiriti also granted me, and my family, both rights and responsibilities as a citizen of this country and is binding on all Tauiwi that subsequently immigrate here.

Over 160 years on, the often violent processes of colonisation and assimilation led by the settler government continue to profoundly influence the political, economic and social landscape of Aotearoa (Waitangi Tribunal 1996; Robson 2007; Huygens et al. 2012). Processes of reconciliation are underway through the Waitangi Tribunal settlement process and the New Zealand government's recent recognition of collective indigenous rights through their endorsement of the *Declaration of the Rights of Indigenous Peoples* (United Nations 2007). However, substantive evidence demonstrates that New Zealand continues to harbour and maintain profound inequities in health, education and employment outcomes between Māori and non-Māori (see Robson & Harris 2007; Ministry of Social Development 2010).

As a New Zealander, as a Tiriti worker and as an activist scholar I am interested in navigating the legacy of this political situation, to act with integrity and uphold the enduring commitments made to Māori. Activist scholarship is applied research focusing on exposing injustice and working collaboratively with others to effect change. It is about having an explicit commitment to advance social justice agendas and engage in what Freire (2000/1970) calls co-intentional relationship with those, in this instance, targeted by racism. Pākehā Treaty or Tiriti work as articulated by Network Waitangi

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Otautahi ([2002](#)) and Huygens ([2007](#)) is a broad term to denote a range of activities working towards establishing a Tiriti-based future for New Zealand. Such efforts often involve processes of decolonisation and efforts to restore indigenous sovereignty.

Given this recognition of Māori as tangata whenua (people of the land) this paper is my response to the wero (challenge) of the Pūtaiora Writing Group,[4] as outlined in the *Te Ara Tika* guidelines (Hudson et al. [2010](#)). As I understand it, their challenge is that all research in Aotearoa is of relevance and significance to Māori, and that which includes Māori is of paramount importance. This wero is reinforced in the call of Wyeth et al. ([2010](#)) that research needs to be acceptable, accountable and relevant to Māori.

Within this paper, I introduce *Te Ara Tika* and its key components. I then outline its application within the context of my doctoral research (Came [2013](#)) into institutional racism as an exemplar for others to benchmark and critique. I also outline some of my learnings from working with the framework.

The absence of a critique of *Te Ara Tika* within this paper is not a careless omission, rather a considered decision. Other Tauiwi will hold other standpoints but, pragmatically, I maintain I do not have sufficient cultural competencies to critique a tikanga[5] based framework. My standpoint is also one of recognising *Te Ara Tika* as a taonga (treasure) for the research community from a collective of senior Māori researchers who have developed this framework after in-depth debate and discussion. I defer to their expertise of what is ethical practice for working with Māori and welcome access to this framework that provides Tauiwi with an opportunity to enhance and strengthen our work with Māori. As a caveat I do note that *Te Ara Tika* assumes a base level understanding of Te Ao Māori which may need to be developed amongst some Tauiwi researchers.

Te Ara Tika guidelines

[A kaupapa Māori orientation] assumes the taken-for-granted social, political, historical, intellectual, and cultural legitimacy of Māori people, in that it is an orientation in which Māori language, culture, knowledge and values are accepted in their own right. (Bishop [2005](#), p. 114)

Māori have wrestled with a range of ethical issues in this country for hundreds of years prior to European contact. Centred on a communal whānau (extended family lifestyle), traditional Māori society was organised in kinship groups formed by people who identified with a common ancestor and/or waka (canoe). At the heart of Māori society, Mead ([2003](#)) and Barlow ([2004](#)) maintain, is the everyday application of tikanga. Kaumātua (elders) are the kaitiaki (guardians/advocates) of tikanga which traditionally shaped all aspects of Māori life including health, education and justice systems.

Te Ara Tika guidelines are a kaupapa Māori ethical framework based upon the application of tikanga and Western ethical principles. The guidelines integrate understandings from *Te Tiriti o Waitangi* and indigenous values, and draw on the significant contributions of Te Awekotuku ([1991](#)), Cram ([1993](#)), LT Smith ([1999](#)) and Hudson ([2004](#)) to the field of matatika Māori (Māori research ethics). As well as mitigating risk, the framework advocates for constructive relationships that acknowledge the roles and responsibilities each party has in the process of engagement. It also addresses the dual concepts of justice and reciprocity to ensure the equitable benefit sharing of tangible research outcomes for whānau.

Te Ara Tika framework (see [Fig. 1](#)) incorporates the elements of whakapapa (relationships), mana (justice and equity), tika (research design) and manaakitanga (cultural and social responsibility). The whakapapa element of the framework addresses the issues surrounding Māori control of the research process and the initial and ongoing engagement with Māori. The tika element addresses research design; more specifically it assesses the use of Māori research paradigms, Māori participation, and the relevance of sampling and recruitment processes. The manaakitanga element assesses whether the mana of both parties are upheld through the research process through appropriate cultural behaviour, social responsibility and spiritual integrity of the researcher. The mana element focuses on issues of equity and distributive justice. It examines ownership of data, collective consent and reciprocity with Māori and, more particularly, mana whenua (local people).
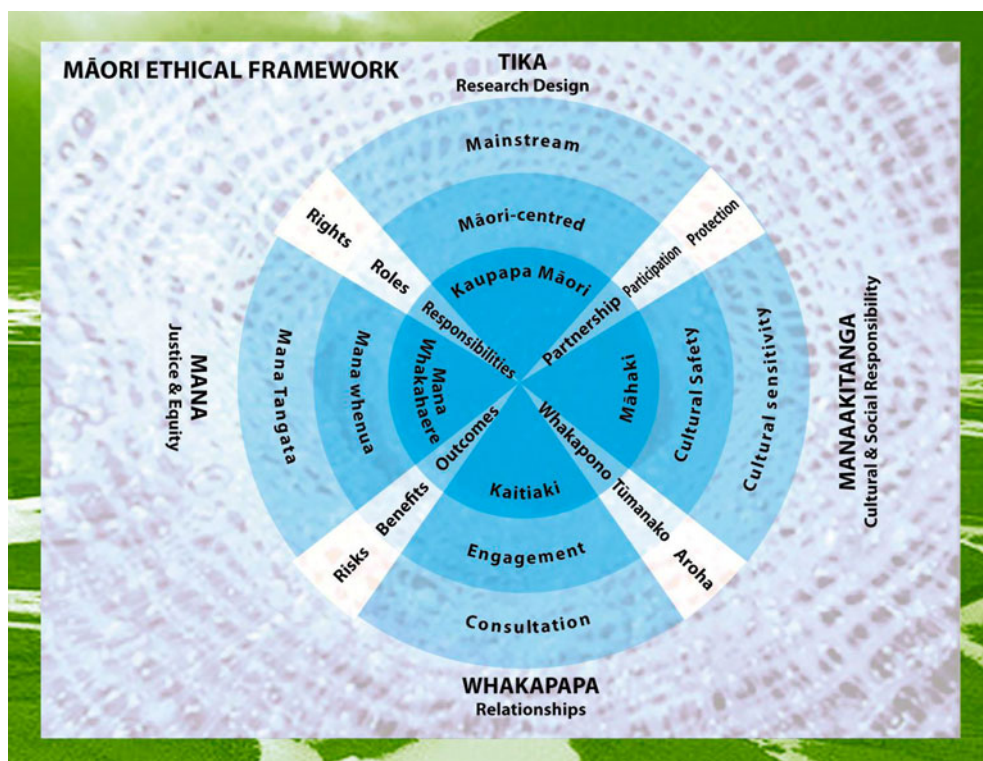
Figure 1 *Te Ara Tika* ethical framework. Reprinted with permission from Hudson et al. (2010, p. 4).

As an incremental framework *Te Ara Tika* defines these elements in terms of minimum, good and best practice standards. These elements are in part represented as four strategic questions (see Table 1). Using the tools of *Te Ara Tika* an assessment can be done by the researcher(s) themselves or by an ethics committee deliberating on a research proposal or when devising a research approach.

Within the following sections I provide a synopsis of my research and outline how *Te Ara Tika* is applied in relation to the core strategic questions used within the framework.

Synopsis of research

> Surely if you are acting for what is tika [correct] and pono [true] … there has to be some sort of ethical line you are working from here. … People just need to have some courage and do what is right. (Kuraia cited in Came 2013, p. 283)

As a public health practitioner I have always been proud of the social justice orientated values of the public health community (Health Promotion Forum 2011; Public Health Association 2012). As a Tiriti worker I have also had a longstanding interest in racism. By choosing to invest most of my career working for generic public health providers I unintentionally prevented myself from what Kirton (1997) calls "seeing the unseen". In this instance, the unseen was the presence of institutional racism within the administration of the public health sector. My doctoral research in part came out of the jarring experience of witnessing systemic racism while working in Māori public health and the profound ethical challenges it presented about speaking up or remaining silent.

Specifically, the research focused on how institutional racism and privilege manifest within public health policy-making and funding practices

Table 1 *Te Ara Tika* strategic questions.

He aha te whakapapa o tēnei kaupapa?	What are the origins of this research?
Me pehea e tika ai tēnei kaupapa?	How will the project proceed correctly?
Mā wai e manaaki tēnei kaupapa?	Who will ensure respect is maintained?
Kei a wai te mana mō tēnei kaupapa?	Who has control over the study?

(state racism), and how it might be transformed. The existence of institutional racism within the public health sector was assumed due to the extensive documentation of institutional racism within Waitangi Tribunal deeds of claims.[6] This framing and the methodological approach was shaped by feminist and kaupapa Māori theories, activist scholarship, Tiriti work traditions and branches of critical theory.

At the heart of the project was a research whānau/reference group which provided political and culture direction for the work. Their input informed the development of the research design, its structure, overall direction and the detail of the study. In the traditions of activist scholarship, the research was also shaped and guided by ongoing dialogue with Pākehā Tiriti workers through local and national networks.

The study utilised a mixed method approach to data collection and analysis, mainly employing qualitative methods. A literature review was undertaken. This was supplemented by an historical analysis of institutional racism, as enacted by Crown Ministers and officials, since 1840 drawing on Waitangi Tribunal reports. To capture the Crown's master policy and funding narratives a document review of Crown documents was undertaken, augmented with an interview with a senior Crown official to check the detail of interpretations of Crown practice. Information sourced through official information requests ($n = 22$)[7] informed a quantitative analysis of Māori public health investment.

Counter narratives were developed through collaborative storytelling (see Bishop 1996) with 10 senior Māori health leaders from across New Zealand, as recommended by my research whānau. These narratives were complemented by relevant literature and observational field notes from three years of co-funding[8] and planning with Crown officials. Given the challenging nature of the initial findings, further testing was undertaken using a telephone survey ($n = 56$) of different groupings of public health providers, sourced through existing networks, to benchmark providers' experiences of dealing with Crown officials.

The findings of the study revealed convincing evidence of the systemic failure of Crown agencies, over decades, to develop inclusive policy and undertake consistent funding practices within the public health sector. Additionally, it exposed both the failure of Crown agencies to detect institutional racism within their own organisational practices, and the ineffectiveness of domestic and international controls in place to prevent such discrimination. The study culminated in the development of multi-entry anti-racism intervention framework informed by systems theory. The framework outlines general structural and organisational pathways to address racism, emphasising the importance of both enhancing racial climate and strengthening controls. Racial climate that is the relative openness of a community to address racism can be influenced by anti-racism education programmes and interventions (Jones 2003). It also offers specific remedies to address systemic racism within the context of policy-making and funding practices. These remedies often centre on strengthening the clarity of operational practice and ensuring its consistent application. The restoration of hapū sovereignty and the honouring of *Te Tiriti o Waitangi* are also fundamental to this framework.

Application of *Te Ara Tika* framework

The following sections explicitly address how the four core questions of *Te Ara Tika* apply in relation to my research.

He aha te whakapapa o tēnei kaupapa?

I grew up on Ngāti Wai land and first learned about *Te Tiriti o Waitangi* and racism when I was a teenager. I ran my first Tiriti workshop in the late 1980s and have continued to be involved in anti-racism work in the various rohe (areas) in which I have lived across Aotearoa. Prior to becoming an academic, my professional work focused on Māori public health and the application of Te Tiriti. I have been involved in various collaborative projects with Māori colleagues and over time I have built trusting relationships with some Māori leaders and rōpū (groups).

My research topic emerged out of dialogue with Māori based in the health sector. While I was based in Northland, institutional racism was identified as a priority area of interest within both the Te Tai Tokerau (Northland) Public Health and Māori Health plans (Te Rōpū Kai Hapai O Hauora O Te Tai Tokerau 2008; Te Tai Tokerau MAPO Trust and Northland DHB 2008) and also featured in an international indigenous research agenda (Paradies et al. 2008).

My former employer (Te Tai Tokerau MAPO Trust) suggested I undertake the research. Other local Māori health leaders chose to tautoko the mahi (work) through participation within the governance group for this research. Further Māori leaders from across the country chose to support the project by engaging in collaborative storytelling processes. My relationships with many of these people pre-dated this study, some going back 20 years. Over time we have shared a plethora of personal and professional events and I hope and expect these relationships, which I value highly, will be ongoing.

The activist intent of this work, to transform institutional racism within the public health sector, was/is the primary driver of this work. By removing barriers to the success of Māori providers this work expects to contribute to improving health outcomes for whānau. This work sits alongside the ethical (Health Promotion Forum 2011; Public Health Association 2012) challenges facing the entire public health sector, inclusive of generic providers, to ensure we are effectively delivering services to Māori communities and reducing inequities in health outcomes between Māori and non-Māori.

In relation to the three levels of the whakapapa element of the *Te Ara Tika* framework; consultation; engagement; and kaitiakitanga, I maintain this study operated towards the latter level. I claim this positioning because this work was instigated in response to a challenge from Māori and also to acknowledge the mana of my research whānau and their governance function—overseeing and guiding key decision-making. Whereas I operated at an engagement level, the research whānau I assert fulfilled a kaitiaki function.

Me pehea e tika ai tēnei kaupapa?

In designing this research I was mindful of addressing both the technical requirements of the university system and the tūmanako (aspirations) of Māori and Pākehā Tiriti workers, as represented via my research whānau. In researching a kaupapa as potent as racism, we anticipated (and received) accusations and challenges of bias (the absence of objectivity) from those that deny the existence of structural racism. The comprehensive approach to obtaining data from multiple sites, beyond the usual triangulation of data, seems to reassure most on closer examination of the rigour of the work. As a standpoint I assert that research is a political and subjective process, and embrace Harding's (1993) notion of strong objectivity.

Māori were/are involved throughout this research journey from conception to development, implementation and dissemination. The majority of the research whānau that served as the governance structure for this research were Māori. The rōpū was chaired by a kaumātua familiar with both the health sector and the workings of Crown agencies. Likewise the majority of collaborative storytellers were senior Māori executives. Philosophically I assert we (the research whānau) were co-enquirers as we wrestled with understanding the dynamics of racism and privilege. In a practical sense the responsibility for the research output rested with me, but this was moderated by my accountability to the research whānau.

Kaupapa Māori is about Māori viewpoints being ordinary (Moewaka Barnes 2000). It is often tikanga-based, drawing on mātauranga Māori and working with kaumātua as kaitiaki to the research process (Edwards et al. 2005). Kaupapa Māori is often relational, involving active processes of whanaungatanga (relationship building) (Wihongi 2002, November). It can also have an overt political component, with tino rangatiratanga, Te Tiriti o Waitangi and decolonisation all frequent markers within the discourse (Smith 1999). There is ongoing debate, however, about the role and the appropriateness of Tauiwi engagement with kaupapa Māori (Bishop 2005).

My engagement with kaupapa Māori in relation to this work I assert operates at several levels. Firstly, the research originated from documented aspirations of Māori to understand and transform racism. Secondly, the governance structure, with a predominant Māori research whānau, enabled Māori control. Thirdly, the work was relational in orientation, drawing on a web of existing relationships.

Finally, indigenous voices were deliberately elevated within the research through the citing of indigenous academics, the use of Te Reo Māori (Māori language) and whakataukī (proverbs) to affirm Māori realities.

At this point it is unclear what attributable outcomes will result from this study and, therefore, it is difficult to assess their potential impact on Māori. This study may support what Freire (2000/1970) calls conscientisation around issues of institutional racism and lead to more effective activism. It may support Māori development by leading to improvements in Crown policy and practice, and it may spark further related research into the dynamics of racism and privilege within the public sector, and inform more effective and tailored anti-racism training. For now the primary focus is on disseminating findings and attempting to mobilise a coalition[9] to plan how we will transform racism within the public health sector.

In relation to the three levels of the tika element of the *Te Ara Tika* framework; mainstream, Māori-centred and kaupapa Māori I maintain my study operated in the middle level. As a Pākehā researcher I am clear my work is influenced by

kaupapa Māori and contains elements of a kaupapa Māori approaches, but it does not come from a Māori ontological or epistemological viewpoint.

Mā wai e manaaki tēnei kaupapa?

In my various roles I am bound by ethical guidelines that encourage culturally and politically competent practice (see Network Waitangi Otautahi 2002; Health Research Council 2010; Health Promotion Forum 2011; Public Health Association 2012). The research design for this study was endorsed by my research whānau and ethical consent for the study was obtained through the Waikato University Management School Ethics Committee.

This study was/is both an academic and a spiritual journey for me, which from a Te Tiriti perspective is about contributing to putting things right. As a Pākehā Tiriti worker, I have carefully examined over time my own cultural assumptions and idiosyncrasies to establish a base of cultural and political competency that I continue to strive to strengthen. Specifically, I have developed some proficiency in Te Reo me ōna tikanga and gained practical experience working in partnership with Māori in assorted contexts. Within this study my knowledge base was deliberately extended by cultural and political advice and guidance from others.

The public health sector in Aotearoa is small and tightknit with complicated webs of relationships built through practitioners attending courses, conferences and hui (meeting) together, local, regional and national collaboration and kaimahi (workers) moving across workplaces and districts through the course of their careers. Whakawhanaungatanga (relationship building) was practised within the research process. Where kanohi ki te kanohi (face-to-face) meetings were held manaakitanga was practised through the sharing of food and the use of karakia (prayer). Care was taken to take breaks during storytelling to process emotionally charged content and work within agreed timeframes.

Depending on their personal and professional circumstances, a number of the storytellers took

the unusual step to be identified within the research. I suggest this happened due to their courage and commitment to the kaupapa of the research and the depth of our existing relationships. The preferences of storytellers, in terms of including and excluding identifiable information of particular incidents and experiences they shared, were honoured. Informed consent was obtained with all storytellers and they were given the opportunity to review their contributions in light of the final draft to ensure they were comfortable with the representation.

The political nature of this work led to some difficulties accessing information through usual collegial professional channels. I utilised the Official Information Act 1982, and subsequently the Ombudsman's office, to compel Crown officials to release information about their decision-making and operational practice. This felt incongruent with the *Te Ara Tika* framework but consistent with an activist orientation.

In relation to the three levels of the manaakitanga element of the framework: cultural sensitivity; cultural safety; and māhaki (humility), I maintain this study strove to operate towards the māhaki level. As a Pākehā practitioner I am clear I have much to learn about Te Ao Māori (the Māori world), but I acknowledge the wisdom and guidance of my research whānau who ensured the work was tika for all involved.

Kei a wai te mana mō tēnei kaupapa?

As a Pākehā practitioner, I was welcomed into the Māori health whānau in Te Tai Tokerau and was granted privileged access. Through this access, I personally and professionally gained much, in terms of deeper understanding of the dynamics of Māori public health, and saw the public health funding and policy operating environment with a critical fresh perspective. I am clear this experience has made me a more versatile and resourceful public health practitioner and academic. This study, which pulls together evidence of institutional racism, is my koha (gift) back to the Māori health community. It is also a response to challenges from two Māori health leaders in relation

to what would be my contribution to addressing the racism I witnessed while working in Māori health.

Although this study is national in its focus, its genesis came from Te Tai Tokerau and this is where much of the data was collected and the study was physically written up. Given these northern origins, collective consent was obtained for this study through the agreement of senior Māori decision-makers within Te Tai Tokerau to be part of the research whānau. The Māori providers they represent have governance structures that variously represent local whānau, hapū and iwi across Ngāpuhi nui tonu (the wider Ngāpuhi tribal areas).[10]

As a feminist, a Tiriti worker and a health promoter, being mindful of issues around power and authority is central to my activism. The establishment of my research whānau as a governance structure was the central mechanism to embed Māori control into the research process. This rōpū was involved in decision-making at all levels, from the initial research proposal to decisions around data collection, analysis and dissemination. With the successful completion of the thesis, and the practicalities of my transfer to Tāmaki Makaurau (Auckland), governance arrangements in relation to the wider campaign to transform racism are currently being renegotiated.

History in Aotearoa shows us that, in relation to indigenous people, the state is not a benevolent force (see Waitangi Tribunal 1986; Waitangi Tribunal 1996; Williams 2001). Given the systemic discrimination against Māori providers revealed in this study, those that participated were courageous to undertake such professional and personal risks. By remaining focused on key themes and patterns of behaviour, rather than presenting case studies of particular examples of racism, I have attempted to minimise risk for storytellers.

As a piece of applied research, dissemination was in the forefront of research design. A dissemination strategy was included within the study, prioritising getting the evidence and lessons learnt out to Te Ao Māori, Crown agencies, the public health, academic and activist communities, and other interested parties. I have retained primary responsibility for presenting and publishing the work,

but am pleased when others chose to represent and utilise the work with or without me. Alongside the commitment to dissemination is a commitment to mobilisation and taking action to address racism.

In relation to the three levels of the mana element of the *Te Ara Tika* framework; mana tangata (informed risks), mana whenua and mana whakahaere (responsibility for outcomes) I maintain this study operated in the middle level. Grounded in Te Tai Tokerau, this study sits under the mantel of my research whānau.

Discussion

The process of gaining ethical consent for my research from the university I attended was straightforward. As someone new to such processes, it appeared to be an exercise in risk management focusing on 'do no harm', addressing informed consent, and affirming the need for integrity and respect within the research process. Given the cross-cultural element of my research, and the complexity of the political issues I knew I would be wrestling with, I needed something more substantial to ensure my work was tika.

Te Ara Tika was a good fit for my research in that it addressed both core Western ethical elements (National Ethics Advisory Committee 2012a,b) and also attended to matatika. It normalises the Tiriti relationship between Tauiwi and Māori, and the process of applying the framework forced me to think deeply about how my research was structured, leading me to negotiate the governance arrangements outlined in this paper. Rather than complete an ethics process and then file it away; working with *Te Ara Tika* kept concepts such as manaakitanga, kaitiakitanga and tino rangatiratanga at the fore throughout the research process.

For me, *Te Ara Tika* promotes a relational ethic of reciprocity so there is ongoing accountability to Māori throughout (and beyond) the lifespan of the research. Despite years of anti-racism work, given my (dominant) Pākehā cultural upbringing working cross-culturally for me will always involve ongoing reflection and self-awareness. I know I need to be vigilant to issues of privilege, power, authority and control. The longevity and strength of relationships promoted by *Te Ara Tika*, and the ongoing application of the framework, allows for opportunities to strengthen practice.

Working with a tikanga-based ethical framework supported my efforts at embedding wairuatanga (spirituality) within my research. It led to the involvement of kaumātua and kuia (elders), use of karakia, waiata (song), whakatauākī (proverbs) and Te Reo Māori generally. I think my work is stronger and richer for having these elements and I hope they are visible within the final thesis.

Conclusion

The strength of *Te Ara Tika* is that it is both holistic and tikanga-based, so the values and processes that are measured are culturally relevant and significant to this land. I assert that the *Te Ara Tika* framework provides a means for Tauiwi to develop research that responds to this fundamental challenge of how to do ethical research in Aotearoa. Its very application requires engagement with Te Ao Māori (the Māori world) and active reflection on dominant [Pākehā] cultural paradigms. My story of this research process is one of potentially many stories of applying *Te Ara Tika*. May the sharing of this story be useful for others wrestling with issues of decolonisation as an exemplar to benchmark against and critique.

Notes

1. By *Te Tiriti o Waitangi* I am referring to the Māori text of the Treaty of Waitangi as signed by Hobson and the majority of Māori rangatira (chiefs) on behalf of hapū (sub-tribes) on 6 February 1840 at Waitangi, not the later-developed English version (Huygens et al. 2012).
2. Māori sovereignty had previously been internationally recognised through *He Wakaputunga o Te Rangatiratanga o Nu Tireni* also known as the Declaration of Independence of New Zealand in 1835.

3. The term Māori means normal or ordinary; but since the arrival of the European in Aotearoa (New Zealand) it has been used as a collective term for the indigenous peoples of Aotearoa who more commonly identify as distinct tribal groupings.

4. The Pūtaiora writing group is a collective of Māori researchers, including Maui Hudson, Moe Milne, Paul Reynolds, Khyla Russell and Barry Smith.

5. Tikanga being the expression of Māori values and practices informed by traditional Māori knowledge, coming from a Māori ontological base.

6. As of April 2010 89 deeds of claims have been lodged with the Waitangi Tribunal in relation to the Crown's administration of the heath sector (Came 2013, p. 11)

7. These initial official information requests to the Ministry of Health and nationally to all District Health Boards (DHBs) were followed up with a second wave of clarifying correspondence and two complaints to the Ombudsman's office to secure the necessary data.

8. Co-funding in this instance refers to a treaty relationship between two Crown agencies (Ministry of Health and Northland DHB) and an iwi-based (tribally-based) Māori organisation (Te Tai Tokerau MAPO Trust). Through this relationship all local health funding decisions were made collaboratively to ensure Māori health needs were met, and Māori were involved in decision-making at all levels.

9. In September 2012, the membership of the Public Health Association, endorsing a remit at their Annual General Meeting, committed the organisation to take collective action to address institutional racism within public health policy and funding practices. Watch this space.

10. Other interested Northern Māori health providers not formally represented within the research whānau were informally kept up-to-date with key developments in the research.

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