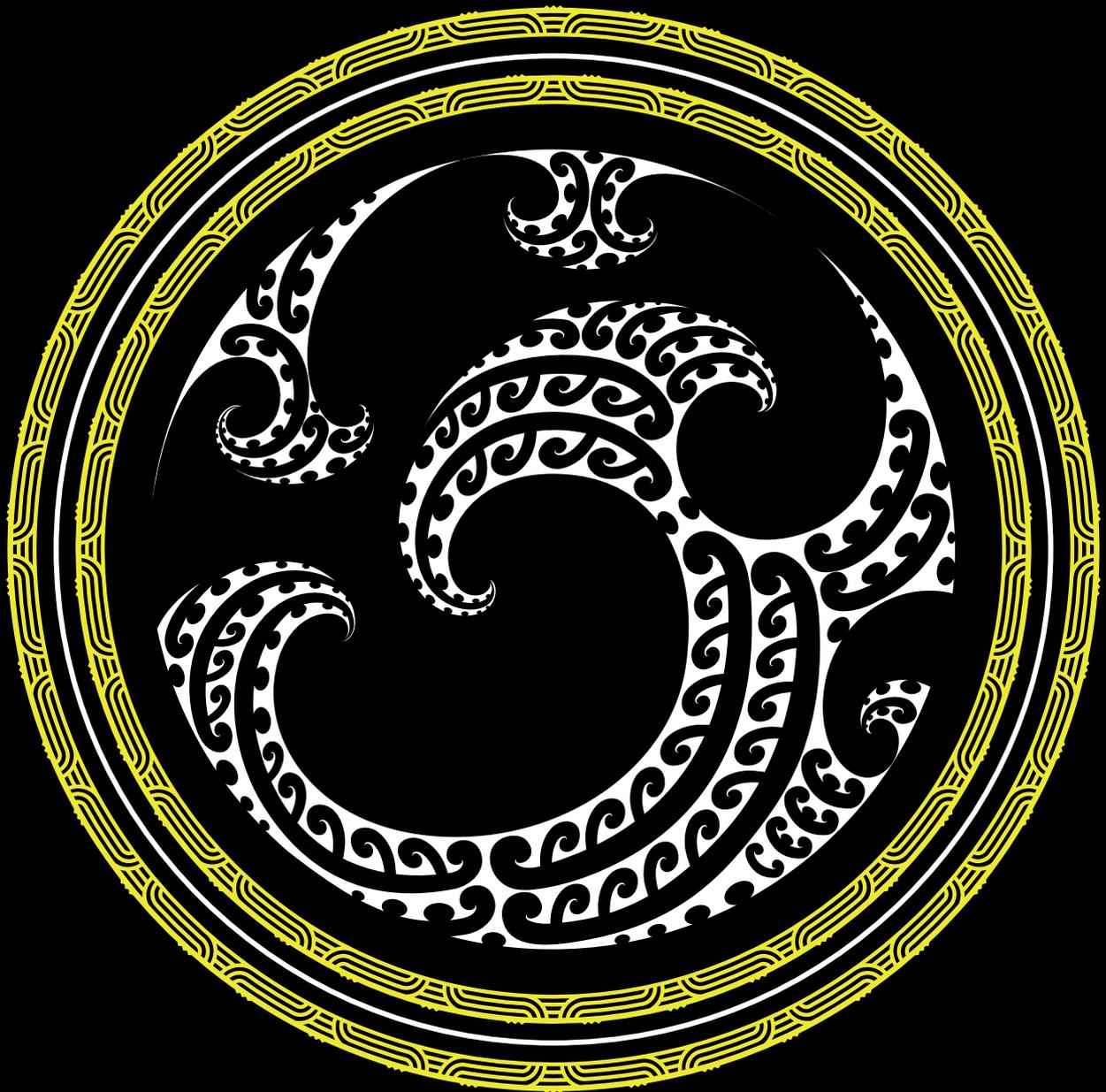


# *Herenga Waka*

## *COVID-19 Response and Local Case Study*

For the Period March 2020 to June 2021



# *He ora te whakapiri*

The title of this report “Herenga Waka” refers to the linking and tying together of waka (canoes) in a show of strength and unity.

The title is also a reference to the whakataukāki, “He ora te whakapiri, he mate te whakatakariri (There is strength in unity, defeat in anger)”. The title thus acknowledges the importance of knowing our origins, and the kinship ties that bind us all together through whakapapa (genealogy) and pepeha (tribal proverb). These are the values and practices that strengthen us as Māori and whānau. The title is also an analogy for the work that the Whānau Ora Commissioning Agency (WOCA) and its partners have done during the COVID-19 pandemic and since the inception of the Whānau Ora policy. That is, whānau being at the centre of all we do, and working together to strengthen and uplift them.



Herenga Waka  
COVID-19 Response and Local Case Study  
Author: Whānau Ora Commissioning Agency

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# Foreword

The Whānau Ora Commissioning Agency (WOCA) has been working hard to support Māori whānau during the COVID-19 pandemic.

As outlined in this report, WOCA's response to COVID-19 has been, and continues to be, comprehensive and tailored to the needs of whānau Māori. WOCA's response also recognised the unique needs of Māori whānau and reflected Whānau Ora's kaupapa of supporting whānau to be safe, healthy and prosperous.

Within a matter of weeks, WOCA's partners and kaimahi were able to quickly mobilise in providing vital services and support to whānau Māori throughout Te Ika-a-Māui (the North Island of Aotearoa, New Zealand). WOCA were able to draw on the collective knowledge and expertise of its partners and kaimahi to formulate a response that would see the development of several key innovations, including the establishment of logistics and distribution centres delivering hygiene and kai packs, testing stations, online solutions for whānau needing support during the lockdown, and the development of a uniquely Māori communications strategy to ensure accurate, relevant, and timely information was reaching whānau. Not only have WOCA's partners accelerated efforts to protect Māori, but they ensured that resources have also reached thousands of non-Māori in need.

The Whānau Ora Commissioning Agency is proud of its response to COVID-19, which has made a significant impact on the lives of whānau and is a success story that demonstrates the value of Whānau Ora as a service delivery approach.

It has been an honour and privilege to support whānau Māori through these unprecedented times, and I would like to thank all of our partners and kaimahi for their hard work and dedication.

**Nāku noa, nā**

***John Tamihere***

Chief Executive Officer  
Whānau Ora Commissioning Agency

# *Acknowledgements*

The research team would like to thank all those who took part in interviews for their time, open hearts, generosity, and insights. The research team would also like to thank the Whānau Ora Commissioning Agency (WOCA) partners and providers for their invaluable support of this research.

WOCA partners have been at the forefront of the response to COVID-19, working tirelessly to support whānau and the communities they serve. They have shown great agility, responding quickly to change whilst remaining true to Whānau Ora's values and principles.

This report provides a snapshot of WOCA's COVID-19 response as well as highlights a local case study. This report is not meant to be exhaustive, but rather provides an overview of the WOCA and their partner efforts to assist whānau and communities throughout this pandemic. Future reports will also look to build on the findings here.

Finally, the team would like to thank WOCA for their feedback and assistance throughout the production of this document.

Mauri ora,

***The Research Team***

# Executive Summary

This report presents findings from a year-long study of the Whānau Ora Commissioning Agency (WOCA) COVID-19 response from the period March 2020 to June 2021. The study looks to understand the key components and drivers of the WOCA COVID-19 response, and the role and value of a Māori-led commissioning model committed to supporting and empowering Māori communities, community leadership, and investing in Māori-led solutions. More broadly, the WOCA commissioning model represents a radical shift away from standard funding and operating models, characterised by inflexible, siloed, prescriptive, deficit and outputs focussed services and activities, to an operating (eco)system and philosophy that is culturally responsive, embraces change - and as evidenced throughout this report - can rapidly respond to shifting environmental, whānau and community needs. Furthermore, according to Hamblin and Shuker (2020), models that promote “distributed leadership, maximum diversity of input, and a collaborative approach in an atmosphere of trust” (para. 16) are the way of the future, with the Māori response being something that the New Zealand healthcare system should build on.

**The report is divided into five sections:**

**Section One** begins by providing context and background for the WOCA COVID-19 response including an examination of the repeated historical failure of Government to protect Māori communities from introduced infectious diseases, as well as the ongoing inequities for Māori in the New Zealand healthcare system. Also noted by Māori commentators was the failure of the Government to engage with Māori on how best to protect whānau and the lack of any clear Governmental strategy to specifically address the needs of Māori communities. However, as canvassed throughout this report, these factors only form part of the impetus for the responsiveness of WOCA and its partners. Time and time again, kaimahi and whānau referenced whanaungatanga, manaakitanga and whakapapa - and the ethos of duty, care, and responsibility as key drivers of the WOCA COVID-19 response. This collective response would not go unrewarded, with the rate of COVID-19 infection and mortality for Māori during the period March 2020 to June 2021 remaining below that of non-Māori, as well as Māori having higher rates of COVID-19 testing. As this unprecedented success in mobilising a nationwide public health response for Māori communities was made apparent, discussion turned to analysis of this phenomenon and the value of the Whānau Ora policy at scale. Explanations thus far have centred upon the adaptive capacities that have always existed within Te Ao Māori (Māori worldview), evidenced by the long experience of Māori in dealing with the impacts of ongoing colonialism, natural disasters and pandemics, and expressed through protective mechanisms such as manaakitanga and whanaungatanga. These core Māori values and principles have contributed to strong social networks and infrastructure that WOCA was able to leverage for the betterment of whānau.

**Section Two** provides a description of the WOCA commissioning model and the key components that enabled the coordination of a rapid, multi-organisational, multisectoral, nationwide movement described by commentators as both ‘remarkable’ and ‘critical’ These key enablers and components included:

- being kaupapa driven (collective philosophy)
- being whānau centred and culturally grounded
- having a high trust model that recognised and upheld the mana of partners and local leadership
- supporting continuous learning, communication and innovation across all layers of the organisation enabled by data-driven insights.

Each of these components would provide a platform for a collective Māori voice in the fight against COVID-19, enabling the rapid mobilisation of partners and change across the WOCA network, the free-flow and sharing of ideas, knowledge and innovation, all grounded in core Māori values.

**Section Three** outlines the key factors that contributed to, and enhanced whānau safety, wellbeing, and resilience during the COVID-19 pandemic as well as canvassing examples of partner initiatives. In summary, key whānau wellbeing and protective factors included:

- **Whanaungatanga (Whānau had supportive relationships and connections)**
  - Whānau had supportive relationships in place that built trust, confidence and resilience, strengthened whānau and community cohesion and connectedness in times of crisis
  - Whanaungatanga reduced feelings of isolation, loneliness, anxiety, (dis)stress and other adverse social and health impacts.
- **Mātauranga (Whānau are knowledgeable and informed)**
  - Whānau had timely access to information about COVID-19 healthcare, services and supports as well as other wider health and social support services, and had the knowledge and capability to seek solutions from each other, and through their community networks.
- **Tikanga (Whānau are culturally connected)**
  - Whānau were able to participate in activities that enhanced their sense of cultural connection, identity and overall wellbeing.
- **Manaakitanga (Whānau are able to care for themselves and their communities)**
  - Whānau embodied a duty and ethos of care that engendered kindness, empathy and enhanced the mana of others, to safeguard collective wellbeing.
- **Oranga (Whānau are healthy and well)**
  - Whānau had a comprehensive package of care in place that addressed their holistic needs.
- **Rangatiratanga (Whānau are self-managing)**
  - Whānau exercised control over their own safety, protection and health and were supported to self-manage their own wellbeing.
- **Ōhanga (Whānau are financially secure and resilient)**
  - Whānau had access to available income entitlements and were financially resilient.

**Section Four** outlines and explores the challenges and profound changes that the COVID-19 pandemic has brought about, and the new opportunities for Māori to recover, rebuild and re-imagine the future. Thus far, this has included the continuation of COVID-19 response activities including testing stations and distribution of kai and hygiene packs, particularly in Tāmaki Makaurau which has been through a series of lockdowns since March 2020, as well as working through the next phase of WOCA recovery response plans focussed on building whānau resilience and fostering wealth creation, employment, education, housing and wellbeing for the future.

Accordingly, recovery response activities to date have included:

- **Tāmaki 10,000** – Te Pae Herenga, a partnership of six Whānau Ora partners, are driving an initiative to create 10,000 employment and enterprise opportunities by Māori, for Māori across Tāmaki Makaurau. Māori in Tāmaki Makaurau earn less, have higher unemployment and experience poorer health and educational outcomes – for example, in September 2019 to September 2020, Māori unemployment in Tāmaki increased by 10% – a situation that Te Pae Herenga is seeking to mitigate.
- **Whānau Ora Diploma** – Kaiārahi are central to the Whānau Ora ecosystem and have been pivotal to the effectiveness of the WOCA COVID-19 response, as it is their deep knowledge of their communities that allows resources to be quickly targeted to those most in need. Their flexibility and resilience in the face of the challenges of COVID-19 was further demonstrated by the fact that during lockdown, 48 Kaiārahi managed to continue their academic studies and graduate with a NZQA level 5 Diploma in Whānau Ora
- **Māori Economic Summit 2020** – WOCA sponsored a series of Māori Economic Summit hui throughout the country in August 2020. The purpose of the summits was to understand the Māori economy, as well as the impact of COVID-19 on the economic environment and recovery.

- **Ngā Tini Whetū** – Ngā Tini Whetū is an innovative Māori designed approach to social service provision using the Whānau Ora approach, which WOCA collectives are currently piloting. Kaiārahi are supporting whānau to access early support tailored to their needs as a means of strengthening families and improving the safety and wellbeing of children. Backbone support is provided to the Collectives to assist in the management of the pilot. The Workforce Development Team is key to supporting the Collectives implement Ngā Tini Whetū, improve whānau support and affect positive whānau change.
- **Whānau Ora COVID-19 Vaccination Programme** – The COVID-19 crisis has highlighted the effectiveness of the Whānau Ora model in providing innovative services to whānau that meet their specific needs, resulting in high levels of service engagement. By June 2020, the Community Based Assessment Centre (CBAC) rollout had resulted in higher rates of testing among Māori compared to non-Māori. The success of these services was attributable to high trust relationships established by WOCA partners and their wraparound service delivery model. These successes encouraged WOCA to take a proactive approach to the delivery of the COVID-19 vaccine to whānau. Mainstream health services have been shown to be largely ineffective in reaching Māori communities, and this, combined with the vulnerability of these communities to COVID-19, made a COVID-19 vaccine programme a key priority for WOCA.

WOCA proposed a vaccination rollout that would draw upon the existing capabilities and expertise of the WOCA partners in their own communities, backed by a centralised structure to provide infrastructure support, data collection, analysis and reporting, and a communications network.

However, the WOCA proposal was unsuccessful in gaining Government funding for a ‘by Māori for Māori’ COVID-19 vaccination programme. The existing vaccine rollout has been subsequently criticised for failing to prioritise Māori and Pasifika communities, which have shown to be most at risk of adverse outcomes from COVID-19 (Neilson, 2021; RNZ, 2021, Tokalau, 2021). As of 6 September 2021, Māori vaccination rates were the lowest of any ethnic group, at 208 per 1000, compared to 283 for Pacific Peoples, 337 for European/Other and 358 for Asian (Ministry of Health, 2022). With the outbreak of the Delta variant of COVID-19 in Aotearoa in August 2021, the need to extend vaccine coverage as quickly as possible became even more critical. WOCA partners accelerated their efforts by opening drive-through centres, and a ‘no-barriers approach’, enabling whānau to get vaccinated without the need for prior appointments, and regardless of their age (Tahana, 2021). These efforts were finally supported in early September 2021 with the announcement of \$23 million in additional Government funding for Whānau Ora for its COVID-19 response (Dunlop, 2021).

- **Hui Tūhono** - Over the last twelve months, the Whānau Ora kaupapa that drove the WOCA COVID-19 response has found further expression in a number of other initiatives. One of the most significant of these has been the three Hui Tūhono held during May 2021. The Hui Tūhono were instigated by WOCA and its partners in response to the announcement by the Health Minister Andrew Little to establish a new Māori Health Authority, as part of a swathe of significant reforms in the public health sector. This announcement has been welcomed as a once-in-a-generation opportunity to transform Māori health outcomes, through the creation of a funding system that prioritises the needs of whānau and their communities. Hui Tūhono were an opportunity for the WOCA collectives to come together to send a united message to the Government about their expectations for the Māori Health Authority (WOCA, 2021). The Hui Tūhono were held across Te-Ika-a-Māui: the first at Ōtīria Marae, Moerewa, in Te Tai Tokerau, the second at Pipitea Marae, Te Whanganui a Tara and the third at Te Puia in Rotorua. The importance of kotahitanga and the need to embrace a collective response for achieving best outcomes for whānau were key themes to emerge, together with the importance of placing rangatiratanga at the heart of new reforms to tackle the health inequities that Māori experience. Discussion drew attention to the mobilisation of the collective response and highlighted the power, strength and benefits of kotahitanga. Hui Tūhono also represented a further stage in the development of the Whānau Ora movement that worked so effectively during the lockdowns. This movement predated COVID-19, but the success in responding to the needs of communities during this time has empowered the collectives to be more confident in calling on the Government to apply the Whānau Ora blueprint more broadly across the social service sector.

**Section Five** presents an example of a localised provider’s COVID-19 response. The purpose of this case study is to share and highlight Te Whānau O Waipareira Trust’s response to the COVID-19 pandemic. The study looks at the period 1 January 2020 to 30 June 2021. The case study has been divided up into six monthly periods or Wāhanga, namely Wāhanga Tuatahi, Tuarua and Tuatoru. Findings from the case study highlight the key role of local leadership who acted decisively and without hesitancy to adapt to the changing environment. Examples of distributed leadership were also evident at all levels within the organisation as new systems were developed and implemented to support both the local Waipareira and the wider WOCA response. Furthermore, although COVID-19 brought with it a new era and challenges, core Māori values remained central to all activities.

To conclude, **Section Six** draws together the many findings and learnings gathered through WOCA’s COVID-19 response journey thus far and how this might inform systems change and policy development. The WOCA COVID-19 response is shown to be a swift and remarkable mobilisation of resources and partners to address whānau needs for health, housing, food, testing, and more. It is also argued that a combination of ‘tikanga and necessity’ drove this collective effort from partners with WOCA providing ‘backbone’ support. Lessons from the WOCA COVID-19 response has also provided a window into the value of the Whānau Ora policy ‘at scale’, and how commissioning was a key enabler in the mobilisation and actualisation of that policy.

Accordingly, key insights from the WOCA COVID-19 response include:

- the vital role of cultural values and practices in providing the foundations for developing a shared understanding and common agenda for working collectively during the pandemic, thereby enabling WOCA partners to move swiftly to meet the immediate needs of whānau, while working collaboratively for longer term solutions.
- the vital role of investing in regular communication with partners to share information and address challenges.
- the vital role of data-driven insights and evidence to inform decision-making around response activities, and to capture ‘what works, what doesn’t, and what can be done better’.
- the importance of local investment and distributed leadership, that is, the WOCA model of investing in local organisations and leadership to enable community-driven responses.

The following recommendations draw on the overall lessons and findings of this report:

- The need for true partnership between WOCA and Government including the transfer of power, decision-making and resources to Māori as well as recognising and giving practical effect to Te Tiriti o Waitangi.
  - In Aotearoa, ‘partnership’ is recognised in relation to Government defined principles of the Treaty of Waitangi. However, full justice for Māori should be in line with Te Tiriti o Waitangi. As highlighted by several Māori commentators, despite the rhetoric of partnership, there was, and continues to be, a lack of consultation with Māori around the Government’s COVID-19 response.
  - It is important that the Government increases its understanding of how best to support and further enhance the commissioning work of WOCA. In responding to COVID-19, WOCA partners played a pivotal role in supporting whānau within their respective rohe (regions), showing agility to mobilise and organise effectively, as well as being better connected than Government agencies to reach whānau. Accordingly, the Government must listen to, and learn from WOCA and its partners who have for decades been leading the way in service delivery for whānau. In addition, based on findings from the Hui Tūhono, WOCA partners were united in their call for rangatiratanga and increased investment in ‘by Māori, for Māori’ services and solutions.

- The need for more responsive and streamlined government contracting and funding models that better supports the Whānau Ora approach, allowing for greater investment in Māori-led, culturally specific and localised solutions, flexible and agile service delivery, and resources WOCA and their partners to continue developing and maintaining a skilled Whānau Ora workforce.
  - The Government contracting environment is still highly prescriptive, limiting the ability of WOCA partners to deal with complex needs of, and outcomes experienced by, whānau, particularly in times of crisis and national emergency. There also seemed to be a lack of clarity and certainty around funding intentions during the COVID-19 response and recovery. Hence, there is also a need for increased transparency on contracted funding and how funding decisions are being made.
  - WOCA and its partners need to be resourced to a level that enables them to attract and retain skilled staff, and continue to grow their training and professional development capability, capacity and infrastructure.
  - Working holistically and supporting all points of the ‘wellness journey’ requires greater levels of funding that reflect the higher cost of delivering sustainable and equitable social and health outcomes for Māori.
  - As evidenced throughout this report, WOCA partners demonstrated time and time again their extraordinary capability and capacity to predict and respond to the needs of whānau – from the setting up of local warehouses for the distribution of kai and hygiene packs, local COVID-19 testing stations including mobile units, iwi checkpoints, as well as numerous digital innovations including organisational specific contact and tracing apps, CBAC management tool, and warehouse management systems.
- More effective mechanisms for data sharing between Government and WOCA and their partners are needed:
  - As previously stated, data driven insights and evidence were pivotal in informing WOCA’s COVID-19 response. However, there are further opportunities for stronger collaboration between Government and WOCA to identify Government datasets and insights that can contribute to better commissioning and whānau outcomes, to develop better data sharing mechanisms, and to explore options for greater Government investment in Māori data sovereignty.

### Summary of Statistical Snapshot

Fourteen distribution centres were established throughout the North Island’s WOCA partner network, with 30 WOCA providers participating. 300 pallets of Hygiene and Sanitation goods were distributed. In all, a total of about 240,000 Whānau Ora Packs were distributed to 138,000 whānau comprising around 400,000 individuals.

During the same time, **WOCA partners established over 40 mobile clinics and CBAC testing stations.**

Whānau Direct provides grants for whānau in need of up to \$1,000. The period 1 March to 30 June saw a change in the frequency and number of applications per whānau in the North Island, from one application per whānau pre-COVID to multiple applications per whānau based on needs.

- **10,233 Whānau Direct applications**
- **8.3 times more applications than the same period in 2018/19 or a 729% increase**
- **Average 118 applications per day were processed; 1 application every 4 minutes**

The top five most frequent items purchased through Whānau Direct were:

- Food and nutrition supplies - 42%
- Clothing and shoes - 9%
- Beds, cots, mattresses and linen - 7%
- Household contents and items (mostly firewood) -7%
- Electricity and gas - 4%

The following are the five most important outcomes areas for whānau that were supported:

- Physical and personal health - 55%
- Food and nutrition - 12%
- Whānau and household income - 6%
- Basic furnishing and amenities - 5%
- Family and Social Health - 5%



PROPERTY OF  
MOANA

# Introduction

The COVID-19 pandemic has both shattered old certainties and confirmed existing beliefs.

The historical vulnerability of Māori to the impacts of pandemics and higher rates of chronic diseases, including respiratory diseases, place Māori at higher risk of negative health outcomes from COVID-19. Kaumātua and other 'at risk' groups were identified as especially vulnerable to the virus. Furthermore, with many whānau Māori living in areas with limited medical resources, compounded by inequities and barriers in the healthcare system, there were well-founded fears among Whānau Ora providers that a COVID-19 outbreak would stretch resources.

However, at the time of writing this report, the outcome of the COVID-19 pandemic had not reflected the negative experiences of Māori in previous epidemics with McMeeking et al. (2021) pointing out that “this is perhaps the only example in our contemporary history of the Māori community having better social outcomes than non-Māori” (p. 395). This success has generated extensive discussion and analysis (Cram, 2021), with the intention of determining the key factors that have contributed to the Māori COVID-19 response thus far.

**Section One** of this report looks to understand the key components and drivers of the WOCA COVID-19 Response, and the role and value of a Māori-led commissioning model committed to supporting and empowering Māori communities, community leadership, and investing in Māori-led solutions. More broadly, the WOCA commissioning model represents a radical shift away from standard funding and operating models that invest in siloed, prescriptive, deficit and outputs focussed services and activities with little flexibility to respond to changing circumstances and needs, to an operating (eco)system and philosophy that is culturally responsive, embraces change – and as evidenced throughout this report – can rapidly morph to respond to shifting environmental, whānau and community needs. Furthermore, according to Hamblin and Shuker (2020) models that promote “distributed leadership, maximum diversity of input, and a collaborative approach in an atmosphere of trust” are the way of the future, with the Māori response being something that the New Zealand healthcare system “should build on”.

**Section Two** outlines the key components of the WOCA commissioning model that enabled the coordination of a rapid, multi-organisational, multisectoral, nationwide operation and movement geared to keeping whānau both safe and well.

**Section Three** outlines the key factors that contributed to, and enhanced, whānau safety, wellbeing and resilience during the COVID-19 pandemic as well as canvassing examples of partner initiatives.

**Section Four** outlines and explores the challenges and profound changes that the COVID-19 pandemic has brought about, and the new opportunities for Māori to courageously recover, rebuild and re-imagine the future.

**Section Five** presents an example of a localised provider's COVID-19 response. The purpose of this case study is to share and highlight Te Whānau O Waipareira Trust's response to the COVID-19 pandemic. The study looks at the period 1 January 2020 to 30 June 2021. This period equates to three 6-monthly periods or Wāhanga, called: Wāhanga Tuatahi, Tuarua and Tuatoru.

**Section Six** draws together the many learnings gathered through WOCA's COVID-19 journey thus far and how this might inform systems change and policy development moving forward.

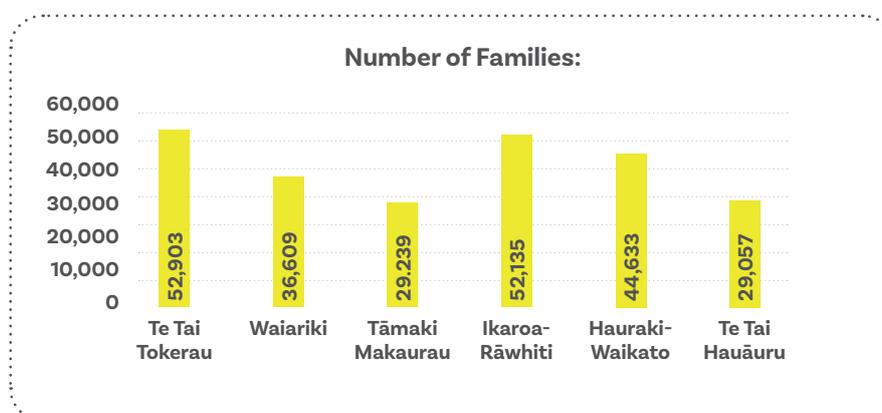
# Statistical Snapshot

The following section provides a statistical overview of the WOCA COVID-19 response towards whānau and communities. It outlines the distribution of Whānau Ora care packages, community-based assessment centres (CBACs), disbursement of Whānau Direct grants for whānau across Te Ika-a-Māui, and whānau outcomes achieved, between 1 March 2020 to 30 June 2020. This is the period when New Zealand entered its first national level 4 COVID-19 lockdown, until June 2020 when there were no more active cases in the community officially. WOCA initiated its pandemic response during this period, quickly mobilising its networks and partners to provide support to whānau, including the establishment of virtual support mechanisms (e.g. Zoom, Skype, online via provider websites and apps) despite the COVID-19 health and safety limitations.

## Whānau Ora Care Packages

- WOCA started their nationwide distribution of hygiene products for delivery to whānau on 31 March 2020.
- **14 regional distribution centres were established** (Source: WOCA Quarterly report June 2020 to TPK)
- Almost **300 pallets of hygiene and sanitation goods**. This would form the basis of hundreds of thousands of Whānau Ora care packages, intended to be a part of the bigger solution (Source: WOCA Quarterly report June 2020 to TPK).
- **Whānau Ora care packs** included disposable gloves, durable rubber gloves for cleaning, face masks, hand soap, cleaning scours and a number of domestic cleaning and sanitation chemicals. They also contained kai and basic amenities for supporting whānau. Each of the packs were tailored to the needs of the communities across different partners and regions.
- **Over 30 Whānau Ora Partners** across 16 collective leads **distributed Whānau Ora packs**. (Source: WOCA Annual Report 19-20)
- **More than 240,000 Whānau Ora packs distributed** (Source: WOCA Annual Report 19-20) to **138,000+** whānau; **more than 400,000 individuals** approximately covering 10% of the population of the North Island. This included Māori and non-Māori due to whānau being made up of multiple ethnicities.

Distribution of Whānau Ora Care Packages by WOCA Region





**Total: 138,499** Whānau Supported, **401,863** Individuals, **244,576** Whānau Ora Care Packages

(Source: WOCA Annual Report 19-20)

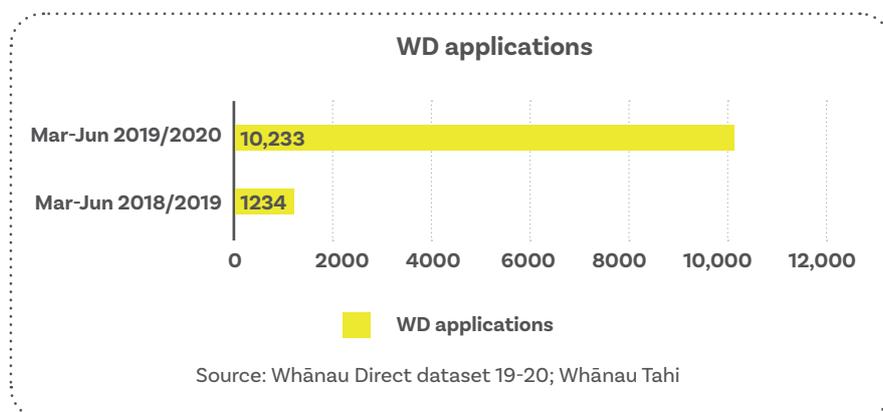
## CBACs

Over 40 mobile clinics and CBAC testing stations set up by WOCA partners.



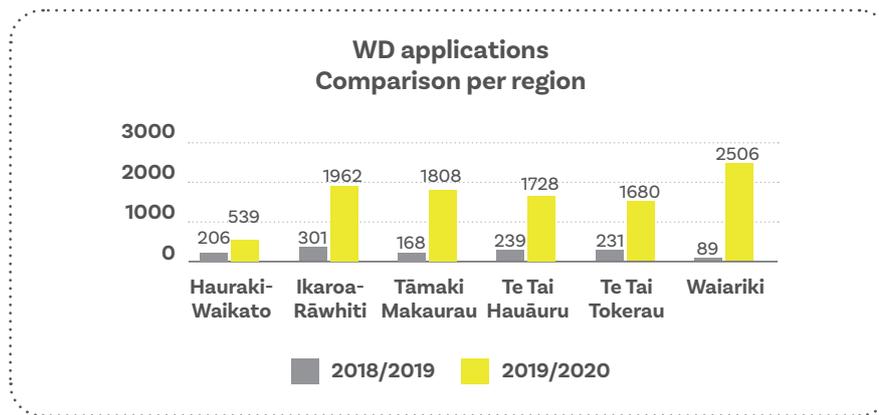
## Whānau Direct

- Whānau Direct provides grants for whānau in need of up to \$1,000.
- WOCA took a holistic approach in the disbursement of Whānau Direct grants that accounted for the social, economic and health impacts that lockdown had on whānau. This included a change in the frequency and number of applications per whānau, from one application per whānau pre-COVID, to a 'needs-based' process allowing for multiple applications.



- Total number of Whānau Direct applications: 10,233
- 8.3 times more Whānau Direct applications than same period in 2018/19 or 7180 more applications (FY 2018/19 March to June- 1234 applications) or 729% increase in applications

## Whānau Direct Applications Per WOCA Region 1st March to 30th June 2020



- 90% households with income less than \$40,000
- 62% applicants/whānau unemployed
- **Average 118 applications per day were processed between Mar to Jun 2020.** <sup>1</sup> (or 1 application every 4 minutes)

The most common items purchased through Whānau Direct during the period 1 March to 30 June 2020 were:

- Food and nutrition supplies - 42%
- Clothing and shoes - 9%
- Beds, cots, mattresses and linen - 7%
- Household contents and items (mostly firewood) - 7%
- Electricity & gas - 4%
- Laptops/computer essentials - 4%
- Heating appliances and humidifiers - 3%
- Vehicles, Transport and travel - 3%

Whānau outcomes areas achieved during the period 1 March to 30 June 2020 were:

- Physical and Personal health - 55%
- Food and nutrition - 12%
- Whānau and household income - 6%
- Basic furnishing and amenities - 5%
- Family and social health - 5%
- Housing standards and maintenance - 5%
- Education and training - 3%
- Safe transport options - 2%
- Mental health - 1%

<sup>1</sup> 5 day working week, 87 days from 1st March to 30th June 2020

# ***Section One:*** ***Background and Context***



## *Facing a Pandemic*

On 31 December 2019, the World Health Organisation (WHO) first learned that the city of Wuhan in China was experiencing an outbreak of viral pneumonia. On 7 January, China announced that this was caused by a novel coronavirus, part of a family of viruses responsible for a large proportion of respiratory illnesses, including Sudden Acute Respiratory Syndrome (SARS). On 30 January, WHO announced that this new coronavirus represented a public health emergency of international concern. This was a signal to Governments all over the world to coordinate their public health responses to prepare for the possible onslaught of a pandemic. Throughout February, the WHO called on countries around the world to take urgent action to prevent the spread of the disease, which it had named COVID-19, emphasising the need for a whole-of-Government, whole-of-society approach, with testing, treating, tracing and isolating as well as hygiene practices to control the spread of the disease. On 11 March, WHO declared the situation a pandemic.

New Zealand's response to the pandemic took place in the context of a public health system in which, most experts agreed, capacity had been severely depleted after years of under-funding. The country was poorly prepared for a pandemic – indeed, in 2019, the Global Health Security Index ranked New Zealand 35th out of 195 countries in terms of pandemic preparedness. Gaps were identified in New Zealand's pandemic workforce and infrastructure. Some of the elements regarded as essential to managing a pandemic, such as robust systems for contact tracing and quarantining cases, were not in place.

Moreover, this is also a public health system that has been widely chastised for failing to deliver equitable health outcomes for Māori. The 2019 Wai 2575 Health Services and Outcomes Kaupapa Inquiry (i.e. Wai 2575) on health services and outcomes concluded that the legislative and policy framework of the primary health care system fails to adequately address the severe health inequities experienced by Māori. The report noted that the depth of inequity suffered by Māori and the fact it had not improved in the two decades since the policy framework was put in place was a serious failure by the Crown. Likewise, the Health Quality and Safety Commission's 2019 Report on Māori Health Equity noted profound inequity for Māori in both access to health services and the quality of health services received.

In response to the international situation, on 3 February the New Zealand Government announced entry restrictions on foreign nationals coming from, or transiting through, mainland China. All other travellers were instructed to self-isolate for 14 days. Over the coming weeks, these restrictions were gradually extended to travellers from other parts of the world, as the pandemic intensified around the globe. Eventually, the Government made the move on 19 March to close New Zealand's borders completely, to all but NZ Citizens and Permanent Residents. The first case of COVID-19 in New Zealand was announced on 28 February, in a traveller from Iran; the second case was confirmed on 4 March, in a traveller from Italy. Cases in people returning from overseas and their close contacts steadily rose in the following two weeks. Data on the virus subtypes shows between the last week of February and the border closure in mid-March, between 35 and 39 people introduced approximately 35 SARS-CoV-2 virus subtypes.

At this point, the Government faced a choice between pursuing a mitigation model, the basis of existing pandemic planning for managing influenza pandemics, or an elimination strategy. The differences between COVID-19 and influenza, particularly COVID-19's longer incubation period, alongside China's apparent success in containing the pandemic through the use of strict public health and hygiene measures, led many of New Zealand's leading public health experts to call for an elimination strategy. This strategy would result in less sickness and death, and could provide a path to return to regular social and economic activities more quickly than the less drastic, but more drawn-out mitigation model. Modelling provided to the Ministry of Health in late March from the University of Otago projected that if elimination of the disease was not successful, New Zealand could expect somewhere between 8560 to 14,400 deaths, and the public health system would be overwhelmed with thousands of people needing critical care. It also predicted that, based on the patterns of previous pandemics, Māori and Pacific populations would experience a high and heavily unequal burden of hospitalisation and death. The report suggested that the Government should consider a specific protection programme for such vulnerable groups if the elimination strategy failed.

Based on this advice, the Government decided to pursue an elimination strategy. On 21 March, the Government introduced a four-level alert system to combat the pandemic, and announced that New Zealand was at Alert Level 2, meaning the risk of community transmission was growing. By 23 March, two cases were being treated as community transmission. At this point, the Government announced that the country was in Alert Level 3, effective immediately, and would move to Alert Level 4 at 11.59pm on 25 March. According to the Director-General of Health Dr Ashley Bloomfield, this would give the country the best chance of breaking the chain of community transmission. Under Alert Level 4, a minimal level of economic and social activity was permitted. All educational facilities were closed, all non-essential businesses were closed, and travel was severely restricted: people were instructed to 'stay home and save lives'. Social contact was restricted to members of the immediate household group or 'bubble'. These measures, which colloquially became known as 'lockdown', were deemed to be required not only to prevent transmission of the virus in the community, but also to give public health authorities time to establish adequate systems of contact tracing and quarantine, which were fundamental to being able to achieve elimination of the virus. The country was at Alert Level 4 from 25 March – 27 April, and then at Alert Level 3 from 28 April to 13 May. At the height of the outbreak, in early April, there were over 80 new cases of COVID-19 being notified each day. By the time New Zealand moved to Alert Level 1 on 9 June, there had been 22 deaths from COVID-19. Further lockdowns have occurred in Auckland when the threat of community transmission has reappeared; the Auckland region was placed in Alert Level 3 from 12 to 30 August 2020, from 14 to 17 February 2021 and again from 28 February to 7 March 2021. At the time of writing, there were 26 deaths from COVID-19.

The level of compliance with the rules of lockdown was high throughout the community. Clear messaging from the Government helped to instil a strong sense of collective responsibility for adhering to the rules. The rhetoric of the country as a team of 5 million who could work together to overcome COVID-19 and protect our most vulnerable members was a powerful motivation to encourage compliance. The sense of community cohesion in the face of the pandemic was summed up in the whakataukī 'He waka eke noa - We're all in this together.'

## ***Protecting Our Whakapapa***

While the New Zealand Government's actions in combatting the pandemic earned praise and had the support of most New Zealanders, Māori leaders and public health experts expressed concern at the monocultural nature of the pandemic response. Rochelle Menzies has pointed out that the Government had approximately eight weeks to consult with Māori as part of its pandemic planning between when the epidemic was first reported in Wuhan in late December, to when the first case was reported in New Zealand, yet little to no consultation took place. The Ministry of Health did not take steps to discuss with iwi or Māori service providers about how to specifically engage with and protect Māori communities, despite the advice it received highlighting that Māori and Pasifika communities would be particularly at risk. The Ministry of Health's COVID-19 Māori Response Action Plan was not published until mid-April, by which time New Zealand had been in Alert Level 4 for nearly three weeks.

The repeated failure of state public health systems to protect Māori communities from epidemics has at times had catastrophic consequences. When the 1918 Spanish flu (H1N1 influenza strain) eventually reached Aotearoa, the mortality rates for Māori were officially 7.3 times higher than for Pākehā (although epidemiologists believe these numbers are grossly under-reported) (Wilson et al., 2012). These tragic histories live on in the collective consciousness of whānau and hapū and are immortalised in our urupā and wāhi tapu across Aotearoa. Māori communities have stories passed down through the generations about the many babies and children in the whānau who were struck down by Spanish flu, the loss of whānau, the locations of mass graves and the adults who walked to the hill where the mass grave lay ready in preparation for their deaths. Even more recently, in the 2009 Influenza A (H1N1) epidemic, Māori experienced rates of hospitalisation five times higher than that of Europeans, and a death rate 2.6 times that of Europeans (Wilson et al., 2012), information that was included in the University Otago report to the Ministry of Health. As Tina Ngata (2020) notes, the threat of a pandemic did not require public health experts for Māori communities to understand what COVID-19 might mean for them and their whānau:

*Research and reports aside, we know this because we live the reality every day. We are the ones burying our loved ones from chronic illness year after year. We are the ones struggling to navigate a health system that was never built with us in mind. We didn't need a statistician to paint a picture for us. We already knew, in our bones, what COVID-19 meant for our families. (para. 8)*

In the consciousness of our people, infectious diseases and their associated trauma are still associated with colonisation and widespread death. The persistence of Māori health inequalities for influenza and other infectious diseases emphasises the necessity for systems that adequately and appropriately address the health needs for Māori.

However, it should be noted that Māori were not passive in the face of this infectious onslaught. Indigenous communities had established 'public health' systems to deal with various kinds of disease, and they adapted these understandings of disease to these new illnesses. There is evidence that a type of quarantine was practiced by Māori to control syphilis outbreaks in Kororareka. In responding to other illnesses, such as fevers, Māori in the Bay of Islands used rongoā, sweat huts and established universal starvation. Early Pākehā settlers also marvelled at the ability of some Māori to recover from a perceived incurable illness. It is also well documented that Māori burnt houses down or made areas tapu that were prone to disease to prevent the spread of illness. This suggests that Māori were conscious of the conditions that led to the spread of disease and had developed a number of strategies in response.

Initially, there was little in the way of communication or acknowledgement from the Government that Māori communities might have particular needs. As Rhys Jones (2020) has noted, the daily 1pm press conferences, generally lauded for their clear and direct communication between the Government and the public, through a different lens can be viewed as symbolic of the failure of the Government to recognise the importance of its Treaty partner – they were “an exercise in whiteness.” The failure to specifically engage with Māori on how best to protect whānau seemed to be a confirmation and continuation of the failures that had been highlighted in the Wai 2575 report. Menzies (2020) concluded that “recent weeks have undoubtedly exposed weaknesses between Crown and Māori in regard to the Treaty of Waitangi and Māori rights to partnership. Clearly tensions exist between democratic deliberation in decision-making processes and the need for urgency in crisis situations, which now raises new questions about how the Crown can better meet its Treaty obligations in the face of crises” (para. 12). In response to this failure to consider specifically Māori needs in the face of the pandemic, a group of Māori health experts mobilised to establish a National Māori Pandemic Forum, Te Rōpu Whakakaupapa Uruta, and a website which was aimed at providing Māori specific expert advice for iwi and Māori organisations.

However, some Māori social service providers have noted that there was little in the way of culturally appropriate advice and support offered by state agencies to whānau going into lockdown. A survey of whānau from Ngāti Whātua Ōrakei showed that many families were ill-prepared going into lockdown, due to a lack of consultation from the Government with iwi and a lack of culturally appropriate advice: “timely and adequate actions were not taken to protect vulnerable whānau” (Hunia et al., 2020, p. 18.) Likewise, the Manaaki 2020 survey carried out by Te Pūtahitanga o Te Waipounamu indicated that many whānau were highly financially exposed by the sudden change in circumstances caused by lockdown, with enormous levels of stress and uncertainty caused by unexpected job losses, curtailment of working hours, or increased difficulty accessing benefits or other forms of Government assistance (Savage et al., 2020). As a result of lockdown, more whānau struggled to meet basic daily needs, such as kai, power and rent, and these struggles have continued post-lockdown for many as well. The report notes “Government systems were not timely in their response. They were limited in the ways whānau could interact with them and were not set up to help people with one-off support or unexpected circumstances” (Savage et al., 2020, p. 18).

The stresses caused by the COVID-19 recession will have wide-ranging consequences that are expected to disproportionately affect Māori. For example, a report from Koi Tū: The Centre for Informed Futures predicts that the unprecedented levels of stress and uncertainty due to COVID-19 will result in a large increase in mental

health difficulties, and notes that Māori are particularly at risk, because of intergenerational disadvantage and high levels of deprivation (Poulton et al., 2020). They argue that as Māori already often experience poor outcomes from the existing mental health services available, this impending crisis needs to be urgently addressed (Poulton et al., 2020).

Despite the lack of any clear strategy from the Government to specifically address the vulnerabilities of Māori communities, the outcome of the pandemic thus far has not reflected the negative experiences of Māori in previous epidemics. As of March 2021, the rate of COVID-19 infection for Māori was around half that of non-Māori. As of 5 July 2021, 210 Māori were diagnosed with COVID-19, 7.6 % of the total confirmed and probable cases, which is far below the 16.5% they make up of the national population. High rates of COVID-19 testing also indicate the success of the pandemic response in Māori communities – as of June 2020, 65.7 per 1000 Māori had been tested, compared to 54.9 per 1000 non-Māori. As McMeeking et. al. (2020) point out “this is perhaps the only example in our contemporary history of the Māori community having better social outcomes than non-Māori” (p. 395). This success has generated extensive discussion and analysis, with the intention of determining the key factors that protected Māori communities so effectively.



*Te Hau Āwhiowhio ō Otangarei Trust packing hygiene boxes for whānau and patients in Te Tai Tokerau.*

# ***Section Two:***

## ***Whānau Ora Commissioning Agency***



## ***Taking Care of Our People***

Key to the WOCA COVID-19 response was the organisation's ability to both leverage existing relationships, programmes and collaboration platforms (i.e. Whānau Direct, Kaiārahi, Collective Impact), and core Māori values (e.g. whanaungatanga, manaakitanga, whakapapa).

The following sections outline the key components of the WOCA commissioning model that enabled the coordination of a rapid, multi-organisational, multisectoral, nationwide operation and movement geared to keeping whānau both safe and well from the impacts of the COVID-19 pandemic.

### ***Commissioning Model***

Underpinning the WOCA COVID-19 response is a commissioning model that supports Whānau Ora Partners to build on the strengths and assets of whānau Māori and communities to support the achievement of Whānau Ora.

Accordingly, the WOCA commissioning model comprises the following key components:

- is **Māori-led, kaupapa driven** (i.e. collective philosophy), **whānau centred** and **culturally grounded**
- is based on a **high trust model** that recognises and upholds the mana of partners and local leadership thus allowing for rapid, regionally/locally specific decision-making, and in the long term, deeper impact on the communities they serve
- supports **continuous learning, communication and innovation** across all layers of the organisation enabled by data-driven insights

Further details around each of these components is provided in the following section.

At an operational level, WOCA provides the backbone support, and an integrated ecosystem, to enable and enhance cohesion, coordination, collaboration, and collective impact across the WOCA network of partners. The WOCA partner network is made up of over 80 kaupapa Māori-based social and health providers with deep community networks and expertise in the delivery of holistic and comprehensive care to whānau. WOCA also funds a technically skilled and culturally safe national kaiārahi workforce that deliver whānau-centred practice and expertise in:

- targeted and holistic approaches to support whānau needs and aspirations
- how to involve Māori communities
- working across multiple provider organisations/agencies

More broadly, the WOCA commissioning model represents a radical shift away from standard funding and operating models that invest in siloed, prescriptive, deficit and outputs focussed services to an operating (eco) system and philosophy that is culturally responsive, embraces change - and as evidenced throughout this report - can rapidly respond to shifting environmental, whānau and community needs. Furthermore, according to Hamblin and Shuker (2020), models that promote “distributed leadership, maximum diversity of input, and a collaborative approach in an atmosphere of trust” (para. 18) are the way of the future, with the Māori response being something that the New Zealand healthcare system should build on.

## ***Kaupapa Driven***

*We are looking at an invasion of inestimable impacts on our community given our deprivation status and difficulties. While we have yet to see a plan for the vulnerable communities we serve, we have gone into action to rally our present resources to achieve the best possible defence for our community. We cannot be an afterthought given that we will be the worst affected. We hope the Government can continue to support over the next few months. (John Tamihere, CEO, WOCA)*

‘Kaupapa driven’ refers to the collective philosophy and vision that mobilises and brings whānau, partners and communities together for the collective good, and the shared sense of purpose derived through a collective philosophy that helps motivate, inspire and drive people to succeed.

Accordingly, the kaupapa of WOCA (and Whānau Ora in general) is by Māori for Māori, relentlessly whānau-centred, is shaped by Te Ao Māori, encompassing cultural norms, tradition and heritage, is aspirational and strengths-based.

In line with this kaupapa, WOCA is a Māori-led organisation which both acknowledges the shared knowledge, wisdom, expertise and lived experience of Māori to self-determine the best solutions for themselves and community. This approach recognises the inextricable link between tino rangatiratanga, as guaranteed in Article Two of Te Tiriti o Waitangi, and positive whānau wellbeing. All measures of success are subsequently defined through a Māori lens.

Coordination of the Whānau Ora kaupapa is facilitated via pre-existing relationships of trust and respect between partners, the embedding of the Whānau Ora policy and philosophy across the partners over the last four years, collaborative rather than competitive contracting, and a shared outcomes framework to evaluate collective performance and track overall progress towards goals. In practice, ensuring everyone is ‘on the same page’ is the province of the WOCA Relationship Managers who support partners through regular communication via hui/Zooms, phone calls and emails.

From the outset, WOCA partners were insistent that a Māori-led response was essential to achieve the best result for whānau.

*We are going to stand up against this virus together, because we know that our communities are more susceptible to these kinds of viruses than the general population. We owe it to whānau to create a for Māori, by Māori strategy to protect their health and wellbeing at this uncertain time. (John Tamihere, CEO, WOCA)*

As previously mentioned, WOCA partners and leaders were acutely aware of the impacts of previous pandemics and the persistent inequities in the healthcare system for Māori. Rather than waiting for direction from the central Government, and in the absence of a clear Government plan for Māori communities, WOCA and its network of regional and community partners identified what was required to support whānau and then established systems to enable delivery.

In March 2020, a virtual COVID-19 platform consisting of CEOs representing more than 80 kaupapa Māori providers across Te-Ika-a-Māui (the North Island of Aotearoa New Zealand) was established and would continue to meet regularly over the following months. This provided WOCA and their partners an opportunity to define

and refine the WOCA COVID-19 response kaupapa by gathering diverse partner perspectives, identifying challenges, filling resource gaps, sharing knowledge, innovations, policies and best practices, and collectively providing solutions in order to improve local, regional and national response efforts. Over a two-week period in March, WOCA and their partners were able to draw on their knowledge, relationships and deep community connections, (and 30 plus years of kaupapa Māori research and best practice), to generate a swift, culturally responsive and tailored, Māori health response. It was also collectively agreed at this time that Whānau Ora funding and resources should be redirected to support whānau Māori, especially kaumātua and those most vulnerable to the virus.

While each partner would go on to provide their own localised response, with WOCA providing backbone support, there were a number of key concerns common to all partners:

- That the Government’s ‘one-size-fits-all-approach’ to pandemic planning would exacerbate existing inequities within the health system. There was also little in the way of culturally appropriate advice and support offered by state agencies to whānau going into lockdown.
- The lack of consultation with Māori and lack of urgency from Government.
- That Government messaging on age as the main risk factor for adverse outcomes from COVID-19 failed to consider that the Māori population, while relatively younger than the general population, was at increased risk because of higher rates of comorbidities, higher rates of social deprivation, and the existing inequities and racism within the health system.
- Māori were/are at greater risk from the negative socio-economic impacts of the pandemic. Many of the communities that partners worked in were already economically and socially disadvantaged.

It was also interesting to note that many of these concerns amongst partners were confirmed by several studies and commentators. A study published in December 2020 showed that Māori had 2.5 times greater odds of hospitalisations from COVID-19 than non-Māori, non-Pacific people, even after controlling for age and pre-existing conditions (Steyn et al., 2021). The study concluded that structural inequities and systemic racism in the healthcare system mean that Māori and Pacific communities face a much greater health burden from COVID-19. Another study noted the impact of COVID-19 upon Māori tourism ventures in New Zealand, with businesses such as Ngai Tahu tourism forced to drastically downsize operations and lay-off hundreds of staff (Carr, 2020). As early as February 2020, Māori communities on the East Coast were being decimated by forestry industry job losses due to COVID-19 (McLachlan, 2020). A survey of whānau from Ngāti Whātua Ōrakei showed that many families were ill-prepared going into lockdown, due to a lack of consultation from the Government with iwi and a lack of culturally appropriate advice: “timely and adequate actions were not taken to protect vulnerable whānau” (Hunia et al., 2020). Likewise, the Manaaki 2020 survey carried out by Te Pūtahitanga o Te Waipounamu indicated that many whānau were highly financially exposed by the sudden change in circumstances caused by lockdown, with enormous levels of stress and uncertainty caused by unexpected job losses, curtailment of working hours, or increased difficulty accessing benefits or other forms of Government assistance (Savage et al., 2020).

In addressing these concerns, the following table outlines the high-level collective response from WOCA partners with examples of localised solutions. Further examples of localised partner responses are provided in Section Two and Three of this report.

WOCA Partner Concerns	WOCA Collective Response	Examples of partner solutions
<ul style="list-style-type: none"> <li>Government's 'one-size-fits-all-approach'</li> <li>Lack of culturally appropriate advice and support</li> </ul>	<ul style="list-style-type: none"> <li>Provide whānau-centred, ground up, culturally responsive and community-led response (i.e. business as usual)</li> <li>Gather insights via surveys, local knowledge, provider assessment tools, WOCA national database etc to identify whānau needs and ensure response is effective in reducing the health and wider social impacts of COVID-19 on whānau.</li> </ul>	<ul style="list-style-type: none"> <li>Surveys conducted by WOCA partners Ngāti Whātua Ōrākei and Te Puna Ora O Maataatua were used to identify and understand whānau needs. Findings showed that whānau would be going into lockdown 'ill-prepared', hence these provider responses focussed on meeting basic needs (e.g. kai, amenities, phone, accommodation). Due to lockdown, electronic devices and internet were also identified as essential so whānau could stay connected.</li> </ul>
<ul style="list-style-type: none"> <li>The lack of Government consultation with Māori.</li> </ul>	<ul style="list-style-type: none"> <li>Rather than wait for the Government to respond, providers know their people and communities so can form their own response with WOCA supporting in the background.</li> <li>Continue to advocate for whānau at all levels (i.e. national, regional, local, provider and whānau level) including Government resources to bolster Māori efforts. Media (including social media) used to document and increase visibility of partner efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Partners met in early March 2020 to discuss way forward for WOCA</li> <li>WOCA able to source personal protection equipment (PPE gear) and hygiene products through international channels, and distribute to WOCA partners, ahead of Government rollout</li> <li>National rollout of testing stations across WOCA network of partners in their communities to ensure whānau have easy access to testing, particularly in rural communities.</li> </ul>
<ul style="list-style-type: none"> <li>Government failure to consider unique and specific social and health needs of Māori population (e.g. higher rates of comorbidities, higher rates of social deprivation, and the existing inequities and racism within the health system).</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive 'wrap around' support provided to address multiple and complex needs of whānau (i.e. business as usual).</li> <li>Engage key Māori social and health experts to provide advice to inform WOCA COVID-19 response.</li> <li>Kaumātua identified as particularly at risk, hence, were a priority group for all WOCA partners.</li> </ul>	<ul style="list-style-type: none"> <li>Waipareira organise kaumātua delivery teams. Strict health and safety protocol are implemented to ensure food deliveries are safe including Kaimahi wearing PPE and maintenance of social distancing.</li> <li>WOCA run Facebook livestreams with Māori health experts including Emeritus Professor Sir Mason Durie, Dr Rawiri Jansen, Dr Rawiri Taonui, Associate Professor Elana Curtis, and Professor Papaarangi Reid.</li> </ul>

## ***Whānau-Centred and Culturally Grounded***

*Māori have been successful with our response to the pandemic, tua tahi (number one), because of our whakapapa (genealogy). The relationships and the collectives are already there, they're always there... when it comes to a common thread that stuff just drops in really, really quickly and that's what happened. (Kaiārahi)*

The above quote describes the importance of core cultural values like whakapapa (genealogy) to Māori, both as a 'way of thinking' that informs relationships and connectedness, and as a 'way of being' that is fundamental to almost every facet of a Māori worldview. Cram (2021) also writes that Māori are a collective people whose sense of self, interconnection with others, the environment, and the cosmos promote a holistic worldview. More specifically, the quote highlights the way these core values have been a driving force in the way that Māori have responded in times of crisis both in the past and now, evidenced for example by the early work of Dr Maui Pomare and Dr Peter Buck to abate the impacts of introduced diseases on the Māori population, and more recently by the response from Māori to the Whakaari/White Island eruption and the Kaikōura earthquake in 2016. For Symes, the Māori response and its success was because it was driven by Māori principles, values and knowledge:

*... we have principles, values and mātauranga Māori that are not fixed in stone... We operate on a values-based approach, not a traditional Western-based approach of authority. We are able to adapt and to quickly realise our roles and our abilities to provide support. It's how we were raised from a young age: to look after, manaaki, whānau, aroha, these principles... It's not about the 'I' - it's about the 'us'.*

The WOCA commissioning model is grounded in core cultural values and notions of connectedness like whakapapa, whanaungatanga and whānau. For instance, whānau is intertwined with and emerges out of whakapapa. Whānau is the primary mechanism for connectedness, whereby individuals are integral to the collective whānau. Individuals have an integral obligation and responsibility to the other members and the collective whānau. This culturally informed notion of obligation, responsibility, duty and care to 'others' would also prove to be an important wellbeing and protective factor for whānau in the form of manaakitanga.

Accordingly, Whānau Ora builds on these core Māori values by being holistic, whānau-centred, strength-based and improving the wellbeing of whānau as a group, rather than focussing on the individual. Whānau Ora is also founded on long accepted best practice methodologies derived from holistic Māori models of health and wellbeing - Te Whare Tapa Whā, Te Wheke, Te Hoe Nuku Roa, and Te Pae Mahutongo. It is important to note that despite uneven participation in Te Ao Māori and regional differences in Māori cultural expressions, a Māori perspective is a critical component of Whānau Ora and the whānau experience. Whānau are part of wider society, with connections to a range of Māori organisations and communities. Though not all whānau share the same sense of 'being Māori' - they are Māori, and the Māori contexts within which whānau live provide benefits from being part of whānau-centred activities. These are characterised by distinctive cultural norms, social networks, tribal influences and common histories.

At an operational level, Māori values and practices are embedded in the organisational DNA of WOCA, providing a centralised platform that:

- connects and combines the WOCA partners; increases communication, trust, knowledge sharing, community reach and partner ownership of the kaupapa
- promotes the sharing of skills, passions and resources regionally and inter-regionally
- ensures that success is defined through a Te Ao Māori lens.

## High Trust and Flexible Partnerships

*Whānau Ora providers know their communities well. They know who the vulnerable families are, and they know that without support on a number of fronts these families would find it difficult to survive 48 hours of lockdown let alone 48 days (Merepeka Raukawa-Tait, Agency Chair, WOCA).*

This kaupapa meant that the Māori COVID-19 response achieved better outcomes for whānau than mainstream services could.

Throughout the country, Māori health providers were on the frontline in hard-to-reach communities as soon as COVID-19 hit. Māori entities and whānau sought to provide solutions for their communities, for example, the use of mobile units for COVID testing that travelled to communities, kai packs, free prescriptions, firewood. Whānau Ora providers supported communities to sustain their bubbles during lockdown. Similarly, iwi in the Far North and East Cape, such as Te Whānau-ā-Apanui and Ngāti Porou, established checkpoints to protect rural communities, often through WOCA's multi-organisational and multisectoral networks and partnerships. Perhaps the most notable rāhui (a temporary ritual prohibition) was placed in the Rotorua area over the 2020 Easter Weekend to encourage people to stay home in response to the COVID-19 lockdown then in effect. The rāhui was coordinated with Te Arawa Lakes Trust, with the support of NZ Police, Bay of Plenty Regional Council and the Rotorua Lakes Council.

The WOCA COVID-19 response was an extensive, networked, multi-organisational, multisectoral, nationwide operation encompassing iwi, local businesses, charities, Government agencies and countless other organisations. Support offered by the WOCA network was mainly focussed on meeting the most immediate needs of whānau including hygiene packs, kai, accommodation, heating, health services and financial entitlements. In terms of co-investment, multiple organisations were able to 'top up' their offerings, for example, Ngāti Whātua Ōrakei who delivered 400 devices to whānau who had been missed by the Ministry of Education, for rangatahi and tamariki to access on-line learning. McMeeking and Savage (2020) note that "Māori channels were shown during the lockdown to have reached those who may have been unreachable by other parties, and commonly to have had a pre-existing level of trust that enabled higher-quality engagement"(p. 37).

This historic coming together of community partners represented the deep levels of confidence and trust that had been built up across the network since the inception of WOCA in 2014. Furthermore, having a high trust model in place, understanding the needs of partners, and supporting and resourcing partners to provide their own solutions ensured they were not encumbered by unnecessary top down 'bureaucracy'.



April Papanui, Te Runanganui o Ngāti Porou protects the border at Tikitiki.

## Continuous Learning, Communication and Innovation

The sharing of Information and the use of data played a key role through all stages of the WOCA COVID-19 response, particularly in supporting decision-making. Whānau Tahī for example were able to collect disaggregated data to better understand the demographics of whānau in need and ensure resources were being distributed in the most impactful way. Providers such as Te Puna Ora o Mataatua launched their own survey over the COVID-19 period of 1134 Māori across the Mataatua Rohe (Eastern Bay of Plenty Area) which revealed the large impact of the COVID-19 pandemic on their whānau in their region, including unemployment and COVID-19 redundancies together pushing unemployment up to 27.7% for Māori in the region. Part of the response to this information is Te Puna Ora o Mataatua's participation in the Regional Skills Leadership Group, which will be coordinating planning and guidance for employment recovery across the Bay of Plenty.

Lockdown reinforced the importance of social media as a key point of communication and a way for whānau to stay connected. WOCA operates a Facebook, Instagram and Twitter account. Facebook was an important point of contact between WOCA, the partners and whānau, as well as providing a conduit for information between partners as well. Of all the social media platforms, the WOCA Facebook page was the most active and engaged platform, with 5585 followers. By advertising the mahi that was being done for whānau in the communities, it helped to contribute to the sense that whānau were being cared for and that people were not isolated despite the lockdown.

Metric	Value	Explanation
Number of posts related to COVID-19	168	From March 2020, the most active months were April, May, June, and August. These on average had 29 posts regarding COVID-19.
Number of video posts	47	Many of these videos included updates from the CEO and slideshows of the work partners were doing in their communities through Levels 4 and 3.
Number of static/poster posts	109	Many of these included wellbeing resources, partner updates and kaimahi activities.

The significance of social media was demonstrated by the use of social media during the first lockdown. This was evident from the first WOCA Facebook post on 25 March 2020, announcing the move to Level 4, explaining:

- the need for the lockdown
- what the rules were
- avoiding online misinformation
- offering comfort and advice

Whānau responded to this pānui by asking for help contacting their local WOCA providers. Throughout the lockdown WOCA and the partners made use of social media to make sure whānau were kept informed and connected. The sense of collective impact was heightened by sharing photos and videos of the mahi that was being done around the motu by the providers, as discussed by a Kaiārahi:

*The way we are navigating this collective effort is showing the world the aroha we have for one another and the power of kotahitanga...*

Whānau responded to the posts by indicating where there was need in their local communities, further supporting whanaungatanga. Providers also used Facebook to share information and resources with one another:

*In terms of support, we saw a lot of Facebook messenger groups. Many of our teams live on Zoom at the moment and are working from home. Technology has been our Covid friend. I think everybody can agree to that. (Kaimahi)*

During the first lockdown, most New Zealanders were watching Prime Minister Jacinda Ardern and Director-General of Health and Chief Executive (Ministry of Health) Ashley Bloomfield providing regular 1pm updates in the first fortnight. However, there were also thoughts for news from a Māori perspective, hence the development of Te Ao Tapatahi. The show would eventually be hosted by Shane Taurima, who asked questions of officials and decision-makers, shared Māori stories and perspectives and kept Māori informed about COVID-19:

*Te Ao Tapatahi unearthed a gap in Māori communications about COVID-19... [it was the] way for Māori television to get a perspective from Te Kaha or from Rotorua or from Kaikohe and we did that through Whānau Ora [i.e. WOCA] partners. What that actually identified... [was] that we didn't have a Māori perspective... (Māori Television Kaimahi)*

There was also a recognition amongst WOCA partners that some whānau groups might not have access to technology, hence a diverse range of communication media were used across the WOCA network:

*Once the Call Centre was set up, word was put out by the usual methods – Facebook, a pānui mailout, email, messages, Ōpōtiki news, our local paper and all the government agencies. The pānui newsletter mailout was especially for those that had no technology connection – had no phones, no access to email or computers or anything like that... The call centre was set up to relieve the anxiety of our people. So when we started getting calls it was just questions about all sorts. It was pretty full on. Especially in the beginning. Because it wasn't just about the communication, there were all other aspects. You know, where you get your medicine, how you contact the police and... just everything to do with COVID. We had all sorts. And from hardship – you know, 'how are we going to go shopping?...' But the main thing was to get the communication, and the correct communication out to everybody. And to ensure that all the messages were getting to the whānau – in particular the pakeke. (kaimahi)*



# ***Section Three:*** ***Whānau COVID-19 Wellbeing and Protective Factors***



The ongoing impacts of the COVID-19 pandemic has profoundly affected the lives of New Zealanders, with significant adverse social and health impacts being experienced and felt by whānau Māori.

Analysis of the whānau data collated throughout this study reveal there were a number of common ‘stressors’ experienced by whānau. These included:

- stress due to the impact that COVID-19 had on whānau lifestyles, and the uncertainty that created
- distress due to whānau not being able to connect with others outside their ‘bubble’, particularly wider whānau
- financial hardship and unemployment
- anxiety and depression as a result of social isolation.

A more general theme that emerged from analysis of the data was the diverse realities of whānau – meaning that the impacts of the COVID-19 pandemic varied depending on factors like age, socio-economic status, employment status, and levels of mental health and wellbeing. More nuanced factors such as levels of access to digital devices and internet were also highlighted as essential by whānau due to the increased need for internet connectivity while in lockdown. However, the collective efforts of Māori communities to support each other, and positive examples of increased community cohesion, innovation and resilience, being connected socially and culturally, being and feeling cared for, and having core needs met were highly significant protective and wellbeing factors in mitigating the effects of lockdown and the ongoing impacts of the pandemic on whānau.

Accordingly, the following section outlines the key wellbeing and protective factors that contributed to, and enhanced, whānau safety, wellbeing and resilience during the COVID-19 pandemic, as well as canvassing examples of partner initiatives (rather than attempting to fully report on all activity).



Mary-Anne and Jim Tainui made 400 face masks for the kaimahi and kaumātua at Rauawaawa Kaumātua Charitable Trust, Hamilton.

## ***Whanaungatanga (Whānau had supportive relationships and connections)***

**Whānau had supportive relationships in place that built trust, confidence and resilience, strengthened whānau and community cohesion and connectedness in times of crisis, and reduced feelings of isolation, loneliness, anxiety, (dis)stress and other adverse social and health impacts**

The concept of whanaungatanga – or relational connectedness – is a foundational value of Māori culture and represents relationships both familial and non-familial. COVID-19 highlighted the continued importance of whanaungatanga, particularly when close contact was restricted thereby increasing issues of isolation and exclusion. For this reason, understanding whanaungatanga as a response to COVID-19 provides context for why Māori took the actions they did.

Face-to-face contact restrictions saw increased use of internet and social networking sites (SNSs) by WOCA partners, providing alternative methods for forging and maintaining relationships with whānau. More broadly, this phenomenon reflected both a shift in the application of whanaungatanga, from physical to virtual, and the development of online pandemic resources and information to reach Māori communities.

For Te Puna Ora o Mataatua, the need for whanaungatanga was made apparent with the initially low uptake of Healthline services, COVID-19 testing clinics, and influenza vaccinations by Whakatāne Māori. Providing a localised alternative to Healthline, Te Puna Ora o Mataatua set up a 24-hour COVID-19 phone service, which fielded high numbers of enquiries from regional Māori. As well, Te Puna Ora o Mataatua Charitable Trust had weekly Kāuta Kōrero with Maisey Rika on their Facebook page covering topics including testing updates, information about hardship support, upcoming events and provider mahi in the community.

WOCA providers also found new ways to connect and engage with whānau on a daily basis, such as karakia (prayer), fitness classes, Te Reo classes, and various educational videos, or during critical times such as tangihanga.

For example, Turuki Health provided online wellbeing wānanga mostly delivered via Facebook which “experienced massive growth” (Health Quality and Safety Commission New Zealand, 2021) during lockdown, and generated up to 365,000 views. Staff and whānau at Kokiri Marae Health and Social Services – which is part of the Tākiri Mai Te Ata Whānau Ora Collective – ran Facebook live events offering everything from dance exercise classes to community cooking tips. As well, each morning, staff started the day with a livestream featuring karakia and waiata.

## ***Mātauranga (Whānau are knowledgeable and informed)***

**Whānau had timely access to information about COVID-19 healthcare, services and supports as well as other wider health and social support services, and had the knowledge and capability to seek solutions from each other, and through their community networks**

The internet was not only a vital tool for keeping whānau connected during the lockdown, but also an important vehicle for the sharing and dissemination of information. Timely access to information about COVID-19 safety protocol, healthcare information, and available health and social support service were identified as another protective and wellbeing factor for whānau.

Numerous examples exist of the ways WOCA partners were able to share information that was specific and relevant to their communities. This included:

- pānui from Te Rūnanganui o Ngāti Porou regarding safety and procedure to prevent COVID-19 exposure and transmission during service delivery
- pānui from Te Arawa Whānau Ora Collective announcing availability of Whānau Direct funding for those experiencing hardship due to COVID-19
- pānui about effect of rāhui on tamariki with notice from Hāpai Te Hauora and link to their COVID-19 info hub
- pānui about COVID-19 from Whakawhiti Ora Pai Community Health Centre, ways to improve hinengaro and lift wairua
- pānui from Waimarino COVID-19 Information Centre encourages those who need food to contact them so they can deliver kai packs – “if you need kai don’t be shy”
- pānui from Te Tihi o Ruahine Whānau Ora Alliance on advice for whānau if someone has returned to work in Level 3
- post from Tui Ora on using Whare Tapa Whā principles for wellbeing when working from home.

Early on, WOCA partners also recognised the need for trusted communication of pandemic information to be locally and culturally specific, in order to effectively engage Māori and inform communities. This included the adoption across the WOCA network of the grassroots media campaign #Protectourwhakapapa that had developed several health communication resources relevant to whānau Māori and communities (McMeeking and Savage, 2020). Māori broadcasters such as Te Hiku TV and iwi radio stations have been providing important national and local updates to their communities. As well, WOCA worked with Māori Television in the development of *Tapatahi*, a current affairs programme that discussed the pandemic from a Māori perspective.

## ***Tikanga (Whānau were culturally connected)***

**Whānau were able to participate in activities that enhanced their sense of cultural connection, identity and overall wellbeing**

For whānau, being culturally connected contributed to their sense of identity and belonging (as Māori) and to the strength of the collective. When cultural connection was strongly present, it was also likely to be an expression of mana motuhake (here understood as mana through self-determination and control over one’s individual and collective identity). Mason Durie’s work has focused on social inclusion/social cohesion, stressing the importance of the ability to live as Māori and on Māori determining the many facets of what being Māori means.

Tikanga enabled iwi and Māori organisations to penetrate deeply into communities, quickly directing resources to where they were required, and providing a response based in mātauranga Māori. Maintaining tikanga also drove partners to adapt cultural practices in order to protect ‘our whakapapa’ and the health and wellbeing of whānau in their communities.

Tikanga guided partner decision-making around how providers protected and cared for their communities. These actions aligned with kaitiakitanga (guardianship) and the responsibility that iwi have to protect the health of their environments, which is inseparable from the health of their people. In turn, these kaitiaki responsibilities are also driven through manaakitanga (caring, nurture). Iwi, many with statutory authority in their regions, issued specific guidelines using rāhui as a means of protecting communities. The monitoring of travel in and out of communities was a practical expression of manaakitanga for rural or isolated Māori communities. A coordinator of the Northland iwi checkpoints stated that their decision to close off communities was based on their position as kaitiaki (guardians); “if we have this kaitiaki status and our own rangatiratanga, we have to step up and participate in serious issues like this.”

Other protective measures were also introduced, including the closure of marae, guidelines on how tangihanga are conducted, and the closing of forests and waterways from being used:

During Easter 2020, a group of academics suggested that instead of a controlled and gradual relaxation of Level 4 rules, New Zealand should adopt “Plan B”, that is, letting coronavirus spread throughout the community. The authors argued that only elderly people, or ill people who would die soon anyway, will die from coronavirus, and that some deaths might be necessary for the greater good achieved from re-starting the economy. (Norris & Stokes, 2020, para. 1).

This idea of elderly people or kaumātua being ‘expendable’ is starkly different from the Māori world view where kaumātua hold key leadership responsibilities within their communities due to their life experience, understanding and wisdom gained from experience, and knowledge of tikanga Māori. Hence, for all WOCA partners, kaumātua were a priority.

Based on partner feedback, having kai and hygiene packs provided by WOCA ensured kaumātua could stay well and safe during lockdown:

*I appreciated the hygiene pack a lot because I was just about to make up a list to go down to Countdown to do my shopping... I didn't have to go down to Countdown because everything I wanted was in the parcel that Whānau Ora gave me... With the lockdown, Whānau Ora and other organisations have provided food and other things, which we didn't expect. But there were a lot of people who were very appreciative of what they received because they didn't have enough money and they had families to feed.*

(Whānau member)

Many individuals and whānau who were confined within their household bubbles took to social media to share their tikanga and mātauranga Māori and knowledge, to encourage and uplift people. This included sharing waiata and karakia online through the lockdown, using mediums like Facebook and Instagram to show people that ‘healthy kai made easy’ was within their grasp, as well as providing other useful household tips and advice (e.g. composting). One provider also ran a rewana bread competition. Māori celebrities also joined in, serving up te reo lessons that embraced diverse topics from storytelling to games. The outcome was a vast, distributed web of mahi aroha that contributed to collective whānau resilience to endure the lockdown.

## ***Manaakitanga (Whānau are able to care for themselves and their communities)***

**Whānau embodied a duty and ethos of care that engendered kindness, empathy and enhanced the mana of others to safeguard collective wellbeing**

Manaakitanga derives from two words - ‘mana’ and ‘aki’. Mana is a condition that holds everything in the highest regard. Aki means to uphold or support. Extending manaakitanga requires respect, humility, kindness, and honesty. Essentially, if mana is to be maintained, then there needs to be efforts in place which demonstrate reciprocal care between people and groups (Smith, 2013; Mead, 2016). In the context of the WOCA COVID-19 response, mana and by extension manaakitanga was the ‘honouring of others’ through service to others and the community, thereby increasing one’s own mana.

The importance of manaakitanga was particularly evident at the start of the COVID-19 pandemic. At the whānau level, manaakitanga was demonstrated through the willingness to give up ‘individual freedoms’, face personal hardship and be separated from whānau for the benefit of the collective. At the provider level, WOCA health providers, in collaboration with district health boards, demonstrated manaakitanga by setting up urban and rural testing stations targeting Māori communities, conducting visits with whānau in their homes to test for COVID-19 and provide health checks, and by providing other social and health-related supports.

Care packages distributed across the WOCA network demonstrated a holistic Māori health response as well as representing an important and potent symbol of manaakitanga for whānau. WOCA worked with wholesale suppliers to ensure that whānau, especially kaumātua, had kai packs and winter packs, with a goal of delivering 120,000 packs by the end of April 2020. As Whānau Ora services and organisations were deemed essential services during the lockdown, other resources to support whānau could also be deployed by Whānau Ora and Māori health providers.

The large numbers of packages provided from across agencies is significant as it demonstrated ways in which individual Māori organisations and communities understood the key supports that were needed. This response was based on the important value of manaakitanga and the importance of whanaungatanga and trusted relationships within Māori communities as being key to successful outreach to Māori communities.

Whānau Direct was also an important financial resource available to whānau with firewood, kai, household appliances, rent and transport being the most common resources sought by whānau:

*With the heating [e.g. firewood] we don't have to use the oven and worry about a high power bill. (Whānau)*

*With a nice and warm whare, the kids don't have to drag all the blankets around. (Whānau)*

*Blessed not to be evicted! (Whānau)*

*I wondered how we could cover our household costs – no food. (Whānau)*

## ***Oranga (Whānau are healthy and well)***

### **Whānau had a comprehensive package of care in place that addressed their holistic needs**

Oranga, that is, a comprehensive understanding and holistic approach to health and wellbeing, was another key theme and protective and wellbeing factor for whānau Māori.

The Whānau Ora approach is holistic in nature and extends far beyond a biomedical model of health which focuses on purely biological factors and excludes psychological, environmental, and social influence (Durie, 1998). Māori health frameworks have been created in an attempt to help articulate important aspects of hauora. Professor Mason Durie's (1998) Te Whare Tapa Whā model compares hauora to the four walls of a whare (Māori meeting house), each wall representing a different dimension of hauora: taha wairua (spiritual wellbeing); taha hinengaro (mental and emotional wellbeing); taha tinana (physical wellbeing); and taha whānau (family and social wellbeing) which includes collective aspects of wellbeing. In this model, each of these four dimensions of hauora influences and supports the others and are necessary for strength, symmetry and balance.

In addition to these dimensions of hauora outlined by Durie, in Rangimārie Rose Pere's (1991) model of wellbeing – Te Wheke – Pere also identifies Mauri (life force in people and objects), Mana ake (the unique identity of individuals and family), Hā a koro ma, a kui ma (the breath of life from forbearers), and Whatumanawa (the open and healthy expression of emotion), as important contributors to whānau health. This model also highlights the important interconnectedness of all these factors (Pere, 1991). Mauriora (cultural identity), Waiora (connection with the physical environment), Toiora (healthy lifestyles), Ngā Manukura (leadership), Te Mana Whakahaere (autonomy at a community level) and Te Oranga (participation in society) are also important aspects of Māori wellbeing – as outlined in the Te Pae Māhutonga public health framework (Durie, 1999). While these models do vary in how they conceptualise wellbeing, they all highlight that Māori understandings of wellbeing must be understood in a holistic, collective manner and one that includes supporting collective ties. While an analysis of these models is outside the scope of this report, we suggest that these understandings of hauora centre on holistic and collective wellbeing and are essential parts of both why and how Māori responded to COVID-19.

In order to meet the diverse range of social and health needs of whānau, WOCA partners provided comprehensive and holistic services based on the whole person, taking into account mental, social, and cultural factors, rather than just the absence or presence of the virus. For example, regional WOCA partner Takiri Mai Te Ata Whānau Ora Collective, which consists of seven health, education, justice and social service providers in the Wellington, Porirua and Hutt Valley regions, ensured the most vulnerable whānau, such as kaumātua, received free influenza vaccinations, provided 24/7 support to the Māori Women's Refuge, and Stop Smoking support, with social workers actively engaging with whānau on a daily basis to ensure their social and mental wellbeing needs were met. To help keep people active, exercise instructors Leilani Waitai and Putiputi Temara did a daily Facebook live Dance Fit routine for whānau who wished to put on their “boogie shoes and get their workout in for the day”.

### ***Rangatiratanga (Whānau are empowered and self-managing)***

**Whānau exercised control over their own safety, protection and health and were supported to self-manage their own wellbeing**

Māori leadership and enabling whānau to be self-managing and supporting individuals and whānau to determine their own wellbeing, particularly during lockdown, was key to building whānau resilience, and ensuring whānau were able to cope and find their own solutions during lockdown.

Māori were acutely aware of the impact previous pandemics and introduced diseases had on our communities and the potential impact COVID-19 could have. This prompted Māori to react quickly and purposely, with knowledge, innovation, insight and awareness of consequences, which built the foundation for a ‘by Māori, for Māori, with Māori’ response to take place. The foundation of the COVID-19 response was built upon this important wellbeing practice.

Iwi checkpoints were perhaps the most well-known action undertaken by WOCA partners in Te Tai Tokerau, Te Whānau a Apanui, Tūhoe and Taranaki. As the COVID-19 threat became ever more present in Aotearoa, a number of iwi took it upon themselves to protect local communities by establishing monitored entry and exits from their communities. These actions complimented decisions made by the New Zealand Government, who had made nationwide rules to restrict movement. However, numerous media reports saw the establishment of iwi checkpoints as both ‘separatist’ (du Frense, 2020) and ‘unlawful’ (Piper, 2020). Despite these criticisms, Māori organised to stop travellers from entering their communities, unless they were residents, to avoid any risk of spreading COVID-19. The iwi checkpoints were essentially about protecting the wellbeing of entire communities, Māori and non-Māori, and represented clear examples of Māori exercising rangatiratanga.

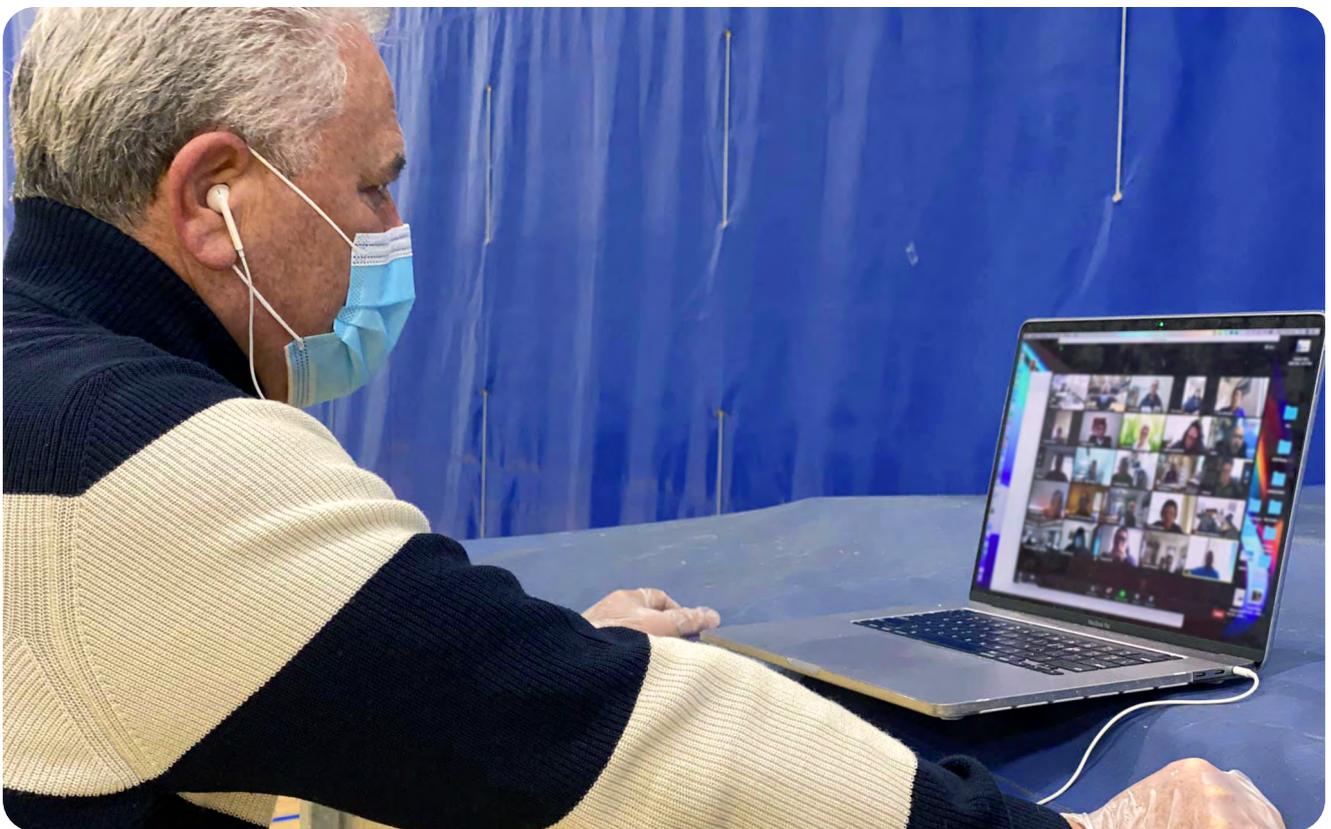
## ***Ōhanga (Whānau are financially secure)***

### **Whānau had access to available income entitlements and were financially resilient**

One way in which whānau are able to receive support is through Whānau Direct – a financial resource available for whānau to respond to an immediate need, including things like WoFs, school uniforms, and utility bills. The grant is available through 80 Whānau Ora providers and partners across Te-Ika-ā-Māui and is intended to provide financial support of up to \$1000 per household per twelve months. Through the COVID-19 period, the eligibility criteria was relaxed to reflect financial hardship many whānau were experiencing as a direct result of the pandemic.

The Whānau Direct team worked closely with the WOCA partners and providers to train and upskill them on the changes so that people felt confident and capable and that the process ran smoothly. The sharing of data, collected through partner feedback and Whānau Direct applications, provided opportunity to coordinate resources. For example, the Whānau Direct team and providers identified kai, bedding and other household items as priorities within whānau. Coordination between providers and the Whānau Direct team provided an opportunity to bulk purchase these particular items.

Perhaps unsurprisingly, COVID-19 also saw a significant increase in Whānau Direct applications. Pre-COVID, the Whānau Direct team were paper based but quickly realised the need to digitise processes as applications and assessment moved online. During COVID, the number of applications rose from 25-50 per day to 200 and more a day, requiring the Whānau Direct team to work long hours to manage the workload. Naomi, the Whānau Direct Team Leader, would be working at night, and she could see her team were working on Whānau Direct applications, noting that, “I’d tell them to get off and go to sleep! I was always telling them to get off and go to bed [laughs].”



*John Tamihere (WOCA, CEO) finds time to lead a Zoom meeting with 80 providers while working on the frontline.*



***Section Four:***  
***Maintaining the Kaupapa***  
***in the 'New Normal'***



Major challenges remain as the country seeks to recover and rebuild through the COVID-19 period. The pandemic has exacerbated already high levels of deprivation amongst the most vulnerable. However, there is also a strong belief that the pandemic represents a unique opportunity for profound change in the ‘new normal’; as Kukutai et al (2020) state “the recovery cannot be a return to the inequalities of the normal. Rather, the opportunity is to collectively and courageously re-imagine our futures and address unjust and unsustainable inequities” (p. 14).

This sentiment has also been echoed by Rhys Jones in Parahi (2020), “we can’t go back to a world pre-Covid because that was already a disaster” (para. 84).

Espiner et al. (2020) note that the strong leadership and bipartisan commitment to protecting the public health which was a feature of the initial COVID-19 response, could be applied to other pressing public health issues which require a coordinated nationwide approach paired with Māori-led capacity development and leadership, such as alcohol consumption, obesity, smoking and gambling. In particular, there are calls to use and build on the local capacity and networks and momentum that emerged during the lockdown, and use these as the basis for wider policy initiatives. McMeeking and Savage (2020) argue that the success of Māori initiatives should be “woven across wider Government policy to reverse existing patterns, prepare for future shocks and... importantly, catalyse substantive advances in wellbeing for Māori and the nation” (p. 37). Both Gluckman and Bardsley (2020) and Poulton et al (2020) highlight the effectiveness of flax roots community-based initiatives during lockdown and call for these approaches to be drawn upon in the face of the challenges of the coming years. Both also call for a new model of co-determination, rather than consultation, to characterise Te Tiriti partnership (Gluckman & Bardsley, 2020; Poulton et al. 2020). This research into the COVID-19 response hopes to contribute to determining what shape this model of co-determination should take.

Post-lockdown the attention of the WOCA partners has quickly turned to mitigating the ongoing and emerging effects of COVID-19 on whānau. Thus far, this has included the continuation of COVID-19 response activities including testing stations and distribution of kai and hygiene packs, particularly in Tāmaki Makaurau who have been through a series of lockdown since March 2020, and working through the next phase of recovery response plans focussed on building whānau resilience and fostering wealth creation, employment, education, housing and wellbeing for the future.

**The following section provides an outline of recovery response activities to date.**

## ***Tāmaki 10,000***

Te Pae Herenga, a partnership of six Whānau Ora partners, is driving an initiative to create 10,000 employment and enterprise opportunities by Māori, for Māori across Tāmaki Makaurau. Māori in Tāmaki Makaurau earn less, have higher unemployment and experience poorer health and educational outcomes – for example, in September 2019 to September 2020, Māori unemployment in Tāmaki increased by 10%.

## ***Whānau Ora Diploma***

Kaiārahi are central to the Whānau Ora ecosystem. Their role is to walk alongside whānau, providing the wrap around support that is a key element of Whānau Ora’s success. Their role is to ensure that whānau needs are met and that whānau are empowered to make decisions to ensure their own wellbeing. As such, Kaiārahi have been pivotal to the effectiveness of the WOCA COVID-19 response, as it is their knowledge of their communities that allows resources to be directed to those most in need. Their flexibility and resilience in the face of the challenges of COVID-19 was further demonstrated by the fact that during lockdown, 48 kaiārahi managed to continue their academic studies and graduate in the New Zealand Diploma in Whānau Ora (Level 5) (Grant, 2022). This was made possible through the provision of support and resources from their managers, and through the flexibility of kaiako to enable students to engage with their learning in the ways that best suited

them. COVID-19 provided the case study for the kaupapa of their studies; how to best engage with vulnerable whānau and assess their needs in times of crisis. In stretching the physical and emotional resources of these Kaiārahi and their kaiako to their limits, COVID-19 proved what they were capable of.

The unique experiences of 2020 brought about by COVID-19, highlighted the integrity and adaptability of the Whānau Ora Diploma programme. It was a paradigm that demonstrated responsiveness of kaiako and the strength of kaupapa within an environment that sees Māori succeeding as Māori. (Grant, 2022, p. 141)

## ***Māori Economic Summit 2020***

WOCA sponsored a series of Māori Economic Summit hui throughout the country in August 2020. The purpose of the Summits was to understand the Māori economy, as well as the impact of COVID-19 on the economic environment and recovery. The summit identified a number of aspirations that focused on the creation of investment opportunities and the benefits to be derived from Māori-led initiatives.

- The Māori economy is involved in international and local tourism. COVID-19 has adversely impacted tourism with the borders closed and less travel. The impact of this can be seen in Rotorua where pre-COVID there were 10,000 visitors per day. There has been a shift in Māori businesses to hire their own which is increasing employment opportunities for whānau and connecting them to their iwi and hapū.
- Rangatahi are the disrupted generation because they are more likely to be working in industries negatively affected by COVID-19. As well, retail, accommodation, and forestry are sectors impacted by COVID-19 so entry-level jobs may not be available. Rangatahi need to be supported to continue taking subjects at school that keeps their future options open, i.e. STEM subjects – science, technology, engineering, and maths.
- Increasing indigenous socio-economic prosperity through procurement is a global movement. An indigenous procurement policy manages how goods and services are sourced, bought, and managed from indigenous businesses and for indigenous outcomes.
- Procuring goods and services from Indigenous businesses has proved to deliver multiple positive outcomes, including training opportunities, innovation through partnerships, and employment. The positive effects of social procurement led to sustainable and viable ventures in sectors and regions that needed it most. An example of social procurement is the Australian Indigenous Procurement Policy (IPP) which has had a significant positive impact on Indigenous Australians. Deloitte Australia reported the policy was successful in increasing the rate of Government purchasing from Indigenous businesses leading to improved economic outcomes for Indigenous Australians. Indigenous procurement approaches are not well established in Aotearoa. The Government needs to collaborate with Māori to ensure that Māori are stimulated and motivated.

As an example of a regional WOCA partner response, recovery in the Bay of Plenty region included Alert Level Two being the new normal working environment for the foreseeable future. The Provincial Growth Fund was used to develop the region's economy and employment opportunities. The recovery plan included a mapping exercise of the journey from unemployment to employment in the region. For example, working with MSD to find out about unemployment across the region; working with other Government departments and institutions to find out how they contributed to the workforce in the region.

The planned recovery makes use of Māori land for their benefit and ensures that it remains for future generations. In the Waiariki rohe, much of the whenua remains in Māori ownership and is utilised. Māori businesses have been exporting sheep meat, beef, seafood, kiwifruit, and timber for many years. Recently Māori have moved into berries and have an increasing presence in the kiwifruit sector. Food security and food sovereignty is an important kaupapa with many Māori businesses concentrated in food production. Lockdown created a demand for locally grown nutritious food produced from Te Arawa whenua. Food deliveries from Māori health providers ensured the local food supply chain was maintained.

In the Waiariki region, Māori have a large asset base – the challenge is to create outcomes beyond commercial returns and ensure Māori can utilise their full asset base. Investment is a way of achieving results for Māori. Iwi and hapū have a role in creating jobs for Māori. Investment in people is vitally important if Māori businesses are to engage with the wider world and understand and seize opportunities. Māori businesses are generating higher income and return on investments through innovation. The thinking around investment needs to change to measuring the return on jobs, the return on the environment, and what positive social impacts come from the investment. Māori need to ensure that money invested in communities has a positive impact on those communities. Education and training are key. As the Māori population in Waiariki is youthful there needs to be an investment in their young people because they are the future. Māori must start investing in industries where they can plan for the long-term and provide pathways for rangatahi. Māori must create meaningful jobs that inspire passion and make people want to go to work. The number of young people not in employment, education, or training (NEETS) is of concern.



## ***Ngā Tini Whetū***

Ngā Tini Whetū is an innovative Māori-designed approach to social service provision using the Whānau Ora approach. Whānau Ora (family wellbeing) is an evidenced based model that draws on mātauranga Māori and thus utilises Māori views of health and wellbeing. The goal is to support and empower whānau while acknowledging that whānau hold the solutions. The development of Whānau Ora came about because social and health services that were in place were not working for whānau Māori. Whānau Ora is a kaupapa Māori approach and advocates that change will occur when delivered by Māori, to Māori, for Māori. Whānau Ora providers are based in their communities and know their communities well.

Whānau Ora collectives are currently piloting Ngā Tini Whetū. Kaiārahi are building a relationship with whānau and navigating them on their journey while also providing wraparound support. Backbone support is provided to the Collectives to assist in the management of the pilot. The Workforce Development Team is key to supporting the Collectives implement Ngā Tini Whetū, improve whānau support and effect positive whānau change.

Ngā Tini Whetū involves a collaboration between Oranga Tamariki, Te Puni Kōkiri, Accident Compensation Corporation (ACC) and the Whānau Ora Commissioning Agency (WOCA). The aim is to build stronger partnerships and collaboration between agencies and providers using a Whānau Ora approach so that whānau in need are identified early and provided with support. Ngā Tini Whetū uses the many stars in the sky as symbols for the dreams and aspirations of whānau to achieve. Durie (2017) examines how connections to whānau and cultural identity are essential elements in whānau flourishing.

Māori whānau and their tamariki have been failed by the previous system - for example, the number of tamariki Māori in State Care and Youth Justice, the number of family harm incidents for whānau Māori, so a system change was required. Government agencies focus on 'individuals' whereas Whānau Ora providers are concerned about the wellbeing of the whānau (i.e. whānau ora) and work alongside whānau to identify and achieve outcomes.

## ***Whānau Ora COVID-19 Vaccination Programme***

The COVID-19 crisis has highlighted the effectiveness of the Whānau Ora model in providing innovative services to whānau that meet their specific needs, resulting in high levels of service engagement. The establishment of the CBACs and mobile testing services by WOCA partners was a key success story from the COVID-19 response. From March to June 2020, over 40 mobile clinics and CBAC testing stations were established by the WOCA partners. By June 2020, this rollout had resulted in higher rates of testing among Māori compared to non-Māori. The success of these services stemmed from how the WOCA partners were already embedded in their communities with high trust relationships established through their wraparound service delivery model; as noted by Willow Salvador (2022), CEO of Tuwharetoa Health: "It was about utilising our familiar Kaimahi, or skilful Kaimahi, that they have trusted for years with lots of other things" (p. 114). The innovative approaches that were driven by the requirements of lockdown were also applied to other key health services, such as influenza vaccinations, with mobile vaccination units reaching deep into the community. According to Herewini Te Koha, CEO of Te Rungānui o Ngāti Porou, during lockdown, flu vaccination rates in the 70+ age group increased by 10% (WOCA, 2020).

These successes encouraged WOCA to take a proactive approach to the delivery of the COVID-19 vaccine to whānau. The vaccine rollout was identified as a crucial element in Aotearoa's response to COVID-19, and given the health inequities that have been identified as a feature of the mainstream health system, a 'by Māori for

Māori' vaccine response was regarded as essential to the overall success of the COVID-19 vaccine programme. Mainstream health services have been shown to be largely ineffective in reaching Māori communities, and this, combined with the vulnerability of these communities to COVID-19, made a COVID-19 vaccine programme a key priority for WOCA. The proposed programme drew upon the existing capabilities and expertise of the WOCA partners in their own communities, backed by a centralised structure to provide infrastructure support, data collection, analysis and reporting and a centralised communications network. Based on extensive experience of the needs of whānau, a 'by Māori for Māori' COVID-19 vaccination programme concentrated on overcoming barriers to access and availability by concentrating on the following key strategies:

- promoting positive health messaging to dismantle anti-vaccination mythology and encourage vaccine uptake
- providing relevant and meaningful information related to the vaccine and translating this for a Māori audience
- providing support, guidance and information for whānau in relation to the COVID-19 vaccination
- assistance in booking appointments and support in attending appointments/mobile clinics/community events, including transport if required
- post-vaccine care and support, including answering questions, supporting whānau through any issues and concerns raised and connection with whānau along their whole journey to ensure a positive experience
- support and assistance in booking/attending second vaccination
- providing support and care for whānau during and after the administering of the vaccine

However, the WOCA proposal was unsuccessful in gaining Government funding for a 'by Māori for Māori' COVID-19 vaccination programme. The vaccine rollout has been widely criticised for failing to prioritise Māori and Pasifika communities, who were shown to be most at risk of adverse outcomes from COVID-19 (Neilson, 2021; RNZ, 2021; Tokalau, 2021). As of 6 September 2021, Māori vaccination rates were the lowest of any ethnic group, at 208 per 1000, compared to 283 for Pacific Peoples, 337 for European/Other and 358 for Asian (Ministry of Health, 2022). With the outbreak of the Delta variant of COVID-19 in Aotearoa in August 2021, the need to get the population vaccinated as quickly as possible to save lives has become even more critical, and WOCA partners accelerated their efforts to get whānau vaccinated (Tahana, 2021). This has included the opening of drive-through centres, and a 'no-barriers approach', enabling whānau to get vaccinated without the need for prior appointments and regardless of their age cohort. These efforts were finally supported in early September 2021 with the announcement of \$23 million in additional Government funding for Whānau Ora for its COVID-19 response (Dunlop, 2021).

## ***Hui Tūhono***

Over the last twelve months, the Whānau Ora kaupapa that drove the WOCA COVID-19 response has found further expression in a number of other initiatives. One of the most significant of these has been the Hui Tūhono held during May 2021. The Hui Tūhono were instigated by WOCA and its partners in response to the announcement by the Health Minister Andrew Little of the establishment of a new Māori Health Authority, as part of a swathe of significant reforms in the public health sector. This announcement has been welcomed as a once-in-a-generation opportunity to transform Māori health outcomes, through the creation of a funding system that prioritises the needs of whānau and their communities. Rather than waiting to be told what shape the new reforms would take, the Hui Tūhono were an opportunity for the WOCA collectives to come together to send a united message to the Government about what their expectations are for the Māori Health Authority (WOCA, 2021). The three Hui Tūhono were held across Te-Ika-a-Maui; the first at Ōtīria Marae, Moerewa, in Te Tai Tokerau, the second at Pipitea Marae, Te Whanganui a Tara and the third at Te Puia in Rotorua.

These hui were a landmark occasion, as they represented the maturation of a national movement of Māori that agreed across all sectors and communities to advance one response to Māori Health (WOCA, 2021a). Support for applying the WOCA blueprint to the new funding model was a consistent theme across all three hui. Key themes of discussion at the hui included the importance of kotahitanga and embracing a collective response to achieve the best outcomes for whānau, and the importance of placing rangatiratanga at the heart of the new reforms to effectively tackle the health inequities that Māori experience (WOCA, 2021).

The COVID-19 response formed a key part of the discussions at the Hui Tūhono about the best path forward. The experiences of supporting whānau and their communities through the lockdowns and their aftermath over the previous twelve months confirmed the kaupapa that is at the heart of the Whānau Ora movement. Hui participants noted that the mobilisation of the collective response that occurred during the lockdowns highlighted the power, strength and benefits of kotahitanga. As one attendee said, “Getting out resources to whānau brought us together...” (WOCA, 2021, p. 28-29). Attendees also saw the COVID-19 response as an expression of the power of tino rangatiratanga and proof of what communities could achieve when given the opportunity to take action: “What I learned through COVID is that we didn’t wait around for the Crown as iwi Māori, we got on with it ourselves”(WOCA, 2021). COVID-19 was also described as ‘a positive disruptor’; it brought the collectives together to work in new ways, leveraging off the existing relationships between different entities, all with the main goal of supporting whānau (WOCA, 2021). The role of WOCA in supplying the backbone and resources to make this possible was crucial: as one participant pointed out, “We continue to tautoko WOCA because they offered us many opportunities and support back at home”(WOCA, 2021).

Hui Tūhono represent a further stage in the development of the Whānau Ora movement that worked so effectively during the lockdowns. This movement predated COVID-19, but the success in responding to the needs of communities during this time has empowered the collectives to be more confident in calling on the Government to apply the Whānau Ora blueprint more broadly across the social service sector.





# *Section Five:*

## *Local Case Study - Te Whānau O Waipareira*

*Tūwhitia te hopo, mairangatia te angitū*  
*Feel the fear and do it anyway*



## **Overview of Waipareira COVID-19 Response**

The **purpose** of this case study is to share and highlight Te Whānau O Waipareira Trust's response to the COVID-19 pandemic. The study looks at the period 1 January 2020 to 30 June 2021. This period equates to three 6 monthly periods or Wāhanga, called: Wāhanga Tuatahi, Tuarua and Tuatoru.

The **aims** of this case study were:

- to share an overview of Waipareira community response to COVID-19
- to examine and understand the design, development and implementation of the Waipareira COVID-19 response
- to capture the thoughts and perspectives of Waipareira whānau and Kaimahi who are contributing to the COVID-19 pandemic response and to highlight those thoughts and perspectives with regard to planning for future pandemics.

This case study considers the response of Waipareira to the emergence of COVID-19 within Aotearoa. From the earliest reports of the COVID-19 pandemic, Waipareira moved quickly to support whānau through a coordinated response with Te Pae Herenga, the regional Whānau Ora collective, and WOCA. Waipareira provided the backbone support for the response, creating change to ensure that kaiārahi were equipped to meet the needs of the community, and coordinating a collective response. The dissemination of its healthcare and kai packs, in coordination with WOCA, were scaled from its West Auckland communities to communities across Te-Ika-a-Maui. With its partners, Waipareira began developing its own COVID-19 testing stations, expanding its presence across Tāmaki Makaurau.

The case study describes Waipareira's response to COVID-19 from as early as January 2021, and the initiatives to ensure that whānau, community and kaimahi were protected. While the benefits included infection rates lower than non-Māori, hygiene and kai packs for whānau Māori, and a focal point for the West Auckland community, the underlying success of the organisation lies in its distributive leadership, its collective networks, innovative response and advocacy for whānau Māori.

For over 25 years Waipareira has supported whānau in accessing health, social, justice and education services. The emphasis on whānau, built on a history of Waipareira's advocacy for Māori, allowed the organisation to recalibrate its internal structure and skill sets to respond to the shifting situations on the ground. Its vigilance and reach into the community remains a model that most Government bodies can only aspire to. In order to understand the effectiveness of the response, this case study is intended to explore the processes that enabled Waipareira to deliver for Māori in terms of scale and reach.

The case draws on a wide range of sources within Waipareira including interviews, social media, literature, internal documentation and reports.

COVID-19 has produced a watershed moment in history. For Waipareira, the pandemic has accelerated the innovation that was envisaged in Te Whānau O Waipareira Trust's 25-year strategic plan, with an even greater emphasis on the structures that support whānau and community aspiration.

## ***Background***

Te Whānau o Waipareira Trust (Waipareira) was established as an incorporated charitable trust in 1984, but its origins date back to the 1940s and the migration of rural Māori to urban centres. The Trust emerged from a social movement and the growing sense of community among Māori in West Auckland. Its impetus was the need to support Māori who “had lost their traditional support networks as a result of urbanisation” (Waitangi Tribunal, 1998, p. xxii).

Early achievements through the collective efforts of urbanised whānau from different tribal areas would leave an enduring mark on the future direction and focus of Waipareira. Such achievements included the establishment of the pan-tribal urban marae of Hoani Waititi in 1980, establishment of kōhanga reo at the marae in 1982 as the forerunner to establishing the first kura kaupapa Māori in 1985, and later the Wharekura in 1993.

In its 1998 claim to the Waitangi Tribunal, Waipareira documented their activities from 1984-1993 to demonstrate the effectiveness of Māori-led initiatives in community and that “Māori perform best when the principles of rangatiratanga are maintained; when a community is empowered to determine its own needs and resolve its problems in its own way” (Waitangi Tribunal, 1998, p. 236). Tribunal recommendations included the creation of a less prescriptive policy framework and the devolution to providers in the creation of policies suitable for communities, while also enhancing rangatiratanga Māori.

Early efforts to record progress and understand the impact of Waipareira and its actions over time were also recognised in the development of the Waipareira 25-year strategic plan and the establishment of its own research unit in 2014 to track and guide outcomes. Waipareira continues to document its early history, the stories and journeys of whānau of West Auckland and the underpinning values and drivers for change. Creating change where whānau hopes and opportunities can flourish lies at the core of the strategy, and its delivery framework emphasises progress towards whānau capacity, growth, leadership and resilience.

From 1999 to 2005, the CEO left to complete two terms in Parliament, the latter as a cabinet minister, before returning to Waipareira to restructure a debt-laden Trust. By 2011 the Trust was debt-free and moved into Whānau House in Henderson whilst also retaining the original sites in Henderson acquired since the late 1980s. After the 2008 election, the Māori Party, in coordination with the National Party, established Whānau Ora (well families) in recognition that mainstream ways of delivering social and health services were not improving whānau Māori outcomes. Whānau Ora sought interagency collaboration to “build the capacity of all New Zealand families in need” (Haami 2018, p. 182), through improvements in health and social services. In 2014, as CEO of both Waipareira and NUMA, John Tamihere led the successful bid to establish Waipareira as one of three Whānau Ora Commissioning Agencies. Waipareira had become part of a collective to further the economic and social development of whānau Māori through national advocacy and political recognition. Resource allocation for mainstream services and services for Māori has however remained contentious.

## ***Distributed Leadership***

Leadership was displayed across the organisation through commitment to others at both an individual and collective level. Distributive leadership, as the term suggests, describes the process in which many people are involved in the decision-making process. Distributed leadership empowers individuals by ‘distributing’ accountability down and across an organisation. In distributing leadership accountability across the organisation Waipareira created a space for innovation. While kaimahi across the organisation were unlikely to call themselves leaders in a traditional sense, they displayed leadership skills and a commitment to whānau health and wellbeing throughout Wāhanga Tuatahi. No one group or team could address the complex issues, and so collective approaches characterised the response.

## ***Waipareira Trust Board***

The Board members were unrelenting in their support of Waipareira in its efforts to manage changes during the COVID-19 pandemic and to continue business where possible, through advocacy in arena such as Oranga Tamariki, and support for Te Pāti Māori in the upcoming elections. Board members were also visible, often at the grassroots level, in supporting frontline activities such as daily karakia at the newly established Community Based Assessment Centre (CBAC) for COVID-19 testing, providing kai to CBAC staff, leading traffic and crowd control activities and assisting at the distribution centre.

## ***Management and Team Leads***

Communicating with front line staff was a coordinated task involving Management and Team Leads (MLs and TLs), who would disseminate communications through to their teams. New roles and initiatives were developed across the organisation to build leadership capacity within the organisation, particularly at a time of constant and rapid change.

*Yeah, so we had kōrero whānau, you know, team leaders and management leads and stuff attend that. And obviously the intention of that workshop was to understand the change and then look at a broader change plan that we can execute over a longer period of time, really obviously to ensure that these changes take hold and that we bring the organisation and the people along for that journey in a way that I guess, you know, is conducive to our goal. (Senior Manager)*

## ***Kōruru Whānau Leadership***

From the outset, frontline staff within the service provision arm, Kōruru Whānau, were aware of the need to be redeployed to where their efforts could be most useful. Over one hundred frontline staff were required to take on new and unexpected roles to deliver support for whānau.

But we were here until 5:30 – 6 o'clock, because we had our deliveries of kai coming through at different times. Big 40-footer trucks, so we needed all the staff that we could get to unload the trucks. (Kaimahi)

Commitment to whānau and whānau wellbeing were the drivers despite concerns that COVID-19 was placing frontline Kaimahi and their families at risk:

*My husband was not happy. But I just had to reiterate that it wasn't about me, wasn't about Waipareira, it was about our whānau (CBAC Manager).*

The current crisis has demonstrated the essential and too often undervalued role of kaimahi, and frontline health workers more broadly, in ensuring whānau health, safety and resilience. The approach placed whānau Māori at the centre of the response, underpinned by Te Ao Māori concepts of wellbeing and care, and articulated through Waipareira's Te Kauhau Ora framework (Te Whānau O Waipareira, n.d.).

## ***Networks and Whanaungatanga***

At the start of 2020, Waipareira was already a well-structured entity with established and wide-ranging networks providing services to whānau. WOCA, with its network of 96 providers across the North Island, and Te Pae Herenga o Tāmaki (TPHoT), a collective of iwi, urban Māori and Māori provider groupings, comprise a comprehensive ‘by Māori for Māori’ Whānau Ora network. Waipareira senior leadership worked collectively with these groups in the early stages of the COVID-19 response in designing its vision and implementation strategy for COVID-19. Other overseas partners also advised Waipareira to act early in preparation for remote working and acquisition of PPE. Ngāti Porou furnished an early template for preparing to isolate and prepare for COVID-19 which Waipareira posted as the first lockdown loomed.

Due to the close proximity and shared arrangements with WOCA, some Waipareira backbone staff were involved in supporting the WOCA-wide response. This was largely around the packing, warehousing and distribution of packs destined for not only whānau in West Auckland, but whānau across the North Island.

## ***Innovation***

Constant changes over the years have shaped and moved the organisation to more efficient levels of operation. COVID-19 provided a catalyst for further change to its organisational structure and to the development of technologies capable of creating greater impact in the community.

### **Technological innovations:**

- internal operations moved online
- configuration and distribution of devices to enable digital connectivity
- new digital products include:
  - a CBAC management tool
  - a warehouse management system
  - an internal contact and tracing app
  - improvements in the cloud infrastructure system.

### **New service developments:**

- growing Wai Tech services to meet contract demands within the Whānau Ora Diploma, Te Reo Māori, Rangatahi trade training programmes

### **Relationships with Government and Tāmaki partners:**

- coordination of resources and technical expertise with Te Pae Herenga to improve data capture and management
- coordination with Oranga Tamariki, Ministry of Social Development (MSD), Te Puni Kōkiri (TPK), Accident Compensation Commission (ACC) linked to a pilot Ngā Tini Whetū Program for roll out across the Te Pae Herenga network (the programme having earlier been incubated in Waipareira). Training commenced for new Ngā Tini Whetū kaiārahi in June.
- establishment of the new vaccination centres across Tāmaki

**Communication:**

- An internal communication strategy to maintain connectivity and cohesion within the organisation and across partner networks
- A new podcast series 'Living in Wonder' showcasing young speakers and their achievements to inspire others
- Moving messages to the Te Pae Herenga Facebook platform to increase awareness of the work of the Collective
- Posting programme messages that encourage whānau health and wellness
- Information about programmes and stories of graduates
- 'The Proud to be Māori' campaign of hope and affirmation

**Human Resources:**

- Continuing the work from 2020 to complete digitalisation of staff records
- Developing new recruitment strategies to attract staff to work in a changing Waipareira environment

## ***Service Transformation for COVID-19 Response***

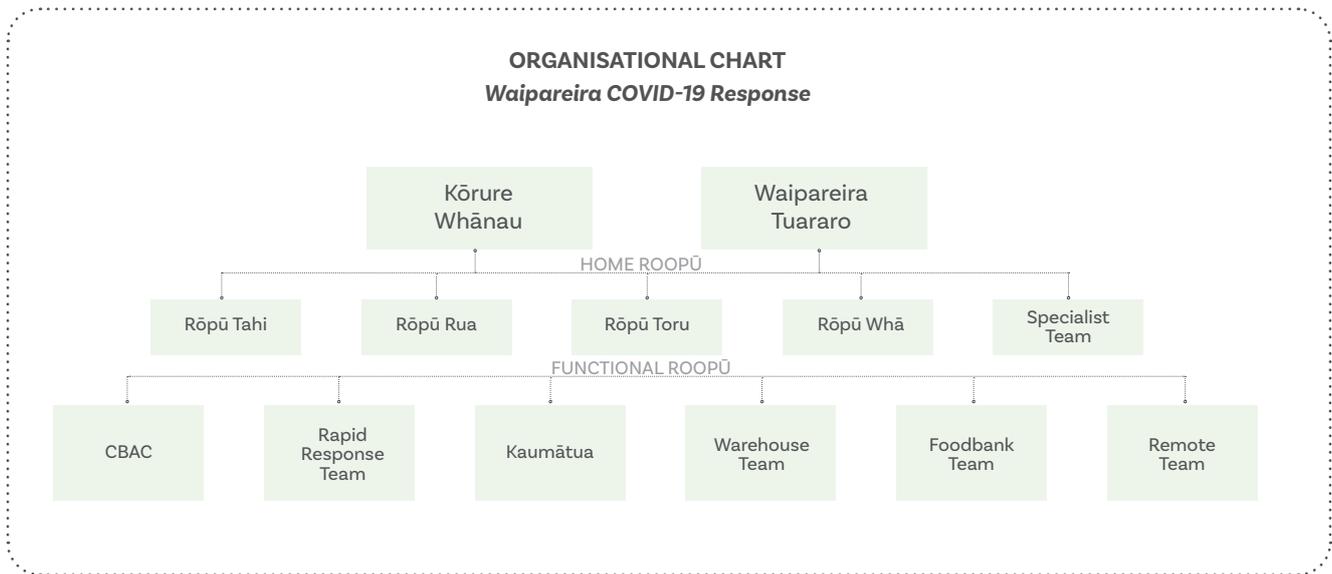
Whānau Ora is delivered on the ground by Kaiārahi, who are the operational, everyday face of Whānau Ora in communities. Whānau Ora Kaiārahi were not considered essential and therefore not part of the initial planned public health response to fighting COVID-19 in Aotearoa. This was seen by WOCA as a gross oversight by policymakers and Government, and undermined the ability of Whānau Ora providers to provide care for Māori. The decision was perceived as 'history repeating itself', with lack of a Māori strategy to support Māori. Acting on the advice of the WOCA CEO, Waipareira deemed its staff to be an essential workforce and set about informing their workforce and transforming their services to respond to COVID-19.

The reconfiguration of Waipareira services also required systems to support change. By the end of March 2020, a new organisational structure was proposed.

Over one hundred frontline staff of the service provision arm, Kōrure Whānau, were redeployed to deliver support for whānau complemented by staff from backbone support services of Waipareira Tuararo. The Kōrure Whānau roles that existed prior to COVID-19 'dissolved' as frontline staff were redeployed from five 'home' rōpū to six 'functional' rōpū, with varying responsibilities for delivering care to whānau. Roles included:

- warehouse distribution and management
- support packages preparation and delivery
- whānau engagement and immediate needs
- training and support
- clinical services
- CBAC testing station

**Figure 1:** Organisational chart demonstrates the reconfiguration of roles in Kōrure Whānau (Frontline) and Waipareira Tuararo (Backbone Support) services



A Management Lead (ML) assigned to each rōpū facilitated daily Zoom hui with their Team Leads (TL), provided communications from the SLT, set targets, established and provided feedback on mahi. TLs helped staff implement their new duties, facilitated further regular online hui as required and managed issues which arose.

## Waipareira COVID-19 Response Teams

### Remote Team

The remote team was established as the largest functional rōpū and consisted of older staff, those with health conditions which would put them at risk, and those with young children. With over 1000 active whānau listed with Whānau Tahī, the role of the remote working rōpū was to check on whānau and provide support for their needs. Registered whānau were contacted monthly, while those most vulnerable to COVID-19 were contacted weekly to ensure their needs were being met.

Working remotely was a significant challenge for kaimahi unfamiliar with the equipment and systems. Daily or regular Zoom sessions were commenced to share information, problems being experienced, and to facilitate whanaungatanga. The Zoom sessions also gave TLs the opportunity to understand issues impacting Kaimahi and their wellbeing and respond in a timely way and support changes. Daily check-ins for individual teams were established through Facebook initially for some, then the online platform Slack, to provide an informal social sharing, check-in system and a means of talking to colleagues.

### Warehouse Operations

While WOCA sourced and established a warehouse distribution centre to distribute hygiene and sanitation products to whānau, Waipareira frontline and backbone staff together with volunteers were preparing packages for delivery and supporting the logistics of distribution via their Kōrure Whānau teams and TPHoT partners. Supplies were collected from the WOCA warehouse before packing and distribution to whānau across Tāmaki Makaurau. Other collectives across the North Island followed suit and a widely dispersed network was quickly distributing hygiene packs together with their own kai packs and goods sourced from their own whānau groups to the most remote regions in the motu.



**Mar - Jun 2020**  
**HASkits- Hygiene and Sanitation Kits**

(Source: HASKit data spreadsheet Waipareira)

HASKits included disposable gloves, durable rubber gloves for cleaning, face masks, hand soap, cleaning scours and domestic cleaning and sanitation chemicals.

**4000+**

HASKits delivered to

**3480+**

Whānau in West Auckland

Kaimahi initiatives in both the warehouse operations and foodbank were quickly established to support distribution.

*[We] Made sure everything was set up, PPE packs were ready - built tables from scratch - he built our tables to make a production line - had three lines so we could do our jobs quickly and efficiently. (Warehouse Kaimahi)*

Through the winter period, packs were supplemented with clothing and blankets with priority given to kaumātua or those with compromised health conditions. Working together with TPHoT provided shared learning and strengthened working relationships and strategies.

*We would have weekly Zooms with the CEOs for TPHoT, because distribution of the hygiene packs was [one of] our key ones. We started to really solidify, even more so, because we would have the same conversations with MSD - 'What can you offer Te Pae Herenga?'* (Senior Manager)





## Mar - Jun 2020 Foodbank

(Source: Foodbank data Spreadsheet)

**1455** Food Parcels delivered

**1000+** whānau supported with food parcels

Average **112** food parcels per week

**90+** food vouchers (Source: Haskit data)

The Waipareira foodbank operated with the aid of its own networks, which included Auckland City Mission, Vision West, Fair Foods, Affco Meats Moerewa (via Ngāti Hine Health) and locally donated local goods.

New systems were required to operate and better identify whānau needs.

*[The] Food Bank was not one of our 'business-as-usual', you know, core services. So we had to establish a whole Food Bank Team. And then there was a Profile Team – so it was an opportunity for us to get some more information on our whānau that we were servicing. And then we had a whole Profile Team set up as well. (Kaimahi)*

The foodbank operations grew during the time of the initial Level 4 lockdown. Opening hours changed to Monday to Friday and kai pack numbers more than doubled with increased demand at weekends. The packs were also delivered by the foodbank team of six to registered whānau, but packs essentially were provided to anyone who made contact. The efforts were recognised nationally with a Matariki award:

*Māori Television ... said we were going up for awards and that we would probably be doing an 18 second little snippet for being nominated. (Kaimahi)*

The demands on the small team and efforts to stay in their work bubble meant working above and beyond at times to unload trucks and find space for deliveries. Thoughts were also with their wider whānau, but the team forged close bonds in maintaining their bubble.

*Yeah, because we're short of drivers. Some people felt sick or their kids weren't... no one to look after their kids. Yeah, we all just jumped in and helped out where we could. (Kaimahi)*

*We weren't seeing any of our other work colleagues. So, we became very close and we go out once every three months with each other. (Kaimahi)*

### Rapid Response Team

The Rapid Response Team was tasked with providing a face-to-face response to whānau in need. Whānau who were not responding to calls, texts, emails had details escalated to the Rapid Response Team which was tasked with follow-up. Where necessary additional support was identified, and processes established to support whānau. By June this team had largely merged with the kaumātua teams to become 'Rapid Response'.

Visits by kaimahi to whānau were important to gauge whānau wellbeing, providing a 'kanohi ki te kanohi' check-in while also assessing other support requirements:

*You were hearing about families that were struggling and, not domestics, but the stress of everything and paying their mortgage and they were arguing. (Kaimahi)*

### Kaumātua Teams

In line with public health strategies the world over, the Ministry of Health and New Zealand Government required its older population to remain at home. Age is one of the most significant predictors of COVID-19 deaths and severe illness, and when combined with socioeconomic and cultural factors the morbidity and mortality rates and risks are increased (Williamson et al. 2020). As a result, kaumātua were asked to stay at home to keep safe. They were removed from areas where they were exposed to others, including the centralised phone service at Waipareira reception, the food bank and the Wāhi Pātai welcome desk, which now became off limits to all but the CBAC staff. Monthly kaumātua hui and programmes that supported kaumātua wellbeing such as Zumba classes, kapa haka, ukulele, and line dancing were placed on hold.



Nonetheless, members of the kaumātua executive team kept in contact with all of those who were on their register to determine if they had any needs and to confirm details regarding addresses.

If it came to our attention that there were kuia or kaumātua that were missing out on the hygiene packs and food parcels, X and I would make sure that we forwarded their information to head office and made sure that they were on the list. (Kaimahi kaumātua)

While there was understanding and support of why kaumātua had to be isolated, it was a difficult time for some who had continued over the years to play active roles in the affairs of Waipareira. A delivery team was established to not only deliver medicines, foodpacks and other necessities to kaumātua but to provide social contact across West, North and Central Auckland.

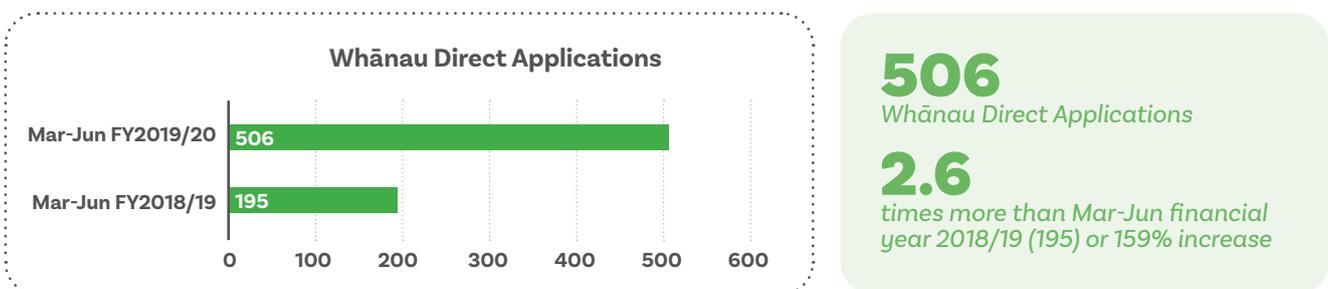
The Government restrictions placed around attending tangihanga or even sick whānau in hospital limited the contributions older Māori were able to make to their communities: “I think that made a lot of us feel very old and very debilitated and very sad for the family, but also for the inability to support them”. (Kaumātua) Equally there were positive comments from some kaumātua coming through social media. As time passed and kaumātua adjusted to the situation there were opportunities to share, with Facebook waiata and Zumba sessions coming from two of the kaumātua executive.

### Whānau Direct

The Whānau Direct team were responsible for assessing and allocating grants of up to \$1,000 to support whānau experiencing financial hardship as a direct result of COVID-19 and to help with essential living expenses. The funding provided by Whānau Direct supported supplementary items for whānau winter packs including basic essential items such as personal hygiene and cleaning items to clothing and winter blankets.

### From 1 March to 30 June

Source: Whānau Direct dataset 19-20; Whānau Tahī



- Average of 30 applications per week were processed or 6 applications per day or 1 application every 42 minutes (40 hr working week)

### How Whānau Direct Funding was Spent

- Most common items purchased through Whānau Direct were:
  - Food and nutrition supplies – 32%
  - Beds, cots, mattresses and linen – 15%
  - Clothing and shoes – 13%
  - Heating appliances and humidifiers- 5%
  - Electricity & gas – 3%
  - Vehicles, Transport and travel – 3%
  - Laptops/computer essentials – 3%
  - Rent and accommodation – 2%
  - Landline, mobile,internet – 2%
  - Kitchen Appliances – 2%
  - Baby supplies – 2%
- Top outcome areas:
  - Physical and personal health – 27%
  - Food and nutrition – 24%
  - Whanau and household income – 9%
  - Housing standards and maintenance -7%
  - Family and social health – 6%
  - Basic furnishing and amenities – 4%
  - Education and training – 3%
  - Connection to community networks- 3%
  - Mental health – 3%

### Community Based Assessment Centre (CBAC)

The establishment by Waipareira of a CBAC centre at Whānau House was a key initiative. The contracting team secured a funding contract through the Northern Region Health Coordination Centre (NRHCC), made up of the Northern Region District Health Boards (DHBs) (Northland, Waitematā, Auckland and Counties Manukau). The facility was subsequently supported by the Waitematā DHB, which used the clinical outpatient rooms in Whānau House to set up their administration activities. On March 30, 2020, the Waipareira drive-in COVID-19 testing facility at Whānau House was opened to “test systems and ensure a smooth operation”, and by June 2020, Waipareira had commissioned three container type mobile clinics to be used in the community.

The CEO, John Tamihere, was active in promoting the centre, emphasising the accessibility of a Māori-focused community-based centre and encouraging whānau to be tested if they were showing symptoms.



**Te Whānau O Waipareira** @WaipareiraTrust · 30 Mar 2020

Day 1 for Waipareira as we go live as a Community COVID-19 Assessment Center. A huge undertaking, most grateful to our nurses, Dr and kaiarahi who have wrapped around this to support whānau. Our CEO John Tamihere, discusses tonight live 8pm on our Te Whānau o Waipareira FB pg.



A small team was responsible for establishing the CBAC testing station in less than a week in conjunction with the NRHCC and local DHB staff with whom they had working relationships. The White Cross clinic provided initial training in the testing procedures while also supporting the team to establish processes and develop infrastructure. When kaimahi returned to Whānau House, they looked to further improve the processes they had observed to minimise infection risks amongst themselves. External auditors provided training in the safe use of PPE and other auditors checked the processes they had developed. Wai ICT developed an app to allow testing processes to become paperless and speed up processing times for taking swabs.

The Whānau Centre CBAC centre was established 20 March 2020, together with pop-up clinics, home screening and surveillance testing and accounted for the following:



## Māori Wardens

The Māori Wardens were led by the Deputy Chair of the Board and long-time Māori wardens at Waipareira. Their role in providing traffic control support and organisation of the public attending for COVID-19 testing proved invaluable to the CBAC team, particularly when the centre was inundated through periods of community outbreak. Within hours, demand could go from a trickle to people having to wait for hours in their cars if there was a community outbreak. The manaakitanga the wardens showed to CBAC staff, and the public did not go unnoticed, earning them recognition on Māori Television.



## Waipareira Backbone Team

Alongside the Kōrure team, the Tuararo backbone support unit was required to re-align their teams to support the WOCA and Waipareira COVID-19 response. Waipareira Tuararo was made up of three groups providing a range of support services to address the organisational needs of Waipareira and WOCA. These teams drew from Wai Atamai, Wai Tautoko and the Waipareira entities, Whānau Tahī and Wai Tech, as well as WOCA corporate staff. Collectively, these teams are referred to as the ‘back-office engine room’ of Waipareira and were called on to implement change within the organisation after the first lockdown in March 2020. The support of the Tuararo teams was crucial to the restructuring efforts, and to effecting the necessary systemic change. When the new COVID-19 operational structure was confirmed, the Tuararo team provided the necessary support to systematise, monitor, innovate, train and provide other support required to transition kaimahi to their new roles. The production of guidelines, procedures, communications, financial and contract management, data capture and analysis, publishing, reporting, technology, event management, procurement and distribution of PPE, vehicle management, warehousing and stock management, transport logistics, were all addressed by these teams working in the background.

The pace of change for Waipareira Tuararo was as dramatic as the frontline. Among the significant changes within the organisational structure was the distribution of members of the Social Impact team (now known as Wai Atamai) across the functional rōpū. Their role was reformed to focus on providing a range of activities and resources to support kaimahi development in their new roles. One kaimahi commented:

*It was pretty dramatic really. It was really about getting them to understand that we have to drop business as usual and look at how we can support. And what strengths did we have as a team that we could share with the frontline. So we immediately dispersed everybody to the different teams so that they would sit alongside and share their experience.*

## Social Impact Team

Each home and functional rōpū was provided with a Social Impact support person from the Tuararo backbone Social Impact team. The distribution of team members was to ensure that teams were communicating often and “to actually continue working in a cohesive way as a team” (Manager). Having a Social Impact team member supporting each rōpū has been retained since the initial lockdown. Their role was to support changes to the frontline:

*A lot of our frontline still had low IT literacy. They struggled with connecting remotely, connecting to their emails, Zooming. Even some with the telephone, using their phone. Even getting access to that. We took on an admin role of liaising between the IT department and the frontline and working out how they could get their systems upgraded if they needed to, or access to their systems. So, it was really about being in the moment and seeing that, okay, we could support this. So, just putting our hands up and saying we'll do that so that it could ease the way for the management leads and the general managers and the Kaimahi, to do the stuff that they needed to do for whānau.*  
(Senior Manager)

The Social Impact team produced a raft of support documents, including printed resources, training packages and visual aids to support kaimahi in their new roles. Documents were also created to guide kaimahi through health and safety protocols, including the ‘Te Whānau o Waipareira Trust Protocol – COVID-19’ outlining its response plan for their staff and community volunteers working in the essential service operation of the organisation. The protocol also formed part of the Occupational Health and Safety (OHS) Plan for Managing Social Service provision during the COVID-19 emergency. The plan and its practices were informed by Ministry of Health guidelines, Ministry of Social Development Oranga Tamariki Update for Providers and Partners and Wai: COVID-19 Edition #3, and Waipareira staff and whānau. The document outlined processes for carrying out operations and referred to the following:

- the coordination of services
- completion of induction processes
- identification of risks and mitigation responses to cover personal health and safety, vehicle safety, home visiting, clothing and masks, delivering items to whānau, arriving home and maintaining wellbeing.

The Social Impact team, while supporting Waipareira and WOCA initiatives, were also supporting TPHoT regional Whānau Ora collective to distribute sanitation and food packs to whānau across the North Kaipara, South Whangārei, and Papakura and Pukekohe in the south.

## Wai Tautoko

The Human Resources team shifted focus to establishing the distribution centre and supporting management processes. Building partnerships and employment opportunities within the community were required for changes that were occurring, and a need to manage impacts for staff according to status and requirements of the Employment Act:

*Recruiting people to look after our distribution centre, to pack, to drive – so that was one area we focused on. Our recruitment process was pretty much stripped right back and said ‘okay, we need this in a day’. So we were pretty much signing people on the spot.*  
(Waipareira Leadership)

Other Wai Tautoko staff were involved in other activities to support Kōrure whānau:

*Our team was part of a system where they would ask us for their PPE gear. And also, we had to deploy the fleet. So, the fleet comes under us, and our job was to make sure it was all hygienic and then included PPE gear inside those cars for the kaimahi. And then we had to make signs. So, our job is to make the essential service signs so that we wouldn't get pulled over by police and make sure everyone's tags got updated to say they were essential service workers in case they got pulled over again, because no one was allowed on the road. And our job was also to help set up the warehouse. So, our properties team went from properties to warehouse manager. (Wai Tautoko Kaimahi)*

The Wai Tautoko team also fulfilled many other roles. Staff surveys to monitor staff wellbeing were carried out, events were planned and facilitated where needed, and any support activities for staff were planned through the team.

### **Wai Innovation and Communication Technology Team (ICT)**

Inefficiencies and unsafe practices provided opportunity for innovation. Wai ICT was active ensuring IT systems, architecture and networks were aligned to support kaimahi. Following the implementation of the latest cloud server infrastructure, the team managed over 150 servers and more than 500 client devices, including desktop computers, laptops, networking switches, VoIP phones, mobile phones, service and virtual machines. In the first week of lockdown the team configured over 40 laptops to support the newly created virtual workforce.

In addition to ensuring the availability of ICT services across multiple locations, the Wai ICT created four apps as part of the organisational quick response plan:

- Wai Cloud CBAC app – Enabling Waipareira to become the first health provider in the country to be equipped with a digital platform for patient registration, triage, swap and e-prescription at the beginning of the COVID-19 outbreak. It was the first mobile device in Aotearoa to assist CBAC record keeping and has subsequently been deployed to Manurewa marae CBAC.
- Whānau kiosk app – The kiosk app is an automatic self-service portal for both staff and clients for appointment and visit. It has also been recognised as an internal contact and tracing app to monitor and manage staff presence during lockdown.
- Warehouse Management System (WMS) – Providing a customised solution for asset and PPE procurement, inventory check and product distribution.
- HASKit App – to record deliveries of sanitation and kai packs.

The impact of the initiatives undertaken by Wai ICT had a significant impact for those working in the frontline:

*It [the CBAC app] was a lifesaver. Especially in the rain – it was really difficult for our staff to record all the patients' details. So the app took that away – coming in with the papers wet, and soaked and ripping. (CBAC Kaimahi)*

*It sped up the whole process – staff weren't having to go in and out, in and out, especially when you had lines down the street. The staff would have to be running to the cars down the street and then bringing the papers in to us, to process through our Med Tech – so yeah, it was good. (CBAC Kaimahi)*

## Wai Intel

Wai Intel arranged a suite of protocols to support the transition to a remote workforce, while delivering outcomes measurement and analytics. The shift to a virtual workforce modernised Waipareira's systems and infrastructure, while the creation of apps created efficiencies and safe practices for the organisation. Work included:

- creation of a daily roster for onsite and offsite kaimahi to ensure sufficient resources were spread across the response teams, while managing health and safety protocols.
- support for the establishment and ongoing management of CBAC Data Lab, including processing of labels, swabs and eReferrals.
- support of the design and testing of CBAC mobile application.
- support for the 'Warehouse Team' with the unpacking and packing of hygiene and sanitation products for distribution to whānau.
- support for increased demand on Whānau Direct applications.
- design, develop, test, deploy, and train Kaimahi on the HASKit application to record deliveries of hygiene and sanitation products, food and other essential items.
- development of a dashboard to monitor whānau status, including risk indicator features.
- delivery of support for the New Zealand ePrescription Service (NZePS) with an exponential increase in system utilisation, with more than 400,000 scripts issued.
- strict maintenance of Socrates to ensure the system was available for providers to support whānau with health and disability needs.
- implement daily check-ins utilising multiple platforms (Messenger, WhatsApp, Zoom, Teams) to ensure COVID-19 response mahi was effectively managed.
- production of weekly and monthly reports on COVID-19 response for funder reporting requirements

The improved technological support mechanisms were noted:

*Everything became online and then our stocktake was also automated. So, we no longer had to do the paper [work]. We just got an app instead, which meant we could keep control of the stock levels. And that's ongoing. That's going to be ongoing.*  
(Senior Manager)

## Wai Rehua

When COVID-19 levels were imposed, funders were informed that there was to be a change in the way services were delivered and that contract funding would be diverted to Te Whānau O Waipareira Trust's COVID-19 response. Maintaining contractual relationships throughout lockdown was the role of Wai Rehua Kaimahi to allay funder concerns and to provide progress reports. Funders were generally understanding and left it to Waipareira to make contact with whānau as circumstances allowed:

*'Look, we understand that the rationale, in terms of why you've pivoted to taking on this approach', and then it was just really important just keeping up communication. You could do things via Zoom, for some of them – but some of them, that were face-to-face – the only exception was the Cancer Navigation Service – they continued on, but essentially everything else just pivoted and if they could, they would continue on via sort of the Zoom or Facebook, and if not, it was just keeping in touch with whānau during that period of time and just checking that everybody was okay and if they needed any assistance.* (Senior Manager)

There were challenges having whānau and staff return to normal contract activities after July and this was further affected by a community outbreak in August. The realities of the COVID-19 pandemic meant people needed time for adjustment:

*I think it did take a while for people to kind of feel okay, because you've been isolated for such a long period of time, and you sort of get drummed into you 'distance!' and things like that. And so, to actually then come back into, and engage with the service, I think that was some of the challenges - so, you know you did have challenges with I think a number of sort of, low numbers for some programmes, but we didn't have anything - no contracts were cancelled... (Senior Manager)*

### **Wai Creative**

Wai Creative is Waipareira's in-house creative hub providing Brand and Design, EditLab and the Social Media team. Each area of specialisation is involved in creating content and graphic design of communications and visual content from across Waipareira. Waipareira was highly active in its use of social media to communicate health and safety messages and in maintaining a sense of connection and kotahitanga. The media platforms provided an information-rich opportunity to reach a diverse community around an online hub where wider Whānau Ora networks, whānau and communities could connect, particularly when kanohi ki te kanohi contact was very restricted.

### **Wai Research**

The Research team was tasked with developing the research plan around the Waipareira and WOCA COVID-19 responses during the pandemic. All members of the team were deployed. The most significant change was the shift of the Outcomes Measurement team to align more closely with Whānau Tahi to become the new Outcomes Measurement and Insights team. Through Wāhanga Tuatahi, daily epidemiology updates were provided. The remaining members of Wai Research were the qualitative kaupapa Māori team who would undertake the COVID-19 response research over the coming year.

### **Wai Tech**

Wai Tech is the Waipareira private training establishment entity and delivers the New Zealand Whānau Ora Diploma. Through the Waipareira COVID-19 response, Wai Tech continued to deliver, while also planning for programme expansion.

### **New Zealand Whānau Ora Diploma**

The New Zealand Qualifications Authority (NZQA) approved Whānau Ora Diploma is the flagship programme for kaimahi working in Whānau Ora. Graduates from the final two-year programme completed in March 2020 and students for the newly approved NZQA one-year Diploma commenced in the same month. New students only had time for the initial noho marae before the first lockdown, so lessons were taken online. The shift online also provided valuable learnings for tutors and students alike in the delivery of training modules.

*Initially it took much of March and April to understand Zooms, understand to mute your microphone, and to combat children that are playing in the background. So the realities of COVID living in the domestic sense, was also seen through the many Zooms that I had. (Tutor Wai Tech)*

*I think it showed us more about how people were coping in times of high crisis, but still being able, along with the crying, laughing, the yelling, shouting, it made for a very authentic engagement with each individual learner because you were also not only dealing with the academic requirements but also their domestic situation and what worked best for them. (Tutor Wai Tech)*

*... we were just able to just truck along, and no week was the same as the next because structures were changed, rosters were changed, and you just had to go with the flow each week. (Tutor Wai Tech)*

The Diploma continues to evolve to adapt to kaimahi and whānau service needs:

*From an operational angle, we are developing the level six diploma in Whānua Ora, and a level four Whānau Ora certificate in play, yet to be submitted to NZQA for their review. (Tutor Wai Tech)*

Despite the well recognised challenges of delivering content, the delivery of online learning content retained its strengths-based and specifically Māori pedagogical approach:

*I think the spirit of manaaki that Kaimahi provide for Waipareira, and indeed throughout the Whānau Ora network is a humbling experience for me... It's not until you hear their authentic face-to-face stories that you begin to understand the beauty of who our kaimahi are. Kaimahi have influence over the vulnerable whānau and understanding their natural innate ability to problem solve in their head, a client walking into a room and them being able to use a multiplicity of relationships they have with respective agencies to provide the best 'fit for purpose' plan for that whānau coming in, is absolutely amazing. (Tutor Wai Tech)*

*So Facebook became a means of instant communication and they were able to share best practice with their fellow colleagues around the North Island which was awesome. (Tutor Wai Tech)*

Wai Tech colleagues supplemented online teaching in support of Tutors:

*... with their involvement they were able to address any missing documentation gaps because the teaching was happening unabated. However, the real importance of paperwork is to attest and to evidence what has been done. It can become very overwhelming when you are teaching ... almost 24/7 and then having to do the necessary follow through. (Tutor Wai Tech)*

Resilience has characterised the year for those completing their studies:

*We are living evidence of what resilience looks like. Not only did they do business as usual, they did Aunty Covid response activities and as an interesting addition to their life they also did the diploma. (Tutor Wai Tech)*

To build on resilience within a specifically kaupapa Māori framework, Wai Tech has integrated the Waipareira values framework, Te Kauhau Ora, to better align practice and theory:

*It is no longer a transactional exercise where we sit with a student, and they learn the bits and bobs and then they go to work ... What does it mean to identify with your own cultural identity? And what whakapapa can you draw from in terms of a mana enhancing journey? From what they don't know, to knowing some stuff, to also knowing who they are in the mix, and then the pastoral care that goes with that. Not only during the journey that they do, but after the journey, so that the employment opportunities and outcomes are more. (Tutor Wai Tech)*

In providing a more comprehensive strategy for the delivery of Te Reo Matahiapo programme it was recommended that a full-time tutor be appointed at the beginning of 2021 and for a future position post COVID-19. It was envisaged that the new programme and appointment will embed Waipareira practice and Te Kauhau Ora.



# Ngā Wāhanga

## (Stages of the Waipareira Response)

The three Wāhanga document a cycle of change in the Trust’s response to COVID-19. The cycle of Respond, Review, Move (Deloitte, 2020) captures the Waipareira story, and reveals an organisation with a whakapapa rooted in Māori urban culture and pan-tribal, grass-roots emancipatory experiences. These experiences have driven the development and thinking around systems innovation.

<p><b>Wāhanga Tuatahi</b></p> <p>1 Jan 2020 – 30 Jun 2020</p>	<p>The following activities characterise Waipareira’s COVID-19 response during Wāhanga Tuatahi:</p> <ul style="list-style-type: none"> <li>• Leadership focussed on whānau need and the immediate threat of COVID-19</li> <li>• Collaboration and sharing of ideas and resources to leverage global and local supply and distribution lines</li> <li>• Transformation of Waipareira services, guided by whānau-centred frameworks to support and protect whānau</li> </ul>
<p><b>Respond</b></p>	<ul style="list-style-type: none"> <li>• Innovative responses developed workforce capabilities and provided a blueprint for the Whānau Ora network</li> <li>• Extensive and integrated Backbone support</li> </ul>
<p><b>Wāhanga Tuarua</b></p> <p>1 Jul 2020 – 31 Dec 2020</p>	<p>Wāhanga Tuarua was used to reflect on the Waipareira response in the context of ongoing uncertainty. The period involved:</p> <ul style="list-style-type: none"> <li>• Assessment of whānau impacts using organisational frameworks</li> <li>• Monitoring COVID-19 data to inform a way forward</li> <li>• Strengthening political, intersectoral and Whānau Ora collaborations</li> <li>• Designing service transformation and a responsive organisational structure to address environmental and ongoing whānau development needs</li> </ul>
<p><b>Review</b></p>	
<p><b>Wāhanga Tuatoru</b></p> <p>1 Jan 2021 – 30 Jun 2021</p>	<p>Through Wāhanga Tuatoru, Waipareira sought to develop the ‘new future norm’ through:</p> <ul style="list-style-type: none"> <li>• A focus on frontline workforce development as a means of greater readiness for anything that comes along</li> <li>• Lifting COVID-19 workforce capacity and capabilities to deliver Māori-led pandemic and health responses</li> <li>• Collaboration with the wider Whānau Ora network to affect change and development in a new Māori Health funding environment</li> </ul>
<p><b>Move</b></p>	

## ***Wāhanga Tuatahi (Stage One):***

January 2020 to June 2020

### **Me mahi tahi tātou mo te oranga o te katoa** ***Let us work together as one for the wellbeing of all***

#### **The Arrival of COVID-19**

When the country moved to Level 3 on 23 March 2020 and to Level 4 on 25 March 2020 plans were evolving to respond as an organisation. The speed of response was unparalleled in the organisation's history. Protecting whānau and kaimahi was central to Waipareira's response. As an organisation committed to whānau aspiration and hopes, having extensive reach within the community, and built on decades of service to Māori, Waipareira was committed to ensuring that short and medium-term needs of whānau were met. The decisions made in response over the coming months were underpinned by manaakitanga and a service ethic for others. The fact that whānau were a key driver of Waipareira's response epitomises much about the organisation and those who have worked towards achieving whānau wellbeing.

While responsibility initially fell on the Board, Chief Executive Officer (CEO) and senior leadership team (SLT) to lead the response, Kaimahi were committed from the outset to supporting initiatives above and beyond their own roles.

The organisation responded immediately with an emphasis on how kaimahi could be reconfigured to effectively respond:

*So then we figured out who was able to actually provide - who was able to become an essential worker - so we went through a process of "some of our kaimahi are quite old, we can't put them at risk, you know, they can do stuff at home". So we just sort of had to figure out overnight - what their roles were, [and] what were the functions that our kaimahi were able to do... (Senior Management)*

In conjunction with WOCA, the SLT planned their approach in support of the wider Whānau Ora network across Te Ika-a-Maui. A number of initiatives emerged and clearly signalled the intention of the organisation to remain on the frontline in its role of supporting whānau within the community. Several early initiatives emerged from across the organisation:

- Offshore acquisition of PPE supplies and bulk purchase of sanitation and hygiene products for distribution to staff and whānau
- Waipareira would provide the backbone support to operationalise the regional response for the Whānau Ora Collective, Te Pae Herenga o Tāmaki (TPHoT), and the wider WOCA response.
- Waipareira deemed itself an essential service, before receiving official recognition by Government, to ensure access to vulnerable whānau.
- Service contract funding was diverted to the COVID-19 effort.
- Frontline services were transformed to focus on whānau and kaimahi health and safety.
- Waipareira establishment of a Community Based Assessment Centre (CBAC) for COVID-19 testing.

Wāhanga tuatahi was characterised as a period of enormous change and uncertainty. The SLT worked to shape their response but there were challenges in the beginning:

*And I think, particularly in the first month, sitting in the war room, there was a degree of, even at leadership, disconnect. Because we were struggling to get this thing right and hold our shape at that time. Front line wouldn't have seen it or even ML's or TL's. But there was a lot going on. WOCA, Waipareira and other things, and our clinic and CBAC. And it was significant. (Senior Manager)*

*On reflection there were no rules. When there is a vacuum, there needs to be leadership asserted. When ... hits the fan, some people look for hierarchy and fear leads to that. (Leadership Kaimahi)*

Operationalising the new COVID-19 response teams identified many change-management system needs:

*No one had a manual. No one had a road map on how to do it. You basically had to grab a staff member and say, this is no longer your job, this is going to be your job as we move through COVID-19. (Senior Manager)*

*When you apply models and thinking and change management, you've got the luxury of time to scope it out and make it happen. The reality of Waipareira is that it happened within a week, and we had to mobilise a workforce of around 110. And we were able to do that within possibly two weeks. We had built the new functional teams. (Senior Manager)*

Decisions around how the organisation was to be configured in light of social distancing were yet to be determined. Firstly an assessment needed to be made about the availability of staff. Advice from Management Leads (MLs) was sought:

*... was to work with our management leads, delegate them an area that they would look after, and then they would pull in their team, based on who was available to work, who was well enough to come into the office, who had less risk. (Kaimahi)*

However, the responsiveness of Waipareira was characterised by an underpinning set of values. The swift responses are aligned with Waipareira values and frameworks as outlined in Te Kauhau Ora framework, the Mataora aims of the 25-year Strategic Plan of 2014, and the whānau-centred values of Whānau Ora praxis:

*Those principal foundations are what makes Waipareira tick, the alignment with Te Kawa o Whānau Ora is more authentic in place. One doesn't replace the other, the ethical framework with Te Kauhau Ora is one where you can obviously see alignment to Te Kawa o Whānau Ora without dismissing either, and I think that is where it is quite innovative, that you don't lose anything that you have built your organisation on. (Wai Tech Kaimahi)*

The focus on whānau was understood across the organisation:

*I think that his vision (CEO) was to look after our people because we were more vulnerable.*  
(Manager)

*We had gloves, masks, hand sanitisers, things you couldn't buy. The messaging was always clear with us which was – protect our whānau, keep them safe.* (Volunteer)

Although for some, change seemed chaotic initially, understanding and communicating that there was a bigger vision guiding decisions was important for the SLT to share across teams:

*Knowing that where we were part of something that was always envisioned ... I had a lot of newbies in my team and some of them were going 'Are you guys just making it up as you go along?' And really telling the story of that long vision that had been in place with Waipareira for a long time and sharing that to give them confidence [and] to build trust with their staff.* (Senior Manager)

Messaging from the SLT at the beginning of the first lockdown was authoritative and decisive out of necessity. Clearly there was fear of the harm that could occur from contracting COVID-19, prompting the response by the Prime Minister to go “hard and fast” to eliminate the virus from our communities. The fear of COVID-19 was discussed by a volunteer involved in the response:

*The fear was real – coming home, kids knew not to come near me straight away, cleaning car, wash yourself and clothes when you got home cause the fear was real. Fear of harming the whānau.*

Public Health information from the Ministry of Health was posted by Waipareira on social media platforms and informed safety protocols and practices for staff deployment and practices. Procurement of PPE was underway to ensure frontline staff were able to engage within the community.

### **Communicating Change**

It was expected that when COVID-19 reached Aotearoa there would be widespread community outbreak, which would yet again disproportionately affect Māori and Pasifika peoples. This scenario tested the leadership of Māori organisations throughout the country as health, socioeconomic and safety precautions were developed in response. The leadership group at Waipareira was not only required to demonstrate a coordinated and effective response to the disease, but also the ability to communicate clear and consistent messages across its workforce, with whānau and with external stakeholder groups.

The opportunity to discuss with kaimahi their observations of the flow of communication identified key messages that supported the response to COVID-19:

- messaging about containment of the virus and protection of whānau was consistent from the outset
- the CEO was quick to reassure kaimahi that their jobs within the organisation were secure
- emphasis on the kaupapa of Waipareira provided focus

## Internal communication

The initial messaging within Waipareira focused on Kaimahi. Messaging was aligned with the guidance coming from the Government and the Ministry of Health and focused on safety, staying well and preventing the spread of the virus. Health messaging was a consistent feature throughout the different Alert Levels and as Aotearoa moved through Alert Levels, the CEO was keen to maintain vigilance:

*whenever he [CEO] sent an email out it always started with COVID is not over until we have a vaccine, and the vaccine has been deployed (Wai Tautoko Kaimahi).*

The role of the senior leadership group was to reinforce that message, reminding whānau to remain vigilant and disciplined in their health and safety.

In the immediate lockdown period Kaimahi were told to go where they felt safe. Kaimahi were reassured that their wellbeing was a priority and that “no one will lose their jobs” While facing financial pressures, the CEO took steps in allaying the fears of staff about their job tenure. A clear email message also came from the CEO on 26 March about job security: “NO ONE will be laid off over this period and NO hours will be docked.”

Providing reassurance for Kaimahi was a significant and early step in the organisational response to the pandemic. It allowed Kaimahi to refocus on organisational and community needs knowing that their positions within the organisation were secure.

One participant drew attention to the role of the CEO in leading the types of messaging in the organisation:

*And the messages he put out were always nurturing our staff, take care, be kind, look after yourself. Those are the kind of messaging that we got. It made you feel, one, that you were cared about and two, it's not such a big deal, although it was, and it still is. But if that's the message from the CEO, that's a positive thing. (Manager)*

*When the potential for working remotely became apparent, solutions were immediately being developed to support the needs of Kaimahi. The focus turned to describing how the organisation would implement change and coordinate Kaimahi. This was a period of enormous change within the organisation as Kaimahi were reallocated to new roles with little warning. The tone of the messaging through this period was authoritative and direct. This was appreciated by many, given the urgency of the situation: “It had to be. This ain't about debating something. This is about all doing the doing and doing it well” (Senior Manager)*

The CEO and leadership group directed the initial response, reminding everyone of the overarching kaupapa of the organisation. When speaking of the kaupapa several participants referred to the ‘Waipareira way’ and being unified by a critical sense of purpose. Re-emphasising the kaupapa of the organisation provided both a clear message and a sense of continuity in the wake of the lockdown period. It was important to convey a sense of kotahitanga:

*Just to nudge people and say, it's okay, there's been some thought around this. It may not be perfect but that is really important. So, that communication, that assurance, that we're in this with you. (Kaimahi)*

The underlying culture and fundamental values were mentioned by several participants within Waipareira as key to supporting staff in adapting to the new ways of working that ensued in response to COVID-19.

*They were connected with the organisation, and I think the kaupapa was really strong and was a strong foundation for it to pivot really quickly. (Senior Manager)*

*The key messaging that I used at the time is that we service the whānau, right? We all know this. This is just another way of servicing the whānau. And it looks very different in the day-to-day stuff you do, guys, but nothing's changed in our principles and why we exist within this organisation. (Senior Manager)*

The approach to mobilising support drew on the language that emphasised whānau and community need, consistent with its kaupapa and history. Reminding kaimahi of the kaupapa and values of the organisation proved highly effective in galvanising the response to COVID-19 and were seen as key to leveraging staff to the new ways of working. There was a sense of pride that the organisation could respond so quickly:

*It was also one of the most exciting times to be around an organisation such as Waipareira, where you see it just immediately pivot and actually just change to meet the needs of its communities. (Senior Manager)*

Many felt it was acknowledged that the language used to navigate the COVID-19 response reflected the vision, kaupapa and Te Kauhau Ora values. While the senior leadership group communicated the Waipareira way and Te Kauhau Ora, it fell to senior managers to translate that at an operational level:

*You have JT and Awerangi talking about the organisation, its kaupapa, its Te Kauhau Ora. They need to be the vision language. I need to be in the middle of that. A bit of vision, but a bit of operation. (Senior Manager)*

Management and Team Leads provided communications around internal training, support and communications with staff. Team hui shifted online and increased in frequency. Manager Leads met every morning to ensure high frequency contact and to ensure consistency in messaging:

*I knew we were going to go through chaos, and you need to shore up that confidence of your managers, because they relay the confidence over to the frontline. Plus, it ensured that the messaging I gave them was consistent to the messaging they gave out to their teams. (Senior Manager)*

Frequency of hui was considered integral to conveying consistency of message to both the Team Leads and kaimahi across the organisation. Daily zoom hui were established with Team Leads leading regular check-ins

with their work groups to communicate messaging from the senior leadership and to ensure kaimahi were made to feel supported in their roles:

*I pushed it through the Manager Leads to then disperse out, and I said to them, 'Here's an opportunity to demonstrate your leadership in a space of chaos'. So I said 'I'll write it, I'll send it to you guys. Again it was about consistency of message. But you delete my name out of it, so it comes from you, because you're closer to the staff and they need an anchor closer to you than I am. (Senior Manager)*

*While frequency of Zoom hui was considered integral to conveying consistency of message, the daily hui also provided opportunities for Kōrure Kaimahi to voice concerns around delivery of services and to communicate success. Feedback from the front line was addressed within these meetings, and support needs could be addressed. One participant noted that: "You could hear what the frontline needed and say, how could we support that?" (Senior Manager).*

A number of interviewees spoke of the kotahitanga that arose from the high frequency contact and the coordination between frontline and backbone rōpū:

*We'd feedback round to them. So, not to make it an official point of view, but to say that hey, maybe this potentially could need some more awahi around that area, or a bit of support around that. So, we tried to bridge that between the back-office units when we heard some disconnect ... maybe if we just give them this little bit of awahi that might just give them some more, make it easier for them to do the mahi at this point in time. So, it was working between the front and the back. (Senior Manager)*

However, the opportunity to engage proved difficult for some. The clinical team and delivery teams were too occupied with their roles to be consistently engaged. Amongst those interviewed there was variation in their responsiveness to ongoing Zoom hui. For some the ongoing Zoom hui were useful in keeping connected and for developing some IT literacy skills. For others they were a distraction from the urgency of delivering support within the community. Some kaimahi were exposed to conflicting information through the opening stages of COVID-19, which provided uncertainty around some roles. This had a destabilising effect for some. Others felt overwhelmed by the workload and there were repeated fears of burnout expressed by a number of participants in the study.

### **Community Outreach through social media**

The emergence of a more coordinated communication approach within Waipareira coincided with increased efforts to engage whānau within the community through various media, including Facebook and Facebook Live Broadcasts, Instagram, Twitter and Tik Tok.

The SLT were posting messages about whānau needing to keep safe and measures to prevent the spread of infection. Messaging around upcoming plans for support were also being communicated to the most vulnerable, including kaumātua, immune-compromised people and those living in crowded or financially precarious situations.

In the context of social isolation, social media platforms were used increasingly to convey important and accessible health messages. These messages came to be supplemented with success stories from within the community, highlighting what was achievable through a collective approach and demonstrating a way through the pandemic.

As safety and prevention measures were normalised, new initiatives were created to increase outreach to the community. Among these was the creation of a Facebook Live series of broadcasts (#WaiKōrero) hosted by John Tamihere and bringing together experts in the field to discuss responses to COVID-19. The 'Unlikely Futures' online campaign was also announced, shining a light on the experiences of wāhine Māori making a difference within the community. These new initiatives allowed Waipareira to reach into communities and to participate in the creation of the community's own health and wellbeing stories. The shows also provided reassurance for whānau and encouraged whānau to connect with Waipareira should they be in need. A greater sense of connection with the community was noted by several of the interviewees. For one, the improved communications within the organisation led to greater online engagement with the community:

*To actually really be at the heart of the community and really be more embedded in the community ... where we've kind of lost some of that in the previous years. And I think that was sometimes found through some of the election stuff as well, is the Whānau Ora approach, by connecting with hygiene packs and that, there was a lot of intel that was saying, hey, we're not quite where we thought we were riding in the community. (Senior Manager)*

### **Procurement of Personal Protection Equipment**

Observing that products such as hand sanitiser and masks were already difficult to acquire in Aotearoa, and on the suggestion of both the finance and ICT Managers who were following events in China, the SLT and Board had commenced action to procure personal protection equipment (PPE) and sanitation products to protect kaimahi and whānau. The decision was made with the knowledge that many whānau would likely not prioritise or be able to access the protective and hygiene items used to prevent the spread of infection, particularly in light of the increasing scarcity of products.

*The procurement of PPE was a game changer. This initiative was further encouraged by the concern that Waipareira would not be considered an essential service. This concern was later confirmed by the DHB's decision to decline the request for PPE on the initial basis that Waipareira was a social service provider and that whānau visits would be suspended for any lockdown period. As one participant reported: "They're saying when it's locking down you can't visit the whānau. So, that's the reason you don't require PPE" (Manager).*

Effectively, whānau under the Waipareira umbrella would be deprioritized in the government's response, despite anticipation that jobs would be lost, particularly among women and rangatahi, and that support needed for struggling whānau would dramatically increase.

The senior leadership of Waipareira, the financial controller and IT manager were engaged in off-shore PPE procurement against other global competitors. A supplier was identified for PPE, despite the increased competition for these products at a period when global supply chains were significantly challenged, and the green light was given to make the purchase order. The PPE was tracked from the factory and through international transfer points, due to the uncertainty regarding international supply lines and the increased competition for PPE products. There was concern that money would be lost on purchasing the equipment because of the global context and decisions were not without risk:

*There's a possibility our money could be in the drain as well, because of the circumstances we're in. It's really like a war. It's really like a war. (Senior Manager)*

*If we pay the money over there, it's just, the risk is too high. There's a possibility, because we're not there, we're just not there. And the funny thing, when you are in the process of making the payment, and some of them ask me, can you pay Bitcoins? I was like, what? ... I'm not paying Bitcoins. I'm not a drug dealer. (Senior Manager)*

Gaps in availability of PPE products were identified. The DHB supplies were minimal and believed by Waipareira to be of an inadequate standard required by their team of frontline workers. There was confusion from the DHB about what was needed, but the feeling from Waipareira was that they should focus on our own needs.

Whilst PPE products were eventually acquired, due to procurement risks, hygiene products such as hand sanitiser had to be sourced locally.

*For us to secure an overseas supplier, the volume cannot be too low because otherwise they're not interested. We want them to be delivered within a certain period, otherwise it's just not timely. It can be wasted as well. (Senior Manager)*

The enormous scale and unprecedented speed with which COVID-19 arrived required a high trust environment from funders while responses were being formulated. Having funders understand the need for changes and garnering their support was crucial.

The continued management and daily monitoring of cash flow due to the procurement needs for hygiene products and the demand for Whānau Direct allowed for adaptations where necessary. The criteria for funding, for instance Whānau Direct, that existed previous to the first lockdown, was adjusted to reflect COVID-19 related need. The model would transform now into a needs-driven distribution of funds requiring a high trust relationship with providers:

*The one lesson we learned from COVID-19, is that from the pandemic, cash reserve is key. Their [funder] payment process is just super slow because of the bureaucratic part counteracting things. They need us, but at the same time, the money is not dispatched as fast as we require. So, we do need our reserve funding for certain operations. (Senior Manager)*

The decisions made through the initial phase of the COVID-19 were sudden and disconcerting for many, given the threat of COVID-19. Waipareira was proactive in its response, and immediately focused on securing resources, and making food and hygiene packs available for those in need. A rapid redeployment of personnel and designation as essential frontline workers reflected the need for a fundamentally changed health, social and economic environment.

## ***Wāhanga Tuarua (Stage Two):***

July 2020 - December 2020

### **Me hoki whakamuri, kia ahu whakamua, kaneke -**

***In order to improve, evolve and move forward, we must reflect back to what has been***

#### **COVID-19 Systems in Place**

The experiences of staff from the first lockdown meant that the organisation could respond quickly when further lockdowns were announced, and adjustments to existing processes and policies could be made. When Aotearoa went into the second lockdown in July 2020, for instance:

*When we went into that second lockdown, the great thing is we were well tested... We were up and running the next day, by the afternoon. It didn't take two weeks. We had the documents, everyone knew the manual, people slipped back into their teams, had delivery going, kai going. Rapid response. (Senior Manager)*

#### **A Whānau Ora Future**

Internally, the focus on whānau need and whānau-centred practices, which occurred in the first six months, brought the configuration of Waipareira closer to a Whānau Ora approach.

*COVID-19 gave the opportunity for us to work in more direct ways to meet the needs of whānau and consider how we further embed Whānau Ora deeper into our communities. (Senior Manager)*

*We came from a model of teams ... [and]we've built on contracts and their health, like mental health, AOD [i.e. Alcohol and Other Drugs] and so forth, right up to that day of lockdown. an opportunity to spread those staff with staff members, even though they worked on the same floor, they didn't know each other. [It was now an] opportunity to mix everyone up however long this lockdown was going. It will position us to a Whānau Ora structure which we moved to around about June and July, because people now know each other. (Senior Manager)*

The strength of relationships that were built with TPHoT and NUMA also created space for the greater sharing of resources in coordinated ways. For instance, in August, the establishment of a testing station at the Ports of Auckland was made possible through the collaboration and tautoko of Waipareira, the Northern Region Health Coordination Centre and the Auckland Regional Public Health Unit as well as other Māori providers. Waipareira, with partners Te Runanga o Ngāti Whātua and Te Hā Oranga also opened a mobile testing station at Kaipara.

This desire to participate and act collectively also culminated in international strategies towards common goals for Māori and Indigenous Peoples. Early in July, the formalisation of a global indigenous partnership between Waipareira and six Native American tribes demonstrated Waipareira's desire to work collaboratively on common goals, even internationally. Waipareira supported Social Value Aotearoa in hosting presentations in the international online Social Value Matters 2020 Summit.

## Deepening Community Connections

From July 2020 to December 2021, the safety and prevention measures which were trialled and established in the first 6 months became normalised, and new initiatives were created to increase outreach to the community. From May 2020 and into the latter part of 2020, the creation of a Facebook Live series of broadcasts ‘#WaiKōrero’ and ‘Unlikely Futures’ shone a light on the experiences of wāhine Māori making a difference within the community. In this period also, the launch of new Facebook online series called ‘Waiata with Whaea Valetta’ aimed to connect kaumātua, and encourage whānau to practice waiata Māori. On the 11th of March, Waipareira launched a 12-week Māreikura rōpū programme determined by Waipareira wāhine. In August, social media posts were targeted to strengthen relationships with more vulnerable whānau, where Waipareira distributed online health messages which communicated care needs and resources for vulnerable whānau including older people, homeless, sole parents, mental health and whānau living with addiction.

The live video content provided reassurance for whānau that Waipareira was engaged and seeking to strengthen its connections within the community. Whānau were encouraged to connect with Waipareira should they need to. Indeed later in 2020, at an all-staff hui, the CEO announced that the organisation would restructure its frontline staff as a result of their learnings of the COVID-19 response to ensure Waipareira would “move deeper into communities”.

A greater sense of connection with the community was noted by several of the interviewees. For one, the improved communications within the organisation led to greater online engagement with the community.

The leadership remained politically active through the year, supporting the newly elected Te Pāti Māori members of parliament in their success. A number of Waipareira staff, for instance, were on hand at the maiden speech of Te Pāti Māori co-leader Rawiri Waititi, a former employee and Board member of Waipareira, and supported Debbie Ngarewa-Packer, co-leader Te Pāti Māori as she gave her maiden speech at Parliament. Waipareira, collectively with its Whānau Ora Partners, became active in promoting the success of Māori, supporting Māori-led solutions and Māori leadership. The CEO would give evidence later in 2020 at the Waitangi Tribunal’s urgent inquiry into the number of tamariki Māori being taken into state care under the auspices of Oranga Tamariki (Waitangi Tribunal, 2021), arguing that Māori had solutions to their own challenges and that it was time for the state to hand over control.

## Creating the ‘New Future Norm’

At an all-staff hui, convened at the end of November 2020, by the CEO and SLT, the new future ‘Waipareira norm’ was presented and a major restructure of frontline services was proposed. The notion of Waipareira as a ‘movement’ that continues to change to meet the needs of whānau was emphasised to remind those present both of the underlying values of Waipareira and the legacy of those who had supported on-going change over the years.

With the reshuffling and process of understanding how the organisation should look, came:

- uncertainty and confusion dealing with the massive changes to date
- goodwill but immense tiredness
- reflections on life and moving forward
- feelings of loss associated with change and the departure of good staff
- immense satisfaction in some cases
- high staff numbers leaving

### **Celebrating and Reflecting on Success**

While the risk of COVID-19 loomed throughout this period, there was time to pause and celebrate the successes that had occurred over the last year. Waipareira kaumātua held an end of year hākari at Te Mahurehure marae and the staff Christmas function was well-attended and enjoyed. Success was celebrated, such as the graduation of rangatahi from the 10-week Wai Angitu pre-employment programme. The graduation of students included the one-year Whānau Ora Diploma programme in Rotorua, and Pou o Te Whānau o Waipareira, Emeritus Professor Sir Mason Durie being awarded the Order of New Zealand. In December, the Waipareira AGM provided an occasion to reflect on the year of COVID-19. The journeys of the different teams over the previous year were presented, including many visual records, anecdotes and team reports about their mix of COVID-19 response activities, BAU actions and outcomes (Te Whānau o Waipareira, 2020).

Being part of the wider movement of Whānau Ora both regionally and nationally have strengthened relationships further. This has offered opportunities for creating greater impact through new models of service, scaling initiatives more quickly and sharing resourcing in coordinated ways.

## ***Wāhanga Tuatoru (Stage Three):***

January 2021 to June 2021

### ***Ka pū te ruha, ka hao te rangatahi – The old net is cast aside, and the new net goes fishing***

#### **Whānau and Kaimahi Focus: Looking Forward**

Waipareira started the New Year with a focus on implementing the new organisational structure announced in late 2020. Further planning was still required to support the transition for the new teams. By the start of 2021 focus turned from the health and safety of whānau and kaimahi to the realisation of whānau aspirations.

The new organisational model seeks to provide:

- multidisciplinary regional teams which have a to support whānau
- deeper connections into community to ensure whānau service saturation across communities

With the potential for COVID-19 to still impact whānau and communities, plans to hold the annual Waitangi Day celebrations were put on hold for February. When a Level 3 lockdown was called for again on 14 February, and again on 28 February, Waipareira kaimahi were now in a position to move into their COVID-19 response roles. Social media messages included safety messages again. Waipareira also extended their week of precaution each time the level was dropped as previously to ensure the safety of whānau and kaimahi.

On the 26 February 2021, staff vaccinations for COVID-19 commenced, a milestone for Waipareira in protecting its staff during the pandemic. On 3 May 2021, Waipareira opened its own vaccination centre for its West Auckland community, and was working collaboratively with its Te Pae Herenga partners to develop more vaccination centres across the Tāmaki region.

*This morning we opened Te Whare Tūhono, our Vax To The Max Super Centre. The West came together to produce a local solution for our local communities. Protecting our population by opening our own vaccination centre this morning. (Senior Manager)*

#### **Service Transformation**

Planning started for the new regional team structure through December 2020 and January 2021. KPMG were engaged to run Change Management workshops over the next six months with Management, Team Leads, Kaiārahi and frontline kaimahi. The first of these workshops was an all-day hui held on 2 February 2021 to discuss the new operations. There were opportunities to answer questions about the changes and make suggestions about what was needed for implementation.

The plan focused on four themes identified earlier by Waipareira: Mana, Rangatiratanga, Kokiritia and Mauri – values and concepts that linked with Te Whānau O Waipareira Trust's 25-year strategic plan.

Three key benefits of the new structure were identified:

- a closer connection to whānau
- multidisciplinary teams to support whānau
- a wider geographical footprint to provide a wider impact for whānau

By the end of June, implementation activities were underway, with kaimahi taking a greater case management approach with whānau.

The focus on the new structure has led to initiatives in supporting and strengthening the roles of kaimahi through training, upskilling and support. Tuaroro backbone services also changed in response to the service development. Backbone support teams came together on 8 June to introduce their team members and talk about their current roles. It was noticeable that 60% of staff were new. The range and variety of services still exist, but new skills have strengthened many of the teams through the acquisition of new staff, some recruited as a result of whānau returning to NZ through COVID-19. The work started in 2020 is beginning to gain traction with some units. The Diploma of Whānau Ora, approved as a one-year diploma in 2020, will allow more staff to undertake training. There are also increased opportunities for all staff to build their capacity in Te Reo Māori me ōna tikanga, a journey commenced by Waipareira in 2018 through its Te Reo Matahiapo contract, but moved under the auspices of Wai-Tech in 2020 to further embed strategies for Te Reo Māori. The employment of a full-time tutor has accelerated uptake and participation of both Kōrure whānau kaimahi and Waipareira Tuaroro kaimahi. Whānau Tahī and the social impact team continue to both upskill staff in understanding the measurement of outcomes and provide training but data capture across the new regions for staff will need further coordination with Wai-Rehua in the contracting space.

## Communication

Waipareira has shifted to further strengthen and embed the regional working relationship with its partners. Communications play a key role in elevating the public face of the collective and improving public understanding of the collective:

*And having clear comms, because it's very important to be very transparent and clear with what you're intending to do. (Manager)*

The new organisational structure planned for Waipareira required further planning at the start of 2021 and by the end of June, that planning was still being developed. However, collaboration with the Collective and communicating a collective approach remains an important factor of the communication strategy. Promoting TPHoT as the conduit for regional development and resource allocation has been prioritised. The TPHoT social media pages were particularly active in posting messages about the activities of its partners. Waipareira posts are now common on that site.

*Te Pae Herenga brand is very much understood for its CEO, upper management level. Not so much in the kaiārahi space. One of our key strategies for going forward will be to show, share the vision with them and understand, for them to start understanding where they fit in the larger puzzle. Because otherwise you get stuck in the silo, small scope, and you're just doing your little bit. But I guess it's more inspiring and relative if you're understanding the bigger picture stuff as well. So, we're trying to reconnect from the ground up... (Manager)*

Bottom-up involvement of staff in planning is central to embedding best practice and the vision behind the changes. On 10 May, kaimahi of Waipareira had their opportunity to share progress and perspectives:

*Frontline kaimahi hui with our CEO John Tamihere and leadership team yesterday as we share our Waipareira Goals and Priorities across all of our teams for the 2020/21 Year.*  
(Senior Manager)

### **Growing Regional Unity**

Regular hui and the sharing of resources strengthened the working relationships between Waipareira, Te Pae Herenga partners and WOCA bringing the bigger planning picture to their meetings.

*Everyone kind of did their own things. But we always share. We would talk about it and share that and so that learning might be then fed out and then if they wanted to have access to it, we would definitely give it. And same vice versa though. What they're doing, shared backwards, and then also if it was applicable to any of the partners, they would then utilise something like that.* (Kaimahi)

The CBAC centre continued to provide services over the Christmas break. Processes for COVID-19 outbreaks were refined now and kaimahi knew what their responsibilities were should an outbreak occur. Waipareira shared their experiences and later technology with Manurewa Marae, a partner in the TPHoT network, when setting up their CBAC clinic.

Vaccinations for COVID-19 were on the horizon and thoughts of how vaccination would roll out were now part of the thinking for the COVID-19 response and this became TPHoT wide.

*We recently wrote a collective approach to the vaccination roll out for Māori across Tāmaki. We did that at a regional level and then we also wrote the national one actually. And then it was well received, but they, just how they do in history, they take parts of our thing, but not all of it. So, they didn't give us the full funding but they're wanting to use the Te Whānau Ora model.* (Kaimahi)

In Waipareira, one of the set-up staff seconded from the Wai Rehua contracting team had been seconded to the Northern Region Health Coordination Centre along with a representative from Ngāti Whātua and has continued in that role in the establishment and contracting of the Waipareira Vaccination centre, named Whare Tūhono. Waipareira grabbed the opportunity to lease a large premise near its CBAC centre in which to establish the vaccination centre, creating a local hub for COVID-19 testing and vaccination. Advocacy for prioritising Māori to be vaccinated early has been an ongoing focus of WOCA to address inequities of access and outcomes for Māori health and wellbeing. Anticipated shortages of clinical staff to run the Vaccination Centre led to a strategy to train senior Kaiārahi and non-regulated staff in vaccination procedures. Waipareira trialled the process and provided the blueprint for the other Whānau Ora Partners to follow.

Waipareira provided an application template to the TPHoT Collective in their respective applications for Vaccination centres. While Waipareira opened their super clinic, the other partners worked in pairs to establish clinics. In South Auckland, Papakura and Manurewa Marae opened a vaccination centre at Manurewa Marae; Ngāti Whātua working with Ruapōtaka Marae (a newer member of the collective) opened the first iwi-led vaccination centre in June 2021.

*So, from there, the next step was to go local. So, each of our partners, and we gave them a template to help them with that, applied for the same thing. So, the result of that is Waipareira's got the only super clinic for our partners. Manurewa marae and Papakura Marae are working together, and they've got a local clinic for down there. And I know that Ōrākei and Ruapotaka are looking to go in together and open a clinic for that Central East space. (Manager)*

*The TPHoT Collective have now started looking at service coverage and 'black holes' where service coverage is poor. The hope is that Waipareira will be able to work with its partners to determine if further strategies need development either collectively or individually: "so we're identifying where the gaps are and then either co-bidding for something or on our own if that's not a 'co' thing" (Manager).*

Relationships between the partners of TPHoT have improved markedly with the result that there is now a view on the types of contracts they might consider collectively in the future.

*We're no longer accepting ones where a funder is determining what the outcome is. It always must be they need to work with us. The outcomes are what our whānau are saying, not what they think. And the activities should be planned by us. So, I guess it's a co-design, although I don't know if that's quite the right word anymore, [or a] component of that, and for us to determine that. (Manager)*

The relationships within Te Pae Herenga continue to strengthen and evolve, galvanising and accelerating the group towards more joined up initiatives.

*It's been awesome because it's been our enabler to make change. So, it's kind of ... although COVID was not a great thing, it created an environment for change or a hunger for that. (Manager)*

*... because it forced everyone to change. It forced everyone to move into an agile, innovative space of new. You couldn't be working the same way or doing the same things because it wouldn't work in this environment. So, it became the new norm to be changing all the time and adaptable. (Manager)*

### **Kotahitanga and Arotahi**

Over the 6-month period from January to June 2021, there was a noticeable shift in the stories portrayed in Waipareira social media. Many were uplifting, celebratory and encouraging Māori pride in who they are. Waipareira leadership is moving on, confident in their systems managing COVID-19, providing vaccinations, transforming their services and growing deeper and collaborative relationships with their partners.

On 13 April 2021 – A CEO breakfast session provided an opportunity to update staff, the Kaumātua Rōpū, Board and Hāpai te Hauora. This was a special event providing opportunity for the senior leadership to thank the kaimahi for their efforts but disguised as what eventuated as a thank you to all attendees the 'Waipareira Way'. The CEO, John Tamihere, prefaced his kōrero by asserting that the 25-year strategic plan had been all but achieved and strategic planning was taking a new turn. In doing so he expressed the notion that "This is not an

organisation; this is a movement". Frontline Kaimahi were being bought in on the wider vision, acknowledged and thanked. A new advertising campaign was previewed, 'Proud to be Māori', and released on 19 April 2021. The impact was received very positively on social media and widely acknowledged in both Aotearoa and overseas. The message of 'hope' for the future was an acknowledgement that Māori could stand proud of their efforts over the past year. The 'Proud to be Māori' campaign was nominated for Te Kaupapa o Te Tau award, Designers Institute of New Zealand Best Design Awards, and a Berlin-based commercial award.

In May 2021 the Government allocated \$1.1b in its budget for greater investment in improving Māori health and social outcomes. The Māori Development Minister Willie Jackson said this was a budget of "economic recovery and social investment while ensuring a by Māori, for Māori approach in areas like justice reform, health and education" (Neilson, 2021a, para. 4). Most importantly for Waipareira, the Commissioning Agencies and Whānau Ora providers, \$242.8m was set aside for Māori health including the setup of a new and independent Māori Health Authority.

These new announcements informed discussions between the Te Pae Herenga partners and WOCA. A hīkoi by WOCA together with the Te Pae Herenga Collective to visit representatives of the Te Taitokerau Whānau Ora Partners, was hosted by Ngāti Hine at Ōtiria marae to begin discussions about the proposed Māori Health Authority. This was the first of three hui, called Tūhono, held around Te Ika-a-Māui (North Island) to bring partners together. Calls for kotahitanga and arotahi emerged as significant outcomes, replicated in the subsequent hui held in the series.

There is a new wind of vitality sweeping through our Māori Leadership and communities. We are ready and able to determine our own destiny. Tāmaki and Te Taitokerau came together earlier this month to hui at Otiria Marae, Moerewa about the Health Reforms. United to stand as one in our Northern Regional Māori Health Authority. (Whānau Ora, 2021)

In addition, on 25 May, TPHoT took on the responsibility of hosting other Whānau Ora collectives to discuss the Ngā Tini Whetū rollout being scaled up across the North Island. This represented significant progress regarding the programme from its early days of incubation in the Waipareira Social Impact team. The event attracted over 120 representatives from across the regions of Bay of Plenty, Te Arawa, Hauraki-Waikato, Te Tai Tokerau and Tāmaki to discuss and share progress on the roll-out of the programme.

At the conclusion of the Māreikura programme in June, there was much to acknowledge, from the stories of wāhine that had helped shape the journey of Waipareira over nearly four decades to celebrating the 2021 Māori Women in Governance award received earlier that month by Te Whānau O Waipareira Trust's own māreikura and Board member Whaea Evelyn Taumaunu. Recognition of leaders with hands on experience in Māori development also led to the appointment at the end of June, of Chief Operating Officer Awerangi Tamihere by the Minister of Social Development and Employment to co-Chair the Tāmaki Makaurau Regional Skills Leadership Group.

## Summary

When the country moved to Level 4 on 25 March 2020, plans were already in motion to respond as an organisation. The organisational response of Waipareira to a global crisis brought about by a new coronavirus, for which there was limited treatment, vaccine or real understanding of transmission, combined with the specific needs of Māori, particularly in regard to health inequities and active protection, drove change within the organisation at an unprecedented pace. The leadership group responded immediately and decisively to a rapidly evolving situation. Working closely with WOCA and their regional partners, Waipareira took the initiative, advocating for greater participation in service provision for whānau (Steyn et al., 2021).

It is clear that Government-led initiatives have historically failed to protect Māori. Early indications of the potential associated risks and the severity of COVID-19 necessitated a coordinated response. Waipareira anticipated that a targeted response was needed for Māori, particularly given the Government's lack of expertise in understanding the strength of Māori social structures, communities and networks. This was evident, for example, when the Government initially failed to recognise Waipareira frontline kaimahi as essential workers. Whānau were consequently seen as highly vulnerable to the outcomes of inappropriate policies. Over the period of the study it has become increasingly clear that the Waipareira response proved highly effective in mobilising resources in both scale and impact. An organisational transformation of services and supports happened overnight.

Waipareira leadership worked with its networks to continue to grow COVID-19 responsive services with the aid of kaimahi, but Waipareira was also looking to the future. The integration of teams across the organisation has enabled Waipareira to pivot in response to community outbreaks and return to BAU when situations allowed.

Alignment with its partners has streamlined Waipareira processes and created opportunities to coordinate resources when contracting for Whānau Ora services. This has resulted in a shift away from the siloed, task-oriented contracts which did little to improve long-term outcomes for whānau. By the end of 2020, Waipareira, in discussion with various funders, developed a programme of support for whānau and proposed a new service transformation aimed at providing comprehensive integrated support.

Wāhanga Tuatoru was a time to rebuild and consolidate the new transformational services. A further COVID-19 outbreak in February 2021 caused little disruption to the newly configured organisational structure, and instead, Waipareira was able to promote the services and resources available to its communities. Social media presented uplifting stories and images of kotahitangi, manaakitanga and the strength of Māori networks in the delivery of support. The Proud to be Māori campaign reinforced the messaging along with other key national initiatives. The announcements around the Māori Health Authority further galvanised the Whānau Ora collectives and led to the three Hui Tūhono and the gathering of Whānau Ora providers from across Te Ika-a-Māui. The three hui provided a platform for Whānau Ora providers to give voice to their calls for kotahitanga and arotahi.

Another gamechanger in Wāhanga Tuatoru was the establishment of a vaccination super clinic. An industry-wide shortage of clinical staff led to upskilling of Waipareira kaimahi as vaccinators. In addition, the centre developed Māori capability by exposing many rangatahi to health roles, providing opportunities and experiences not normally available to them.

Key observations within the Waipareira response:

- Collective action and a desire to achieve wider whānau and community goals have underpinned the kaupapa of Te Whānau O Waipareira Trust since its establishment in 1984 and have been integral to its response to COVID-19.
- Innovation was a major factor in the way that Waipareira responded to COVID-19. There were game-changers in the COVID-19 response which highlighted the capabilities and capacities of Waipareira backbone support during key periods in responding to the COVID-19 pandemic. These innovations arose through collaboration to redeploy the organisation's own financial and human resources collectively with WOCA in combating the threat of COVID-19 to vulnerable whānau. The outcomes highlighted unprecedented examples of the capacity and capabilities of the Whānau Ora networks to adapt and respond comprehensively with agility and compassion for whānau in need in both rural and urban centres across the North Island.
- Māori-led responses and Māori solutions were developed in conjunction with WOCA and embedded in the COVID-19 response.
- Waipareira leadership acted decisively to adapt to the changing environment. Leadership was also evident at all levels within the organisation as new systems were developed and implemented to support both the local Waipareira and the wider WOCA response.
- The development of COVID-19 responses in Waipareira was underpinned by matapono Māori. Although this was a new era with new challenges, kaupapa Māori values remained central to all activities. Waipareira frameworks of practice and research (Allport et al., 2017), continued to inform Waipareira ways (Wai-Atamai, 2019), but the strengthening in kotahitanga brought about by COVID-19 support activities across the region has consolidated the shared understandings of Whānau Ora practice (WOCA, 2022).
- Backbone services established by Waipareira in earlier years had grown to support WOCA and the wider Whānau Ora network. The services were instrumental in operationalizing the Whānau Ora response to COVID-19. Moreover, earlier Waipareira incubators for new programme innovations had strengthened the ability of WOCA to plan strategically for the wider Whānau Ora network. These included collective impact and the Ngā Tini Whetū pilot.
- Advocacy to achieve whānau and community goals has been a feature of the development of Waipareira. Waipareira continued to support international, national and regional events and initiatives during the case study period such as American indigenous aspirations to develop their own Whānau Ora programme, Māori Party candidacy of the CEO, cross-sectoral co-design of a Ngā Tini Whetū programme for achieving whānau aspirations and inter-regional collaboration around the development of a Māori Health Funding Authority.





# *Section Six:*

## *Conclusion and Recommendations*



The New Zealand response to COVID-19 has been counted as among the most successful in the world as a result of going 'hard and early'. But this success cannot be viewed independently from the Māori COVID-19 response. Not only did the Māori response likely contribute to the overall New Zealand economic and health success for all New Zealanders but it also provides an example of a more holistic health response – one that not only the New Zealand Government but other Governments around the world could learn from. In analysing the Māori response to Covid-19 it is clear that Māori communities reacted with innovative, decisive, and robust decision-making that catalysed core Māori principles and values, resulting in swift and concise actions.

From the outset, the national COVID-19 policy was developed with limited consideration of Māori. With an awareness that Māori would again be disproportionately affected by a pandemic, the leadership team at WOCA acted early and decisively, creating a sense of kotahitanga with its Whānau Ora and community partners. Waipareira proved particularly adept at responding to a rapidly evolving situation through a reconfiguration of its kaimahi to best meet the needs of whānau. In coordination with its partners, Waipareira developed resources to support whānau with an effective distribution network for immediate needs; localised approaches were developed; and a communication strategy was actively promoting a culturally centred response to the virus and disease.

The WOCA COVID-19 response was a remarkable mobilisation of resources and partners to address whānau needs. Bucking a long historical trend, Māori were affected by the virus comparatively less than non-Māori. Given the persistence of COVID-19 and new variants, the long-term impact on Māori is not clear. However, the WOCA response provides a model of what is achievable if Māori are resourced. Identifying the factors that led to the unprecedented yet desirably atypical outcome for whānau Māori has been a focus of this report, as it is one of the few occasions in contemporary history when stubborn trends of disproportionate disadvantage have been displaced by positive variance. Equally, it is arguable that those success factors ought to be woven across wider Government policy and systems to reverse existing patterns, prepare for future shocks (pandemics or otherwise) and, importantly, catalyse substantive advances in wellbeing for Māori and the nation.

Among the principal ingredients have been a commissioning model committed to supporting and empowering communities, community leadership, and investing in Māori-led solutions. These collective experiences also provide a window into a culturally grounded and comprehensive response to the COVID-19 crisis that offers lessons for how commissioning could be more effective in this environment.

Lessons from the WOCA COVID-19 response highlighted the value of the Whānau Ora policy at scale. Accordingly, key insights around responsive commissioning garnered through the WOCA COVID-19 response included:

- The vital role of core cultural values and practices in providing the foundations for developing a shared understanding and common agenda for working collectively during the pandemic, thereby enabling WOCA partners to move swiftly to meet the most immediate needs of whānau in the short-term, and work collaboratively for longer term solutions.
- The vital role of investing in regular communication with partners to share information and address challenges.
- The vital role of data driven insights and evidence to inform decision-making around response activities, and to capture 'what works, what doesn't, and what can be done better (and why?)'.
- The importance of local/distributed leadership, investing in what works locally, being mindful of the pressures partners themselves are working under, and resourcing partners so they can deliver their part of the common agenda (but mainly staying out of the way).

The following recommendations draw on the overall lessons and findings of this report:

- The need for true partnership between WOCA and Government including the transfer of power, decision-making and resources to Māori as well as recognising and giving practical effect to Te Tiriti O Waitangi.
  - In Aotearoa, ‘partnership’ is recognised in relation to Government defined principles of the Treaty of Waitangi (e.g. partnership, protection, participation). However, full justice for Māori should be in line with Te Tiriti o Waitangi. As highlighted by several Māori commentators, despite the rhetoric of partnership, there was, and continues to be, a lack of consultation with Māori around the Government’s COVID-19 response.
  - It is important that the Government increase its understanding of how best to support and further enhance the commissioning work of WOCA. In responding to COVID-19, WOCA partners played a pivotal role in supporting whānau within their respective rohe (regions), showing agility to mobilise and organise effectively, as well as being better connected than Government agencies to reach whānau. Accordingly, the Government must listen to, and learn from, WOCA and its partners who have for decades been leading the way in best practice service delivery for whānau. In addition, based on findings from the Hui Tūhono, WOCA partners were united in their call for rangatiratanga and increased investment in ‘by Māori, for Māori’ services and solutions.
- The need for more responsive and streamlined government contracting and funding models that better supports the Whānau Ora approach, allowing for greater investment in Māori-led, culturally specific and localised solutions, flexible and agile service delivery, and resources WOCA and their partners to continue developing and maintaining a skilled Whānau Ora workforce.
  - Government contracting environment is still highly prescriptive, limiting the ability of WOCA partners to deal with complex needs of, and outcomes experienced by, whānau, particularly in times of crisis and national emergency. There also seemed to be a lack of clarity and certainty around funding intentions during the COVID-19 response and recovery. Hence, there is also a need for increased transparency on contracted funding and how funding decisions are being made.
  - WOCA and its partners need to be resourced to a level that enables them to attract and retain skilled staff, and continue to grow their training and professional development capability, capacity and infrastructure.
  - Working holistically and supporting all points of the ‘wellness journey’ requires greater levels of funding that reflect the higher cost of delivering sustainable and equitable social and health outcomes for Māori.
  - As evidenced throughout this report, WOCA partners demonstrated time and time again their extraordinary capability and capacity to predict and respond to the needs of whānau – from the setting up of local warehouses for the distribution of kai and hygiene packs, local COVID-19 testing stations including mobile units, iwi checkpoints, as well as numerous digital innovations including organisational specific contact and tracing apps, CBAC management tool, and warehouse management systems.
- More effective mechanisms for data sharing between Government and WOCA and their partners are needed
  - As previously stated, data-driven insights and evidence were pivotal in informing WOCA’s COVID-19 response. However, there are further opportunities for stronger collaboration between Government and WOCA to identify Government datasets and insights that can contribute to better commissioning and whānau outcomes, to develop better data sharing mechanisms, and to explore options for greater Government investment in Māori data sovereignty.



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# ***Glossary and Key Terms***

**Aotearoa** – New Zealand

**App** – A mobile application, a computer programme or piece of software designed to run on a mobile device such as phone, tablet or watch.

**aroha** – love, compassion

**awhi** – embrace

**BAU** – Business as usual, used to refer to operations that existed normally before the COVID-19 response.

**CBAC** – Community Based Assessment Centre, where testing and vaccinations take place at Waipareira.

**CEO** – Chief Executive Officer

**hākari** – feast

**hapū** – sub-tribes

**hauora** – health

**hinengaro** – minds, mentally

**hui** – meeting

**ICT** – Information Communication Technology. i.e. mobile phones, computers, laptops, tablets

**iwi** – tribe/tribal

**kai** – food

**kaiako** – teacher/tutor

**Kaiārahi** – Whānau Ora Navigator

**kaimahi** – staff

**kaitiaki** – guardian

**kaitiakitanga** – guardianship

**kanohi** – in person

**kanohi-ki-te-kanohi** – face-to-face

**kapa haka** – Māori performing arts

**karakia** – prayer, recite, chant, setting intentions through prayer

**kaumātua** – esteemed elders

**kaupapa** – policy, initiative, agenda, theme, objective

**kaupapa Māori** – an approach grounded in Māori values and principles

**kawa** – customs

**kōhanga** – Māori language immersion preschool

**kōrero** – chats, discussion, talk, statement, stories

**kotahitanga** – togetherness

**kuia** – esteemed elder - woman/women, grandmother

**kura** – school

**mahi** – work

**mana** – status, authority and prestige; supernatural force in a person involving one's charisma and spiritual power

**mana motuhake** – self-determination, autonomy, self-Government, independence, sovereignty, and control over one's own destiny

**manaaki** – show respect, generosity and care for others

**manaakitanga** – hospitality, the process of showing respect, generosity and care for others

**Marae** – communal meeting place

**Matariki** – Māori New Year

**mātauranga** – knowledge

**mauri** – life force

**motu** – island

**noho** – stay

**NRHCC** – Northern Region Health Coordination Centre

**oranga** – health

**Oranga Tamariki** – Ministry for Children

**Pākeha** – New Zealand European

**pānui** – news, notification

**pou** – pillars

**PPE** – Personal Protective Equipment used to avoid the spread of infection and disease, such as masks, gowns and gloves.

**rāhui** – to put in place a temporary ritual prohibition

**rangatahi** – youth

**rangatiratanga** – sovereignty

**rēwana** – bread

**rohe** – area/region

**rōpū** – collective, group

**SLT** – Senior Leadership Team

**tamariki** – children

**tangihanga** – funeral gatherings

**tautoko** – support

**Te Ao Māori** – Māori worldview

**Te Ika-a-Maui** – North Island, New Zealand

**Te Reo Māori** – Māori language

**tikanga** – customs/protocol

**tinana** – physical

**tino rangatiratanga** – sovereignty

**TPHoT** – Te Pae Herenga o Tāmaki, the regional Whānau Ora collective across Tāmaki Makaurau

**tuarua** – second

**tuatahi** – first

**tūhono** – join, bond, attach or connect

**urupā** – burial ground

**wāhi tapu** – sacred place

**wāhine** – woman/women

**waiata** – song

**wairua** – spiritual, the spiritual realm

**waka** – canoe

**wānanga** – learning forums, seminar

**whakapapa** – lineage, genealogy

**whakataukī** – proverb

**whakawhanaungatanga** – the process of establishing relationships and connections with others

**whānau** – family/families

**Whānau Ora** – [(family wellbeing) is an indigenous wellbeing policy and initiative in New Zealand, driven by Māori cultural values that puts whānau (family) at the core of decision-making about their future, providing support and services to assist them to achieve their dreams and aspirations.

**Whānau Ora Commissioning Agency (WOCA)** – contracted by Te Puni Kōkiri (Ministry of Māori Development) to invest in initiatives and services for communities in the North Island. Commissioning Agencies work with their communities to determine the best ways to support their development.

**whanaungatanga** – relationships, relationship building

**whare** – home, house

**whenua** – land

**WHO** – World Health Organisation

# Appendix 1: Research Process

## Approach to this project

The project is underpinned by kaupapa Māori principles and Ngā Taumata O Rangahau for Wai Research. These principles have been developed in consultation with our urban Māori population to ensure the following processes:

- **Tikanga Matatini:** The undertaking of research which reflects and supports the cultural realities of Māori communities. Māori custom and processes will be incorporated within the design of research methods, and will match the diverse cultural experiences and needs of Māori.
- **Whakamana te Tangata:** Respect and support of research participants and the information they provide. Acknowledgement of their contribution and efforts.
- **Whakapakari Rangahau:** Incorporating Māori research capacity and capability by supporting emerging researchers, and effective collaboration.
- **Tohatoha Mātauranga:** Active dissemination of research outcomes to ensure translatability of findings into better services.

A Participatory Action Research (PAR) approach was used, where the researchers participated alongside staff within the organisation, and provided feedback on findings throughout the research process. PAR's distinctiveness as a method is that it focuses on action; advocates for power to be shared by the researcher and the researched; and ensures information and data is understood in context (Baum, MacDougall & Smith 2006, p. 854). The data sources and collection processes undertaken by the research team are outlined below.

## Document review

Key organisational documents, including organisational policies, procedures, general staff emails, presentations and reports, were reviewed to understand documented processes and planning during the COVID-19 lockdowns.

An initial literature review was conducted to situate the project within the wider response to COVID-19. The review focused on how Indigenous Peoples, Māori and other organisations responded to COVID-19. Papers were included when they discussed processes, approaches and managing change at the organisational level, and whether they provided key insights in effective responses to COVID-19. Papers were excluded when they did not meet the subject brief or were excluded on the basis of key words.

## Social media scan

Social media platforms utilised by WOCA and its partners during the COVID-19 lockdown were examined to understand how information was disseminated and the types of information shared to their audiences. These platforms included Facebook, Instagram, Twitter, Tik Tok and latterly podcasts.

## Semi-structured interviews

In-person and Zoom hui were methods used to interview kaimahi Māori from Māori social and health providers. Interviews were conducted to understand kaimahi perspectives and experiences of the COVID-19 response. Interviews were recorded, transcribed and thematically analysed by the research team. The data underwent an iterative thematic analysis over several months, with frequent review of the data. The process of change management guided the initial coding, and while some themes were predefined by the interview questions the analysis identified key features of the response to COVID-19. Participant responses are reported as summaries and quotes. The names of participants have been withheld to ensure confidentiality.

### **Fieldwork observations**

Observations were gathered initially by participation in online Zoom hui with frontline kaimahi and in-person hui related to organisational change, kaimahi work updates, specific team and group meetings related to their work, and public koorero from Waipareira leadership. These observations were utilised to document changes in the organisation and rationale for action.

### **Ethics approval**

Wai-Research gained ethics approval for the project on 4 September 2020 (and therefore 9 months had already passed since the start of 2020). In the interim, the process of whakawhanaungatanga had occurred with staff and managers to let them know about the upcoming research project and proposed processes once planning was completed and prior to the start of interviews in October and November 2020.

