

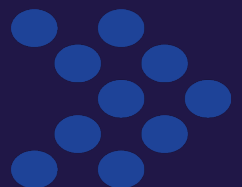
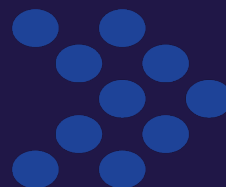
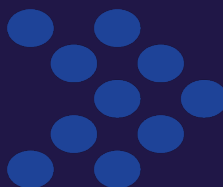


**Tāmaki Makaurau**

# **REGIONAL SKILLS LEADERSHIP GROUP.**

## **Chapter 5 Tangata Whenua**

- (a) At A Glance Te Pae Herenga o Tāmaki
- (b) Rangatahi Revolution A Tamaki 10000 Case Study
- (c) Te Pae Herenga o Tāmaki C19 RWD Case Study



# TE PAE HERENGA O TĀMAKI

## COVID-19 RESPONSE WORKFORCE DEVELOPMENT CASE STUDY

MARCH 2022



## AT A GLANCE

This case study about Te Pae Herenga o Tāmaki (Te Pae Herenga) – a collective of Whānau Ora providers in Tāmaki Makaurau - highlights how a coordinated 'by Māori for Māori' approach was able to quickly mobilise and upscale a COVID-19 workforce.

Te Pae Herenga was created on the foundations of kaupapa (purpose) and tikanga (guidelines) Māori, with pre-existing inter-partner and trusted community connections already in place and a long track record of high-quality service delivery in their communities. This helped them quickly move resources and mobilise a Māori workforce to deliver much needed services to whānau.

---

*It's just like the way that we work together. It's like a whole whanau, you know? And it's all positive and like who wouldn't want to work in a positive environment every day? (Kaimahi)*

---

The following were identified as key to the success factors for the Te Pae Herenga COVID-19 response:

1. A compelling vision and kaupapa - Delivering a Māori-led response to protect whānau (family group) from COVID-19 mobilised and energised the workforce.
2. Tikanga - Kaimahi (workers) had a deep connection to what they did – it was not just a job: they see themselves as whānau looking after whānau.
3. Community-based solutions - The providers didn't wait for central government guidance, resourcing, or support. They sourced the personal protective equipment (PPE) they needed and set up a rapid testing laboratory and regimen to help keep kaimahi and whānau safe.
4. Leadership and advocacy - Te Pae Herenga leadership used a high-trust model that empowered workers to make fast and effective decisions on their own, as well as come up with new solutions quickly. The leadership team also had to be very strong and willing to challenge government policy makers and funding decision-makers, ensuring that the needs of whānau were front and centre.
5. Rapid innovation - The solutions they created were conceptualised and implemented quickly. For example, information technology solutions and applications were built and "lay" roles were created to safely deliver and record COVID-19 testing and vaccination.
6. Goodwill - Whānau and the wider community saw the extraordinary work being done and wanted to be part of it. Whānau volunteered labour and companies gifted goods and resources.

Being kaupapa and tikanga based also meant that Te Pae Herenga were able to access and attract a diverse pool of kaimahi of various ages, including rangatahi (young people), with a wide range of skillsets and experiences. Kaimahi said they felt a sense of whanaungatanga (connectedness) and manaakitanga (care, responsibility) to other whānau which meant their contribution was not "just a job".

The opportunities to gain practical experience were impactful. The hands-on, community-based experience sparked an interest for kaimahi and school leavers in training to be health professionals. Learning on the job made up-skilling accessible, attractive, and exciting.

---

*Before I did this, I didn't think I would enjoy this type of work. Like I didn't even think after school go into the med field. But now I've been thinking of paramedic. Like, I like being in the community and I've been talking to the nurses there at the vax centre about it as well ... I wouldn't have thought about that at all if I didn't come to even be in an environment like this. (Rangatahi/ Kaimahi)*

---

Meaningful opportunities to contribute and train while connected to a safe, nurturing workplace are key to growing and sustaining the Māori health workforce. Sustaining the pathways established at Te Pae Herenga will help maintain the workforce gains realised during the COVID-19 pandemic.

Because a future public health crisis may pose unexpected challenges and require a different response from providers and government, policy and funding need to be configured to help Whānau Ora providers flex quickly and determine their own solutions at pace. This degree of agility and responsiveness is only possible when Māori health providers are sufficiently resourced, have the autonomy to make decisions and are in control of their own workforce.



Rangatahi kaimahi/volunteers



RANGATAHI  
REVOLUTION:

A TĀMAKI 10,000  
CASE STUDY

## RANGATAHI REVOLUTION: A TĀMAKI 10,000 CASE STUDY

Tāmaki 10,000 is the Tāmaki Makaurau Māori Employment Strategy, developed by Te Pae Herenga o Tāmaki (TPHoT), the Whānau Ora collective of Urban Māori and Iwi organisations. It provides a blueprint for facilitating and accelerating the employment aspirations of Māori across the region.

Tāmaki 10,000 works with whānau, stakeholders and funders to make meaningful and sustainable change. Providing space for “by Māori for Māori” designed and led employment and enterprise solutions.

How we respond to crises can define us and alter the course of our life journey. Covid 19 is a crisis. It has disrupted the lives of whānau, changed the way we work and required new rules of engagement. In Tāmaki Makaurau, the crisis has hit hardest. Rangatahi experienced a dramatic shift in their realities. How Rangatahi were supported to respond to this challenge is an illustration of Tāmaki 10,000 in action.

When our young people are supported to learn in an environment that affirms them as Māori, provides them with practical skills and work readiness knowledge, they are able to dream bigger, better and brighter. The transition from dependent schoolchild to confident financially independent adult is enlightened and our rangatahi are enabled to embark on a truly aspirational journey.

In August 2021 Te Pae Herenga o Tāmaki, mobilised an immediate and extraordinary Covid response. Key to this was the scaling up of Covid vaccination and testing services. A number of Rangatahi engaged with our partners were locked down, disengaged from their peer groups and in most cases doing online learning. They were bored, lonely and increasingly disillusioned

The collective saw an opportunity to get these Rangatahi involved, keep them busy and provide much needed support to our frontline Covid response. It was a chance for these young people to build resilience and learn first-hand the reality of the pandemic whilst gaining employment experience and skills. Rangatahi were organised to support vaccination and testing clinics across the region. These were going to be temporary, easy jobs that would keep our Rangatahi off their devices and the streets; doing something meaningful during the pandemic. What happened was something quite different and much more transformative.



*First day on the job with Dr. Rawiri Jensen - Te Whānau o Waipereira Trust.*



Rangatahi supporting vaccination event at Manurewa Marae.

The exposure to the vaccine and testing centres and the mahi performed inspired our young people. They quickly volunteered for more jobs. Soon they were being trained as Covid Testers, vax administrators; learning the complex CIR system and dealing directly with our whānau who were being vaccinated and tested. These shy young people were transformed - eyes that looked down and voices that mumbled lifted and engaged with the world around them. These young people were quick to learn - happy to assume their role in the tuakana-teina relationship and flip the role when necessary.

They were surrounded by a community of support that valued them for their contribution and wrapped them in manaakitanga. They were in environments that encouraged them to thrive and that allowed them to do this in their own unique Rangatahi way. Their identity as Māori was integral to the mahi they were performing. They became part of the TPHoT Whānau. When a group of them became vaccinators, a karakia was written specifically for them, this was emotional, meaningful and affirming.

---

***“Working within your community is a different type of fun and heartfelt. It feels good to know you contributed to high vaccination rates in your community”***

---



Te Amokura giving a booster shot to her mother.

These young people battled their own demons of anxiety, shyness and a lack of confidence to contribute back to their communities. They challenged themselves. It was our rangatahi who assumed a leadership role - stood up and asked to be trained as vaccinators. The TPHoT rangatahi vaccinators became accredited as the youngest vaccinators in Aotearoa. They worked long hours vaccinating. This was a huge achievement.

---

***“I spent my first pay on my family. It was good to be able to do this”***

---

When they were not vaccinating, they became social media experts and vaccine health promoters. They used their social media nous and networks to reach their peers and break down barriers of resistance. Tik Tok posts became a daily ritual and the confidence of these rangatahi knew no bounds. They became change makers; creating enduring change for themselves, their peer groups and their community. These rangatahi have flourished. It was rangatahi who were the powerhouse behind Youngatira - a youth vaccine event that was a massive success. They have been interviewed for Television, have hosted online events, and have been present every day.

---

***“It was really cool to go to school. Some of my teachers got a bit of a shock that I was working on the Shot Bro bus. Some of my friends came down to get vaccinated just cos we were there”***

---

These Rangatahi were not only working on the frontline, they were completing NCEA, enrolling in university and looking for future employment. They are ready for the next phase in their journey... and this is perhaps the most compelling collateral outcome.



*Rangatahi harnessing skills to look after whānau futures.*

---

***“Earning my own money was awesome. I didn’t have to ask my parents for money for anything”***

---

These young people have had their eyes opened to their own potential. They are focussed, motivated, excited and have a vision for their futures. They are looking beyond the obvious to consider careers in health and science that they would never have considered previously.



They are smashing stereotypes attributed to Māori youth and are representing how generational change can occur. They are now equipped with a full kete of knowledge and skills that will allow them to navigate their own futures, and they know where to go when they need more support. This is something that cannot be replicated in a non-Māori environment.

Applying the Tāmaki 10,000 blueprint has meant that for these Rangatahi, poverty and unemployment are not an option. They have been invested with hope and the tangible skills to make their dreams a reality.

---

***“I just brought my first car. There are so many costs with owning a car. Gas, registration and OMG insurance is so expensive but I got it”***

---



Rangatiratanga.



TE PAE HERENGA  
O TĀMAKI

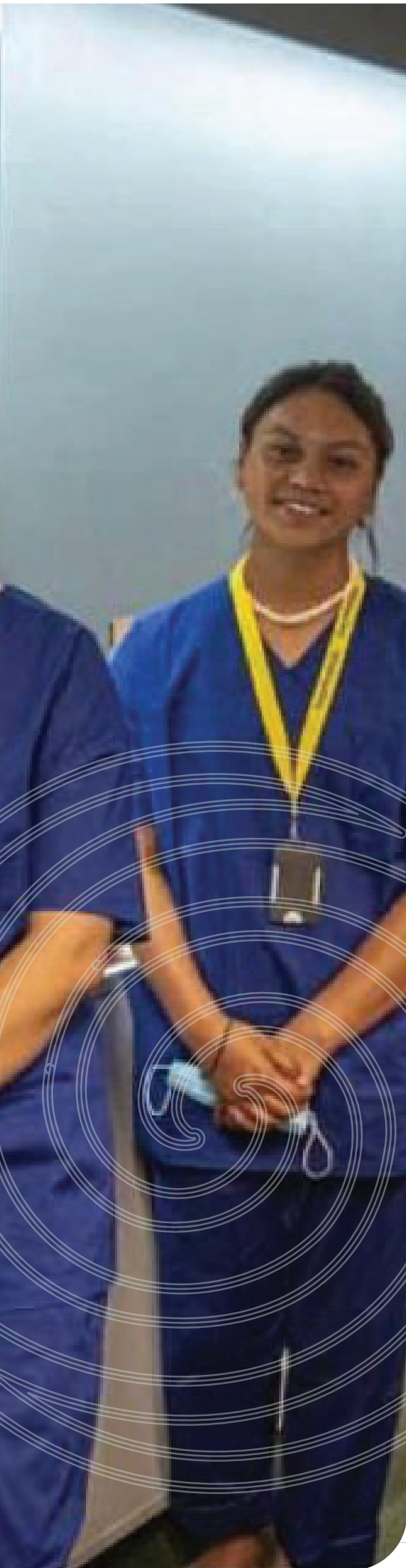
COVID-19 RESPONSE  
WORKFORCE DEVELOPMENT  
CASE STUDY

MARCH 2022





*Tāmaki Makaurau rangatahi lay vaccinators.*



## CONTENTS

<b>AT A GLANCE</b>	<b>2</b>
<b>EXECUTIVE SUMMARY</b>	<b>4</b>
Delivery	5
Sustainability	5
Conclusion	6
<b>CONTEXT</b>	<b>7</b>
Emergence of COVID-19	7
New Zealand's Preparedness	7
Government Response	8
Inequities Exposed	8
Māori-led Response	10
<b>TE PAE HERENGA O TĀMAKI MOBILISES</b>	<b>11</b>
<b>TIKANGA</b>	<b>12</b>
Rangatiratanga	12
Kotahitanga	14
Whanaungatanga	15
Mana	16
Manaakitanga	17
<b>DELIVERING AND MANAGING THE WORKFORCE</b>	<b>19</b>
Preparations and Set-up	19
Redeployment	22
Creating a Lay Workforce	25
Building Goodwill and Becoming an Employer of Choice	26
<b>SUSTAINING THE WORKFORCE</b>	<b>28</b>
Opportunity for Practical Experience	28
Learning on the Job	29
Funding that Aligns with What's Next	29
Funding that Allows Providers to Respond Promptly	29
Whanaungatanga	30
Key Challenge: Burnout	30
<b>CONCLUSION</b>	<b>31</b>
<b>APPENDIX</b>	<b>33</b>
Methods	33

## AT A GLANCE

This case study about Te Pae Herenga o Tāmaki (Te Pae Herenga) – a collective of Whānau Ora providers in Tāmaki Makaurau - highlights how a coordinated ‘by Māori for Māori’ approach was able to quickly mobilise and upscale a COVID-19 workforce.

Te Pae Herenga was created on the foundations of kaupapa (purpose) and tikanga (guidelines) Māori, with pre-existing inter-partner and trusted community connections already in place and a long track record of high-quality service delivery in their communities. This helped them quickly move resources and mobilise a Māori workforce to deliver much needed services to whānau.

---

*It's just like the way that we work together. It's like a whole whānau, you know? And it's all positive and like who wouldn't want to work in a positive environment every day? (Kaimahi)*

---

The following were identified as key to the success factors for the Te Pae Herenga COVID-19 response:

- 1. A compelling vision and kaupapa** - Delivering a Māori-led response to protect whānau (family group) from COVID-19 mobilised and energised the workforce.
- 2. Tikanga** - Kaimahi (workers) had a deep connection to what they did – it was not just a job: they see themselves as whānau looking after whānau.
- 3. Community-based solutions** - The providers didn't wait for central government guidance, resourcing, or support. They sourced the personal protective equipment (PPE) they needed and set up a rapid testing laboratory and regimen to help keep kaimahi and whānau safe.
- 4. Leadership and advocacy** - Te Pae Herenga leadership used a high-trust model that empowered workers to make fast and effective decisions on their own, as well as come up with new solutions quickly. The leadership team also had to be very strong and willing to challenge government policy makers and funding decision-makers, ensuring that the needs of whānau were front and centre.
- 5. Rapid innovation** - The solutions they created were conceptualised and implemented quickly. For example, information technology solutions and applications were built and “lay” roles were created to safely deliver and record COVID-19 testing and vaccination.
- 6. Goodwill** - Whānau and the wider community saw the extraordinary work being done and wanted to be part of it. Whānau volunteered labour and companies gifted goods and resources.

Being kaupapa and tikanga based also meant that Te Pae Herenga were able to access and attract a diverse pool of kaimahi of various ages, including rangatahi (young people), with a wide range of skillsets and experiences. Kaimahi said they felt a sense of whanaungatanga (connectedness) and manaakitanga (care, responsibility) to other whānau which meant their contribution was not “just a job”.

The opportunities to gain practical experience were impactful. The hands-on, community-based experience sparked an interest for kaimahi and school leavers in training to be health professionals. Learning on the job made up-skilling accessible, attractive, and exciting.

---

*Before I did this, I didn't think I would enjoy this type of work. Like I didn't even think after school go into the med field. But now I've been thinking of paramedic. Like, I like being in the community and I've been talking to the nurses there at the vax centre about it as well ... I wouldn't have thought about that at all if I didn't come to even be in an environment like this. (Rangatahi/ Kaimahi)*

---

Meaningful opportunities to contribute and train while connected to a safe, nurturing workplace are key to growing and sustaining the Māori health workforce. Sustaining the pathways established at Te Pae Herenga will help maintain the workforce gains realised during the COVID-19 pandemic.

Because a future public health crisis may pose unexpected challenges and require a different response from providers and government, policy and funding need to be configured to help Whānau Ora providers flex quickly and determine their own solutions at pace. This degree of agility and responsiveness is only possible when Māori health providers are sufficiently resourced, have the autonomy to make decisions and are in control of their own workforce.



Tāmaki Makaurau rangatahi kaimahi/volunteers.

## EXECUTIVE SUMMARY

This is a case study about Te Pae Herenga o Tāmaki - a collective of Whānau Ora providers in Tāmaki Makaurau (Auckland) - and highlights how a coordinated 'by Māori for Māori' approach was able to quickly mobilise and upscale a COVID-19 workforce.

The Tāmaki Makaurau Regional Skills Leadership Group (RSLG) and Ministry of Business, Innovation & Employment (MBIE) want to better understand:

1. How the non-regulated health workforce model of health and social service delivery was stood up at pace in Tāmaki Makaurau in response to the COVID-19 pandemic, and
2. What opportunities exist for retaining and progressing this workforce within the health sector.

As late as March 2022, the peak of the Omicron wave had passed in Tāmaki Makaurau, which gave Te Pae Herenga partners time to reflect. To conduct this case study, the Awa Associates team reviewed grey literature and interviewed 16 people from the Te Pae Herenga collective, including twelve managers and senior leaders and four volunteer kaimahi.

The Tāmaki Makaurau Regional Skills Leadership Group provided support and commissioned Awa Associates to conduct this independent research, so that it could consider the insights and learning from the Te Pae Herenga COVID-19 response. The report does not reflect the views of the Tāmaki Makaurau Regional Skills Leadership Group.



*Tāmaki Makaurau rangatahi kaimahi/volunteers.*

## DELIVERY

What was found were five key themes evident in the response from Te Pae Herenga:

- 1. A compelling vision and kaupapa -**  
Delivering a Māori-led response to protect whānau from COVID-19 mobilised and energised the workforce.
- 2. Tikanga -** Kaimahi had a deep connection to what they did – it was not just a job: they see themselves as whānau looking after whānau.
- 3. Community-based solutions -** The providers could not – and did not wait for central government guidance, resourcing, or support. For instance, they sourced the PPE they needed and stood-up a rapid testing laboratory and regimen to help keep kaimahi and whānau safe.
- 4. Leadership and advocacy -** Te Pae Herenga leadership utilised a high-trust model, which empowered kaimahi to make fast and effective decisions ‘on the ground’ as well as innovate solutions swiftly. Leadership also had to be resolute and willing to challenge government policy and funding decision-makers, ensuring that the needs of whānau Māori remained front and centre.
- 5. Rapid innovation -** The solutions they created were conceptualised and implemented quickly. For example, information technology solutions and applications were built and “lay” roles were created to safely deliver and record COVID-19 testing and vaccination.
- 6. Goodwill -** Whānau and the wider community saw the extraordinary work being done and wanted to be part of it. Whānau volunteered labour and companies gifted goods and resources.

## SUSTAINABILITY

The interviews with sector leaders, kaimahi and young volunteers surfaced themes about what might help sustainably grow a health workforce.

**Opportunities to gain practical experience were impactful.** The hands-on experience and being out in the community doing the mahi sparked an interest for some kaimahi and school leavers in training to be a health professional.

**Learning on the job made up-skilling accessible and attractive.** Learning on the job excited the young volunteers and kaimahi because they were developing skills. Initiatives such as “Mana in Mahi” and “Apprenticeship Boost” as described in the Tāmaki 10,000 plan align with on-the-job training and are expected to streamline and enhance skills training for Māori and help Māori in low paid roles move into high paid roles.

**Funding that aligns with “what’s next”** will help organisations upskill their workforce for the next public health threat. Funding that allows providers to invest in workforce development and training will ensure the workforce’s skillset does not lag behind what the community needs.

**Providers need prompt decisions and funding.** Te Pae Herenga’s ability to adjust and mobilise at pace was in-part due to their willingness to challenge decision-makers, and the backbone agency having a substantial rainy-day fund which meant they could purchase essential equipment to keep workers and whānau safe. More prompt decision-making and funding from government will help Whānau Ora providers mobilise in good time.

**Whānau relationships are key to engagement.** The relationships and networks that kaimahi have within their own individual whānau, and whānau in the wider community, kept everyone engaged in the kaupapa. Te Pae Herenga partners purposely built on this.

---

*“That’s where you maintain and retain your interest – your aroha, your ngākau, your wairua. Because it’s not about what can I get, what can I take. It’s not about that when you’re working for whānau”.*  
(Kaimahi)

---

**A key challenge: burnout.** Even before COVID-19, kaimahi had heavy workloads. Workplace wellbeing is a challenge that employers are taking seriously but exhaustion and burnout remains a significant risk and could lead to people leaving the sector.



## CONCLUSION

Te Pae Herenga was unified by a firm belief that there needed to be a community-driven, “By Māori, For Māori” response to protect whānau from COVID-19. Putting this into action required strong leadership and innovation at pace.

Te Pae Herenga’s leadership had confidence in their staff, which meant they could look within to find the people they needed to do what had to be done. They empowered their staff to act and take calculated risks with due care and diligence to arrive at solutions that would help protect whānau.

We note that the roles of most interest in the brief for this case study were COVID-19 testing and vaccination. However, kaiārahi (or ‘navigators’) and whānau ora support workers were also critically important to manaaki (take care of) their communities. The holistic view of health and wellbeing that Māori providers take ensured that support was stepped-up for more vulnerable whānau, especially given some other providers stepped down or stopped providing some support services.

Māori organisations have always had aunts, uncles, parents, cousins and children step in as and when needed, but the strengths of these connections

shone brightly in Te Pae Herenga’s response to COVID-19. Whānau were the first to respond and were shown to be as good as or better than bureau staff. Whānau members’ sense of connectedness and responsibility to, and care for, other whānau meant their contribution to the COVID-19 response was not “just a job”.

Sustaining learning pathways already established at Te Pae Herenga will help maintain the workforce gains realised during the COVID-19 pandemic, which were supported by training partnerships with St John’s and others. Meaningful opportunities to contribute and train while connected to a safe, nurturing workplace focused on protecting and enhancing whānau ora (family wellness) are key to growing and sustaining the Māori health workforce.

Te Pae Herenga partners are already upskilling their workforce in preparation for the next public health challenge, but a future public health crisis may pose unexpected challenges and require a different response from providers and government. Given this, policy and funding need to be configured to help Whānau Ora providers flex quickly and determine their own solutions at pace. This will help them build (on) the capability of whānau to manaaki (take care of) for their own communities.



*Generational whānau working together.*

## CONTEXT

### EMERGENCE OF COVID-19

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 2020, 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 good hygiene practices to control the spread of the disease. On 11 March, WHO declared the situation a pandemic.

### NEW ZEALAND'S PREPAREDNESS

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 (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 fourteen 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.

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 8,560 – 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.

## GOVERNMENT RESPONSE

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 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 until 27 April. The Tāmaki Makaurau (Auckland) region, in particular, would have the most number of lockdowns, having spent 181 days in either alert level 4 or 3 by November 2021, and since the beginning of the pandemic in early 2020.

## INEQUITIES EXPOSED

While the New Zealand government's actions in combating the pandemic earned it 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, a Research Fellow at the University of Auckland, 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 from Māori and Pacific commentators at the time highlighting that their 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). These tragic histories live on in the collective consciousness of whānau and hapū and are immortalised in our urupā (burial grounds) and wāhi tapu (sacred place) 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 5 times higher than that of Europeans, and a death rate 2.6 times that of Europeans (Wilson et al., 2012). 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. As of 16 March 2022, Māori accounted for 20% of all COVID-19 infections and 27% of all COVID-19 deaths, whereas Māori comprise about 17% of the total population.

Initially, there was little in the way of communication or acknowledgment 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 regarding 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.

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 the first lockdown in March 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, 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).

## MĀORI-LED RESPONSE

The Whānau Ora approach has shown to be successful in providing innovative services to whānau that meet their specific needs, resulting in high levels of service engagement during the COVID-19 crisis. The success of these services was due in part to how the Te Pae Herenga partners were already embedded in their communities and had a solid record with high trust relationships and connections established through their wrap-around service delivery model. These innovative ideas developed because of the lockdown's requirements were subsequently applied to other critical health services, such as influenza vaccinations, with mobile vaccination units reaching deep into the community.

The success of Te Pae Herenga in immunising whānau encouraged the organisation to take a more proactive approach to vaccination for COVID-19. 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 Te Pae Herenga. A national proposal, in collaboration with a national network of Whānau Ora providers via the Whānau Ora Commissioning Agency (WOCA) was developed based on their partners' current abilities and skills in their own communities, with a centralised structure to provide infrastructure assistance, data collection, analysis, and reporting, as well as a unified communications network. However, the national proposal was unsuccessful in gaining government funding for a "by Māori for Māori" COVID-19 vaccination programme.

The existing 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).

## TE PAE HERENGA O TĀMAKI MOBILISES

Te Pae Herenga is a collective of Whānau Ora providers whose aim is to have a positive impact on Māori whānau living in Tāmaki Makaurau, by working together to create systemic change that leads to improved social, economic and cultural outcomes for Māori. The collective was formed in 2014.

Te Pae Herenga partners are:

- Te Rūnanga o Ngāti Whātua
- Te Puna Hauora
- Ngāti Whātua Ōrākei Whai Maia Limited
- Manukau Urban Māori Authority
- Kotahitanga Collective (Papakura Marae, Te Kaha O Te Rangatahi, Turuki Health, Manurewa Marae, Huakina Development Trust)
- Te Whānau o Waipareira Trust

Te Whānau O Waipareira is the lead partner, providing the collective with backbone support including providing overall strategic direction, facilitating dialogue between partners, managing data collection and analysis, handling communications, coordinating community outreach, and mobilising funding.



## TIKANGA

Key to the Te Pae Herenga COVID-19 response was the organisation's ability to both leverage existing relationships, programmes and collaboration platforms, and core Māori values (e.g., whanaungatanga, manaakitanga, whakapapa).

Māori values and practices are embedded in the organisational DNA of Te Pae Herenga and its partners, providing a centralised platform that:

- Connects and combines the Te Pae Herenga partners; increases communication, trust, knowledge sharing, community reach and partner ownership of the kaupapa.
- Promotes the sharing of skills, passions and resources regionally and;
- Ensures that success is defined through a Te Ao Māori lens.

These values and practices are described in more detail below.

### RANGATIRATANGA

Rangatiratanga is associated with Māori sovereignty, leadership, autonomy to make decisions, and self-determination. Te Whānau Waipareira's CEO, John Tamihere, articulated a vision for a Māori-led response to protect the wellbeing of their community which strongly resonated with kaimahi.

---

*JT was, you know, positioning us, Waipareira, as an organisation that were going to be leading the way and responding to Māori. Knowing that, for me, was a very strong driver. You know, I was proud to be a part of that ... to put our people in a positive light, particularly like Waipareira, that we were out in front, ready to go fast and that that meant something for us as Māori. ... So yeah, that was a biggie. (Whānau Tahī, Te Whānau Waipareira)\**

---

*\*These quotes have been edited for readability without changing the points the interviewees were making.*

Kaimahi felt not only energised but supported by their leaders to do what needed to be done to protect and support whānau.

---

*We've always had it entrenched into us at work, you will never ever get in trouble at work if you're doing the right solution for the whānau. So, if that's in the intent in your heart to solve an issue, whatever you do the CEO will back you on it. (Whānau Ora Commissioning Agency, Te Whānau Waipareira)*

---

The leadership articulated a deeply meaningful vision that connected with kaimahi. They also took extraordinary action to redeploy staff to identify and deliver the right solutions for whānau. For instance, business-as-usual was put on hold so kaimahi could focus on doing what was needed to protect whānau from COVID. The pandemic needed kaimahi to change roles and do new things which meant contracted deliverables needed to be put on hold.

---

*I think it was unheard of, but Waipareira took the lead very early on to say to funders we are stopping all our deliveries. So, we have about fifty-six different contracts with different funders and we said that's all stopping. We will continue to have the funding, but we will now just use it to wrap around what is now just needed in our community. ... So they get it, but that took quite a strong push back by our CEO and team to manage that. (Te Whānau Waipareira)*

---

*We were to no longer work to those contracts ... they were very specific. ... So, then it was a lot of change that we were doing internally just allowing our workforce or our kaiārahi to do what they needed to do for our rangatahi and their whānau. It was my job as the CEO and our management to put things into perspective in terms of still meeting the contracts, so it was still being able to do that, keep our contracts rolling, but then chopping and changing what we needed to do in different spaces so our kaiārahi can do what they needed to do for our rangatahi and their whānau then he pai ki ahau (Te Kaha o te Rangatahi)*

---

The Te Pae Herenga leadership also needed to invest in new equipment and resources to meet the needs of whānau. Government did make additional funding available to cover these additional costs, but the funding arrived late. Fortunately, Te Whānau Waipareira was able to redeploy staff and dip into reserve funds to bridge the gap.

---

*Funders always come to the party too late. We've already done the mahi. And so, MSD for instance, they're giving us Community Connectors now [March 2022] which are to ring whānau in isolation and connect them with the support they need and all that other stuff. That was all needed, and we started doing that in the first lockdown [March 2021]. So why does it take another lockdown for government to be able to provide that type of resource? Funders are too late. Government departments are always behind the ball because their own internal processes are so long, they're not - their ability to provide support in the moment is required for smaller providers can be really limiting. We're lucky we're a big beast, we do have resource. If we didn't, there's no way we would have been able to - if we stuck to what government was giving us - there's no way we would have been able to do that when it was first needed. (Te Whānau Waipareira)*

---

*The Omicron funding is just coming to the Whānau Commissioning agency today. ... We're over the peak. Too late. It's late. It's really late. We kept saying, we really need the money now in Auckland. All our Te Pae Herenga partners need it absolutely now. But no, money is only just coming in now. (Te Whānau Waipareira)*

---

Te Whānau o Waipareira had the foresight, ability and discipline over several years to set aside 'rainy day' funds to draw on in an exceptional circumstance. COVID-19 was an exceptional circumstance. Without those funds, the rapidity and scale of the response would not have been possible. A Te Whānau Waipareira Director explains,

---

*... during that time, we had 10 times the normal number of transactions coming through. At the same time, the Ministry wasn't paying us on time. They were at least three months behind, but the Waipareira Board had established a reserve for a rainy day, and this was that rainy day. Now we need to replenish our reserve for another rainy day*

---



## KOTAHITANGA

Te Pae Herenga has established a sense of unity and common purpose based on strong relationships between the partner agencies and a shared vision. “Whānau Ora” guides their work, including their COVID-19 response.

---

*Here’s a whole load of sort of cultural values that we have that bind us together that even despite, you know, this is really interesting, that even despite all the iwi differences and tribal difference and you know, all the politics, we can still put that stuff aside for that kaupapa. So, you know, in that space, the overarching kaupapa for everyone is Whānau Ora. (Kaimahi)*

---

As noted above, Te Pae Herenga played a key role in coordinating the Whānau Ora response. Te Pae Herenga drew together information about the resource each partner agency had at their disposal, what support they needed, and coordinated reallocation where partner agencies could support others who needed it. Partners shared the workload based on each other’s needs and strengths. Regular communications were distributed across the network to ensure all partners were aware of the collective plan. A few examples of how the partners worked together are:

- Te Whānau o Waipareira provided backbone support to co-ordinate and allocate resources across the region.
- Te Whānau o Waipareira worked with Te Puna Hauora to deliver mobile vaccination services on the North Shore.
- Te Kaha o Te Rangatahi provided communications and health-messaging support to the Kotahitanga Collective in South Auckland.
- Kotahitanga Collective supported each other to deliver both wrap-around and direct COVID responses.
- Turuki Health provided support to COVID Testing demand across the region.

Other agencies such as District Health Boards (DHBs), (The Immunisation Advisory Centre (IMAC), St Johns Ambulance and Marae, including Papakura and Manurewa Marae provided expertise, workforce, manaaki and facilities to help vaccinate and support whānau. Critical to getting the job done were long-standing relationships between the providers and their workforce’s willingness and ability to move across Te Pae Herenga organisations. As the pandemic wore on, businesses, sports clubs and groups started donating kai and their time to help protect the community.

The workforce’s capacity to perform testing, vaccination and support tasks (such as warehousing and distribution) grew by over 1,000 kaimahi. Everyone was needed to meet the increased testing and vaccination demand and provide the wrap-around services and whānau support. The table below shows the number of kaimahi in the different roles across the Te Pae Herenga collective.



## WHANAUNGATANGA

Whanaungatanga provided kaimahi with connectedness and attachment to each other and the communities they served during the pandemic at a deep level.

---

*You know, so everybody that works in that space knows that it's about whānau, whānau are at the centre of our decision making and that drives the workforce. So, they've got this kaupapa here but all this, all those cultural values provide the foundations for that to happen. And when I talk about cultural values, I'm talking about whanaungatanga, the relationships, you know building on those relationships of trust and confidence, but even deeper, you know so a lot of the workforce that we have here they are, their family, literally family, who have through our networks have come on board. (Te Whānau Waipareira)*

---

The Te Pae Herenga partners bolstered their paid workforce with unpaid workers, largely through whānau connections. The number of whānau needing immediate support during the first lockdown and the number of and pace at which vaccinations needed to be done meant the paid workforce was not sufficient. The providers would not be able to recruit workers through regular employment channels quickly enough, so they turned to whānau. .

---

*So, it's not as random as you may think. It's all kind of, all of this infrastructure has been built around it as well. Also, there's a sense of duty that I just don't feel that, that exists, for some. They are there as professionals, they are there to do a job. For us this is not a job. This is a duty. This is a responsibility. (Kaimahi)*

---

The sense of responsibility to whānau runs deep and the challenges confronting the employed and volunteer workforce were significant. For example, there was very little time to adjust and learn the skills required in the COVID-19 context. But that they were doing it for whānau motivated them to rise to meet those challenges with a sense of purpose.

---

*I think for us what we've seen, my leadership team or the leadership on the front line, what we've seen very quickly is who is for the kaupapa and who isn't. And that is the important thing I think for this, for an organisation like Waipareira, is you find out very quickly who amongst your crew understand what our kaupapa is and who is willing to go there and work for the kaupapa rather than just seeing this as a job. ... we've seen who can manage change really quickly, who can adapt and because I think it was exciting to them at the start and because we were, you really did get a sense, you were part of something massive and you're helping - it's impacting on whānau lives, you're helping them. (Senior Manager)*

---

A sense of connection to others and belonging to the rōpū (group) helped kaimahi who were struggling with issues brought about by the pace and extent of change and the risks associated with working on the frontline of the pandemic response. A relative newcomer to a change management role across Te Pae Herenga said,,

---

*And so there's this element of whānau that I think kind of was like a protector, you know, it was like a cloak for them, but also I felt that coming into that space. We all just knew we had to be a whānau and look after each other and we could have a go at each other kind of thing, but it was all still fun and that we were all still in this together. That whānau element I feel was consistent from my first kind of early interactions with the workforce and its continued. It still continues today. It's almost like the glue that enables us to seamlessly transition into new environments and deal with new challenges. (Kaimahi)*

---

## MANA

Te Pae Herenga could not have set up the new systems and processes and trained a large enough workforce without a high-trust environment and respecting people's mana.

---

*I think one of the key things is probably having that high trust model. I think that really worked because that allows people to feel their way through things. And it's not even just about the trust. It's a really mana-enhancing approach. So, I think that was ended up being actually quite powerful, so having that really high trust model, I think.*

*INTERVIEWER: Yeah, and I think on the other side of that, is that yeah, it's all well and good saying we have a high trust environment, but if the people don't feel safe to actually do what they think is the right thing to do, if they feel they might make a mistake and get hammered for it, then they won't do it.*

*INTERVIEWEE: Yup. But yeah, it's also about recognising that person's own mana as well. That's really important. So, we didn't like have a set journey for everybody, we let people kind of find their way, with intervention along the way. Because again I didn't have a whole lot of time to really kind of go and work with everybody individually. What was key as well was that Tuakana-Teina model. So, what happened there was I trained somebody up, but then in five minutes of doing the job they were better than me, so I went from Tuakana to Teina. But then because they were the Tuakana the next lot would come in and the Tuakana would actually mentor them, then that new person would mentor the next new person and that was really important because then that's how we were able to train up people really quickly using that sort of Tuakana-Teina model. So that's why I was able to basically team of like 30 to 40 CIR [COVID Immunisation Register] people within the space of 24 hours. (Kaimahi)*

---

Site and service leaders matched people to roles based on their skillsets and interests, which meant in new, fluid environments there was some readjustment and change as kaimahi tried out different roles and found where they were most comfortable and capable. Everyone also needed to be open to gaining new experiences and learning new skills. A volunteer explains,

---

*... so that's what I started with, the health promotion, like dancing and all that. Some of the Site Leads at Waipareira were like, "oh man, that girl's very energetic". Like I like get getting a lot of honks from people driving past and then bringing people in. It was really funny! Oh, and also on the sirens like, "kia ora e te whānau, nau mai haere mai to wherever we are. We have a pop-up vaccination centre just around the corner, please come and get vaccinated whether it's your first, second or third". Oh wait no, not third, because boosters weren't available then. We were still trying to get people vaccinated on their first. Ae, when I first started, I started off as health promotion and then I was vaccinating and you've seen all those steps. Like you've seen, it started off as health promotion and then we went to registration, and then vax administration, and then vaccinating. (volunteer)*

---

Given COVID-19 presented unforeseen challenges, it was essential for leaders that believed in their people. Some kaimahi were shoulder-tapped to take on enormous challenges and when they saw their leaders believed in them, it gave them confidence.

---

*... the Trust Stadium – you need to go there now. John [Tamihere] is waiting for you. So, I drove up to the Trust Stadium and they were pitching marquees, John was running around with Dr Rawiri Jansen and Dr Anthony Jordan, and he said, “right come over here, babe”. So, I’m ok, and he said to me you, you’re going to run all of this. And I can remember taking my, like taking a step back and saying what is this? And he said, “It’s a drive through vaccination centre” and I was like, “Oookaay”. He said, “You’ll be fine. You’ll pick this up. No problem”. And I thought to myself all sorts of swear words at the time like yeah you don’t even need to know what I was thinking. In hindsight it was lack of belief in my own self and my own capabilities. So, I followed him around and listened to what they were talking about and then I started to listen to the numbers and what we were expecting. The first one that sort of got me was capacity of two thousand five hundred a day and I was like, “Heck!”. And then he said, “We’re kicking off tomorrow. You just need to sort that out” ... How great that move was and that foresight of our leadership, of John, to believe so much in myself and our capacity as an organisation to adapt and change so quickly. The only person that was actually holding my mind and my thinking back from the success of this operation was myself. (Kaimahi)*

---

## MANAAKITANGA

Kaimahi were giving a lot of themselves to whānau on the frontline so sustaining the workforce required caring for kaimahi.

---

*We know that even though we were doing these things for our rangatahi, for our whānau, for our hapori, it was also our role to make sure our kaimahi were okay and sometimes they weren’t.*

---

Kaimahi needed support given the sometimes emotionally challenging mahi (work) over long hours. Some also needed support to help adjust to the new, unfolding situation, with new technology and skills to learn.

---

*[acknowledging the extensiveness of the change] I’d say, “It’s cool, I get it. We’ll just take it one step at a time and you guys will get there”. And so that happened time and again throughout that process where there were real struggles that people were having.*

*INTERVIEWER: That sounds to me like that was a lot of your labour, like that emotional stuff, like the care, the assurance.*

*INTERVIEWEE: Yeah, totally. Totally. I mean that’s really what change management is. That’s how you actually, you know, achieve sustainable change is by acknowledging how people are actually feeling about it, right? (Kaimahi)*

---

Young people new to the workforce have been nurtured into their roles by their team leaders, who also ensure that the rangatahi (youth) are balancing other commitments, such as school work, and that they are able to align their mahi with their future aspirations.

**INTERVIEWER:** *So, like what makes you want to keep on [volunteering]?*

**INTERVIEWEE 2:** *I guess it's just the way that - oh how do I explain it? It's just like the way that we work together. It's like a whole whānau, you know? And it's all positive and like who wouldn't want to work in a positive environment every day? Like I guess that's the whole reason why.*

**INTERVIEWEE 3:** *So, the thing is, us that us being like a whānau environment the best thing about working at Waipareira is that our site leads are very understanding, and they don't want to hold us back. They actually encourage us to be better. You know? Yeah, so we could say to them, unfortunately I can't be at work today, I*

*have this going on in the morning, but I'll be free in the afternoon. They're all understanding. So, it wouldn't actually be that much of an issue. Especially if they know what our goals are. They're going to be totally supportive. And that's what Waipareira is all about. It's about whānau.*

**INTERVIEWEE 2:** *Since I'm still in school, our site lead, before she lets me come in to work, she makes sure all my schoolwork is up to date and I'm showing up to my classes and all of that. So, she, like yeah, before working she makes sure all of our school stuff like that is intact before we're allowed to come back. (volunteer)*

It's evident the interviewees saw their colleagues, not just as another worker, employee or volunteer. This showed in the kindness, support, respect and care they had for each other, which goes hand-in-hand in the rōpū being feeling like a whānau. These sentiments enabled the workforce to achieve their purpose with a sense of togetherness and belonging.



Preparing RATS tests for distribution to whānau.

## DELIVERING AND MANAGING THE WORKFORCE

This section of the report focuses on the actions Te Pae Herenga partners needed to put into place to stand up and sustain the COVID-19 response, focusing on the workforce. Some important actions have been referenced above, for example renegotiating business-as-usual contracts (see Rangatiratanga). Here we address other actions key to mobilising the workforce that were not discussed above.

### PREPARATIONS AND SET-UP

Resources were needed and systems needed to be set up so kaimahi could be deployed to safely do what needed to be done. The quotes in this section are long but we feel they are needed to demonstrate the rapid, innovative practice that took place to stand up the COVID-19 workforce.

Kaimahi rostered to work on the frontline needed to be kept safe. When COVID-19 first entered the community in March 2020, kaimahi on the frontline needed PPE. However, the Te Pae Herenga partners were not able to get any near enough PPE when they needed it from central government or their DHBs. This meant they had to source their own and take calculated risks to do so.

---

*We had to come up with a plan very quickly because we were really concerned. There were challenges securing masks in New Zealand because there were such limited stocks and the country lacked the raw materials to make them, so I tried to find a link between New Zealand and China, not through the government but by ourselves as an organisation. For us to secure an overseas supplier, we were also competing with other countries for that supply chain, not with people but with countries. That's what we were up against. I worked with a member in the IT team, who is also from China. He actually played a very important role because his family has connections to medical suppliers in China. Transportation was*

*a huge challenge. Normally, you're talking about overseas logistics from China to here. From the factory to here, you're normally talking about 10 working days. The first shipment took about three weeks to arrive. During that period, it was like, 'We know it's on the plane, but they're stopped by Customs. And we know it's in Singapore.' Can I be honest? At that time, our money could have been wasted as well. There was a possibility our money could have gone down the drain because of the situation we were in. The Waipareira Board approved these expenditures because we needed mandates since there was a possibility that whatever we purchased would be a waste. The other thing I find in New Zealand compared to back home is that the honesty there just 'sucks', it's terrible. When we were in the process of making payment, some suppliers would even say, 'Okay, can you pay in Bitcoins?' I said, 'I'm not paying Bitcoins. I'm not a drug dealer. What do you mean? I'm not in the black market.' Because at that moment masks were like gold to suppliers. I saw the suppliers; they gave me pictures as well. They paid in cash, a suitcase of cash, just outside the factory, otherwise the factory wouldn't release the goods. When I think back it was just too funny but then it was the reality. The only way to really understand it is if you think of it like a war situation. At that time, it was like war. For me, the first time we received the full sets of PPE, we were over the moon because it was like 'mission impossible' for us. It was a huge effort to get the amount of stock that we did so quickly. China introduced restrictions after that. We ordered about 100,000 medical masks during the time we were building up our stock of PPE. At one point, we were probably importing almost 50 per cent of the PPE coming into New Zealand. (Senior Manager)*

---

Another key to keeping the workforce safe was rapid testing. Te Whānau o Waipareira introduced a rapid, accessible process to test and ensure each kaimahi was safe to be at the workplace. The nasal swabbing process was considered too inaccessible, uncomfortable, and slow to allow daily testing for their workforce.

---

*We could see that nasal testing wouldn't be good for our kaimahi so in June or July in 2021 we were already talking to international experts in terms of how we would do testing and after our due diligence we partnered with a company called Rako Science. So, we did a joint venture with them. I think the lockdown occurred 18th of August from memory and on the 20th of August our staff were on a saliva-testing regime. And the reason we did it was, firstly, it was more convenient for our kaimahi. So, the abrasiveness of having to do a nasal test versus a saliva test was much much easier. Secondly, it was actually more cost-efficient. And thirdly, the key one was it is quicker. I could do one hundred people in one time whereas with a nasal testing regime everyone has to queue and finally the reason we did this was test results come back every night, midnight maybe one in the morning at the latest. Used to be about 10am but with pressure it's about 11am. So, we knew that every morning if your text comes through negative you were safe to go to work. And the reason we invested heavily - so we've invested a significant amount on saliva testing. It wasn't funded by the Government - in CBAC and in vaccinations you're close by and touching people so the danger level is quite high. We're out delivering kai to people's houses, we're testing rough sleepers, we're probably putting ourselves at more exposure than most people have [through the pandemic]. So, we wanted to protect all of our staff by making sure they could*

*get regular testing that was non-invasive because no one is going to do a nasal swab every second day and also the results come back in a few days. But equally, we wanted to protect - we wanted to provide assurance to the kaimahi whānau to say actually your mum, your dad, your nan, they're all working in a pretty, pretty tough environment but we're keeping them safe. To date we have not had a single - because of our PPE protocols - we haven't had a single kaimahi to whānau transmission of COVID. I'm not aware of any kaimahi-to-kaimahi transfer. (Senior Manager)*

---

A key frontline role was vaccinator. As well as keeping the kaimahi safe with PPE and regular testing, they needed to be trained to vaccinate. Te Pae Herenga worked with IMAC to put the training in place, which wasn't straightforward as some sector stakeholders were pushing back.

---

*John [Tamihere] had always pushed for it because it is manaakitanga and our ability to whanaungatanga. That's the actual difference, not putting a jab in your arm. We know how to work with our people better, our ability to engage with them, calm them down, relax them. So, there was John and there was Rawiri [Dr Rawiri Jensen] and it was actually really hard because a lot of clinical people don't actually want what they view as their domain being taken over by a group that they actually thought was inferior because they're not done all the clinical training they've done. So now at our centre we have one nurse overseeing them all and they're all lays. but again, it's that leadership pushing the boundaries and regardless about what was coming back from people he just carried on saying, "No this is how we're going to do it". So yeah, again it's that leadership, aye. (Kaimahi)*

---

Getting enough vaccinators for Te Pae Herenga early in the rollout of their COVID-19 vaccination programme was a challenge as most that were available were part of the regulated workforce (i.e., doctors and nurses), which was not sufficient to be able to vaccinate communities 'en masse'. Getting enough people trained and registered as vaccinators quickly enough was even more of a challenge. It involved Te Whānau o Waipareira (Waipareira), Waitemata DHB and IMAC arriving at a condensed vaccinator certification process to meet the immediate community-driven demand for more vaccinators.

*... we need vaccinators, and we need lots, we need lots of vaccinators. I'm thinking where are we going to get these people? We had eight lanes in the drive at Trust Stadium and by this time cars were sort of a kilometre and a half up the road waiting, and people were getting very uneasy. This is when you know the country had been shut down again and we were back to level four. And it was ok we will teach, we will train our own vaccinators. And so, we scooped up twelve people, Dr Rawiri Jensen gave them standing orders, they didn't go through the IMAC process at that stage he gave them training and said, "I'm going to sign you off and that's what you're going to be, you're going to be a vaccinator". And I can remember there wasn't a place in the CIR system where the lay vaccinators with standing orders could put their name in. So how do I get my lay vaccinators on that list? You know, to be told by IMAC that what we were doing wasn't okay and it was like, no I think that's just - it's not right because we've got the paperwork to support us, and we've got the DHB here with us watching what we're doing. Dr Anthony Jordan watched the process of sign off. But I also knew in my heart that I needed to go through whatever the IMAC steps were. So, we put our entire lay vaccinator workforce through their program so that they could have their names put into the system. Yeah, there was lots of toing and froing and I ended up getting John involved. So, and Doctor Nicky Turner done a little bit of to and fro around the legalities of it. I also knew from my Whānau Ora time Lorraine Hetaraka who is the chief nurse.*

*So, I'd done some talking with her around what we could do, and it ended up being a condensed training module. They had to sit there and listen to a thirty-minute zoom and then IMAC would watch them - they had to show IMAC they knew how to vaccinate. So, our turnaround was within three hours they were getting their authorised vaccinator letters back from CIR. (Kaimahi)*

As part of Te Pae Herenga and their COVID-19 response, several digital and technological innovations were developed to support both staff in their mahi and whānau in the community.

The establishment of a Community Based Assessment Centre (CBAC) at Waipareira saw the development of a digital platform that included an online registration and screening process. Before this time, the registration and screening process was paper-based, which meant that Waipareira needed to build its own platform.

The new software significantly reduced the likelihood of COVID-19 transmission by allowing people to register and be screened online without having to touch others or pass paper from one individual to another. The software also significantly reduced the amount of time it took for whānau to access COVID-19 testing, allowing more people to receive timely testing, results, and treatment.

A logistics and distribution system was also developed to monitor and track the delivery of COVID-19 hygiene and kai packs to whānau. This system was able to provide real-time information on the hygiene and kai packs and ensure that the packs were delivered to whānau in a safe and timely manner.

The introduction of vaccination registry software as part of the drive-through vaccination centre established at the Trust Arena in West Auckland, August 2021, was another technological advance. While the Ministry of Health (MoH) did have similar software in place, the IT team at Waipareira were able to develop a version that was more fit for purpose. This software also helped to streamline the vaccination process, making it quicker and simpler for whānau to register and receive their vaccinations.



Ensuring that kaimahi had access to the right technology and digital resources was also a key focus for Te Pae Herenga. This included the implementation of tools and systems to support staff in remote working, such as video conferencing and cloud-based document storage and sharing platforms. This allowed staff to continue providing vital COVID-19 support to whānau as well as keep everyone safe.

Being able to monitor staff whereabouts and interactions also saw the development of the Kiosk Application (App) that was able to record and monitor staff using the Waipareira buildings in real-time. The App would also undergo a number of updates, which included the ability to record COVID-19 test results and vaccination status. This allowed for greater transparency and accountability around COVID-19 testing and vaccinations within the organisation.

The innovations described here – procurement, testing, vaccination and software development – are just some of the preparation and set-up work that took place to resource, protect and train the workforce and whānau. These innovations involved rapid and kaupapa-driven collaboration between agencies focussed on protecting the community's wellbeing. Success stemmed from community leadership driving their own solutions, which sometimes meant strongly challenging and stepping outside of established process to get the job done.

## REDEPLOYMENT

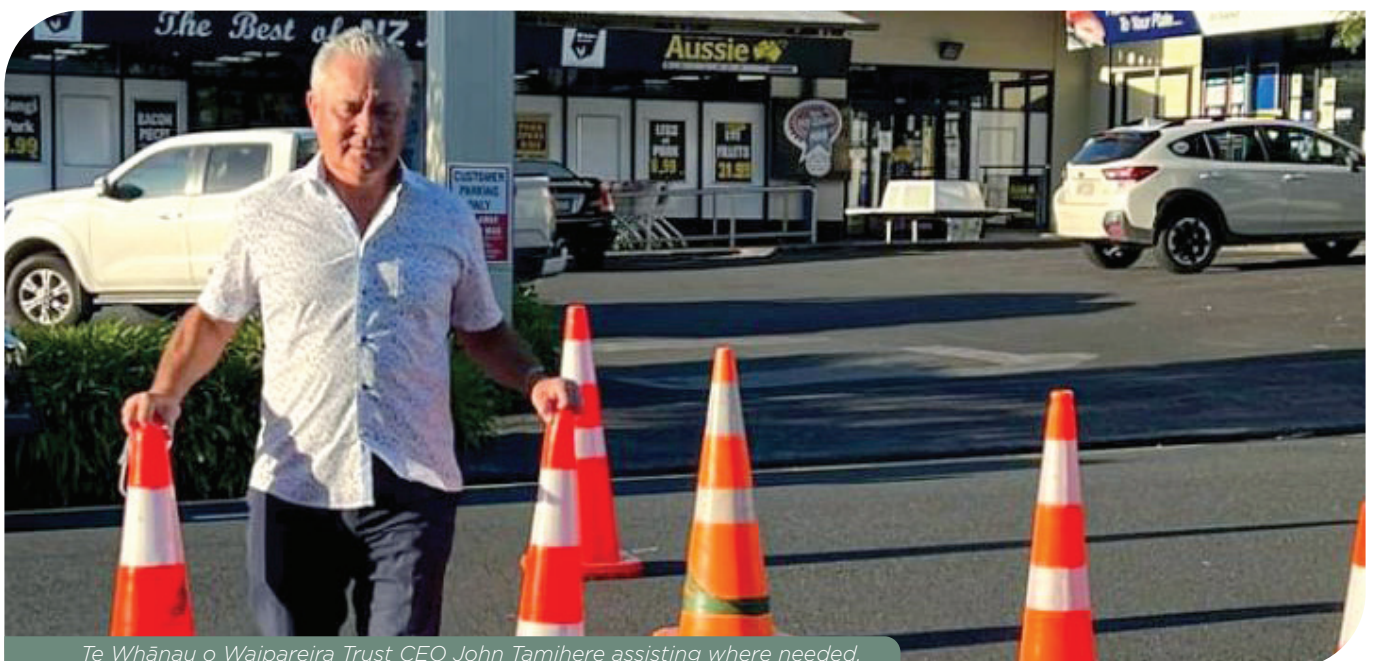
Mounting the response was a challenge for two key reasons: the limited number of employees given the amount of work to do and secondly risks to people's wellbeing. All but those staff needed to keep the organisation functioning (e.g., payroll, IT) and those who were particularly vulnerable (e.g., immune-compromised) were asked to redeploy to the "frontline". The vast majority were willing to do so.

The request to redeploy at Te Whānau o Waipareira came from the CEO, John Tamihere. Redeployment from your usual role at Te Whānau Waipareira is not unusual, however, Tamihere has said,

---

*So, one day in our Whānau Ora work, you can be a manager or a team leader and the next day you are a cook, a cleaner, a runner or working on traffic management. ... Our mantra is, if service is below you, leadership is beyond you. This is encapsulated in a Māori saying: Ko te amorangi ki mua, ko te hapai o ki muri (The leader at the front and the workers behind the scenes). (CEO, Te Whānau o Waipareira Trust)*

---



Te Whānau o Waipareira Trust CEO John Tamihere assisting where needed.

Redeployment for the purposes of running a community-based activity or event is commonplace and the common sense for that response amongst kaimahi is they follow tikanga. However, in the context of COVID-19, the redeployment was for a much longer time period and into contexts that required careful planning and risk assessment, including identifying those staff with specific skills and experience needed for particular roles. It was also a response to a national emergency, which required novel and innovative approaches. The kaimahi were willing to do this as they saw it as an opportunity to support and manaaki whānau in line with tikanga Māori, however, as one senior manager states, redeployment of kaimahi was done on a case basis:

---

*We're probably about 98% of all kaimahi have no problems because they understand the kaupapa of what Waipareira is, they understand the kaupapa and tikanga of how we would normally respond as one to issues including the pandemic. So hardly anyone had any issues. We've had a couple that thought, you know, I'm not safe. Well then, we accommodate those on a case-by-case basis. So, you know it wasn't ok for everyone to move to the frontline as there were compromised people, there were people with anxiety, and so wellbeing was taken in to factor, so the various things, wellbeing, capability, whānau, their own whānau, we had people that their family they are immune compromised or might have a sickness that putting them at risk puts their whānau at risk. So that was all taken into account, and we accommodated those. While we look after the community, we also look after our own. (Senior Manager)*

---

COVID-19 has brought with it a lot of uncertainty, which has required organisations to be flexible and agile. Redeployment was one way that Te Pae Herenga could quickly adapt to meet the needs of whānau by shifting people, resources, and skills to where they were most needed. However, this was not without its challenges, as it often required people to work in different areas of the organisation with different team dynamics. Tikanga provided a framework for navigating those challenges:

---

*INTERVIEWEE: So, part of its whanaungatanga. So, this is what I always see as quite a big difference between mainstream organisations and Māori organisations. We, we're okay with tension. We're okay with when somebody disagree with you. We also have the tendency to just be more upfront. Definitely more upfront. My experience of mainstream organisations is that you know, pretend people, because there are just so many systems in place around how you can engage with your colleagues. You know? I feel when there's disagreements, it tends to be more passive aggressive. But what people actually need to realise it's less about policy and more about culture. That is, you know, and what is the culture that you find, bureaucratic, it's a Western culture thing, right? We have you processes in place with how you engage with your fellow employees, but again we have sort of cultural things in place around if there's a disagreement, you voice it. A good example is when you go to a marae, that whole process is around, you know, was used to say are you friend or are you foe? Come in, we'll test you out first, do the wero. Okay, okay, you've kept your guns. Come in. Let's talk. I kind of want to get a feel for you. So, we're okay with that. You know? So, I can tell someone "That's f... dumb". (laughs). Then they go, "No you're f... dumb!" And then the person who receives that, I'd say probably six, seven times out of ten bro, that person didn't actually know. And not until someone actually tells you and you're like, "Oh, I'll change that", or "Sh.t, I didn't realise it was having that impact on you". But again, those cultural tendencies that are in place also provide the safety, because again in any other environment that can probably end in a PG or going to HR or something like that (laughs). (Kaimahi)*

---

Some people were shoulder-tapped to take on critically important roles, sometimes outside of their comfort zone and “skill-set”. That many people did shows the inherent agility of the workforce. However, for some, change was difficult and they needed support to work through it. Moreover, that support was provided and made all the difference for some kaimahi, as told by a change manager.

*It was months later that that same guy came back to me and said to me, “Actually, you might be the reason I’m still here because it was just so much, so stressful for me and I was on the edge that if you didn’t just remind me that you know, all you got to do is just take one more step and you’ll get there, yeah if we hadn’t have that conversation I could have just said nah this is enough I’m not*

*going to carry on”. And yeah, when I did catch up with him again at a later stage, he was the man! You know, he had all his files set up, he knew his way around, he could tell me how to navigate the system and what not. But you know that one stuck with me because he came back and explained how much of a difference the conversation made for him. (Kaimahi)*

The table below shows the number of kaimahi in the various COVID-19 response roles across the Te Pae Herenga network. Most of these roles did not exist before the emergence of the pandemic or had much fewer staff allocated to them.

Resources	Description	TOTAL
<b>Human Resources</b>		
Nurses	Provide clinical oversight, information and coordination	116
Nurses Vaccinators	Clinical staff administering vaccines and performing observation	92
Lay Vaccinators	Kaimahi with vaccination training	64
CIR trained admin	Kaimahi trained to administer, register and enter vaccine administration	196
Cold-chain kaimahi	Kaimahi trained to draw and manage vaccine	90
C-19 Swabbers	Trained Covid19 Test Swabber	59
EClear Admin	Trained Covid19 Testing Administration	21
Testing Triage	Trained Covid19 Testing Triage Administration	27
Doctors	Clinical oversight and General Practice medical care	24
Operations Manager	Site management and coordination	9
Rostering Specialist	Coordinate rosters covering coverage of site	9
Security / Māori Wardens	Traffic management and centre security	74
Vaccine Kaimahi	Includes Vaccine support staff who coordinate flow, provide observation, chair hygienist	72
Clinical Lead	Provide clinical oversight, Information and coordination	10
Whānau Ora Kaimahi	Kaimahi Supporting Whānau (This includes business as usual support and covid specific support)	1017
<b>Other Resources</b>		
Mobile Units		16
Support Vehicles		8
Warehousing Capacity	Packing and storing of kai and hygiene packs	3

## CREATING A LAY WORKFORCE

Te Pae Herenga took on volunteers from their community for two main reasons: they needed more hands-on deck to get the work done, and they realised their whānau were as good as the people they get from the workforce bureaus. Primarily, the leadership considered where volunteers might be more useful than a clinician, as well as where they might relieve some of the burden from the clinician.

---

*We applied a logic. So, firstly our advocacy is off the planet in terms of advocating for whānau. If you want a whole lot of brown people with tattoos vaccinated get a whole lot of vaccinated people with tattoos to vaccinate them. Because you look like me, I don't feel an inferiority complex. If you want a whole lot of young kids vaccinated, get young, vaccinated kids to come in and talk to them, vaccinate them under clinical supervision. But like if you're doing that motion [injection gesture] a thousand times a day you're going to get pretty good at it and even if you're not a nurse it becomes no different to flipping a burger at McDonald's - you're going to get really good at flipping burgers. So, the clinical aspect is the cold chain, the drawdown of the vials, and if there's an incident that is a clinical requirement. But washing a chair, putting someone's data into a system, telling them to go over there, or doing that motion [injecting], that is not a clinical thing. So, what we've done is we've broken down a purely clinical process and then said well actually what does have to be clinical, and what could be done by a trained kaimahi? (Senior manager)*

---

Once they knew where they could bolster their ranks with volunteers, they put the call out. In addition, once the volunteers started arriving, many of whom were whānau, highly motivated and capable, they realised they were on to a very good thing.

---

*Yeah. At the same time, we put a call out to volunteers, "Hey this is what we're doing, this is what we need, come and be an asset". A lot of our volunteers were whānau of current kaimahi, so we had daughters, brothers, sisters, parents, you name it they were here. Obviously, legislation has to be followed so again everybody is vetted, everyone*

*had to follow the mandates, everyone had to follow this and that, we had to provide standard application forms and all the background and the vetting because that's our process regardless. So, they were all brought in, they all have a contract whether it be a volunteer or an IEA with us. The development kicked off was that, actually, you know what? There's no difference to paying a lot of money for these people to come in from the bureau. What we need to do is to upgrade, upskill, and uptrain our volunteers and our whānau to become that. We then set up training internally for volunteers. So that was quite a big drive and as you might have seen on social media, we had the youngest vaccinating team! So that was a good move as we had our own and because they were whānau of kaimahi they've stuck with Waipareira. We trained our whānau to protect the community. So, it's sort of worked. (Kaimahi)*

---

Many of the kaimahi moved across roles to help with surge in demand day-by-day, even hour-by-hour, which meant they learnt a lot and gained a wide range of experience over time.

---

*We actually just bought them on to write the time on the card of the window screens at the Trust Stadium. They had a script, they memorised it. They observed the people when they were in observations and the nurse would oversee them. And they quickly moved to coming inside and doing the admin so doing that was a shift and then all of a sudden by the time they got around to being lay vaccinators they knew the lay vaccinators script off by heart because they had watched their tuakana do that, their aunties and uncles. (Kaimahi)*

---

Many skills were transferable across vaccination and testing facilities such as de-escalation skills to help with people experiencing anxiety, people becoming impatient or needing help to calm down. At the Community-based assessment (testing) centre, which was largely staffed by redeployed workers and volunteers, they became much more efficient after a few months of doing the mahi. They started doing about 1,000 tests between 8am and 8pm with 20 kaimahi but were soon doing about 1,000 tests by 4pm with 6-7 kaimahi.

## **BUILDING GOODWILL AND BECOMING AN EMPLOYER OF CHOICE**

---

*We had the opportunity for music outside. And that was sort of speakers and us outside having fun. We could have an awesome time inside and so it was like let's really whakamāori this. Let's set up karaoke. Let's dance. Let's sing. Let's make this a real experience for people! And it's so funny thinking back but it made all the difference having the live music in there. Yeah, having people dance. And that's where we sort of started with the TikTok experience. It was such a cool vibe. (Kaimahi)*

---

The positive, whānau-centred response generated enormous goodwill in the community. One of the benefits of this was that Te Pae Herenga partner's mahi has helped attract kaimahi to their kaupapa, which has helped make up for their inability to mainstream and government remuneration.

---

*I mean Whānau Ora providers are at a disadvantage anyway, we all know that, from say a mental health perspective, social service perspective in regard to what mainstream pay and that's mostly the ministries. We were seeing 40 thousand dollar, 50 thousand differences in salaries between us and mainstream and the ministries. It's like we would never compete, we can't compete. And of course, they need to look after their best interests. However now, not all, but we are seeing people with more of a focus on our contribution to the community and what we can do, we want to be a part of this movement that you've got going and your response to communities. It's more about quality and better living for all than just my big, large paycheque. (Kaimahi)*

---

The goodwill and desire to be part of Te Pae Herenga has been generated by personalised connections and seeing kaimahi out in the community delivering for the community. Actions like filling the gap left by other support services that had pulled back from offering in-person support during the lockdowns made whānau feel like Whānau Ora providers had their best interests at heart.

---

*INTERVIEWER: What do you mean other agencies were closing their doors to your whānau?*

*INTERVIEWEE: So, whānau that were previously supported by [social service providers], and so we had feedback from whānau saying that they just weren't getting any engagement from those agencies and so kaiarahi, our navigators were the sole support, connection, guidance over that lockdown period. You've got to think about the position they're already in: they're already anxious, they're already stressed, and then for their other support networks to close down – our partners just had to pick up that up and carry on doing their thing. (Kaimahi)*

---

Manaakitanga is evident as a key point of difference that set Te Pae Herenga partners apart from mainstream providers. Some of the ways that the providers showed they care and wanted to support the community are:

- Kanohi ki te kanohi (in person) discussions to provide relevant and meaningful information related to the vaccine and translating this for a Māori audience.
- Taking services into the community, e.g., shipping containers converted into mobile clinics.
- 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.
- Music, water, chippies and games for whānau waiting in cars at drive-through vaccination and testing facilities.
- Positive social media presence with information about vaccination and supports available for whānau isolating at home.

The communities' response to the manaakitanga shown by Te Pae Herenga has been enormously positive which further bolstered the workforce's morale and increased the providers' profile as an employer of choice and go-to places for volunteers.

---

*You know it's interesting, we're getting so many people that are not Māori volunteers. The best thing for us – for Waipareira – is just the average kiwi in the community supports Waipareira now. Every day we got a whole lot of magazines from some company dropped off to go to for our staff to read. We just got from a travel company a weekend away to go to a staff member. We're starting to get things all the time. It's just, so that's pretty cool, because that's about understanding our roles within the whole community. So even though we look after vulnerable Māori we're actually there for everyone and that's been a positive for us at the moment.*

**INTERVIEWER:** Sure. Yup. And has the COVID response created more positivity from the community?

**INTERVIEWEE:** Yup about 500%. You can see that on Facebook. You know in the past we had to more block people and trolls. We don't do that anymore because it's all positive. Right? So, it's totally changed. When they understand that we're there for everyone as well in a time of need, you know? (Kaimahi)

---

## SUSTAINING THE WORKFORCE

The interviews with sector leaders, kaimahi and young volunteers surfaced themes about what might help grow and sustain a health workforce and challenges to that.

### OPPORTUNITY FOR PRACTICAL EXPERIENCE

Some volunteers and back-office staff deployed into a frontline role have developed an interest in a health workforce role. The hands-on experience, being out in the community doing the mahi, helped the rangatahi volunteers decide which path to follow when they leave school.

---

*I was like still trying to decide if I want to go into the law field or the medical field. But doing this work, and actually enjoying science in school as well, it made me lean more towards the science field. So it definitely has had an impact on what I want to do with my career. (volunteer)*

---

*At the start I didn't really know what to choose. Because I want to - so I've already started my applications to go to the Airforce but I didn't know what trade to choose. And then coming to Waipareira sorted just helped me to find what I feel good at. And that's socialising, you know making people feel like, making people feel comfortable, so you know I just wanted to do medical. So I'm planning on doing medical in the Airforce. (volunteer)*

---

*I think what I really learnt during the time, that time, was that I wanted to work in the community. Like I really enjoy helping whānau out. And I like being hands-on. Hands-on mahi. That's what I enjoy as well. So I'm still trying to work out what the mahi is, but now I know the type of work I enjoy. So it was a big help coming to work here. (volunteer)*

---

*Before I did this I didn't think I would enjoy this type of work. Like I didn't even think after school go into the med field. But, now I've been thinking of paramedic. Like, I like being in the community and I've been talking to the nurses there at the vax centre about it as well. So paramedic sounds good to me and I wouldn't have thought about that at all if I didn't come to even be in an environment like this. (volunteer)*

---

The experiences the rangatahi have had have got their friends interested in getting involved too.

---

*So yeah, we've taken on our next lot who are then going to be surrounded by all these aunties and uncles who will ensure they are successful.*

---

## LEARNING ON THE JOB

Learning on the job excited the young volunteers and kaimahi because they were developing skills; gaining new experiences which made them feel good about themselves. The “Mana in Mahi” and “Apprenticeship Boost” funding means Whānau Ora providers can access subsidies to employ and upskill their kaimahi. These funds align with the Tāmaki 10,000 plan, which aims to remove barriers for Māori to the employment market, streamline and enhance skills training for Māori, and transition Māori from low-paid to high-paid roles.

Once young people are “in”, providers are finding that the rangatahi are motivated by opportunities to undertake further training that can lead to further involvement in the organisation.

---

*You know, some might not want to go back to school, but seeing the response from our rangatahi has sort of embedded them with us. Hey look, you know, these are the people that we will keep on our books, you know, when they're ready there will be a position here for them, and we will make, we will find it. And we will encourage and train them and nurture them to be a part of it. (Kaimahi)*

---

## FUNDING THAT ALIGNS WITH WHAT'S NEXT

Leaders were already looking ahead at “what's next” and are working with educational and training organisations to upskill their workforce for that. Funding that allows providers to invest in workforce development and training will ensure the workforce's skillset is not lagging behind what the community needs.

---

*Our Tapu Noa program was the COVID-19 response but that's also the biggest thing that our rangatahi didn't have because either there aren't many programs or services that touch on it, not “lightly”, so to speak, to help with mental wellness and mental health. So it was like, okay, cool, that is something that a lot of our rangatahi*

*are asking for. And we have been working with a couple of people from University of Auckland, and internally our own team, and Manurewa Marae has somebody from the Mental Health Foundation and yeah, to develop what our rangatahi need. (Kaimahi)*

---

## FUNDING THAT ALLOWS PROVIDERS TO RESPOND PROMPTLY

Faster and more flexible decision-making and funding from government will help Whānau Ora providers mobilise in good time to future public health emergencies.

The COVID-19 pandemic showed that Whānau Ora providers were able to reach Māori populations and people hesitant to be vaccinated. This has raised the possibility that Whānau Ora providers deliver a wider range of vaccination services for their communities in the future. However, the next pandemic may require a vaccine that is not within Whānau Ora providers' remit, which may compromise their ability to respond quickly. As highlighted in this case study, the Te Pae Herenga providers faced several regulatory barriers to vaccinate their communities quickly and resolving these took strong leadership to establish the “lay vaccinator” role, which was a key to their success. Resolving these regulatory barriers that blocked community-based providers responding to whānau needs took valuable time. If these barriers could be addressed now, it could save valuable time for responding to future public health emergencies.

Providers need prompt decisions and funding. Te Pae Herenga's ability to adjust and mobilise at pace was in-part due to their willingness to challenge decision-makers, and the backbone agency having a substantial rainy-day which meant they could purchase essential equipment to keep workers and whānau safe. Procurement of PPE from overseas was another key to the response success.



## WHANAUNGATANGA

The relationships and networks that kaimahi have within their own individual whānau, and whānau in the wider community, kept everyone engaged in the kaupapa. Te Pae Herenga partners purposely built on this.

---

*That's where you maintain and retain your interest – your aroha, your ngākau, your wairua. You know you really shouldn't even be here if you don't have any of that. Because it's not about what can I get, what can I get, what can I get, and I'm going to take, take, take. It's not about that when you're working for whānau.*

*Waipareira has over the last few years implemented what's almost an internship for whānau of whānau of Waipareira to look after our own and give them an opportunity to be a part of that. Not all, but a good majority of them have shown an interest in wanting to be a part of that, and they have been a part of that. (Senior manager)*

---

## KEY CHALLENGE: BURNOUT

As with most workplaces during COVID-19, particularly those with frontline staff, wellbeing has been a challenge with burnout being a real possibility if the necessary interventions are not taken.

On occasion, the whānau of Te Pae Herenga kaimahi were feeling the pressure of the COVID-19 response too. As one interview put it, “some people's partners were wrecked” when Te Pae Herenga went up north to help vaccinate Te Tai Tokerau whānau, especially partners who had tamariki (children) to look after back home.

In addressing this issue, partners had their own tuakana-teina (relationship between an older person (tuakana) and a younger person (teina) relationships whereby kaimahi on the ground were able to debrief with their partner and talk about what they were seeing and doing. Having kaimahi rotate through different roles and sites also helped to prevent burnout. Some interviews said instituting workplace “Wellbeing Plans” as part of organisational policy would help, especially if people were able to build in some “me” time into their calendar to take time out and do something for themselves.

## CONCLUSION

As at late March 2022, Tamaki had passed the peak of the Omicron wave and the community was highly vaccinated, including the third or “booster” vaccination. Accordingly, Te Pae Herenga was winding back the scale of its COVID-19 response.

Te Pae Herenga was unified by a firm belief there needed to be a community-driven, “By Māori, For Māori” response to protect whānau. Putting this into action required strong leadership and innovation at pace. Business as usual and established processes needed to be put on hold or reassessed to achieve what needed to be done. For Māori, tikanga is an engrained sense of what is right for whānau and helped structure the collective’s response to the unique challenges of COVID-19.

Te Pae Herenga’s leaders empowered their staff to act. The leadership trusted that kaimahi would know what to do. There are many examples of kaimahi taking calculated risks with care and diligence with the full support of their leaders – we have only described some of them here, e.g., establishing a saliva testing lab at pace, procuring PPE off-shore, standing up the lay vaccinator role and establishing a drive through vaccination centre within a few days. We heard from many rangatahi, wāhine (women) and tāne (men) who felt respected and enhanced by the empowering and supportive leadership they had meeting these challenges.

We note that the roles of most interest in the brief for this case study were COVID-19 testing and vaccinating. However, kaiārahi (or ‘navigators’) and whānau ora support workers were also critically important to the manaaki with which Te Pae Herenga providers care for their communities. While some providers stopped or scaled back some social supports during lockdown, Te Pae Herenga stepped up their efforts to safely care for the most “at risk” whānau. We also note that none of this would have been possible without other critically important roles, including procurement, IT and change management.

The lengths Te Pae Herenga went to protect whānau from the threat of COVID-19 were not lost on their communities. The goodwill this generated helped the providers’ people and sustain their workforce by Māori and Pākehā, individuals and organisations, gifting resources and time. Māori organisations have always had aunts, uncles, parents, cousins and children step in as and when needed, but the strengths of these connections shone brightly in Te Pae Herenga’s response to COVID-19. Whānau were the first to respond and were shown to be as good or better than ‘recruiting’ through workforce bureaus. Their sense of connectedness and responsibility to, and care for, other whānau means for them their contribution was not “just a job” – they undertook their mahi with aroha and manaaki.

A key to sustaining the workforce gains realised during COVID-19 is sustaining the kinds of learning pathways kaimahi have already embarked on at Te Pae Herenga. The kaimahi we spoke to found contributing to whānau ora meaningful and could see a pathway leading to future learning and employment opportunities. Some providers have arrangements in place with external agencies and organisations, such as St Johns Ambulance and tertiary education providers. The confidence their tuakana, aunties, uncles and leaders showed in them gave them confidence to take on challenges some kaimahi initially thought beyond them. The real life, hands-on experience was exciting and rewarding. They felt strengthened by the aroha and manaaki of their tuakana and fellow kaimahi. This tells us meaningful opportunities to contribute, train while connected to a safe, nurturing workplace focused on protecting, and enhancing whānau ora are key to growing and sustaining the Māori health workforce.

Te Pae Herenga partners are already upskilling their workforce in preparation for the next public health challenge but feel they cannot do it all on their own. They are collaborating with other agencies and education and training specialists but policy and funding conducive to responding to community need is required. The COVID-19 crisis has highlighted the effectiveness of the Whānau Ora model in providing accessible services that meet whānau needs. A future public health crisis may pose new challenges and require a different response from government and providers. Policy settings and funding conditions should support the ability of Whānau Ora providers to determine their own solutions, at pace and support them to build on the capability of whānau to manaaki for their own communities.

Finally, this Te Pae Herenga case study highlighted the strengths and agility of Māori organisations and providers to quickly mobilise and respond to a public-health crisis. This model, i.e., a community-based, Māori-led response to the needs of the community, needs to be recognised and nurtured. It has the potential to be adopted by other organisations (including mainstream organisations), adapted, and scaled-up in other contexts and areas of need. The principles and qualities of the relationships and service delivery described here cannot – and should not – be lost.



Vaccination Drive-Thru – Te Whānau o Waipareira.

# APPENDIX

## METHODS

To prepare this case study we met with MBIE to confirm what was needed. We then conducted a review of Te Pae Herenga documentation (e.g., strategy, quarterly reports) and reviewed blogs and media reports about the COVID-19 response in Tamaki Makaurau. We also interviewed 16 leaders, kaimahi and volunteers from across Te Pae Herenga partner organisations.

The research team discussed our understanding of what helped mobilise the health workforce so quickly, what would sustain it and key challenges. We also rechecked the interviews and cross-referenced interviews and documents to be sure we were understanding things correctly, because

---

*Many errors in case study evaluation can be avoided by collecting data from multiple sources, by using several investigators, different methods, different types of data, and/or different sources of data. By taking multiple cuts at the issue, one can avoid some of the problems with data interpretation... Because one is trying to understand what happened from a variety of perspectives, it's unlikely that one true answer will emerge from the evaluation. Different people see things differently, including the evaluator. These different perspectives can greatly enrich an evaluation, and failure to solicit them can bias it\*.*

---

\*Using Case Studies to do Program Evaluation. E. D. Balbach, California Department of Health Services, 1999.

## REFERENCES

- Dunlop, M. (2021, September 7). COVID-19 support: Whānau Ora to receive \$23m funding boost. *RNZ*. <https://www.rnz.co.nz/news/te-manu-korihi/450616/covid-19-support-whanau-ora-to-receive-23m-funding-boost>, accessed 7 September 2021.
- Hunia, R., Salim, S., McNaughton, S., Menzies, R., Gluckman, P., & Bardsley, A. (2020). Addressing Rangatahi Education: Challenges After COVID-19. *Koi Tū: The Centre for Informed Futures*. <https://informedfutures.org/wp-content/uploads/Addressing-rangatahi-education.pdf>
- Jones, R. (2020). COVID-19 and Māori health: 'The daily 1pm briefings have been an exercise in whiteness'. *The Spinoff*. <https://thespinoff.co.nz/atea/13-05-2020/covid-19-and-maori-health-the-daily-1pm-briefings-have-been-an-exercise-in-whiteness>
- Menzies, R. (2020, April 5). The need for inclusive and deliberative decision-making in the COVID-19 pandemic. *Koi Tū: The Centre for Informed Futures*. <https://informed-futures.org/inclusive-and-deliberative-decision-making-in-the-covid-19-pandemic>
- Ministry of Health (2022). COVID-19 Vaccine Data. Ministry of Health. Retrieved from <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data#ethnicity> accessed 7 September 2021.
- Neilson, M. (2021, April 20). COVID-19 coronavirus: Top Māori medical expert Dr Rawiri Jansen quits Government immunisation group. *New Zealand Herald*. <https://www.nzherald.co.nz/kahu/covid-19-coronavirus-top-maori-medical-expert-dr-rawiri-jansen-quits-Government-immunisation-group/BBEXVAIKYCWMIJPEFGRZG2X7JQ/> accessed 20 April 2021
- RNZ. (2021, September 7). Māori COVID-19 vaccination rates lag due to 'access and availability', leaders say. *RNZ*. <https://www.rnz.co.nz/news/covid-19/450673/maori-covid-19-vaccination-rates-lag-due-to-access-and-availability-leaders-say> accessed 7 September 2021
- Savage, C., Goldsmith, L., Standring, K., Quinn, S., Selwyn, S., Kus-Harbord, L., & Hynds, A. (2020). Research into the COVID-19 Response Plan for Te Pūtahitanga o Te Waipounamu. *Ihi Research Social Change & Innovation*. <https://static1.squarespace.com/static/548669c2e4b0e9c86a08b3ca/t/5f9b4db7dedb8646ae53b4ba/1604013589963/Research+into+the+COVID-19+Response+Plan+.pdf>
- Tahana, J. (2021, August 30). Maori health providers push for accelerated vaccination. *RNZ*. <https://www.rnz.co.nz/news/te-manu-korihi/450365/maori-health-providers-push-for-accelerated-vaccination> accessed 7 September 2021.
- Tokalau, T. (2021, March 13). COVID-19: Not prioritising vaccine rollout plan by ethnicity is unfair, experts say. *Stuff*. Retrieved from <https://www.stuff.co.nz/pou-tiaki/124519579/covid19-not-prioritising-vaccine-rollout-plan-by-ethnicity-is-unfair-experts-say1> accessed 15 March 2021
- Wilson, N., Barnard, L. T., Summers, J. A., Shanks, G. D., & Baker, M. G. (2012). Differential mortality rates by ethnicity in 3 influenza pandemics over a century, New Zealand. *Emerging infectious diseases*, 18(1), 71.