

*Amohia ake te oranga o te iwi,  
kia puta ki te wheiao*

# Iwi Response to Covid Pandemic

The Tainui Waka Confederation

Maniapoto  
Waikato-Tainui  
Raukawa  
Hauraki



Raukawa



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# Karakia

Tēnei au, tēnei au,  
Ko te hōkai nei i taku tapuwae,  
Ko te hōkai-nuku, ko te hōkai-rangi,  
Ko te hōkai  
A tō tupuna a Tāne-nui-ā-rangi  
I pikitia ai ki te rangi-tū-hāhā,  
Ki te Tihi-o-Manōnō,  
I rokohina atu rā ko lo-te-matua-kore anake  
I riro iho ai ngā Kete o te Wānanga:  
Ko te Kete Tu-a-uri  
Ko te Kete Tu-atea  
Ko te Kete Aronui,  
Ka tiritiria ka poupoua ki a Papa-tū-ā-nuku  
Ka puta te ira tangata ki te whaiao  
Ki te Ao Mārama!

**Mai Mōkau ki runga  
Ko Tamaki ki raro  
Ko Mangatoatoa ki waenganui  
Ko Pare Hauraki,  
Ko Pare Waikato  
Te Kaokaoroa o Pātetere  
Ki te Nehenehenui  
Waikato taniwha-rau  
He piko, he taniwha  
He piko, he taniwha**

Mōkau to the south  
Tamaki to the north  
Mangatoatoa in the middle  
From the mouth of the Waikato river in  
the west to all of Hauraki, Waikato protects  
the Kaokaoroa o Pātetere range to the  
Nehenehenui  
Waikato of one hundred chiefs at every  
bend of the river a chief.

# Rārangī Upoko

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# Executive Summary

This publication presents the Tainui waka confederation iwi response to the Covid-19 pandemic between the years 2020 and early 2023. The four iwi represented are Maniapoto, Raukawa, Hauraki and Waikato-Tainui. The response is told as much as possible through an iwi lens with supporting information from other entities and agencies. It is based primarily upon contributions from iwi members and those that worked with them, alongside most members of the Regional Leadership Group.

This publication outlines the innovative approach taken by iwi in asserting their mana-ā-iwi underpinned by manaakitanga. Protecting their people and those in their region was their priority and governed everything they did. The themes that have emerged from this research include the following;

- Mana Motuhake – the Tainui waka collective iwi determined and navigated their own pathway throughout the Covid pandemic. Manaakitanga was a guiding principle along with the love and care for the safety of their people and communities;
- The power and influence of iwi acting as a collective with a unified approach and common objectives at local, regional and national levels enabled iwi to hold the government to account with greater authority;
- The role of government agencies was both helpful and unhelpful at times and a myriad of recommendations have emerged from contributors and supporting material. They should not be unfamiliar recommendations. Similar themes have been expressed by iwi for generations. However, how government agencies choose to address these recommendations will determine their willingness or not to accept and implement change;
- The continuous acknowledgement of iwi aspirations and how they fit alongside local, regional and national policy settings. Co-existence should be the goal; and,
- In spite of everything, iwi will continue to lead and support the resilience of their people in their continuous pursuit of positive wellbeing outcomes.

This paper is grouped into three parts as follows;

## Mana Whenua

Mana whenua will look at kaupapa that relate to the land such as communications within and between iwi, connection with the whenua, marae, and working within and across borders and boundaries including local council and crown agency boundaries. This section includes the following;

- Communication including communication channels, iwi engagement and leadership, innovative leadership, iwi champions, limited connectivity and call centres;
- All borders including regional and central government, Tainui waka and mana whenua borders. It includes the informal and hard borders alongside the changing alert levels, crown funding processes hindering iwi funding, upholding and navigating tikanga across borders, and agency relationships that supported whānau and communities;
- Mana whenua roadblocks and the role of marae.

## Mana Tangata

Mana tangata will cover the leadership of iwi shown in protecting the health and wellbeing of their people, the interactions with the many local government, central agencies, providers, and philanthropic organisations including the Regional Leadership Group, and also the provision of financial support provided from various entities and organisations. This will include;

- Lockdown 2020 and the role of civil defence and iwi, essential worker letters and reimbursement for iwi welfare spend, and the civil defence role in the Delta and Omicron outbreaks;
- Iwi relationships with health and hauora providers, DHB initiatives and working alongside iwi, issues with health, iwi and hauora provider innovations in testing and vaccinations and a return to business as usual for health; and,
- Engagement and advocacy with other agencies and organisations, positive relationships with iwi, high trust processes and models of funding, and the conflict between MSD and the DHB;
- A model for the future – iwi and crown relationships, co-design, true partnership, joined up partnership, and positive inter-agency communication.

## Mana Motuhake

Mana motuhake is the exercise of sovereignty, or the ability of iwi to control one's destiny. While this is not always easy to achieve within a colonial context, history has shown us many examples of iwi exercising autonomy and control over their own affairs. Thus, mana motuhake in this publication will cover such instances from the last three years, where iwi and the Kiingitanga continued to exercise sovereignty, authority and control. While there are examples throughout the publication, the examples of iwi leadership on a local, regional and national level are included in this section. This includes;

- Iwi leadership, including collective iwi leadership, the role of the Kiingitanga, mana wāhine leadership and the iwi workforce.

Recommendations are included at the end of relevant sections and again below in their entirety. They are for the consideration of iwi and crown agencies to prioritise and progress further to improve emergency response events, whānau wellbeing and enhance te Tiriti relationships for the betterment of Māori and regional communities. Phase two of this project is for iwi to consider how the recommendations could be implemented.

# Recommendations

Recommendations have been developed based on the insight of contributions and the overall content of this publication. The responsibilities for implementing recommendations requires commitments from agencies and entities external to iwi and can sit at either a local, regional or national level. At the highest level this will require strategic collaboration and/or partnerships between iwi and regional or national entities or conversely at the opposite end, advice on the execution of genuine relationships between te Tiriti partners. This publication comprises the first of two phases. The implementation and prioritisation of the recommendations is the second phase where iwi will determine when and how these can best be achieved.

## Mana Whenua recommendations

Kaupapa	Responsibility	Area
<b>Communications (Page 27)</b>		
<b>1. Connectivity and digital hardship</b> A needs analysis is conducted across the region to identify communities experiencing connectivity or digital hardship. This should include dedicated data, funding and iwi collaboration to improve iwi connectivity and capability with digital communication platforms. Further data and information can be provided by the Crown Infrastructure Partners.	Ministry of Business, Innovation and Employment	<i>National</i> <i>Regional</i>
<b>2. Kaumātua connectivity</b> Dedicated funding is provided to introduce and improve kaumātua capability and access to online connectivity systems i.e. computers and/or phones including communication tools, education and training. Further data and information can be provided by the Crown Infrastructure Partners.	Ministry of Business, Innovation and Employment	<i>National</i> <i>Regional</i>
<b>3. Iwi specific communications and communication channels</b> Communication and communication channels need to be specific to Māori to ensure maximum effectiveness. Government agencies should recognise that advertising, marketing and information dissemination needs to acknowledge a Māori approach and allow for Māori specific communications and communication channels. Furthermore, they need to be appropriate and respect the target audiences within te Ao Māori.	Crown agencies	<i>National</i> <i>Regional</i>

Kaupapa	Responsibility	Area
<b>Borders (Page 35)</b>		
<b>1. Central government decision making – impact on iwi</b> The setting of the border was an example of a failed consultation process between central and regional/local interests. Central government has to make a commitment to take into account local and regional impacts noting that every region will look different. Furthermore, they need to exercise honesty, and transparency when making wide-reaching decisions affecting iwi.	Central government agencies	<i>National</i>
<b>2. Crown funding for iwi</b> Crown funding recognises iwi in their geographical entirety regardless if their iwi borders include other crown agency borders. There is an obligation on the crown to recognise the tino rangatiratanga of iwi and the rohe in their entirety which have remained essentially unchanged for centuries. There are negative implications for crown/iwi relationships if iwi funding is unable to fund the entire iwi rohe.	Central/regional government agencies	<i>National</i> <i>Regional</i>
<b>Marae (Page 41)</b>		
<b>1. Civil defence to work with marae</b> Civil defence acknowledge the mana and autonomy of marae and their ability to support their communities during states of emergency. They should work with marae immediately to ascertain if funding or resources are required and the role that marae will play, should they chose to.	Civil defence	<i>Regional</i>
<b>2. A continuation of health and outreach services</b> Those marae that are willing are trained and supported to continue and administer health and outreach services from and for their marae communities. This could include infrastructure improvements to support delivery.	Te Whatu Ora Waikato	<i>Regional</i>

## Mana Tangata recommendations

Kaupapa	Responsibility	Area
<b>Civil Defence (Page 47)</b>		
<p><b>1. Civil Defence Act 2022</b></p> <p>The Civil Defence Act of 2002 is currently being reviewed and updated. Iwi and marae are not currently mentioned in the current act. Civil defence must recognise iwi and marae in civil defence legislation for the role that they play in states of emergencies in recognition of the crown's commitment to te Tiriti partnerships.</p>	National Emergency Management Authority Civil Defence	<i>National</i> <i>Regional</i>
<p><b>2. Civil defence – regional and local role of iwi</b></p> <p>Civil defence in the Waikato Tainui, Hauraki, Maniapoto and Raukawa rohe need to work with iwi to determine and support the role that iwi will play in future state of emergencies. For example, it may include ongoing and regular representation on legislatively enacted bodies, information sharing, consultation regarding the role of local marae, and/or transparency regarding funding and resourcing. This may look different in each rohe but is due recognition of the Tiriti partner role with iwi that civil defence are obligated to recognise and implement.</p> <p>In the words of the group controller, <i>'don't ask iwi how you can incorporate them into your plan, ask iwi how they intend to stand up and then try and make sure that your plans are complementary. The official agency plan and the iwi plans/operational plans are able to operate in the same space.'</i></p>	Civil defence Iwi Marae	<i>Regional</i> <i>Regional</i> <i>Local</i>
<p><b>3. Training in CIMS structure</b></p> <p>Training to be provided to iwi in the Coordinated Integrated Management System (CIMS) structure to instil confidence in the legislation, systems and processes utilised during a state of emergency. Ideally, training would be iwi specific.</p>	Civil defence Iwi Marae	<i>Regional</i> <i>Regional</i> <i>Local</i>

Kaupapa	Responsibility	Area
<b>Iwi and the health response (Page 53)</b>		
<p><b>1. Health initiatives during the Covid pandemic</b></p> <p>There is a need to recognise the success and support the long term continuation of initiatives that were developed under the 'Waikato Way.' This should include Marangai Areare, the Covid care hubs, the tikanga team and continuing support of 'equity champions' within Te Whatu Ora Waikato. A return to pre-covid regional policy settings should not be an option as this has continuously lead to inequitable health and well-being outcomes for Māori.</p>	Te Whatu Ora Waikato Te Aka Whai Ora	<i>Regional</i> <i>National</i>
<p><b>2. Iwi health data</b></p> <p>Iwi health data sets must be improved and shared with relevant iwi entities in a way that does not compromise privacy but supports positive health and well-being outcomes for iwi. Data should be accurate, iwi and locality based.</p>	Te Whatu Ora Waikato Te Aka Whai Ora	<i>Regional</i> <i>National</i>
<p><b>3. Communication channels with iwi</b></p> <p>The communication channels developed with iwi, the Kiingitanga and hauora providers should be maintained and utilised as and when needed to enable Te Whatu Ora and Te Aka Whai Ora to continue to address Māori health and well-being inequities.</p>	Te Whatu Ora Waikato Te Aka Whai Ora	<i>Regional</i> <i>National</i>



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Kaupapa	Responsibility	Area
<b>Iwi and the health response (Page 53)</b>		
<b>4. Care in the Community framework</b>	Te Whatu Ora Ministry of Social Development	National National
The model and concept of the Care in the Community framework should be continued and repurposed as needed in each iwi rohe. Welfare needs of whānau remain in iwi communities and funding and resourcing should continue to recognise this.	Te Whatu Ora Waikato	Regional
	Te Aka Whai Ora	National
<b>Positive Tiriti partnerships with iwi (Page 75)</b>		
<b>1. Iwi aspirations</b>	Crown agencies	National Regional
Spend time with iwi to understand and appreciate their way of being, their important tikanga and landmarks, and their communities. Understand iwi aspirations and then determine how you can support those aspirations.		
<b>2. Listen!</b>	Crown agencies	National Regional
Listen carefully to determine where you can support iwi without getting in the way or being overbearing. Approach iwi relationships with humility.		
<b>3. Māori values alongside strong systems</b>	Crown agencies	National Regional
There is power when you put iwi and Māori values and people first, alongside really strong systems. Partnership and collaboration with iwi works if approached with respect and integrity.		
<b>High trust funding models and flexible policies (Page 70)</b>		
<b>1. High trust funding models</b>	Crown agencies	National Regional
High trust funding models, broadened and flexible policies and less cumbersome reporting requirements worked for iwi in supporting and protecting their communities during the Covid pandemic. The return to business as usual practices have not been helpful for iwi as overly bureaucratic processes have proven to be unsuccessful in the past in providing optimal support to their communities. Crown agencies should emulate the funding and policy settings that were implemented during the Covid pandemic as an expression of an enduring and useful Tiriti partnership, and to provide the greatest opportunities for positive outcomes for iwi.		
<b>2 Co-design</b>	Crown agencies	National Regional
In its simplest and most effective form this involves the crown coming to the table with no pre-conceived notions of outcomes. They are there to listen with an open mind and to work through solutions together with iwi. Co-design should be premised on these principles.		

Kaupapa	Responsibility	Area
<b>High trust funding models and flexible policies (Page 70)</b>		
<b>3. True partnership</b>	Crown agencies	National Regional
If true partnership is the objective 'let us sit down at the table together.' Don't talk about iwi without iwi at the table. Don't make any decisions about iwi without iwi at the table. The voice of iwi matters. True partnership should be premised on these principles.		
<b>4. Joined up partnership</b>	Crown agencies	National Regional
Decision making from the centre does not always work. The regions on the ground need to be enabled to make more decisions. Localised responses should be tailored to each region and joined up partnership is one method that gives effect to that Tiriti partnership at a local level. The joined up partnership exercised during Covid should be looked at as a model of success and emulated in this region in the future.		
<b>5. Positive cross-agency communication</b>	Crown agencies	National Regional
Positive cross-agency communication works to support and protect whānau in local communities. Where there is conflict between government agencies, these issues should be addressed between the agencies concerned and not involve iwi, or other entities.		
<b>6. Avoid a silo mentality</b>	Crown agencies	National Regional
Crown agencies need to work together and avoid a silo mentality when working with iwi. It is difficult to create systemic and transformational change without multi-agency buy in. Crown agencies further need to recognise the relational and long term nature of iwi relationships. There is one iwi and many crown agencies in each rohe. Iwi may have limited resources and staffing to work with all regional and national agencies separately. A joined up approach in areas of similarity on behalf of crown agencies is preferable.		
<b>Kai provision (Page 79)</b>		
<b>1. A specific and sustainable operating model for kai provision</b>	Ministry of Social Development	National Regional
Business as usual approaches were inadequate to access food and welfare during emergency crises situations. The leadership shown by each of the iwi to either establish, lead or coordinate food and welfare support in their rohe was implemented because of a gap in provision when the demand for kai was greatly increased. While demand for food and welfare support may have decreased recently, a specific and sustainable operating model needs to be developed to ensure demand can still be met in the long term. Funding and resourcing for those iwi that wish to stay in food provision needs to be sustainable to support iwi ability to reach whānau that other food providers may not be able to reach.		

Kaupapa	Responsibility	Area
<b>Kai provision (Page 79)</b>		
<p><b>2. Food sovereignty initiatives</b></p> <p>Food sovereignty initiatives including maara kai need to be resourced within iwi communities. Kaumātua in Raukawa demonstrated the importance of maara kai when they offered kai from their own gardens during the Covid pandemic. The development of sustainable maara kai production will assist whānau in supporting themselves and others in the long term.</p>	<p>Ministry of Social Development</p> <p>Iwi Marae</p>	<p>National Regional</p> <p>Regional Local</p>
<p><b>3. Civil defence/ Ministry of Social Development – Welfare coordination matrix</b></p> <p>Civil defence and/or MSD should consider a welfare coordination matrix plan during states of emergencies ensuring that iwi and food providers are included in a multi-level response.</p>	<p>Civil Defence Ministry of Social Development</p>	<p>Regional Regional</p>
<b>Regional Leadership Group (Page 86)</b>		
<p><b>1. Supporting the social and economic objectives of iwi</b></p> <p>There is agreement that RLG is a useful forum because of its membership of key partners and decision makers from across the region. However, outside of single focus kaupapa such as the Covid pandemic, how can the collective of regional leadership and decision makers best support the social and economic objectives of iwi and communities while also ensuring processes do not become overly bureaucratic? There are a number of possible options available for consideration;</p> <p>A number of different projects are proposed with project champions appointed and objectives are determined and carried out by each sub-project group. Progress is regularly reported back to RLG;</p> <p>A single focus project is suggested with a project champion leading the RLG members who in turn determine the objectives and workstreams;</p> <p>Iwi and Pasifika aspirations are shared with RLG members who can then evaluate how they can best support the social, economic and cultural objectives of iwi/ Pasifika and their communities;</p> <p>A comprehensive review is conducted on the effectiveness of RLG operations 2020 – 2023 with a set of recommendations to be shared with local, regional and central government;</p> <p>RLG is disbanded until another single focus kaupapa such as a state of emergency occurs.</p> <p>Consider an oversight and coordination arm to support RLG</p>	<p>Regional Leadership Group Members</p>	<p>Regional</p>

## Mana Motuhake recommendations

Kaupapa	Responsibility	Area
<b>Collective iwi leadership (Page 91)</b>		
<p><b>1. The role and influence of collective leadership</b></p> <p>The re-emergence of the Tainui waka collective was a powerful and influential forum. Iwi leadership from the collective prioritised saving the lives of their communities by holding the national and regional agencies to account. The Tainui waka collective should remain in place to address unified kaupapa that affect all iwi.</p>	<p>Tainui waka collective</p>	<p>Regional Local</p>



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# Kupu Arataki

## Introduction

*'Amohia ake te oranga o te iwi,  
kia puta ki te wheiao'*

1.0

It is impossible to overstate the significant impact that iwi have had since 2020 when Covid-19 first struck our shores. Iwi have played a critical role in supporting and assisting the region and their communities within the Waikato, Maniapoto, Raukawa and Hauraki rohe (known as the Tainui waka confederation). Since 2020, 2,502 total deaths have been attributed to Covid-19 with 250 of those within the former Waikato DHB district<sup>1</sup>. The figure could have been much higher. History showed us that the last major global pandemic, the 1918 influenza, killed almost one in 20 Māori out of a total population at the time of 50,000. Almost 5% of the population died during that period. In Mangatawhiri alone an estimated 50 out of 200 people died<sup>2</sup>. Many urupā throughout Aotearoa hold tupuna who were victims of this deadly pandemic. The effect on whānau, marae and hapū was devastating. Many rangatahi in their prime, especially in the second wave along with kaumātua lost their lives. The memories of that pandemic are still with iwi today and in many ways informed the responses to Covid-19 as it arrived in Aotearoa.

In 2020, the Labour government's approach to Covid-19 was grounded in a scientific response. Initially at least, the virus was a mystery; how it was spread, survival rates and even a comprehensive list of symptoms were largely unknown. The approach in Aotearoa was to make decisions with an abundance of caution. Phrases such as 'kia haumarū te noho' and 'we are all in this together' were strongly associated with the former Prime Minister Jacinda Ardern, Ministry of Health representatives such as Dr Ashley Bloomfield (Director General of Health, 2018 – 2022) and throughout the media. The messaging was clear – stay safe and look after one another. As a country we watched catastrophic outbreaks in China followed by Iran, South Korea, Italy and Spain. Many other countries followed soon after including the United States, the United Kingdom and numerous other European, South American and Asian countries. Within this global context and amongst a growing death tally, iwi were quietly preparing to look after their people and their whenua. It was clear they would mobilise with or without crown support. Within the Tainui Waka Confederation especially, the legacy of Te Puea and her tireless work to protect her people from the 1918 influenza was a clear driver. For some, the effects of that outbreak had been relayed to them by generations that had lived through it. They were not about to endure these losses again. As the Kiingitanga representative noted;

*'I think [about] our cultural paradigm and viewpoint...so you know, we look at those times from the [1918 influenza] and we still sing songs about it. And so all of those things we hold on to, we remember, we record. There's some things that we forget, but those key markers we don't. ...You know, all the people here at Ngāruawāhia would go straight to, 'Oh, well, that's what Te Puea built Tūrangawaewae for. It was going to be a hospital because of the [1918 influenza].' You know, everybody knows at the foot of Taupiri there's this big grass area and it looks like, 'Oh, that's the vacant spot' but it's not.*

- 1 Manatu Hauora. Ministry of Health. (2023, February 7). *Covid-19: Current cases*. <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-current-cases>
- 2 New Zealand History. (2023, February 9). *The 1918 influenza pandemic. Page 4 – uneven rates of death*. <https://nzhistory.govt.nz/culture/1918-influenza-pandemic/death-rates#:~:text=M%C4%81ori%20suffered%20heavily%3A%20their%20overall,out%20of%20200%20people%20died.>



*That's the mass grave from the [1918 influenza]. So we know all of these things. And as soon as it came, that was straight to where we went, straight to the kōrero about [when] they were all still up at Mangatāwhiri, but all the bodies would just be put on the barge and sent down the river. No tangi, nothing. Te Puea just put those bodies on the barge, they're gone. We knew all of those kōrero and we had it ready to recite and it helped us be ready for that sort of stuff. And I think it helped us be prepared to help others. It gives us a platform and a starting point that does see us open our hands to everybody.'*

In 2020 when Covid-19 arrived, iwi were determined that this catastrophic loss would not happen again. Hauraki also spoke of a number of factors that contributed to this thinking and the concern that Māori would suffer exponentially worse than the rest of the population. The nature of Māori health inequity and poorer health statistics showed Māori had greater comorbidities including heart issues, diabetes, respiratory illness and cancer. In addition, Māori tended to live multi-generationally in larger households making isolation of positive cases more difficult. Many also were employed in essential industries on the frontlines creating greater chances of exposure to the virus.

In reality, the role of iwi in the rohe of Waikato-Tainui, Hauraki, Maniapoto and Raukawa during this period marked an expression of mana motuhake. The mobilisation of iwi was motivated by the protection of their people and keeping them safe from harm. As one iwi governance member expressed;

*'...it was the biggest pandemic we had ever seen. We helped the country navigate to avoid mass death other countries had to live through.'*

## February 28, 2020 – The arrival of Covid-19

*'The overall situation regarding COVID-19 internationally remains rapidly evolving with a high degree of uncertainty and we continue to recommend a precautionary approach.'* (The Ministry of Health)

The first case of Covid-19 was confirmed in New Zealand on the 28<sup>th</sup> February, 2020. This was nearly a month after the World Health Organisation (WHO) declared the early outbreak in China to be a 'public health emergency of international concern,' and 11 days before WHO declared an official pandemic on March 11<sup>th</sup>. By the date of our first nationwide lockdown and national state of emergency on March 26<sup>th</sup> New Zealand had recorded 283 cases while globally there were 372,757 cases with 16,231 having died. The country stopped every day at 1pm for the daily Covid announcements primarily lead by the former Prime Minister Jacinda Ardern and the former Director General of Health Dr Ashley Bloomfield. Just three days into our lockdown the country recorded its first death. Schools were shut, travel was severely curtailed and the health system was preparing for the worst. Within this context, and despite anxiety as to where the country was heading, iwi had already started preparing. There was a general lack of information coming from central government at the time as the country witnessed the devastating Covid-19 related events unfolding overseas and contemplated what should be done here in Aotearoa. Despite this, all Tainui waka confederation iwi had been putting measures in place.

### Waikato-Tainui

- Had already held a full Tainui-wide hui prior to lockdown where Kevin Snee the former CE of the Waikato DHB spoke about Covid-19 and the health response. Discussion also took place regarding the Civil Defence Coordinated Incident Management System (CIMS) structure although at the time no-one knew if the country was going into a lockdown and/or declaring a national state of emergency.

As was noted by a tribal member involved in the governance of the DHB at the time;

*'But even then, nobody made it clear to us - I don't think anybody knew we were going into a lockdown – and no one was able to hand us information.'*

### Raukawa

- Had been forewarned by their governance board and were able to prepare their staff for working from home.

*'... so thankfully though because of the foresight and warning that our governors were able to give us we were starting to prepare to go off site - probably two weeks out...because we still didn't really think it was going to happen. So when we did get the call we were at least ready to get the majority of our staff working remotely quite quickly.'*

### Hauraki

- In preparation for lockdown, scanned files to their share point system to enable remote working. They also set up processes and systems to ensure staff were kept safe.

***'The environment driving through town felt apocalyptic, where questions like; 'Are we ever gonna go back to life as we know it?' popped up.'***

### Maniapoto

- In anticipation of an impending lockdown, the Maniapoto Māori Trust Board called a hui with staff to prepare working from home and the governors lead and inserted themselves into regional leadership groups.

*'Being an iwi organisation, we've got connections. We've got RMCs (groupings of marae), and then obviously connections to the whānau on the ground, so actually that side to see where our people are and what help they needed (if any). I think that was probably one of the bigger things I saw.'*

## 1.1 This publication

This publication looks at the role of the four iwi that make up the Tainui Waka confederation during the Covid-19 pandemic between 2020 – February 2023. Waikato-Tainui, Maniapoto, Raukawa and Hauraki are also iwi members of the Regional Leadership Group, one of the many pivotal fora during this time which included membership from regional government agency leaders, civil defence, Pasifika representation and local government leaders. Iwi driven, iwi focused and iwi led is the focal point of this publication and the contribution and support they provided for their communities will provide the lens through which we look at the response across this region.

This publication belongs to the four iwi that make up the Tainui waka confederation. It is their story, supplemented by organisations, crown agencies and local councils that worked alongside them. The four iwi were interviewed first in order to determine the themes that were important to them. These themes in turn informed the content and recommendations. Iwi also suggested other organisations and providers to interview which took place following the initial iwi interviews. Alongside the four iwi, local crown agencies and local councils were interviewed, many of whom make up the membership of the Regional Leadership Group. An overall list of providers, agencies and organisations that were interviewed is contained in Appendix 1.

In addition, we refer to the former District Health Board (DHB) throughout this publication as the health authority that led the Waikato rohe throughout most of the past two and a half years. We note that in July 2022, this organisational structure changed to Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority) alongside two other entities. We gratefully acknowledge the contributions and the honesty shown by all contributors, and note further that while we have looked to capture a moment in time, there are no doubt many more stories for iwi to tell. We have not told them all.

There has been a general recognition that the period of the Covid-19 pandemic between 2020 – 2023 challenged this region and indeed the nation to approach things differently, to be innovative and to find creative solutions to difficult problems. Thus there are recommendations that came from our many conversations of which we ask crown agencies, local councils and others to take heed. In order to take our nation forward, the formidable role that iwi played during this pandemic must be acknowledged allowing for the further exercise of mana motuhake alongside a reimagining of iwi crown relations. As noted by an employee from the former DHB;

***‘What I would add...because I think it’s been overlooked, and especially in that first [lockdown] was really true, staunch mana motuhake and tino rangatiratanga that iwi took... It wasn’t just whānau or iwi saying, ‘Yes we’ll help, whatever you need crown.’ [Iwi] were saying ‘No, we’re taking control of this. This is how we’re going to do it.’***

## 1.2 Authorship

This publication was written by Jeanne Kerr and Amber-lee Elliott. Jeanne finished as Director Covid Welfare Response for the Ministry of Social Development (Waikato region) in April 2022 and Amber-lee finished as the Chief Executive of the Maniapoto Māori Trust Board in September 2022. Both authors acknowledge the support of the four iwi and Te Rehia Papesch, former Regional Public Service Commissioner and Regional Commissioner of the Ministry of Social Development for the Waikato region.

The content within this publication are premised on initial interviews with members of the Tainui waka confederation tribal organisations, and further contributors who spoke to us of their experiences between 2020 – 2023 in working alongside iwi during the Covid pandemic. The four iwi of the Tainui waka confederation collectively own this publication and will determine its ultimate destination.

The research further represents the contributions of many of the major players during the Covid pandemic within the Waikato-Tainui, Maniapoto, Raukawa and Hauraki rohe. All contributors shared in the common objective of keeping our people safe although how that was achieved was not always straightforward and in reality often fraught with difficulty. It is hoped that the many innovations and creative thinking, many of which originated from iwi, are acknowledged and supported in the drive for change. They worked.

## 1.3 Publication framework

*Mana mai, mana atu*

*Mauri mai, mauri atu*

*Tapu mai, tapu atu*

*Tiaki mai, tiaki atu<sup>3</sup>*

This publication is set out according to three pou within tikanga Māori - Mana Whenua, Mana Tangata and Mana Motuhake. In this way the iwi response to Covid-19 is grounded in Māori concepts and provides a more natural way of assembling the plethora of information and kōrero shared with the authors. A brief explanation of how responses were grouped is presented below.

3 Excerpt from a karakia composed by Ruia Aperahama (2020)

## Mana Whenua

*Whatungarongaro te tangata, toitū te whenua*

Mana Whenua is the historical way of being that allows iwi to exercise sovereignty over their whenua. All four iwi exercise a degree of autonomy over their tribal rohe and practice their own tikanga and way of being within each rohe. Iwi and hapū boundaries may differ or overlap as practices, relationships and influence ebbed and flowed over the centuries, however each of the iwi demonstrated sovereignty within each of their rohe. Thus, mana whenua will look at kaupapa that relate to the people of the land such as communications within and between iwi, connection with marae, and working within and across borders and boundaries including local council and central government boundaries.

## Mana Tangata

*Mahia te mahi hei painga mō te iwi*

Mana Tangata is the authority of iwi to participate in and have the ability to work with others to support their people and those living within the tribal boundaries. Or, to articulate it another way, the exercise of influence over organisations, agencies and people in order that their people could be safe and protected. This was a symbol of the role of iwi during this period. Thus, in the context of this publication mana tangata will cover the following kaupapa - the leadership of iwi shown in protecting the health and wellbeing of their people, the interactions with the many local government, central agencies, providers, and philanthropic organisations, and also the provision of financial support provided from various entities and crown agencies.

## Mana Motuhake

*Te tuturutanga mahi pono o te mana Māori motuhake*

Mana Motuhake is the exercise of sovereignty, or the ability of iwi to control their destiny. While this is not always easy to achieve within a colonial context, history has shown us many examples of iwi exercising autonomy and control over their own affairs. Thus, mana motuhake in this publication will cover those many examples where iwi exercised sovereignty and control within the last three years.

# Mana Whenua

*Whatungarongaro te tangata,  
toitū te whenua*

# 2.0

Mana whenua will look at kaupapa that relate to the land such as communications within and between iwi, connection with the whenua, marae, and working within and across borders and boundaries including local council and crown agency boundaries.

## 2.1 Communication

At varying times throughout the pandemic, the ability of iwi to naturally connect and communicate 'kanohi ki te kanohi' was restricted and limiting. Alongside these newfound realities, this section looks to understand how iwi were innovative and adaptive to communicate with each other within virtual settings.

In order to understand the many aspects and complexities of the pandemic, iwi participation within and across fora was critical to informing response priorities and planning. Communication strategies were a fundamental aspect of this. Establishing communication channels early with whānau, hapū, marae and communities was a priority and a significant responsibility for iwi. With mandatory settings in place, maintaining connectedness and providing relevant updates directly to iwi audiences was vital. For many, these became lifelines while adapting to a new remote and isolated way of living, often challenged by social and physical disconnection as described further in this section.

### 2.1.1 Communication Channels

As mainstream media kept the nation abreast of critical and ongoing pandemic priorities, over time updates became overwhelmingly saturated and sometimes difficult to keep up with, and understand.

Ensuring uri and communities stayed informed, iwi would repackage critical messaging and instructions. This became essential to local and regional matters concerning infection management, border control and support pathways which varied over the three year period. As noted by a tribal member;

*'We provided advice...that's what everyone was trying to do, trying to take the information that was coming from the Ministry of Health, deciphering it...what is the important stuff that you need to know particularly for kaumātua and the kuia.'*

A mixed range of content through new and existing communication platforms included either the use or extended use of:

- Social media platforms, primarily facebook and Instagram;
- Iwi websites;
- Call centres via email, phone, text;
- Video conferencing via zoom and microsoft teams;
- Posters & billboards;
- Iwi radio stations;
- Publications such as Te Hokioi and various newspaper outlets;
- Hauora events; and,
- Press releases.



Investment into technologies and systems occurred initially at financial cost, and under rapidly changing circumstances. Throughout the pandemic, communication specialists assisted iwi to develop new or refine existing technologies and systems as required. In some instances replacement was needed. This was important to meet the necessary communication technology infrastructure required and capabilities, particularly where few iwi had utilised the full functionality of many communication tools previous to the pandemic.

Social media, websites, call centres, video conferencing and Iwi radio stations were among the main platforms used with quick reach and engagement to uri and communities. Subsequently, billboards, publications, magazines and newspapers, events and press releases, were utilised on an as-required basis.

A Raukawa member noted;

*'Our comms team did up our Covid communication plan and then we really started ...Facebook was the key mechanism. We had zoom then, not microsoft teams, no one knew what microsoft teams [was], so we had zoom hui with trustees, with our key leadership group, which included our chair at the time, and our key advisors and then just facebook and pānui out to our committees.'*

Quite quickly social media platforms were overhauled where live streams and video posts became the norm. Collateral (content or material) was offered or re-purposed for relevance, and websites were transformed to include the same including directories of essential service providers. Digital resources and links were updated. Of the utmost importance for all iwi was the need to communicate with and inform their uri.

On the Hauraki website, an information hub was created as a central portal for the Hauraki Iwi collective.<sup>4</sup> Aside from essential updates and directories, specific news pieces and opinions provided Māori and other indigenous perspectives on pandemic matters.

In Waikato-Tainui, signage and publications around wellness and safe operating settings were developed such as 'Kia Niwha Te Ngakau'<sup>5</sup> and marae guidelines.<sup>6</sup> Similar collateral was also produced across other iwi, and were included in welfare packs for whānau, marae or those in isolation.

Co-branded material with major stakeholders promoted wellness<sup>7</sup>, and welfare and hauora events<sup>8</sup> for testing and vaccination to engage hesitant uri and whānau through strong collective messaging.<sup>9</sup>

Operating under remote circumstances required quick adaption to video conferencing systems, such as zoom and microsoft teams.

These were systems that were rarely used in pre-pandemic times however operationally proved invaluable for internal daily stand-ups across organisations and agencies, often to review and provide updates, particularly in sight of imminent alert level changes to contain and manage community transmission of infection. Additionally, the introduction of daily whakamoemiti and operational well-being checks with staff and governors alike occurred.

4 Hauraki Māori Trust Board. 2021. "Pare Hauraki Covid-19 Information hub." Accessed March 13, 2023. <https://www.hauraki.iwi.nz/covid-19>.

5 Te Whakakitenga o Waikato Inc. 2018. *Kia niwha te ngaakau*. [https://waikatotainui.com/wp-content/uploads/2020/11/Kia\\_niwha\\_te\\_ngaakau-Booklet\\_PR.pdf](https://waikatotainui.com/wp-content/uploads/2020/11/Kia_niwha_te_ngaakau-Booklet_PR.pdf)

6 Waikato-Tainui. 2020. *Ngaa Tikanga Tuwhera Marae, Marae Guidelines Covid-19 June 2020*.

[https://waikatotainui.com/wp-content/uploads/2020/11/WaikatoTainui\\_MaraeGuidelines\\_FINAL\\_June2020.pdf](https://waikatotainui.com/wp-content/uploads/2020/11/WaikatoTainui_MaraeGuidelines_FINAL_June2020.pdf)

7 Waikato-Tainui. 2020. "I roto i ngaa kupu i tauaakitia e Te Puea Herangi.." Facebook, April 11, 2020. <https://www.facebook.com/288996931234315/posts/i-roto-i-ngaa-kupu-i-tauaakitia-e-te-puea-herangi/1989909347809723/>

8 Te Nehenehenui. 2021. "Covid vaccination clinics." Facebook, October 4, 2021. <https://www.facebook.com/tenehenehenuitrust/photos/3330400170418548>

9 Raukawa Charitable Trust, Waikato District Health Board. 2020. *Te Marae o Hine, Protecting our most vulnerable whānau*. <https://raukawa.org.nz/rct/wp-content/uploads/sites/2/2020/03/te-marae-o-hine-2020-1.pdf>

After initial teething issues with sound, video and lighting bloopers, training occurred rapidly as video conferencing functionalities became understood. As noted by a Kiingitanga representative;

*'It was fascinating actually, because I don't know how many times there was, 'Everyone put yourselves on mute?!' We had like over 1000 people on zoom, signed in, and then who knows how many people in the household...so then, 'Everyone put yourselves on mute' 'OK, OK' then stone-cold silence. We were in Mahinarangi and then I'd walk out to go get the King and as soon as he walked in the room you'd hear some nanny go, 'Oh look bub, there he is!..'*

Video conferencing also aided in fulfilling tikanga aspects such as tangihanga and karakia. This was an unusual approach as these were cultural practices usually performed in person, however this supported the virtual setting and restrictions at the time. Different hāhi also moved to online (weekly) services.

As a representative of the Kiingitanga noted;

*'I took a couple of tangi on zoom, which is unique. You know, I'm sitting in my house, the tūpāpaku at a funeral home somewhere with one person and everybody else is on zoom. It was incredibly tough.'*

## 2.1.2 Iwi engagement & leadership

Familiar and respected tribal leadership from the Kiingitanga and iwi provided assurance, clarity and direction to uri. Leadership became a pivotal beacon to interpret and relay critical information or data pertinent to iwi, community and demographic groups.<sup>10</sup> Furthermore, as engagement inevitably waned with continuous alert level changes and constant pandemic headlines, iwi leadership had the role of re-invigorating engagement. In pockets of communities pandemic fatigue set in or worse there was a blatant disregard for public safety protocols. The Kiingitanga were one example of wanting to ensure Māori faces were seen and constantly re-evaluated how they could best reach their people.

A Kiingitanga member noted;

*'The primary driver for the King was he wanted to ensure for te iwi Māori that we had our own voice, that our people could turn to our own for help. I think in those early days, entire households would stop at 1pm and would turn on our TVs and watch the Prime Minister, Dr Ashley Bloomfield and others. That was good and one source of tika and pono on a way forward...Equally though, the King wanted to ensure that we had our own voices and that if there were to be changes to tikanga, that we were the people that were leading it.'*

## 2.1.3 Innovative engagement

*'Mahia te mahi, hei painga mō te iwi'*

As the pandemic wore on, updates on Covid settings did not have the same effect as when they first began. There were so many frequent changes to alert and policy settings that numbers listening to updates dwindled, and the traditional communication channels used by the government decreased in effectiveness. This posed the risk of whānau disengagement and relaxed attitudes towards complying with public health and safety precaution measures. As an iwi member noted;

*'It was rangatahi having big parties and being agnostic to consequences. But thankfully our kaumātua were well protected.'*

Subsequently also, iwi innovated and developed a range of diverse content from live webinar panels, interviews and news piece items which sustained engagement and entertainment, and reinforced connectedness to the priorities of leadership and whānau.<sup>11</sup>

10 Raukawa Charitable Trust. 2020. "Raukawa Iwi Covid-19 Update." Facebook Video, March 27, 2020. <https://www.facebook.com/raukawacharitable/videos/237132147416719>

11 Te Nehenehenui. 2021. "Tēpu Talks." Facebook Video, August 27, 2021. <https://www.facebook.com/tenehenehenuitrust/videos/t%C4%93pu-talks-h%C5%8Dtaka-8-covid-vaccinations/319081183296909>

A Maniapoto member noted;

*'We did a range of different tēpu talks and they were specific themed kaupapa looking at the impact of Covid across different sectors. The participants that we had on those tēpu talks were a cross-section of sectors from grassroots to technical. We also invited ASB to do a korero around peoples' KiwiSaver to know if they could...drawdown from it because they had lost their jobs and were on the brink of losing homes - that type of stuff. We had a hauora one. There were about 8 different themes and they were on facebook. So we put them on in the evenings - maybe every two weeks - and whānau could tune in, they could listen, they could come and find out new information.'*

Across iwi, other online series included a range of health and well-being facebook video series such as 'Hiki Wairua' and 'Hauora on the Haora.'

Social media as a global platform enabled enormous reach and inter-activeness between iwi, whānau and viewers. Subsequently, social media video and photo galleries became laden with all forms of response content such as key pānui, kai facilities, hauora kaupapa and showcasing the dedicated front-line kaimahi and volunteers who were working tirelessly throughout the pandemic.

### 2.1.4 Iwi champions

Kaumātua, whānau and rangatahi championed the importance of continued pandemic education and engagement to uri to support informed decision-making around whānau wellbeing. The following examples note the power of online social and mainstream media and newspaper outlets, which featured compelling personal accounts and wellness promotions to reach iwi members across the world.



#### Encouraging vaccination rates

Miria Tauariki, a well-regarded kuia within Waikato, received her Covid vaccination accompanied by Christine Brears, the Chief Executive of Taumarunui Community Kōkiri Trust. Promoting positive health outcomes for Māori continued to be a work in progress throughout pandemic times with kaumātua often leading by example.<sup>12</sup> Miria Tauariki, a well-regarded kuia throughout Waikato, was one of the first in the rohe to receive her Covid vaccination accompanied by Christine Brears, the Chief Executive of Taumarunui Community Kōkiri Trust.

Fig 1.0 Miria Tauariki receiving her Covid vaccination

<sup>12</sup> Mohanlall, S. 2021. "Rates getting better." *King Country News*, September 21, 2021. Partica.

#### Polio victims from Kāwhia

The small coastal community of Kāwhia knew too well the impact of both the influenza and polio epidemics from the last century. Siblings Māea Marshall and John Forbes offered a more confronting first-hand account of living with the health and disability challenges as polio victims and courageously offered to make a public appeal to whānau and communities through their own experience, to quite simply - vaccinate.

Through the Ngā Marae o Kāwhia Moana collective and supported by Waikato-Tainui, posters were developed and posted on vacant city poles and illuminated billboards in Hamilton and eight other cities and towns throughout the country as well as on 10 buses in Hamilton city.<sup>13</sup> This came at an opportune time to champion vaccination, where Ōtorohanga and Kāwhia surrounds had significantly low vaccination rates.

#### Ngāti Rangatahi Movement

Many rangatahi driven efforts to encourage vaccination occurred leading up to, throughout and after the Delta outbreak in August 2021. In the last quarter of 2021, the national target to double vaccinate regional populations and achieve a minimum 90% rate created immense pressure within the Tainui waka confederation rohe on two fronts; the first where Tāmaki Makaurau vaccinations were well ahead of other regions and would eventually see the Tāmaki Makaurau-Waikato regional border end and second, the rapid engagement of rangatahi where vaccination rollout saw one of the largest demographic populations scheduled significantly late in the vaccination regime.<sup>14</sup> The youthful Māori population throughout the rohe were targeted after kaumātua, pakeke and high risk populations.

To accelerate engagement and vaccination uptake, the Ngāti Rangatahi movement was established and targeted at rangatahi Māori aged between 15 to 30 years of age. Co-led by Maioha Panapa and Whitinga Harris, this was supported by an array of talented rangatahi Māori, including the 'Iwi Communications Collective' and 'Karawhiua' movements. National interest grew under the 'That's Us' campaign, hosting significant max vax events locally at Hopuhopu and across the country promoted throughout all social media outlets.<sup>15</sup> Innovative events such as outdoor movie nights were held where the entry ticket was an unvaccinated person.

#### Te Whānau Te Hiko

Hauora promotion from one whānau was driven by devastating circumstances. Within two weeks during September 2020, the Te Hiko whānau of Tokoroa sadly lost two brothers Alan and Nigel Te Hiko. The mamae endured by this whānau of their double tragedy was indescribable with extended whānau still grappling with the effects of long-Covid symptoms for months after.

Trish Te Hiko, the wife of Alan and Gwen Te Hiko, the daughter of Nigel and whānau, shared their story with Mihingarangi Forbes, from The Hui programme outlining their experience and to encourage whānau to vaccinate and take the Delta strain seriously.<sup>16</sup> Paul Te Hiko, another brother, also shared his story with Te Ao Māori News<sup>17</sup>. On both accounts, their message was clear to whānau – protect yourself against Covid and vaccinate.

<sup>13</sup> Taylor, D. 2021. "Waikato-Tainui join campaign to vaccinate more Māori." *Te Awamutu Courier*, December 9, 2021. <https://www.teawamutu.nz/courier/archive/2021/2021-12-09.pdf>

<sup>14</sup> Unite against COVID-19. 2021. "COVID-19 vaccine rollout plan." Accessed May 4, 2023. <https://covid19.govt.nz/news-and-data/latest-news/covid-19-vaccine-rollout-plan/>

<sup>15</sup> Te Puni Kōkiri Ministry of Māori Development. 2021. "Ngāti Rangatahi Drive Thru Max-Vax Event at Hopuhopu." Accessed January 23, 2023. <https://www.tpk.govt.nz/en/mo-te-puni-kokiri/our-stories-and-media/ngati-rangi-tahi-drive-thru-movie-maxvax-event-at-h>

<sup>16</sup> Newshub. 2021. "Family who lost two brothers to COVID-19 calling on Aotearoa to take Delta seriously." The Hui Video, September 7, 2021. <https://www.newshub.co.nz/home/new-zealand/2021/09/family-who-lost-two-brothers-to-covid-19-calling-on-aotearoa-to-take-delta-seriously.html>

<sup>17</sup> Te Ao Māori News. 2021. "Paul Te Hiko encourages people to get vaccinated after losing brothers to Covid-19." Te Ao Māori News Video, October 10, 2021. <https://www.teaomaori.news/paul-te-hiko-encourages-people-get-vaccinated-after-losing-brothers-covid-19>

### 2.1.5 Limited connectivity

While the vast majority of uri connected mainly online, vulnerable populations residing in remote and isolated communities experienced limited internet connectivity and cellular coverage. Given the vast geography within the Hauraki Plains, connectivity challenges impacted providers for a time, and as a Hauraki representative noted;

*'The central issue for Hauraki, unlike Hamilton and Auckland and Wellington, there was no fast broadband. Ultra-fast broadband did not exist, therefore systems were unstable. Laptop systems were prone to outages. It was problematic to get hui and wānanga sorted.'*

Kaumātua primarily relied on the daily televised updates however those with devices were occasionally challenged to operate and understand connectivity to systems. With alert level three settings enabling extended whānau to support their kaumātua, a tribal member from Raukawa noted;

*'[New Zealanders] could access all websites using a mobile phone [however] kaumātua found this very difficult. Internet security is an issue for elderly, [and the] fear of using internet banking etc.'*

Local intelligence and whānau referrals to iwi call centres (often from those residing outside of iwi boundaries), aided in responding to those in remote communities and surrounding areas. Additionally, reliance on tribal register and existing client databases were critical in providing well-being calls with as many uri as possible;

*'Social media reached the remoteness of everyone and those who didn't have a cell phone but a device, it was a main source of communications for kai packs.'*

Lack of connectivity and resourcing also impacted tamariki and whānau with distance learning. In some instances, additional support with devices were distributed from schools where the Ministry of Education Regional Director noted;

*'The other big challenge was the digital devices and trying to get those out to a lot of our whānau who didn't have fibre or internet connections and also didn't have access to devices as well. There might be one smartphone in the house for five kids type of thing. And so to know they're connected in a meaningful way to engage in education was a real challenge. So the ministry set up initiatives which our iwi were able to go directly to a support desk in Wellington to get free connections to the internet to allow them better access to learning resources. So the schools, through the ministry, provided devices to families so at least there was an appropriate device to access learning...As an outcome, the digital divide became quite a hot topic with those who have access to devices and connections and those who don't and highlights the disparity in learning if we go into this space again.'*

The Regional Director for the Ministry of Education further noted that the 'one size fits all' approach taken by the ministry did not support rural communities or whānau with no internet.

*'Working through those took a lot of work and did cause a bit of tension and friction between expectations on the ministry to deliver and what kura and whānau were able to deliver. I think [we needed] to consider more bespoke responses.'*

### 2.2 Call Centres

Iwi redeployed staff into newly established call centres which operated in an unconventional way of outward-bound calls, far from the traditional call centre approach of receiving incoming calls only.

As was noted by a governance member of Maniapoto;

***'Standing up call centres has been one of the best outcomes for iwi. All iwi have done that. That might be a generalisation but most iwi ... have their own call centres. Because we can talk to our people, right? We know who they are.'***

Through outbound engagement with tribal register and client databases, a significant number of records were also updated however databases were limited and not always current. Some significant data and system gaps were identified.

Initially, iwi operated in silos reaching out to priority groups such as kaumātua and vulnerable whānau. The extensive workload to connect with and respond to uri was not the most effective approach. This approach was refined as the pandemic continued where a tribal member noted:

*'We tried to ring three thousand kaumātua...What we should have done was co-ordinated ourselves, which we later did. We should have said that Waikato-Tainui would do everyone in Hamilton and another iwi do Te Kūiti. In the beginning we tried to do everything ourselves and realised, [and then began] collectively working together.'*

*Kai packs responsibility were shared between Waikato-Tainui, Raukawa, Maniapoto, South Auckland and Hauraki. There was a collaborative referral spreadsheet so iwi call centres would inform requests across the regions. For those who were affiliated and belong to one iwi but in other iwi boundaries, that iwi would take that request and deliver and vice versa.'*

It also became apparent through the call centres that lockdown caused a disconnect and psychosocial support was provided to some kaumātua, particularly where sustained lockdowns were unrelenting across Tāmaki Makaurau and Waikato. Iwi noted where call centre operators conducted well-being calls, often at length, with kaumātua longing for company. Additionally, some kaumātua minding mokopuna were at times without adequate provisions and call centre engagement became lifelines to respond to urgent welfare needs such as kai, firewood, medicines and heating.

### Conclusion

Across iwi and largely during remote circumstances, a myriad of communication methods were stood up, reviewed and improved for uri to stay connected, informed, educated and even entertained. Through these efforts, a range of changes occurred overtime to enhance and refine content creation, and programme and system development including building the communications capability of the iwi workforce and their uri. Furthermore, iwi identified trusted local sources often using their own leaders and people, acknowledging the importance of creating iwi specific resources to reassure their uri of their familiar and trusted leadership.



While the vast majority of communication campaigns achieved enormous reach, it also identified areas for further consideration to enhance the flow of information and connectivity, noted below in the recommendations.

## Recommendations

Kaupapa	Responsibility	Area
<b>Communications</b>		
<p><b>1. Connectivity and digital hardship</b></p> <p>A needs analysis is conducted across the region to identify communities experiencing connectivity or digital hardship. This should include dedicated data, funding and iwi collaboration to improve iwi connectivity and capability with digital communication platforms. Further data and information can be provided by the Crown Infrastructure Partners.</p>	Ministry of Business, Innovation and Employment	National Regional
<p><b>2. Kaumātua connectivity</b></p> <p>Dedicated funding is provided to introduce and improve kaumātua capability and access to online connectivity systems i.e. computers and/or phones including communication tools, education and training. Further data and information can be provided by the Crown Infrastructure Partners.</p>	Ministry of Business, Innovation and Employment	National Regional
<p><b>3. Iwi specific communications and communication channels</b></p> <p>Communication and communication channels need to be specific to Māori to ensure maximum effectiveness. Government agencies should recognise that advertising, marketing and information dissemination needs to acknowledge a Māori approach and allow for Māori specific communications and communication channels. Furthermore, they need to be appropriate and respect the target audiences within te Ao Māori.</p>	Crown agencies	National Regional

## 2.3 Borders

Across respective Tainui waka confederation tribal boundaries including areas of shared interest, borders became important geographical markers during the pandemic, especially in the Delta outbreak where there was a hard border in place between Tāmaki Makaurau and Waikato/ Hauraki.

Borders put in place by central government paid no heed to iwi boundaries, splitting iwi and creating issues moving within and outside them. Tribal boundaries encountered formal and informal border settings across the Waikato region, where response efforts were taking place and despite this, they continued to support marae, whānau and communities, as and when required.

Furthermore, during iwi response efforts, limitations occurred at times by local authority, regional and central agencies, resulting in iwi boundaries crossing multiple agency areas or where iwi boundaries were not recognised in their entirety at all. This section looks to explore some of these instances and how iwi and agencies managed both in the informal and formal border settings.

### 2.3.1 Informal borders and changing alert levels

From 21 March 2020, in anticipation of managing infection control, the government introduced a four tiered alert level system.<sup>18</sup> Included within the framework was the ability to scale movement where lockdowns occurred in parts of a region or entire regions at varying levels from the rest of a region or the country. At its highest setting of level four, essential travel required civil defence clearance for work purposes or as deemed permissible by the group controller and motorists were monitored closely by local police. A police member noted their initial approach;

*'Stop, engage with them [members of the public and] have a conversation with them to educate. They would learn from it and then enforcement became the final option in the tool kit.'*

When civil defence was activated during the 2020 lockdown, the Tainui waka confederation re-emerged. The four iwi that make up the confederation comprised a significant geographical area within the central north island including Auckland, across to Hauraki and the Coromandel Peninsula and south to Taumarunui. An iwi governance member noted:

*'The [Tainui Waka Alliance] forum helped us insert ourselves into the civil defence network. Actually, get accreditation, you know that special status we had to hold, to deliver kai and be out and about in the community. All of that was through that forum and that was maintained. Tainui Waka Alliance is a forum that will be around forever. We found, and I think we still agree,... that it's an essential forum going forward.'*

Obtaining essential travel clearance early for iwi was significant to getting iwi response efforts underway as soon as practicable. At the same time and through their various communication channels, iwi reinforced and maintained the importance of adhering to all alert level requirements to marae, whānau and communities.

Over a 28-week period, the level settings for the Waikato region gradually reduced until level one was granted on 7 October 2020. This remained in place until February 2021, where the region was scaled back to level two for a short time, as clusters occurred in the neighbouring Tāmaki Makaurau region.

From March 2021, the Waikato region remained in a level one setting until the second lockdown where the Delta variant was confirmed on 17 August 2021 and the entire country moved back to the highest setting under level four.

<sup>18</sup> Unite against COVID-19. 2022. "History of the Covid-19 Alert System." Accessed February 21, 2023. <https://covid19.govt.nz/about-our-covid-19-response/history-of-the-covid-19-alert-system/>

### 2.3.2 Delta outbreak and a hard border

Early in the Delta variant wave, the Waikato civil defence group received instruction from central government to review the draft regional border between the Tāmaki Makaurau and Waikato regions. As local and regional input would be critical to determining the practicalities of working on and around the proposed hard border, civil defence quickly coordinated engagement with relevant stakeholders such as iwi, and local councils who fine-tuned the draft and provided thorough and practical feedback. The formal border setting would include enforced monitoring and border control from local authorities.

Iwi feedback was extensive, ensuring supply chains, relationships and effective delivery could be maintained, where possible. The Department of the Prime Minister and Cabinet (DPMC) confirmed the proposed border setting the next day, completely ignoring previous engagement with iwi and stakeholders. One iwi member noted;

*'Working across [regional] boundaries became a struggle. Mana whenua of the area had a lot to say regarding where these boundaries should be put. This is because they did not want their whānau to be at further risk from [the growing infections] in Auckland. Marae had zoom meetings on where the boundaries would be practical for those who lived in the area, but the crown, although made it seem like they were listening, actually did not...The Crown instead did what they wanted and put the boundaries where they wanted.'*

The consequences of the border decision greatly affected whānau;

***'Because of this a lot of whānau from Tainui waka were split between the boundaries. Those on the side of the Waikato region were able to go to their supermarkets and receive help but those on the other side had to go to Tamaki. This was an impractical call because a lot of whānau on the other side of the boundary were cut from their own GPs and supplies. They were worried because how can the people go to Tāmaki if Tāmaki does not know them? Another problem was that those on the other side of the boundary weren't able to access or be given funding for support.'***

Given the urgency and time pressures at the time regarding the hard border setting, the civil defence group controller was disappointed noting;

*'From the Port Waikato issues and the Auckland boundary (level four) there was a reluctance to accept any local input into that national planning...So there was all sorts of stuff around a central design and central delivery of our local and regional boundaries.'*

Other feedback noted:

*'Waikato (the iwi) did facilitate and negotiate some of those boundary kind of issues. They were discussed at length in some of our regional governance Covid space...a whole lot of work was done at that regional level around the boundary and then DPMC goes and makes an arbitrary decision around where the border was going to cut through. It was through Miranda and there was one whānau that had an imaginary boundary line that went through the middle of the house - so if you're on one side with the bedrooms where, you were locked down; if you're on the other side where your lounge was you were you were able to go and do whatever you needed to. Some of those ridiculous things happened when it was controlled by the centre and didn't take the advice of iwi [and] the [local councils] in those areas.'*

Frustration did not stop there for iwi, where the northern border fragmented uri, kaupapa providers, marae and community providers in some impractical ways causing angst and upset towards iwi.

### 2.3.3 Iwi response efforts hindered through crown funding processes

As time progressed and dedicated covid funding became available, applications were being prepared by all iwi through various funding agencies. Of note for Waikato-Tainui, was their successful application lodged with Te Arawhiti under the Māori Communities Covid-19 Fund (MCCF), to support iwi in achieving high levels of vaccination and community resilience against the impacts of Covid-19.<sup>19</sup> This fund was released during the Delta outbreak in 2021. However, success was soon dampened when regional funding parameters did not meet iwi boundary settings in their entirety. While during the first lockdown in 2020 a one-off dispensation to support uri was granted, this was not approved by Te Arawhiti for the latter fund of MCCF. As noted by an iwi member:

*'In the second lockdown, they were not allowed, they had cut it off completely, however they had Huakina [Trust] and [Ngāti] Tamaoho on that side of the boundary who were able to service the marae and the whānau. A lot of problems arose for the whānau on the other side of the [northern] boundary... The people had to deal with a different policy boundary, across health boundaries and TLA [Territorial Local Authorities], everything was just different for the whānau on the other side.'*

Another account by a Waikato Tainui staff member noted:

*'This also caused problems within the iwi. Whānau who were on the other side wrote a letter to the iwi, talking about how they felt as if the iwi was only providing for the Waikato region rather than the whole iwi. The iwi responded and provided the criteria which stated they were not allowed to provide help or service to those over the boundary. It was sad because when the funding proposal was put in, they did say it was for the whole rohe, they did not cut out anybody, but then got told that they'd get funded but they weren't allowed to go past the boundary... It then raised the question of how it is iwi funding, when they can't provide [for their whole iwi]?'*

Iwi were torn with funding restrictions at the time that impacted continued support to iwi health providers. Approved funding for iwi health providers could only be applied within the local Waikato District Health Board (DHB) area where a tribal member noted;

*'They weren't allowed to fund providers in Tāmaki [Makaurau] which was Huakina and Turuki health care.'*

***'They were allowed to give putea to marae in that area but were not allowed to fund the hauora providers which was sad because that was their people.'***

*'There was a big drop of putea out of that pool in Tāmaki [Makaurau] but it was going to be disseminated through [the] Waipareira trust and those sorts of organisations which might not recognise all the whānau. The funding to iwi was given to their providers because they knew what's best for their communities.'*

With this added pressure, iwi drew on existing relationships through Māori providers across the northern boundary to continue support efforts to iwi health providers and whānau.

<sup>19</sup> Te Arawhiti The Office for Māori Crown Relations. n.d. "Covid-19 assistance for Iwi." Accessed April 7, 2023. <https://www.tearawhiti.govt.nz/tools-and-resources/covid-19-assistance-for-iwi/>

### 2.3.4 Upholding and navigating tikanga across borders during tangihanga

The essence of the tongikura 'Amohia ake te oranga o te iwi, kia puta ki te wheiao' was drawn on from iwi leadership when navigating tangihanga with whānau separated on two sides of the border. With whānau safety in mind and potentially preventing infection transmission and deaths, an iwi governor noted;

*'Hard decisions for us were tangihanga south of the boundary line and a lot wanted to go across the boundary line to go to the tangi, that tikanga to mourn our death. And then we had the boundary to come across Auckland where there were a lot of cases, and Waikato where there were none, and you could be bringing the ngāngara across which is dangerous for the community...When it came to those decisions, and those Māori kaupapa we had the Māori King to guide us to say that health is important. Which is where we put our foot down and said no, you can't go across the border. It wasn't necessarily the crown doing this, but it was us setting our own barriers on certain behaviour because we didn't want it to spread even though it went against another tikanga.'*

As police enforcement and monitoring occurred, they too were also confronted with mourning families, where one noted;

*'There were questions around who could come through regularly. There [were] a lot of horrible stories the staff dealt with like tangi. There were stressed families that were on one side and other parts of the whānau on the other side with the body. There were the tikanga and protocols for iwi and it was really challenging times to navigate stuff in terms of police understanding their pain for everyone while being bound to enforce the laws that were constantly changing.'*

**These dilemmas frustrated iwi and caused a lot of damage that'll take years for people to recover from.'**

*'We knew perspectives from iwi Māori and the North [Waikato] so we would be able to advocate to government agencies around changes...to support them. We consulted, we did our due diligence and feedback the decisions that were outside of our control.'*

They noted prior to the supply of RATs tests;

*'...If only we had RAT testing, that would have sorted a lot of issues.'*

### 2.3.5 Communities locked down and iwi collaboration

As Delta appeared, the small Kaiaua community within the Upper Hauraki district was one of the earliest clusters ordered to lockdown under Section 70 of the Health Act 1956<sup>20</sup>. The location of this community teetered on the northern regional border. With guidance from local authorities, local iwi and providers collaborated and responded quickly with a community testing site setup at Wharekawa Marae by Te Korowai Hauora o Hauraki<sup>21</sup>. A kai pop-up was setup by Ngāti Paoa supplied by Ngāti Tamaoho and the Hauraki Māori Trust Board and supported by K'aute Pasifika. As noted by a Hauraki iwi member;

*'We had to deliver a lot of food. Ngāti Paoa was set up as a pop up, supplied from Ngāti Tamaoho in Auckland. There were some learnings about that which we learned about quickly. Whether we would do it again I don't know. As quick as we set it up, they had to close it down because a Covid positive person came into their hub and then all the people had to stop and isolate.'*

20 Hope, Sharnae. 2021. "Covid-19: Map outlines Waikato's bespoke alert level 4 border as temporary restrictions laid out." *Waikato Times*, September 20, 2021. <https://www.stuff.co.nz/waikato-times/waikato-top-stories/126433486/covid19-map-outlines-waikatos-bespoke-alert-level-4-border-as-temporary-restrictions-laid-out>

21 Yeoman, Scrott. 2021. "Covid-19: 'It's like Groundhog Day all over again' – Hauraki health provider back on Delta search." *National*, September 20, 2021. <https://www.stuff.co.nz/national/health/coronavirus/300410984/covid19-its-like-groundhog-day-all-over-again--hauraki-health-provider-back-on-delta-search>

In just over the two weeks that followed and as transmission accelerated, the Waikato region soon saw a range of communities and townships as locations of interest. This eventually resulted in places throughout the Waikato district such as Raglan, Hamilton and surrounds and then further south through the Waipā, Ōtorohanga and Waitomo districts return to level three settings.

### 2.3.6 Agency relationships to support whānau and communities

Working with agencies on cross border matters took time as agencies adjusted under the formal border settings. One account from Hauraki saw iwi supporting whānau relocation due to safety or the relocation of tamariki due to custodial matters. This required coordination with oranga tamariki, civil defence and police to ensure public health measures were upheld at the same time as finding responsive solutions for those involved. An Oranga Tamariki member noted:

*'I think there's a range of things [around iwi relationships]; but I think it is around that trust and confidence in our [iwi] partners...so there's an equal footing in terms of decision making, contribution, equity at an equal level...We're working really hard as an organisation.'*

## 2.4 Mana whenua roadblocks

Throughout the border settings, mana whenua established and resourced roadblocks to protect communities. What was clear from the mana whenua led road blocks, was the fact that these were a self-driven and self-determined way of demonstrating kaitiakitanga to protect their communities. During these times, police worked with iwi to engage and manage these as they occurred, where one noted;

*'In Manaia, returning members from Auckland came down to the Coromandel area that applied pressure on already challenged supermarkets, because they wanted to isolate themselves at their beach houses. Police had no appropriate legislation at checkpoints at the time and they knew they wanted to keep their community safe with the potential of other people bringing in Covid and the pressure of the house sector. But the method needed to be safe, lawful and appropriate. Police had the responsibility to influence the community and iwi leaders at the right level for appropriate and lawful actions.'*

In a similar fashion, a roadblock also occurred in the coastal community of Kāwhia and Aotea, where an iwi member noted;

*'In the first lockdown the Kāwhia whānau did their own roadblock - and good on them they wanted to keep themselves safe. Aotea did the same. And I totally get it: they just wanna look after themselves, look after their communities. Because of the size of these communities, I believe civil defence responded to ensure they had adequate supplies for all.'*

## Conclusion

During the Delta outbreak in 2021 where iwi operated within and across the area of where the formal border was confirmed, a significant opportunity was lost through a failed consultation process to enhance iwi response efforts in a more effective and fluid way, alongside their regional partners. While it is acknowledged that defining the formal border would cause upset somewhere, the 'work-around' used time and energy where iwi were already under intense pressure amid demands by whānau, marae and communities. The dynamic of the central government's decision making power overriding local and regional decision makers was demonstrated with the eventual placement of the hard border. Overlaid with formal border challenges, the limitations of iwi to support their iwi health providers and whānau in the Counties Manukau DHB region, provided a secondary blow.



Mana whenua roadblocks were also set up where voluntary members, willing and able, protected communities for a time. While there were many other iwi that set up road blocks across the motu similar to the two set up in Manaia and Kāwhia were both premised on keeping their communities safe.

## Recommendations

Kaupapa	Responsibility	Area
<b>Borders</b>		
<p><b>1. Central government decision making – Impact on iwi</b></p> <p>The setting of the border was an example of a failed consultation process between central and regional/local interests. Central government has to make a commitment to take into account local and regional impacts noting that every region will look different. Furthermore, they need to exercise honesty, and transparency when making wide-reaching decisions affecting iwi.</p>	Central government agencies	National
<p><b>2. Crown funding for iwi</b></p> <p>Crown funding recognises iwi in their geographical entirety regardless if their iwi borders include other crown agency borders. There is an obligation on the crown to recognise the tino rangatiratanga of iwi and the rohe in their entirety which have remained essentially unchanged for centuries. There are negative implications for crown/iwi relationships if iwi funding is unable to fund the entire iwi rohe.</p>	Central/regional government agencies	National/Regional

## 2.5 Marae

Marae are the cornerstone for many whānau, hapū, iwi and communities, and are familiar with serving as forms of refuge during times of need. With large functional premises, many offered their facilities as distribution centres, vaccination and testing centres. Attached to marae are haukāinga, the people skilled and capable who manage the marae operations of marae. For many, they are often trusted members of the community. Their efforts both on and off the marae are acknowledged, as shared by some brief tribal accounts;

### Waikato-Tainui

In 2020, early guidance from the Kiingitanga directed marae to close until it was deemed safe to operate. With closures, the impact included the deferment of significant iwi and hapū kaupapa such as the koroneihana and poukai. The koroneihana was deferred for two years and the resumption of poukai were in consultation with marae, where some are still yet to resume. As a representative of the Kiingitanga noted;

*‘The first time it was ok [deferring the koroneihana]. The second time was a bit harder to do. The first time we were well out and it was kind of inevitable. But the second time it was literally... we had just welcomed in the Māori wardens, the army, and all those sorts of people that come; and then they got that case of Omicron in Devonport and we just went straight to level four again.’*

*‘But you know, in moments like that, we still cooked all the kai, boxed it up and distributed it as we could. In all those instances – well not the koroneihana, the King made the decision exclusively on both koroneihana - but with poukai, those were all made in consultation with marae. And some marae today still haven’t restarted their poukai for various reasons. They’re just taking their time. And that’s kei te pai’.*

In 2021 as the pandemic landscape continued, 12 marae hubs were setup as distribution centres to provide outreach support. As a representative of Waikato Tainui noted;

**‘Marae were civil defence centres and then they were setting up the distribution hubs. I think what we were trying to do was have our spaces be the distribution hubs for everybody - not just for Māori but for everybody. Because well, I just think we just do it better than most others really. Let’s just be honest, we’re good at it.’**

*‘Six are continuing to service their communities now as we were able to access that MBIE/Te Arawhiti pūtea, we’ve been able to support them. But that pūtea is going to run out.*

*We need to retain them because the services they’re providing in their particular isolated communities, in many cases, have just really made a difference. That’s the first example of the emergence of mana motuhake, of self-sufficiency.’*

During the same year, the rollout of the Covid vaccine had commenced. Along with it came critical decision-making for whānau, some were disengaged, overwhelmed or unclear on what it meant. In some aspects, marae groupings led engagement with many whānau to support vaccination engagement.

*‘We said, if government went in there and started saying ‘We know you’re not vaccinated,’ it would have been a disaster. But if you were going in there, marae whānau [haukāinga] and live there and know the whānau intimately, there could be an opportunity to at least give them good information and factual info around the vaccination to make an informed decision.’*

*‘Those marae groupings, they came together, and they figured out how they wanted, and thought would be the best for the people to get the word out and have access to vaccination. We could see daily, vaccination numbers increased.’*

*'Using Marae as the location for vaccinations was good because it meant people could drive in and out, and there was power and toilets if needed. They did this because being able to take their resources out meant it was more accessible for their people.'*

### **Hauraki**

From the outset, it took time to understand and obtain information around the role of civil defence and the intended community approach in which marae were keen to contribute. Through iwi leadership and experience with civil defence responses, online engagement occurred with representatives which included marae leaders.

Given the many uncertainties in the first lockdown, marae remained closed however hubs were established and utilised during the Delta outbreak in 2021 and also used as coordination points for community and whānau. Marae hubs were often utilised as kai hubs in conjunction with the Manaaki hub at the Hauraki Māori Trust Board. As noted by a Hauraki iwi member;

*'Manaia, Kennedy Bay and Tirohia were all [used] as major food hubs. Marae employed iwi funds for meat like sausages and mince that went to the whole community. Milk powder and then frozen vegetables [were distributed] from Talleys.'*

***'In Delta we were delivering bulk as well, it wasn't just kai packed in the boxes. We would take hundreds of kilos to Manaia marae. The marae would just divide it up, in that valley, Manaia valley.'***

*'Once systems were operating some marae would have designated people send through the list on an Excel spreadsheet of who required food, how many adults, children and any special requirements. We would pack and deliver.'*

### **Maniapoto**

Whānau identified early that the community need to provide kai relief within Ōtorohanga and surrounds, especially with kai provision. With initial support from the generosity of the marae committee, the Kahotea pātaka kai was established. As the founding member noted;

*'In 2020 we would've been at the pā. We established at the marae during Covid, while all the lockdowns were on. We had all the facilities there and the marae had agreed to let me run this programme out of the marae with all their facilities. The cost of everything was run out of the marae. The marae committee were absolutely clear about one thing, that it was going to be for community, not just for us that sat under Ngāti Apakura or Tainui, it was for the community.'*

*'The ones that were registered under Waikato Tainui, were contacted first and they were sending in supplies to support people...within this district.'*

*'We were being supported by the Ōtorohanga Support House and the Maniapoto Māori Trust Board, through the packs that they were distributing. I would go pick them up and just bring them down, then box stuff, and deliver them to all our marae, a conduit until Kahotea properly established itself. So basically that's the beginning and it didn't take long before, it just got up and running. It was easy.'*

Overtime various other stakeholders such as MSD, the Ōtorohanga District Council and Fonterra offered infrastructure funding, vehicles, staff and other resources to prepare self-isolation cooked meals. At the time of this publication, the Kahotea pātaka kai remains in operation from its own premises.

With the Delta outbreak, finding appropriate public premises to host testing and vaccination pop-up centres and DHB staff resulted in marae often being utilised, particularly in the remote communities of the rohe.

*'What came out of it too was vaccination pop ups so we utilised our marae – if they were willing to – to host kind of adhoc one off vaccination days or vaccination mornings or afternoons all funded. That was nice to include our marae around some of the welfare response. Marae played a pivotal role around vaccinations and testing as well, in those type of pop-up community events back in Delta.'*

As marae started to reopen and with whānau safety front of mind, providing testing and protective resources throughout Maniapoto was regularly requested.

*'As we got over the hump of Omicron and they started to reopen, marae would come to us around PPE or testing equipment. Through existing funding (Te Arawhiti), we started to do marae pandemic kits – first aid, RATS tests, thermometers, PPE, and just kind of national guidance. We never wanted to tell marae what to do, but if there were resources that were appropriate/relevant we would distribute it out. Signage, in both English and te reo Māori. A starting point where marae at least felt comfortable to open their doors back up.'*

### **Raukawa**

With kaumātua and kuia identified early as vulnerable to Covid, maintaining relevant and critical communication occurred through all forms including marae;

***'Whilst we didn't tell marae what to do, because we're very careful that ultimately it's the marae who decide. We provided advice...that's what everyone was trying to do, trying to take the information that was coming from the Ministry of Health, deciphering it...what is the important stuff that you need to know - the kaumātua and the kuia - right then and there.'***

As with many marae across the Tainui waka confederation regions, kai coordination and distribution got underway from Delta with marae where the haukāinga managed and supported one another.

*'Initially, certainly during 2020, we had very little involvement with marae. It wasn't probably until the Delta wave, where people were far more educated, far more aware of health that we started to say - Ok we'll deliver to the marae, and marae you need to follow these protocols, but it will be your responsibility to deliver to your people. We started to go out into marae to do vaccinations - inside the marae, rather than outside in the carpark. We started to do that around our takiwā.'*

*'We always put it out to marae and said 'If you would like us to come to your marae and deliver vaccinations or testing, then we can arrange that'. It was our marae that put up their hand and said 'yes, can you please come to us'. There were some marae who said no, [some] completely shut down their marae for quite some time.'*

*'Some of our marae indicated their interest...so there was probably a few, once they felt confident and less anxious they actually said 'yes, we would like you to come and bring in vaccination and/or testing' We had to have them separated of course.'*

*'What we did know is once we had been, we had to go back a second time. It was based on that schedule and when the booster was happening, we needed to go back for the booster. If they called out to do another one, that would start a different timeline. Once they were involved, we knew they were all happy for us to come back because of course they didn't want to have to travel. It was Delta or just after that, once we were having the events, people were becoming more comfortable...'*



## Conclusion

All iwi within the Tainui waka confederation were conscious of the need for marae to maintain their autonomy and operate in a way that suited their marae and surrounding community. None of the iwi were forceful in their demands to marae, instead allowing them to make their own decisions and choose whether they wanted to be involved in kai distribution, welfare support, and testing or vaccinations. Iwi distributed a combination of funding, kai packs, PPE and health information alongside collaborating on testing and vaccinations to marae across their rohe.

It was clear that marae could reach isolated and rural communities and provide a necessary communication channel for iwi to reach their people. Across the three years of the pandemic many marae were active and engaged in demonstrating manaakitanga and kaitiakitanga to their communities, while also building resilience in the face of adversity. The success of many marae efforts will remain etched in the memories of communities along with the selfless services of the haukāinga, many of whom left the safety of their own homes and surrounds, to uplift and support their communities.

## Recommendations

Kaupapa	Responsibility	Area
<b>Marae</b>		
<b>1. Civil defence to work with marae</b>	Civil defence	<i>Regional</i>
Civil defence acknowledge the mana and autonomy of marae and their ability to support their communities during states of emergency. They should work with marae to determine immediately to ascertain if funding or resources are required and the role that marae will play, should they chose to.		
<b>2. A continuation of health and outreach services</b>	Te Whatu Ora Waikato	<i>Regional</i>
Those marae that are willing are trained and supported to continue and administer health and outreach services from and for their marae communities. This could include infrastructure improvements to support delivery.		



Photography by David Maunsell on Unsplash.com



# Mana Tangata

*Mahia te mahi hei painga mō te iwi*

# 3.0

Mana tangata looks at the mahi that iwi did in collaboration with others underpinned by supporting the welfare and wellbeing of their people and those that lived within their rohe. It includes the collaborative and also challenging relationships that were developed or continued with other organisations and agencies. The first two sections look at civil defence who lead the state of emergency response in the 2020 lockdown and secondly the Ministry of Health and the former DHB who lead out the response in the Delta and Omicron phases in 2021/2022. Other positive experiences are included followed by challenges experienced by iwi.

## 3.1 March 2020: A national state of emergency - civil defence and iwi

For only the second time in our history, a national state of emergency was declared in conjunction with the Covid-19 lockdown at 12:21pm on March 25<sup>th</sup>, 2020. In practical terms this meant the government deemed Covid-19 to be an impending disaster of a nature that warranted government aid to support local resourcing to prevent the spread of the disease and loss of life. This meant a nationwide mobilisation of civil defence groups based within local government councils across Aotearoa. The Waikato Regional Council contained the group controller for the eleven local and district councils in the region. He outlined his role below:

*'I am responsible for emergency management or a consistent delivery of emergency management on behalf of the collective – 11 councils - across the region. My team and I advise the chief executives on the best way to deliver emergency management...[and] propose consistent policies. It's then up to each council to implement that. I'm kind of the 'what' and the 'why' - the what we need to do, the why we need to do it and the when we need to do it. Once it's agreed, at that collective level of elected members or chief executives – the local authorities then decide the 'how it's going to implemented' and the 'who's going to do it.'*

The Waikato Civil Defence Emergency Management (CDEM) region covers most although certainly not all of the four Tainui waka confederation tribal boundaries. The map below shows the areas covered by group controller, Waikato Civil Defence Emergency Management Group;



They didn't know what to do. I asked a couple of times for things like, 'Well, if we're going to deliver kai, we need vehicles.' And they couldn't respond.'

Hauraki had an understanding of civil defence and the chief executive had worked within the command and control structure in previous roles. They were able to point civil defence towards key people within the governance team and marae leaders which had the effect of resolving potential problems. In their words;

*'It was easier in the early days of the National Civil Defence Emergency because systems were bypassed, processes were put aside in order to get the necessary supplies to the necessary people... Civil defence and the state of emergency of New Zealand lasted 7 weeks all up between level two and three lockdown, afterwards systems were stood down'*

Raukawa chose to work closely with their local operations structure as well as at the regional level. Previously, they had had minimal involvement with civil defence and the lockdown was made more difficult with their South Waikato District Council aligning their Emergency Operations Centre with the Taupo District Council. In their words;

*'[It was] a big learning for iwi, a big learning for us as well - we didn't take much notice of civil defence prior to the pandemic to be honest...we knew it needed to be done and they can do that. Once [Covid] hit, we had a far higher interest in civil defence and how it was managed. So of course, we know all our waka leaders, our Tainui waka leaders got involved at the regional level, we got involved here.*

A governance member of Raukawa supported this notion and talked about getting to know the CIMS operations:

***'There's a couple of things here to put in context. From a Raukawa perspective, we had zero interaction with civil defence prior to the lockdown. What I was doing was pushing through and finding out how this group operates: How do they receive the responsibilities? What are those responsibilities? How do they operate? Where do we sit?'***

The group controller summed up the civil defence role in the first lockdown in the following way;

*'So March 2020, operationally it was coordinated - I'll use that word with small c - and it was coordinated with a small c, Enabled with a capital E by civil defence emergency management...the way we approached it was civil defence is about rapid relief. That's the terminology here - somebody is in need and they're in need now... Every council did it differently.*

***Iwi were doing their own stuff'***

### **3.1.1 Essential worker letters and reimbursement for iwi welfare spend**

The two contributions from civil defence that all iwi mentioned was firstly a high trust process of the issuing of essential worker letters to iwi members, and a reimbursement system whereby iwi could get reimbursed for providing kai, firewood and other necessities to their communities. However, there appeared to be an overly bureaucratic process involved for seeking reimbursement due to a process that did not match the iwi values systems.

As was noted by a civil defence employee from the Hamilton City Council;

*'The manaaki and aroha approach from iwi was if someone needed something, they would give it straight away. Which was challenging for civil defence because their welfare team, especially during the first lockdown had to go through a set of questions of what they wanted? Why? When was it needed? And had a limitation on how many kai packs were sent... because it was government money.*

*For instance, when civil defence dealt with welfare after spending 1.6 million for example of unbudgeted money, they would have to go back to government and prove the requests of people and requisitions, followed up by a reconciliation process to get a refund back. Therefore, civil defence had a different parameter. In contrast iwi were much quicker in response, they had kai packs delivered without the bureaucracy. Iwi were able to mobilise and have an immediate response. From a civil defence capacity they were looking at how to build intelligence and what it looked like. It was a struggle for iwi to share justifiably.*

***Iwi would say they had given 500 packs [and] civil defence inquired, where did they go? Iwi would reply, to anyone who wanted them...We didn't have the strength of relationship or alternatively, we didn't understand...manaakitanga sufficiently well to be able to say 'Well actually, that's just the way the iwi does this. They just go where they are needed and do it.'***

The group controller talked about the difficulties himself in reimbursing iwi following direction from the National Emergency Management Agency who had initially given regional group controllers a huge amount of discretion in financial expenditure. When reimbursement was sought from central government he was initially told iwi could not be paid back directly as they were not part of the civil defence group.

As Waikato-Tainui noted;

*'You know, we spent \$1,000,000...before we got reimbursed. At the start of the pandemic, we just thought, well, our community's going to be needing this stuff, we're just going to do it. So we spent \$1,000,000 and then the government caught up with us and then we were able to apply for that funding.'*

Thankfully this issue was resolved and iwi were eventually reimbursed through an innovative solution on the part of the group controller and the former chief executive of the Waikato Regional Council.

In summation, the implementation of a national state of emergency and the role of civil defence was certainly a learning process for both iwi and civil defence in the Hauraki, Maniapoto, Raukawa and Waikato-Tainui rohe. While iwi had issues navigating the levels of bureaucracy and operations, civil defence had no choice but to accommodate iwi needs during the first lockdown. It was clear they were going to support their people regardless and they were going to meet a need in the community that civil defence had struggled to meet in the past. The Covid pandemic required civil defence to engage with iwi and to support their provision of welfare to their people either through their iwi entity, hauora providers or marae. As the group controller noted:

*'We need to understand the role of marae - that's one of the things we're doing at the moment - what is the role of marae in a civil defence emergency? Where we've got a marae and a civil defence centre in the same geographical space, how are we making sure we're not robbing Peter to pay Paul? The marae will stand up and do what the marae want to do; but is it really worth us setting up our civil defence centre a couple of kms down the road if that marae agrees to do all this stuff over here for the other part of the community that we were trying to look out for?'*

Within this context and within an emergency management context, during lockdown 2020, the group controller tried to support iwi to manage and support their people. His thoughts below form an ideal recommendation for working with iwi in the future. In his words;

*'I think the best advice I was ever given was, don't ask iwi how you can incorporate them into your plan, ask iwi how they intend to stand up and then try and make sure that your plans are complementary. The official agency plan and the iwi plans/operational plans are able to operate in the same space. Unless iwi ask for support, and then how you can support their plan. Don't try and take it over. Everything that we did initially around Covid was around enabling iwi to do their own thing rather than trying to say 'come into our tent and we will tell you what to do.'*



### 3.1.2 Civil Defence role in Delta and Omicron outbreaks

The role of civil defence during the 2021/ 2022 Delta and Omicron outbreaks was much diminished as the response for the pandemic was lead by the Ministry of Health. The group controller still had a role on the Regional Leadership Group but because Aotearoa was not in a national state of emergency, the release of funds from central government to civil defence did not occur. While there is no doubt the group controller worked hard to ensure iwi had a role during the 2020 lockdown, there continued to be legislative constraints and operational processes that could not pivot quickly to meet iwi needs or those of their communities.

What has now become apparent however is that civil defence have learnt little since the 2020 lockdown. With the advent of the heavy rains affecting the Maniapoto community especially, in February 2023 a state of emergency was declared in the Waitomo district with no advance notice given to iwi. As a result, once they found about the state of emergency, iwi once again rallied and opened Te Kuiti Pā as a safe evacuation centre and quickly established communications between the marae and their people throughout that period. Marae will continue to play a role during states of emergency and civil defence have still not settled on a working, respectful relationship with iwi and marae during times of crises. Those who work in civil defence have realised the need for iwi to play a greater part in a civil defence response. They play a significant role anyway, but some recognition of that role would surely be advantageous for Aotearoa. As a representative of civil defence noted:

*'The recommendations are for a significantly large role for iwi to play across the totality of CD emergency management. If you go through the current act, I don't think you'll find the word iwi anywhere in the existing act of 2002. It's probably an idea, a sign of the times.'*

### Recommendations

Kaupapa	Responsibility	Area
<b>Civil Defence</b>		
<b>1. Civil Defence Act 2022</b>	National Emergency Management Authority	National
The Civil Defence Act of 2002 is currently being reviewed and updated. Iwi and marae are not currently mentioned in the current act. Civil defence must recognise iwi and marae in civil defence legislation for the role that they play in states of emergencies in recognition of the crown's commitment to te Tiriti partnerships.	Civil Defence	Regional

Kaupapa	Responsibility	Area
<b>Civil Defence</b>		
<b>2. Civil defence – regional and local role of iwi</b>	Civil defence	Regional
Civil defence in the Waikato, Hauraki, Maniapoto and Raukawa rohe need to work with iwi to determine and support the role that iwi will play in future state of emergencies. For example, it may include ongoing and regular representation on legislatively enacted bodies, information sharing, consultation regarding the role of local marae, and/or transparency regarding funding and resourcing. This may look different in each rohe but is due recognition of the Tiriti partner role with iwi that civil defence are obligated to recognise and implement.	Iwi	Regional
	Marae	Local
<i>In the words of the group controller, 'don't ask iwi how you can incorporate them into your plan, ask iwi how they intend to stand up and then try and make sure that your plans are complementary. The official agency plan and the iwi plans/ operational plans are able to operate in the same space.'</i>		
<b>3. Training in CIMS structure</b>	Civil defence	Regional
Training to be provided to iwi in the Coordinated Integrated Management System (CIMS) structure to instil confidence in the legislation, systems and processes utilised during a state of emergency. Ideally training would be iwi specific.	Iwi	Regional
	Marae	Local

### 3.2 Iwi relationships with Health

The Covid-19 pandemic brought health needs sharply into play from 2020 onwards. Both the Ministry of Health and the former District Health Boards were the most involved government agencies in fighting the pandemic and ultimately saving lives – the Ministry of Health being responsible for 'funding, monitoring and ensuring the sector is compliant with accountability expectations'<sup>23</sup>, and the former District Health Boards (DHBs) for funding the provision of health services in their region. While disestablished now and replaced with four new agencies, iwi worked extensively with the former Waikato DHB from 2020 through to 2023.

As with civil defence the Waikato district health board region followed similar boundary lines to the Waikato Regional Council including the 10 territorial local authorities of Hamilton city, Hauraki, Matamata-Piako, Ōtorohanga, (part of) Ruapehu, South Waikato, Thames Coromandel, Waikato, Waipā and Waitomo. Again they covered most but certainly not all of the four iwi tribal boundaries. Also similar to civil defence, in the words of the former DHB chief executive who started just before the first lockdown

*'It struck me that the relationship between Waikato District Health Board and iwi was pretty poor actually. Waikato hadn't particularly...over many many years...engaged well with iwi.'*

It is important to note that there was a plethora of relationships operating at all levels between iwi and hauora providers, iwi and the DHB and iwi amongst themselves. All iwi had relationships, worked together and met regularly with hauora providers in their rohe. As the first lockdown hit in 2020, the DHB set up a number of different hui with which to engage specifically with iwi. These included:

<sup>23</sup> Ministry of Health, (2022). *Accountability and Funding*. <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/accountability-and-funding>

- The Iwi Māori Council hui with wider iwi and DHB – held initially at 8:00am each morning and then as needed;
- Hui with Waikato-Tainui and Waikato-Tainui hauora providers – held at 8:30 each morning and then as needed;
- Hui with the Kiingitanga, Waikato DHB and the Ministry of Health – held initially each day and then as needed;
- There were also regular newsletters/ e-mails issued from the DHB to iwi including the Kiingitanga; and,
- Specific hui were held between iwi and the DHB on an ‘as needs’ basis when there were regional issues to be addressed.

As noted by an Executive Director within the former DHB;

***‘I think we probably would have met daily with iwi within the Waikato for at least a year over the past 2 1/2 years. I know it was a significant amount of time. But that just showed...our commitment to giving real time communication and intelligence to our whānau’***

### 3.2.1 Iwi relationships with hauora providers

All iwi had close relationships with their local hauora providers during the pandemic. It quickly became apparent that if the government wanted to target Māori for testing and vaccinations, they needed to work with iwi and hauora providers throughout the region. In fact many of the hauora providers noted similar occurrences where many non-Māori were utilising their services for vaccinations especially. As noted by a hauora provider in the Maniapoto rohe;

*‘The proof of the pudding was, seeing the community particularly non-Māori walking through our doors to be vaccinated’*

Hauora Māori, and Pasifika alongside iwi played a major role in reaching these communities. Examples of their relationships with iwi are summarised below;

**Hauraki** – worked with Te Korowai Hauora o Hauraki. They share a governance board and they collaborated with Te Korowai Hauora o Hauraki as they carried out health related mahi such as testing stations and vaccinations while the Hauraki Māori Trust Board looked after kai needs. Regarding the outbreak in the Northern Hauraki town of Kaiāua in late 2021, Te Korowai Hauora o Hauraki noted the following:

*‘We stood up a vaccination centre out in at Kaiāua, at Wharekawa marae when they had a big breakout last year: we...[liaised with the Hauraki Māori Trust Board] with regards to the kai and we did bulk, like we took lots out, so [we weren’t] doing daily deliveries.’*

**Waikato-Tainui** met regularly with their hauora providers. Some were on the Auckland side of the border but still within the Waikato-Tainui rohe. Unfortunately the tribe was not able to support them as they could providers on the Waikato side of the border. This is addressed more fully above in the Mana Whenua section. As the iwi noted;

*‘We were able to apply for that funding. And we got some; and [a portion] of it went straight out to our providers. [We told them] ‘You can do with this whatever you want. I’m not going to tell you what to spend it on as long as it’s to support Covid.’ So that was our immediate response. Give it, and they know what’s best for their community and let them just carry on with it.’*

Another hauora provider Raukura Hauora was also grateful for the support of Waikato-Tainui noting;

***‘We were basically saying if Waikato-Tainui doesn’t come in and provide the korowai I think we’re in real trouble. [We needed] to make this response something which is tribally led, not government led, because then we would be waiting forever. Actually, Waikato-Tainui had the ability and the nous and the money to get up and respond. And the political capital to be able to lobby right to the PM and to the ministers. Whereas for an iwi Māori provider like us, we would be just ‘take a number and get in line.’ So that was the big thing. I was just so stoked that Waikato-Tainui took it up. They moved fast which was great’***

**Raukawa** was also a hauora provider and was able to access direct funding from the former DHB. They worked very closely with their community organisations, local agencies and civil defence throughout the pandemic.

As was noted by a Pasifika hauora provider in the region;

*‘We all continue to aspire to [the mutual outcome]. It hasn’t all been dependent on relationships. The value base was very similar between ourselves and our Iwi...It solidified and made us stronger so we could go into spaces and we were united in whatever kaupapa we were in.’*

**Maniapoto**, similar to the Hauraki Māori Trust Board were also not a specific hauora provider. They worked closely with the Kōkiri Trust who were based in the Maniapoto rohe with services specifically in Te Kuiti and Taumarunui. As was noted by the Trust;

*‘In relation to iwi (Maniapoto), there was a lot of dialogue between me and the lead of that group...That was always positive korero. We both managed to find a pathway where we were able to compliment each other... By talking to each other, we were able to get it right.’*

### 3.2.2 ‘Rapua te ngārara’; zero Māori Deaths; Marangai Areare; the Covid Care Hubs and other DHB initiatives

It became apparent very early on in the pandemic that there was a willingness of senior Māori leaders, supported by their CE, within the former DHB to drive equitable solutions throughout the Covid pandemic. They were ably supported by ‘equity champions’, senior non Māori staff who also strongly supported this pathway.

#### Te Roopū Whakakaupapa Urutā

As well as taking on these roles of champions regionally, they were also advocating at a national level, especially one senior Māori clinical leader who was a member of the national Māori advisory group, Te Roopū Whakakaupapa Urutā.

*‘We were trying to do two roles: one was just bringing up issues that they may not have thought about and making sure that they were thinking about issues that were going to be really important for our whānau; but the second was...holding them to account and letting them know that we would be watching, we would be monitoring, we would be reviewing and critiquing. We made some quite critical statements along the way and supported ones when we thought it was good for whānau.’*

Te Roopū Whakakaupapa Urutā also met regularly with the former Director General of Health Dr Ashley Bloomfield and relevant ministers. They regularly fed back to iwi and ensured the communication channels with them remained open.

The approach to dealing with Covid was explained by the leadership of the senior Māori staff and was premised on two main aspects. As noted by the senior Māori clinical leader;

1. ‘One was that we had to prioritise. We were going to have to triage. We had to work out how do we identify whānau who are most likely to need support and find them fast.’

Secondly, 'Those that were going to have really difficult complexity were going to need a lot of navigating and that would take care of the top of the iceberg. But we also knew we had whānau in the next layer of the iceberg who were going to need a lot of support, and that was best done locally.'

Lead by the whakataukī, 'Rapua te ngārara' and the underlying driver of zero Māori deaths, the Māori Covid response team within the Waikato DHB was setup internally to manage three functions:

- Support and inform the overall response
- Champion an equity response to Covid; and
- Engage with Iwi, kaupapa providers and tribal leaders.

What was noted early on from the Māori leaders within the DHB was that the response in the Covid pandemic had to be iwi lead supported by hauora providers.

**'The power was with mana whenua and with iwi because they're the ones who have the most vested interest in the protection of their population and were, also at that time, the ones who were most in conversations with central government around resources through their treaty relationships. Nearly all of them were inside or in and out of settlement negotiations with crown anyway.'**

In regards to the direction of thinking at the DHB, the senior leadership team noted:

*'Our response was actually driven by a pro-equity approach – where leadership had to champion at all levels, [and] the results are self-explanatory. It had its imperfections and areas to improve, however in comparison to most other places (testing, vaccination, delivered welfare, enabled isolation etc.) the general integrated response across all departments, was underlined by pro-equity approaches and manaakitanga'*

*'It was about flipping the model and putting equity as the focus.'*

### The Waikato tikanga team

In addition, the Waikato tikanga team in the former DHB was set up to support isolation facilities through the following:

1. Mihi whakatau & karakia at isolation facilities
2. Assisting the uplift of tūpāpaku for safe arrival to undertakers and providing support to whānau pani
3. Looking after the welfare needs of those in isolation
4. Providing Covid education

As they noted:

*'The Army Commander would advise on the isolation process and requirements and then the Tikanga team would provide a mihi whakatau and karakia. People were crying on the bus for being welcomed home, particularly those who were desperate and didn't have a lot to come home to, or those seeing sick loved ones in their last days.'*

### Marangai areare

Marangai Areare was the Māori and Pasifika multi-disciplinary team with staff from throughout the DHB that sat within public health and had its origins from the King's tongikura;

### 'Amohia ake te orange o te iwi, kia puta ki te wheiao'

This multi-disciplinary team met daily to discuss whānau who had been infected and how they could provide support. They eventually moved into outbound calling and managing cases through the National Contact Tracing System (NCTS).

In the words of a senior Māori leader within the former DHB, Marangai Areare, the tikanga team and all the other pro-equity responses to saving Māori lives within the DHB lead to what became known as 'the Waikato Way.' It had three parts to it;

- Manaakitanga – working together
- Kawe ake – creating solutions
- Mahitahi – implementing solutions

Some examples of the Waikato Way included;

- When conducting mobile testing in homes, hauora providers would provide whānau with kai to ensure they had enough to last until their results came back;
- The tikanga team would look after whānau in isolation through ensuring they had clothing, a place to go to following isolation and any other support they needed;
- During the Delta outbreak, Marangai Areare would know all whānau who were suffering from Covid, and the probability of where they may have contracted it from. This was discussed during daily meetings. They were not just names on a list, they often knew how they were related, how many were in the household, ages, and probabilities of others who were likely to contract Covid. They would make contact with positive cases and offer them kai and provisions and if they were not enrolled with a GP, they would assign one to check on their medical well-being. They always treated positive cases as an entire household and never just the individual.

The senior Māori leaders within the Waikato DHB were quick to point out the importance of utilising iwi and community relationships throughout the region in the implementation of the Waikato Way. In their words:

*'It was really, really important that we had someone, somewhere in every level, in every place, because we were more hooked up and integrated. Our Māori network, our iwi network, was much more connected than everybody else. We found that we could make things happen faster. Because our relationships were different and we had more trusting relationships... It was actually getting stuff done. And as we moved at pace, our non-Māori colleagues started to move with us. They felt quite uncomfortable with it...at the time. They couldn't work out how we knew stuff before it was announced, before the 1:00 o'clock meeting. We knew what was coming already because we had established the tikanga that iwi should find out first. So in particular the King's office, he was kept very very well informed.'*

### Covid care hubs

Similarly, almost all of the covid care hubs were also set up predominantly in conjunction with iwi. They were originally designed to provide holistic support to those with Covid-19 that had the highest need. The former DHB allocated risk scores based on ethnicity, vaccination status, deprivation, their domicile, if they had a GP or not, comorbidities and age. Any whānau that were high risk or med-high risk were managed by a covid care hub and all others were sent through to the national system. Those in the care of the covid care hubs were supported by them and checked to see how they were coping with covid and also if they had any welfare needs. As one of the senior Māori DHB leaders mentioned about the hubs;



*'Before we actually went into the Omicron breakout, we had risk stratified the whole population. Every individual person that we knew in the population, the 454,00. We had already risk stratified them and we knew who were high, medium or low risk already. All that information was provided to the hubs. The provision of data and the provision of dollars is what makes this happen. Data and dollars are very, very critical to the level of collaboration we've seen...'*

A member of Maniapoto noted the success of the covid care hubs;

*'Like Te Whatu Ora, they're struggling for decades, and it's not working. Just within the past eight months, this model, having hubs within the community, all working with their own whānau, all familiar people. It's a huge difference just to be able to have the conversation about Covid or measles or rheumatic fever.'*

***'We're not clinicians, we don't even pretend we have any clinical background at all, but there's a credibility you have with whānau calling up and just being able to relate.'***

Of the 12 Covid Care Hubs, 10 were iwi endorsed organisations, one is an ethnic hub based at the Settlement Centre in Hamilton, and one is a Pasifika hub run through Kāute Pasifika also in Hamilton. The advantages of the hubs lie not only in the prevention of deaths from Covid-19 now but the future applicability of the model. At their heart, the hubs provide community based primary health care and prevention that can switch from covid support to other immunisation programmes such as measles and meningitis very quickly. By operating under the same premise throughout Maōri communities within rohe, they can offer support to at risk whānau within a community context in a way that whānau will want to receive it. Despite the success of the covid care hubs, their future is still uncertain past June 2023. As was noted by a Maniapoto iwi member:

*'As we listen to their kōrero, particularly with Te Whatu Ora around whether they're going to take funding further, there are many things we've been privy to around conversations happening at the upper echelons in Te Whatu Ora, where we have hub liaisons trying to fight for the concept that has been built up. Trying to fight for that model to get recognised as a way to maybe move forward. A model we could grow, nurture, see full potential in; because...these are the outcomes and results we're seeing. It just boggles me that we're having to go in to battle to try and prove a point.'*

### **3.2.3 Issues with Health**

#### **Personal protective equipment (PPE)**

Initially this proved very difficult to get hold of. In fact, Aotearoa had watched while countries throughout the world had encountered difficulties watching medical professionals repurposing ski goggles to wear as face masks in hospitals. New Zealand were in a similar position. With all iwi working directly with whānau in the community, obtaining PPE was critical during the first lockdown. The Hauraki Māori Trust Board were initially able to obtain PPE through their local Thames Hospital however once the Ministry of Health built the PPE portal it was far too slow to respond, with log-in issues resulting in the Chief Executive of Hauraki ringing an Executive Director at the former DHB to get some action. As the iwi noted;

*'It was hopeless. Really hopeless. And it put our staff in danger. The Ministry of Health and their portal [had] log on issues... Under a national civil defence emergency, you know, things and systems were bypassed, you know, like processes. Because you have to, to get stuff to where it's needed.'*

Similarly, Waikato-Tainui had difficulty accessing PPE and found government agencies unhelpful in that regard. They eventually sourced PPE from Watercare in Auckland.

#### **Data, communications and information sharing**

One of the ongoing issues found by iwi was either the unavailability of data or the lack of crossover data available between DHBs. The availability of data and information proved to be a powerful tool in fighting Covid-19. It provided a cornerstone of influence from which iwi could support their communities through knowing where risk areas were and enabling targeted support. While there was no doubt the frequency of DHB hui with iwi and hauora providers allowed them to access useful real time information, the provision of data did not appear to be as forthcoming. One of the senior Māori Clinical leaders noted issues with data including:

*'There's a really big move from the iwi to want good iwi data and I totally get that. But at the moment, as a nation, we can't nail ethnicity data, so I'm really worried about moving into iwi data if the quality is not good enough.'*

As was noted by a governance member of Raukawa;

***'One of the things that I would dearly have loved to have sorted, which would have made a huge difference to how much more we could have responded in a more succinct way - was for the DHB to share their database with us. Because rather than needing to ring everyone on our register to say, 'Have you had an immunisation?...We could have been very targeted in our responses and saved so much time.'***

The Senior Māori Clinical leader from within the DHB noted the power and influence that comes with having data;

*'There was definitely a really important power shift in Covid. I think that the crown realised they couldn't do this on their own, and therefore they couldn't lean on their usual responses around privacy or data control or data sovereignty because they needed everyone to be involved in the response. And it's very slow so it took almost the whole two years, first two years, for them to get to a point where data sharing became a possibility.'*

On the 10<sup>th</sup> December, 2021 the Whānau Ora Commissioning Agency (WOCA) based in Auckland finally won their battle to have data released of unvaccinated Māori to enable them to support their whānau more effectively. They had to go to the High Court twice and by the time it was finally released John Tamihere, the Chief Executive of WOCA stated it was 'too little too late.'<sup>24</sup> This example of low trust and a perception that privacy will be compromised from the Ministry of Health is symptomatic of a crown agency that appeared to have little faith in iwi and Māori to not compromise privacy as they worked within their communities. It could also have been symptomatic of poor iwi data sets as identified above.

Through the advocacy of iwi chairs a data arrangement was agreed from the Integrated Data Infrastructure (IDI) and Te Whata comprising of several data sets which were able to be layered to find more accurate data. Waikato-Tainui and Maniapoto collaborated together given the shared area of interest. It did allow for the following;

- Overlaying health and social welfare data with tribal registers to identify where whānau resided;
- Detailing real time data on vaccinated populations and positive cases. This assisted iwi to access funding and resources, where vaccination gaps were identified and to work collaboratively with other iwi and stakeholders.

As a Waikato-Tainui tribal member noted;

<sup>24</sup> O'Connor, M. (2021). Ministry of Health agrees to release Māori vaccination data. Radio New Zealand. 10 Dec, 2021. Available at: <https://www.rnz.co.nz/news/te-manu-korihī/457665/ministry-of-health-agrees-to-release-māori-vaccination-data>

'At times iwi data was more accurate where whānau held alternate addresses for fear of not receiving full (MSD) benefit entitlements i.e. where more occupants were residing at an address or if there were changes to their marital status.'

The success of the Te Whata data did provide areas where there was a low vaccine uptake and allowed iwi and hauora providers to target areas where they could share information with vaccine hesitant whānau;

**'We said, if the government went in there and started saying 'We know you're not vaccinated,' it would have been a disaster. But if you were going in there with marae whānau who live there and know the whānau intimately, there could be an opportunity to at least give them good information and factual info around the vaccination to make an informed decision.'**

It was generally acknowledged that there is still much to learn and develop to ensure secure data sharing in a non-aggregated, secure and private way.

Hauraki had issues with obtaining data between two DHBs, specifically Counties Manukau and the Waikato DHB. As each of the DHBs were essentially autonomous it did prove difficult at times for neighbouring DHBs to synchronise systems. During the Covid pandemic, the need for accurate data between DHB regions was required more than ever. As they noted:

'Our people are in Auckland, the Auckland DHBs don't speak to the Waikato DHB electronically or otherwise, and they don't necessarily even know whether somebody's got Covid or not. It just [does] not show up in the Waikato system. They were positive in Manukau and they registered in Manukau. But then they're back here and they're not showing up on the Waikato DHB systems.'

As one of the hauora providers noted who was also working between the Counties Manukau DHB and Waikato DHB;

'But the issues weren't the iwi or the providers or the hau kainga up there - it was Counties Manukau DHB. They were always way behind the thinking and the ability to act compared to Waikato DHB. They couldn't give us real numbers, the stats....The worst was we [weren't] paid for six months during Covid.'

Hauraki also had issues with obtaining any funding and information from the DHB as they were not a hauora provider. As they noted;

'Their only lens is the health provider and not the iwi... I'd say that the fundamental thing with the DHB, because of their behaviour and general attitude, is that they don't trust us. They won't trust us with general information. We should have access to the SMS system but because we are not a health organisation, [they didn't] trust you to have it.'

One of the community centres in Hamilton had issues with the DHB information which was coming out promoting vaccinations at a time when vaccinations for Māori were being prioritised. As they noted;

'This was the feedback we gave to Whatu Ora, 'Your comms sucks!.' Comms around vaccinations, very 'pākehāfied' and no te ao Māori view around vaccinations. We gave that feedback three times and they still didn't listen. So about 3000 Māori in our community still haven't been vaccinated yet - that's a lot in one area.'

As with any major event, communications, and the sharing of data is important to ensure communities have the information they need. There were some issues with all of these over the last three years but there were also solutions suggested which will be included in the recommendations.

### 3.2.4 A return to business as usual?

There is a risk that with a change in policy settings regarding Covid 19, the gains made over the last few years between Te Whatu Ora, Te Aka Whai Ora and iwi could disappear. As was noted by Waikato-Tainui;

'There was a power and control element where the DHB held their space, they had providers and hubs trying to help cover their rohe, but then they've got this big giant monster organisation holding the space and cutting them out...The DHB sometimes worked alongside hauora, they were in the daily phone calls every morning with DHB representation and when it was the high-risk times, there seemed to be much more of a willingness to work together, but then eventually they just revert to type... [There was] flexibility, because it's a pandemic policy and [there's an] ability to respond to the emergence of need - but when the emergency fades away, it reverts back to business as usual.'

Likewise the development of the Covid care hubs has a usefulness that stretches beyond the Covid pandemic. They can be repurposed to help directly in Māori communities with health priorities in general such as measles, whooping cough and/or meningitis and they can also be used to extend vaccination programmes to target Māori more effectively. In essence they can increase whānau engagement with health services. The concern is that they will shortly be disbanded and funding will be repurposed. Senior leaders at the former DHB had the same concerns noting that in seeking continued resourcing and funding to sustain iwi hubs, the future remains a work in progress. They further noted it is too early to confirm whether extensions would be for all or only some hubs throughout the Waikato. If extensions were approved from Te Whatu Ora and/or Te Aka Whai Ora, these could be conditional or with set criteria. This could be concerning for iwi hubs given the current climate and understanding which developed and grew Māori capacity and capability over the last two and a half years. The future of the hubs it seems, is still too early to predict.

Similar to the Covid care hubs, the Care in the Community policy setting was a joint arrangement between the Ministry of Health and the Ministry of Social Development to set guidance from central government to ensure people received the care they required during the Covid pandemic.

'The framework supports a regionally coordinated, locally-led approach to managing COVID-19 patients and their whānau, understanding that local health and welfare providers know their communities best.'

'Equity remains at the heart of the Covid-19 Care in the Community programme. These outline the need for all health and welfare organisations managing COVID-19 in the community to ensure systems are in place and coordinated to meet the needs of people at higher risk of poor outcomes'<sup>25</sup>

From February 2023, the Covid 19 Care in the Community funding transitioned back to business as usual. This meant Covid 19 effectively sat alongside all other health conditions with one difference, a Health Order requirement to isolate for seven days. As at February 13<sup>th</sup>, 2023, funding was decreased for whānau with Covid 19 as everything returned to normal business. As a member of Maniapoto said:

**'I'm a little bit puzzled why nationally they are going to disband that framework because there's always going to be a requirement for it. You just need to pivot it in terms of whatever the priorities are at the time. It was a great framework which is insulated with key systems and processes that could be transferred into the new health reform space...What should carry on is the 'Care in the Community' approach. As iwi, we're always going to look after our people. The 'Care in the Community' framework gave us structure. The hubs were a good starting point; especially for non-health providers such as us.'**

25 Ministry of Health, Ministry of Social Development, New Zealand Government. (2022). Covid-19 Care in the Community Framework Omicron Update. Available at: <https://www.tewhatauora.govt.nz/assets/For-the-health-sector/COVID-19-In-formation-for-health-professionals/COVID-19/covid-19-care-in-the-community-omicron-update-21-march-2022.pdf>

The future will tell how many of the positive initiatives set up between the Waikato DHB, iwi and hauora providers will be retained. It would be regrettable if all of these initiatives are disbanded, especially in the context of Te Aka Whai Ora (the Māori Health Authority) where their role is to lead transformational change for the health and wellbeing outcomes of Māori.

## Recommendations

Kaupapa	Responsibility	Area
<b>Iwi and the health response</b>		
<b>1. Health initiatives during the Covid pandemic</b>	Te Whatu Ora Waikato	Regional
There is a need to recognise the success and support the long term continuation of initiatives that were developed under the 'Waikato Way.' This should include Marangai Areare, the Covid care hubs, the tikanga team and continuing support of 'equity champions' within Te Whatu Ora Waikato. A return to pre-covid regional policy settings should not be an option as this has continuously lead to inequitable health and well-being outcomes for Māori.	Te Aka Whai Ora	National
<b>2. Iwi health data</b>	Te Whatu Ora Waikato	Regional
Iwi health data sets must be improved and shared with relevant iwi entities in a way that does not compromise privacy but supports positive health and well-being outcomes for iwi. Data should be accurate, iwi and locality based.	Te Aka Whai Ora	National
<b>3. Communication channels with iwi</b>	Te Whatu Ora Waikato	Regional
The communication channels developed with iwi, the Kiingitanga and hauora providers should be maintained and utilised as and when needed to enable Te Whatu Ora and Te Aka Whai Ora to continue to address Māori health and well-being inequities.	Te Aka Whai Ora	National
<b>4. Care in the Community framework</b>	Ministry of Social Development	National
The model and concept of the Care in the Community framework should be continued and repurposed as needed in each iwi rohe. Welfare needs of whānau remain in iwi communities and funding and resourcing should continue to recognise this.	Te Whatu Ora Waikato	Regional
	Te Aka Whai Ora	National

## 3.3 Testing and vaccinations

When the Covid pandemic arrived on our shores in 2020, there was no vaccination and identifying whether someone was infected with Covid -19 involved a PCR (Polymerase Chain Reaction) test. While results took 2 -3 days to return, this test was more accurate than the much quicker Rapid Antigen (RATS) tests that became available in late 2021. Common practice during the 2020 lockdown was to set up mobile testing stations in areas where infections had been identified. However, in order to assess possible infection spread, testing stations had to be set up in all towns as the country initially pursued the elimination strategy. In April 2021 the first vaccinations became available for essential workers in the Auckland area (mainly border workers and health workers) and following that from July onwards, the rollout was staggered from the eldest age group to the youngest. Iwi alongside hauora providers played a major role in both testing and vaccinations as they supported the elimination strategy and later on the push to get iwi vaccinated. They were determined to prevent Māori deaths from Covid.

A number of innovative practices were suggested by iwi and hauora providers regarding testing and vaccinations and they are listed below;

- Raukura Hauora supported by Waikato Tainui suggested non-clinical staff could conduct vaccinations. This was originally rejected by the Ministry of Health however with the vast numbers needing to be vaccinated and the lack of clinical staff to vaccinate, they had little choice but to support non-clinical staff vaccinating. This allowed many hauora providers and iwi to employ and train staff to give vaccinations.

*'You don't actually need your clinical person to vaccinate, you just need [clinical] oversight! The real issue was for me was we knew that and actually the country knew that because they had to look at what was going on in England at the time...They had soldiers and firemen giving vaccinations...To me it's just 'why are we trying to make this harder for ourselves and waste four months where we just look overseas...at the workforce that are vaccinating, why don't we just copy it?'*

In order to increase vaccinations, iwi suggested providing giveaways or food packs. This also was originally declined and then later supported when it was apparent that the giveaways/packs encouraged uptake. As a governance member of Waikato Tainui noted;

***'Some of our rangatahi were not interested in the way vaccinations were being proposed and promoted. We were told by the government that we couldn't do giveaways or food packs at vaccination places because it would be seen as bribery. Next minute they would be doing it in big and bolder ways...Those creative ideas came from us. And in the end when the Ministry of Health put the pūtea and resources to the promotion, it escalated so it was clear that we needed to work together.'***

- Innovative locations of testing and vaccination stations were also pioneered by hauora providers and iwi. Raukawa and the South Waikato Pacific Islands Community set up both a vaccination and testing area on the side of the road of a rugby game. The former DHB were not supportive of having testing and vaccinations so close together, however, eventually it also became the norm. Tokoroa also pioneered drive through testing and vaccinations that became common around the country;

*'The first model we introduced was the set blueprint of drive through models. We developed it and it later became a blueprint for DHB on how to set up and develop drive throughs throughout Tokoroa. Over three weeks we provided a community testing centre that was 80% manned by Raukawa and pacific workforce. DHB provided minimal clinical leadership but they managed the whole process.'*



### 3.3.1 Vaccinations and mandates

With the advent of a Covid-19 vaccination, the government soon passed orders requiring people in certain occupations to be vaccinated. Examples were those working in health, education, corrections, border workers and fire and emergency and police. A movement of those opposed to vaccinations emerged as well as those opposed to vaccine mandates. Many Māori were also part of these movements. A senior Māori clinical leader within the former DHB understood the issues with vaccine mandates especially. As she noted;

*'The key issues were that mandate in itself is a good approach for ensuring that there was great coverage of vaccination and ensuring the safety of people. As a public health approach, it has a role. However, the obvious counter of that, is around individual sovereignty and also enforcing things and what's always important to us as Māori health researchers, the economic and lived impacts of that. So when whānau were losing work because of it, that's more than just sovereign decision making. That's actually then taking resources out of a whānau unit at a time of crisis. That's really what we did with iwi chairs. Both of these arguments are really, really pono.'*

Another issue raised was the vaccine targets. Because of the initial limited vaccines available, there was a targeted rollout – after frontline workers, those most at risk over 75 years of age were next followed by those over 65 years and so on down the age groups. This had the effect of targeting the most vulnerable communities first which was completely understandable but it also had the effect of creating a younger disaffected population as they saw the effects of mandates on the working population with some of them becoming more influenced by misinformation. The senior Māori leaders within the DHB were adamant the vaccine rollout should have targeted whānau in their bubbles however the Ministry of Health were equally adamant to vaccinate the older population who were most at risk.

*'Very early on we were saying we needed a 20 year reduction in the age at the least if not fully vaccinating whānau units as a whole. And it was turned down. There was no palatability for it at a high level to make that decision. And it was a critical mistake in reflection.'*

*'When we vaccinated our kaumātua all our focus went on educating them about the vaccine, talking to them, getting on the ground, working with our kaumātua. We just forgot about everyone else and that left a vacuum that misinformation came into. By the time we turned our lens to vaccinating everyone else, they were all like, 'oh hell, no, your crazy vaccine. I read on the internet...' Because we'd just ignored them and they had information they were getting. And then we had a huuuuge job of unpacking all that information. Whereas if we'd actually vaccinated everyone together, we would have been ahead of them.'*

While vaccinations and mandates created a vocal protest movement, New Zealand as a country eventually achieved very high vaccination targets. Iwi were supportive of vaccination targets not because the government ordered it but more because of the lived memory and generational histories of the previous 1918 influenza in particular. It was another clear expression of mana motuhake to protect their people and avoid mass casualties.

### 3.4 Engagement and advocacy with other agencies and organisations

This section looks at iwi relationships with all other entities, organisations and crown agencies. Whilst some of these relationships were positive, others made it difficult for iwi to support their people at a crucial time. The engagement and advocacy of iwi with other entities was a feature of the Covid pandemic period as relationships were initiated, challenged or further extended. Iwi were always clear their purpose was to support and protect their people and communities.

### 3.4.1 Positive relationships with iwi

Iwi talked about some very positive relationships that were formed from the first lockdown in 2020 through to the current day. These were either with organisations, philanthropic entities, and/or crown agencies. It is important to acknowledge relationships that supported iwi as many of them can provide exemplars for relationship building into the future across a number of other entities and organisations. A summary of these entities is provided below.

#### Trust Waikato

***'There was no doubt in our mind that iwi would be successful in this. What was cool was that there wasn't any sort of parameters around 'you need to include this or account for this or do this'. We were very open with the funding and what went to one iwi was quite different from what another iwi received because each iwi knew what they wanted to do and how they wanted to approach it.'***

*We don't have anything around KPIs or those sort of things that sit over something. It's all totally open and can morph and develop as a community wants. We were just really excited and very proud of the way in which these communities were so well served at this time by iwi and continue to be. We are looking to see how we can help continue to support and grow there.'*

Trust Waikato are a philanthropic organisation based in Hamilton. They were established in 1988 to hold and manage the shares of Trust Waikato, managing the investment and allowing a portion of the profits to support communities. This organisation was one of the few of which two out of the four iwi were extremely complimentary, not just because they were able to fund initiatives but also how they developed relationships with iwi.

Hauraki noted they were;

*'Absolutely amazing and gave [funding support] within 24 hours to support employed staff.'*

Likewise Maniapoto noted;

*'Trust Waikato has been awesome over the last three years – they just get it. They're like, do us a really broad application. We know the communities that you serve and give us an idea of what you think you're gonna do. And their parameters are quite loose. Because the partnership is really strong...Trust Waikato has been really consistent over the past three years.'*

When the interview was conducted with Trust Waikato, it was apparent why they worked well with iwi and formed relationships with integrity. Firstly, their approach was respectful. In their words;

*'We've had a well-established connection and relationship with iwi. When I started here back in 2016, Trust Waikato already had a strategy in place where they used to host education days for the Trust. That involved going to visit significant iwi and would have a whole day set aside where the governance or trustees and the operational team in grants team, went out and we learned about the aspirations of the iwi... We went on a bus trip and one of the iwi kaumātua on the bus with us guiding us around significant places in the rohe. Getting welcomed on a marae and learning about the aspirations of the iwi. The priority, the approach, was always about building a relationship and understanding what the iwi aspirations were. When I started, Trust Waikato were very very deliberate not to create a Māori strategy because we weren't able to implement it because we didn't have the personnel or the people to push that. We were deliberate to understand what the aspirations of the iwi were and if we found any commonalities then we would go from there.'*

The approach of Trust Waikato towards iwi is remarkable in its simplicity and effectiveness. They have a clear approach and they stand behind it. They know the areas they are not strong in and seek support to assist them in those areas – such as cultural advisors. They are careful not to impose themselves on iwi or to dictate a certain way but would rather understand iwi vision and strategy, to then see how they can support that. This is a simple and clear approach where everyone knows where they stand.

*'We have a strategic pou around Te Tiriti o Waitangi but that's actually embedded across our whole organisational culture. We also have support from cultural advisors – because we have to know our background too and how we fit into the whole ecosystem.'*

One of the bigger funds that Trust Waikato gave was to assist with the Covid care hubs (or manaaki hubs) mentioned above;

***'We set aside a ... fund last year to prioritise the manaaki hubs and are still prioritising those manaaki hubs. This is a model which actually works for our people. And why it works is that it's strength based and the approach is empowering. In a crisis, people and whānau will only go to you if they trust you and they see a familiar face. It was the aunties and cousins in those roles. The aunties that belong to the community and [are] well known. And then it was 'Well okay aunty, I'll come and get it done then.' And it works.'***

So while this was a DHB initiative, it has clearly been further supported by Trust Waikato who strive to support iwi vision and strategy as part of their philanthropic mission.

#### Department of Conservation

Three of the four iwi were unanimous in their support of the Department of Conservation. Their unwavering support was much appreciated by all, mainly in assisting with delivering kai packages and other supplies, especially to isolated rural areas. Examples of iwi feedback included:

##### Hauraki;

*'[DOC] Helped a lot during the first wave of covid, during Delta and Omicron it was slightly less but still just as effective. They had covered toyota hilux vans with the ability to transport in bulk during rain and over 4wd roads.'*

**Maniapoto** were not only appreciative of DOC's support but also spoke of their form of assistance as an exemplar for other government departments to follow:

*'I want to make a particular mention to DOC. They were excellent. They repurposed their team and resources, meaning their four wheel drives and their trucks, and they just threw everything at us. So if other agencies can be like that and just either throw people, and if they can't throw money, throw us people, throw us your infrastructure (whether it's storage sheds, trucks, laptops, forklifts, anything). If iwi are the ones leading within the rohe, within the communities, help us! And don't hesitate. Don't wait for us to reach out. We're trying to coordinate a range of resources and approaches...and if you can't, say that too. There's nothing worse than lingering and we're wasting time chasing you and it's going to be a 'no'. Just be straight up and tell us.'*

**Waikato-Tainui** also acknowledged with appreciation the assistance that DOC provided to Hauraki and Maniapoto.

In the interview with the Regional Operations Manager for the Department of Conservation, when asked about their relationship with iwi prior to Covid they noted the following:

*'I sort of inherited iwi relationships coming into the role. We did have some work plans with iwi around conservation mahi. We have a lot of Treaty settlement obligations with iwi as well, for example, we have [mah]i with Waikato-Tainui on restoration of the Waikato River.'*

One of the crucial things that DOC Regional Operations Manager did while sitting on the Regional Leadership Group Forum was listen! In his words;

***'I paid quite a lot of attention to what Māori leaders said on the call and what their priorities were. I was just looking for opportunities where we could make a difference there but not get in the way.'***

As one of the Maniapoto iwi members said;

*'DOC was an exemplar of crown agencies in a crisis and being flexible and going where the need is...DOC was one of the few that demonstrated and valued Te Tiriti partnerships with iwi. They align quickly to the same kind of focus and values that iwi were operating from. If there was a gap there, [the] team could fill it and help, and we already knew resourcing capacities were already stretched in some parts in the rural areas. Really appreciate the Maniapoto DOC team who are there to answer and provide'*

Alongside kai delivery to isolated communities, they also transported whānau to vaccinations in the Maniapoto rohe and delivered firewood. Regarding their support for iwi and the iwi role during the pandemic, the Regional Operations Director (DOC) noted;

*'First of all, they did some really good work in caring for their people which came through really clearly and early...They took leadership for a lot of items as well. Important items around the response and recovery. And several good leadership contributions...Iwi held the crown and government agencies, central, [and] local to account for a little bit as well, which I thought was awesome in terms of clarifying where supports were required and where priorities were. It went a long way in forms of support from financial to accommodation, to food, to information, whanaungatanga and all sorts of things'*

In summary of their response, their humility shone through when they further noted;

*'There is a spirit of community service in the department. It's a value a lot of my colleagues try to live up to I think. The combination of our sort of values and workforce capabilities meant that we were able to contribute a little bit...Well, it was nice to be able to help. A crisis sort of often brings clarity to work. Teamwork levels are high, so we felt quite good about being able to do something useful even though it's a small part.'*

#### Here to Help U

*'Kei kōnei mātou hei puna āwhina mōu*

When Covid 19 arrived on our shores, New Zealanders needed to access social and wellbeing support at their fingertips. At the same time, our community service providers were navigating an increasingly different environment to do their important work. So, several Hamilton based service providers worked together to quickly build and launch a new tool to serve people in need, providers and their volunteers. Here to Help u is a community-led solution that makes getting the right help at the right time easy.

Since it launched in April 2020, 'Here to Help u has:

- supported thousands of people with 96% satisfied with the overall service
- been used by the community sector to further enhance their work,
- been adopted by new areas and regions across New Zealand<sup>26</sup>

Here to Help U is an online support service that offers assistance in the following areas:

<sup>26</sup> Here to Help u. (2023). About us. Available at: <https://heretohelpu.nz/About>

- Mental health support;
- Employment;
- Collection service (ie medications);
- Financial;
- General support; and,
- Food.

Their website is user friendly and the support given is generally timely and relevant.

Two iwi in particular utilised Here to Help U extensively in their rohe, predominantly but not exclusively for kai delivery - Maniapoto and Raukawa. Raukawa used Here to Help U early on also accessing mental health support. In their words;

*'For South Waikato, we were quite an early adopter for 'Here to Help U' before even Covid, we had seen the value, so we were sort of already moving down that path'*

Despite a changing welfare provision paradigm, Raukawa have utilised Here to Help U throughout the last three years. Maniapoto have utilised Here to Help U with the establishment of their Covid care hub – Te Pūtiki. Here to Help U are also operating within the Hauraki area, Hamilton city, the greater Waikato and the Bay of Plenty with over 280 providers now. While situated within a non-Māori organisation, the value system of Here to Help U is Māori at its heart. As the General Manager of Here to Help U stated when referring to the Covid care hubs where they were often utilised;

***'That shows the power of when you put iwi and Māori values, putting people first, alongside really strong systems, what can be done. And when it came to the iwi hubs [Covid care hubs], Māori thrived in the crisis situation. I think that's a value state - probably whakapapa, learning how to be in those things, but Māori hubs was another level in terms of their ability to operate in a crisis space...'***

### **K`aute Pasifika**

K`aute Pasifika are the biggest Pasifika provider in Hamilton also stretching into the greater Waikato area. They offer services for Pasifika and Māori whānau in the health, education, employment and the social services areas. K`aute Pasifika were very active during the Covid pandemic supporting with testing, vaccinations and self-isolation support. They are also the only Pasifika Covid care hub set up through the former DHB and as at February 2023 were still receiving around 6 – 12 referrals per day to support Covid positive Pasifika whānau. Hauraki mentioned the support K`aute Pasifika provided in bringing over staff to help with kai deliveries during the Kaiaua outbreak in North Hauraki. K`aute Pasifika noted;

*'There was an outbreak in Hauraki, if I remember correctly, and they were needing some support. So we sent a few of our team out there over a period of maybe a week/a week and a half and they just supported [the Hauraki team] and their efforts over there.'*

K`aute Pasifika also noted the increasing collaboration with iwi during the Covid pandemic;

*'So for example Waikato-Tainui gave us a bit of funding because they were aware we were in the emergency housing space. Te Puni Kōkiri also gave us some funding; because actually I think one thing we don't give a lot of visibility to, is that a third of people accessing our services are actually Māori. They're the biggest group that we work with. And I think through other collaborations, like integrated safety response and all the discussions around integrated community response, we've definitely had increased interaction with the different iwi groups.'*

### **Other positive working relationships with iwi**

Iwi mentioned a number of other positive relationships with other organisations, agencies and entities throughout the Covid pandemic. These are listed below:

#### **Maniapoto and New Zealand Police.**

There was a very positive and mutually helpful relationship with the police in the Maniapoto rohe. As the iwi noted;

***'Our local iwi liaison police officer, he just jumped in there boots and all with us. He did kai. He did deliveries. He did everything. He'd go and borrow the forklift down from the Four Square and drive it down to us so we could unload the truck. We didn't have the equipment, we didn't have the infrastructure.'***

- **Maniapoto and local mayors.** The iwi mentioned some very positive interactions with both John Robertson, Mayor of Waitomo and Max Baxter, Mayor of Ōtorohanga District. In their words;

*'John and Max were exceptional in all forms of support of the board to really lead and drive the Covid response within our communities and within our rohe... They also endorsed a couple of our funding applications that we put through to Trust Waikato and also to Te Arawhiti.'*

- **Hauraki and St Johns.** Hauraki formed a good relationship with St Johns who offered to deliver kai parcels with their health shuttles. As they noted;

*'So on a Friday, we'd have St. John's come in because we're really, really busy and they would come in and we'd get all the orders together and they would deliver for us.'*

- **Hauraki and the Christian Brethren Church.** In the first lockdown the Christian Brethren Church did all the kai packs from the Thames Civic Centre. As Hauraki noted:

*'[Civil defence] asked us at the start. Did we mind that the Brethren were running the [food]?... And we said no. We're ok with that. And what can we do to help? The Brethren religious group...have massive stores and they have systems people. They were able to take the entire system...and put them in the Thames civic center and work for civil defence. And did we mind? No, we didn't mind. But you see not a lot of that was talked about.'*

- **Raukawa and South Waikato Pacific Island Trust, South Waikato District Council**

Throughout 2020 and 2021, a strong community collective approach between these three organisations ensured that the South Waikato were well looked after both from a clinical and welfare perspective. Each organisation used their strengths to work together. A representative of the South Waikato District Council noted;

*'There was always a strong relationship between the Emergency Management and Raukawa - and obviously with them there was also SWIPIC as well.'*

Alongside iwi relationships with various entities, agencies and councils, the former Regional Commissioner of MSD offered insightful thoughts on the importance of a relational approach with iwi. This natural approach has allowed the former Regional Commissioner to enjoy productive and honest relationships with iwi during her long tenure;

*'I mean, all of it was working with iwi right from the start...The relationship changed. It changed all the way through, but I mean, so it should; because you're having more to do with each other. But really it was important for me that there had to be value for iwi, otherwise what's the point? Number one, you've got to listen. Not preempt or work out in your mind how it should be, because you'll be wrong for starters. You've got to listen; and try to understand. And check out what they're hearing too! I've only really just thought of myself as crown in the last few years. In my 40 years; because I don't see myself like that. Yes I'm a public servant but I don't see myself as 'crown', I'm part of a community!'*



In summation, there were many organisations, entities and agencies who worked well with iwi, united in a common need to support and protect their communities. Productive and honest relationships, partnerships and collaborations were an important foundation of the iwi Covid response over the last three years.

## Recommendations

Kaupapa	Responsibility	Area
<b>Positive Tiriti partnerships with iwi</b>		
<b>1. Iwi aspirations</b>	Crown agencies	National Regional
Spend time with iwi to understand and appreciate their way of being, their important tikanga and landmarks, and their communities. Understand iwi aspirations and then determine how you can support those aspirations.		
<b>2. Listen</b>	Crown agencies	National Regional
Listen carefully to determine where you can support iwi without getting in the way or being overbearing. Approach iwi relationships with humility.		
<b>3. Māori values alongside strong systems</b>	Crown agencies	National Regional
There is power when you put iwi and Māori values and people first, alongside really strong systems. Partnership and collaboration with iwi work if approached with respect and integrity.		

### 3.5 High trust processes and models of funding

Participation across various fora included local, regional and central government agencies, community, inter-iwi, marae and hapū groups. Many new agency and council relationships were established and/or strengthened during the last three years, where under non-pandemic circumstances they were unlikely to develop or be strengthened so rapidly. Initially, not all iwi were recognised as health and/or social service providers however given the pandemic demands, this has since changed. For example Maniapoto was funded by the Ministry of Health for the first time in 2020 and attained service provider accreditation in 2021 under the Ministry of Social Development.

Along with the formation of new relationships during the Covid pandemic, the funding model filtered down from central government was much changed during the 2020 lockdown through to the Delta and Omicron phases in 2021/2022. As an example in 2020, iwi were told from civil defence to support their communities and they would get reimbursed. The funding parameters were much broader. While there were initial issues with the reimbursement, this indicated a high trust model of funding. Similarly, the Ministry of Social Development distributed funding for community connectors throughout Aotearoa. These were well funded positions that also came with a disbursement fund which could be used to support whānau, for example in paying rent, power bills, firewood, or petrol vouchers. The positions were appreciated as there was flexibility in how they operated as well as the flexibility of a disbursement fund. Some focused these positions on kaumātua, rangatahi or in specific geographic areas. Reporting systems were also adjusted and were not as prescribed as previously required. At the time of writing this publication, it is unknown if these positions will carry on past June 2023 or if they do, in what capacity.

Despite this, all iwi have noted examples of the high trust funding model that was in operation from 2020 – 2023;

#### Raukawa

- *'The Ministry of Health reached out to us quite quickly too. Their Māori advisors simply asked 'how can we support, what do you need?'*
- **All of the various funders who worked with us, worked with high trust and confidence because they knew we were the best people to work with our people, and the people who are going to do as much as we could with their support.'**
- *'The funding agencies weren't as dogged as they usually are, 'you must count this and you must do that'. This allowed us to just get on with it, and we didn't have to worry. ...And it wasn't as prescribed. It was just... let us know the types of mahi that you're doing. Send photos, send narratives and stories but it wasn't the normal reporting...'*

#### Maniapoto

- *'We engaged with the Ministry of Health. There were lots of key findings in that time and it was the Ministry of Health that actually helped us fund that support and come up with those determinations. They also provided some funding for our taurahere roopu in Auckland, Maniapoto ki Tamaki, so we piped some money up there... Then we got a lots of kinds of different little pockets of funding to help do lots of different little things... Even repurposing BAU [business as usual] funding was acceptable. We repurposed some DIA funding...during the first lockdown.*

#### Hauraki

- *'So the money wasn't an issue, because they said, 'Yes, yes, do what you have to,' Because it's a national emergency. So all government departments are going to do what they needed to do to assist their communities and so on...And so therefore we just set up our own systems. And then reporting subsequently to that period where we've got milestone reports and things. They were pretty lax about that.'*

#### Waikato-Tainui

- *'The woman we dealt with at Te Arawhiti, she recognised that this was a different way of doing things. And she said that we got one of the bigger lots of funding that they'd given out...and we'd actually managed it in a whole different way than usual. I think there was risk in that. But... the trust was there. Because to be honest, they didn't have many other options, did they?'*

As can be seen from iwi reactions above, relationships with agency partners during this period were often based on high trust with the health and wellbeing of communities at the forefront for all. Local intelligence and capability proved invaluable to agencies and funders, as conduits to vulnerable and hesitant whānau, managing community outbreaks, understanding community stakeholders or support where inter-regional boundary matters occurred. Local and regional involvement enhanced iwi and agency response plans and approaches over the three-year period. Advocacy on all levels regularly occurred and often with urgency to contain and prevent potential outbreaks, support employers with managing workforce impact and securing relevant and timely funding opportunities. The impact to iwi was often overlooked where central policy changes and decision making occurred. Iwi governors and operational leadership were instrumental in advancing relevant engagement as circumstances necessitated.

Government agencies also noted the funding that was given out under a high trust framework during the Covid pandemic along with processes that in general were also carried out quicker. As they noted;

- **Te Puni Kōkiri.** 'We will always invest in the high trust model...the knowledge is held by our people on the ground. We are merely supporting and enabling as best we can, where we can... Essentially a lot of the red tape that can often hinder or stop that fast pace of getting resources out were taken away...We needed to get the resources out to those iwi that were responding directly on the ground to the needs of the community. I remember that quite vividly.'
- **New Zealand Police.** 'During Covid, the difference in terms of processes was that the police got stuff done really quickly that usually takes months. From a welfare perspective like Amohia, the emergency housing provisions for people with covid and isolation were set up. Staff had access to contact people quickly. Things that had red tape around during non Covid times, [taking] 6 months only took 6 hours or days.... What came out from Covid...we were all committed to doing the right thing pretty bloody quickly.'
- **Oranga Tamariki.** 'Under Covid circumstances, opportunity was created to vary contracts (nationally) that introduced flexible and agile approaches for provider delivery in responding to community needs at the time i.e. repurposing funded roles to Covid support'
- **Te Arawhiti.** 'A fund was set up very quickly and it was administered jointly by Te Puni Kōkiri, Health and Te Arawhiti. The reason was to try to have the three agencies involved and to try to get as much coverage as quickly as possible with Māori providers of health services. Te Puni Kōkiri has sort of pre-existing contracting arrangements. Te Arawhiti didn't, but it had relationships with a lot of iwi. Te Arawhiti are not a funding agency [so we had] to quite rapidly try to set up systems to receive, assess, and then contract proposals. The idea was rapid distribution of money, to support initially, phase one vaccination rates - like increasing those for Māori.'
- **Former DHB.** 'When positive cases were identified by the Medical Officers of Health, testing needed to be mobilised to the respective areas / towns. Informing iwi early, eventually became the standard practice. Iwi intelligence helped inform testing venues (suitable to the area and reach) and connect to certain demographic groups to control infection i.e. business community outbreaks'

### 3.6 A return to business as usual and issues with funding and reporting

It is clear that relationships with government agencies changed during the Covid pandemic. Funding and bureaucratic processes were streamlined for iwi, hauora providers and community providers in recognition of their ability to reach their communities much more comprehensively than crown agencies ever could. However, as the urgency of the pandemic lessened, many of these agency relationships reverted to transactional 'business as usual' understandings. Overall, this occurred as the essence of well-being became overshadowed by central government funding cutbacks and de-prioritisation of critical community services, such as the Care in the Community framework, regardless of the continued regional need for iwi and communities. There were also issues that iwi noticed between different agencies, where occasionally there appeared to be overlaps in responsibilities. Through all of this, iwi were clear in their focus and how they were supporting their communities. As the different iwi noted:

- **Waikato-Tainui.** 'That forced them [government agencies] to talk to us every day and see and listen to the stuff that we can get out and do.... They can't because they don't have the relationships, they don't have the connections, they don't have the ringa raupā in the community that we've got. And it made them sit back and think, 'Holy \*\*\*\*, this is what these fullas can do if we enable them.' And that's what's really annoying about them now, you know, rolling back into...how it was before. Well it wasn't working for us then.'

'Well, we were in those daily phone calls every morning with DHB representation...and when it was the high, high risk times, there seemed to be much more of a willingness to work together. From what I can recall. But it's just they revert back to type. The flexibility - because a pandemic policy is flexible because you've got to respond to emergency need, but when the emergency fades away, then it just reverted back.'

Regarding the Ministry of Social Development (MSD), Hauraki were generally positive about their support initially;

'MSD has generally been better than the other government departments in terms of resource funding wise...[They have] provided funds and said 'here go and use this stuff' and not being too heavy on having to meet the outcome agreement requirements'.

However, as with other government departments, as the urgency and funding decreased for the Covid pandemic, bureaucratic practices reverted back. They noted;

'But what's happening now is... we're getting these emails coming every week, which is electronically generated about reporting requirements. And it's just like this control element of things, which is so totally bureaucratic, you know, and it's meaningless because they're asking, like, how many kai packs and they're not even talking about the kai packs that we deliver. It's just kai packs. There's no standardised mechanism on them.'

Hauraki also mentioned issues with privacy and a lack of communication between agencies which affected people getting the service they should have;

'There was a lack of communication between people and information as well as agencies with each other. Bureaucracy with privacy issues caused people to miss out on what they are entitled even though that was what you were trying to counteract. Privacy should be holding that information with care and not withholding information to the detriment of the person. Oranga Tamariki can't talk to MSD who can't talk to DHB, in the end no one is talking to anyone. In terms of Covid-19, communication was important where everyone needed to be communicating and on the same page which benefits by serving the people together.'

- **Maniapoto.** 'It does feel like we've fallen right back because those who hold the purse strings and making those decisions, whatever level that is and I felt the same way when the Māori Communities Covid Fund (MCCF) ceased in June. Yet again, they're marginalising our Māori and Pasifika'

Maniapoto also commented that the funding model did not support smaller iwi. As a governance member commented;

'There is a formula - based on parameters through the Census (geographical size, iwi population, whenua, tangata Māori within iwi rohe / Mataawaka etc.). Funding could be allocated more fairly to iwi by the number of affiliated members, this would ring fence large iwi however provide for smaller iwi... For an iwi that didn't have much, we made do. We're forever grateful for the amount of funding we did receive. Problem was, there was a big announcement - \$100 million available to all iwi, then you have those iwi who have all the resources to get their act together or already had something in the pipeline or had a spare accountant somewhere! Now we'll put appraisal for \$50 million, and probably get \$25 [million], and then it just dwindles, dwindles, dwindles and then the small iwi miss out.'

- **Raukawa.** Regarding the funding model, the iwi noted;

'It's like trying to get the Titanic to change direction.'

They also noted the difficulty in trying to work across multiple agencies when trying to create change;

*'It is often very difficult to work with crown agencies, especially when a cross agency approach is needed to address the needs of our people. They appear to work in silos, taking care of their own objectives and budgets. It is very difficult for iwi to effectively engage and create system and transformational change because it will take multi agency buy in -- that's what we're struggling with at the moment and trying to find a way forward.'*

What is apparent over the last few years is the change in direction from a very broad funding and policy framework focussed on the urgent protection of iwi and communities to a reversion back to some bureaucratic and inefficient processes. This is despite the Tainui waka confederation iwi proving the previous high trust model worked and they could be trusted to look after, manage and resource their communities appropriately. It is unfortunate that the funding agencies seem unable to continue with high trust funding, broader policy parameters and less cumbersome reporting processes as they proved successful in meeting the needs of iwi and their communities.

### 3.7 Issues between government agencies - DHB and MSD

In relation to issues between agencies, three of the four iwi noticed a conflict between MSD and the former DHB. An iwi member from **Waikato-Tainui** noted:

*'I don't know if it was conflict, [or] more not...lack of understanding, where the overlaps were and who was going to be responsible? And so it made it confusing for us to understand who we should be going to? Because, you know, they'd say it's us and then so would they. Well, OK, we'll get resources off both of you! There was some jostling about who's leading and then who's responsible. In the welfare space, we got quite confused between MSD and the DHB; that got really, really messy.'*

- **Hauraki.** *'And you see this is where you see stuff happening with MSD. There's, you know, friction between MSD and the DHB. And the DHB would go 'no Hauraki Trust Board you're not us'. And it got to a point where there was damn near a shouting match.*
- **Raukawa.** *'We had been working very closely with the DHB for many months, and then MSD came in and said, 'no, we are taking charge of welfare and this is what we're doing.' So we were really quite taken back by that and annoyed to be honest as we had already invested time and resource to prepare ourselves...I just wondered why they were so slow off the mark.'*

There were clearly some issues between MSD and the former DHB that were picked up by at least three of the iwi. Both ministries had major responsibilities, especially in the Delta and Omicron outbreaks in 2021/22. The Ministry of Health (and former DHBs) were the overall lead for the pandemic response at that time and the responsibility for welfare was given to MSD. MSD lead out the welfare response in two main ways, one was the community connector positions which were allocated strategically throughout Aotearoa. Many of the Waikato allocations went to iwi and Pasifika providers alongside community providers. The second was the development of a dedicated 0800 welfare number which whānau could ring if they required support of some kind. The 0800 welfare number was taking thousands of calls at its height from across the country. As was noted by a former staff member of MSD regarding the 0800 welfare number;

*'I think MSD had legislations and stuff that they had to follow; but it was a one size fits all and it didn't fit all. It's a demeaning process when you're sick and you have a large whānau and you have to ring an 0800 number and have to give them your salary or fill out a three-page [form] on a computer. It's not a process that's mana enhancing.'*

This notion was further supported by a Waikato-Tainui tribal member;

*'In the welfare space it got quite confusing between MSD and DHB in terms of isolation and who was going to provide support, the lists they had were messy. There was the 'Waikato Way' which was good but then the MSD system came over the top which was the national system and it catered to the common denominator and did not cater to the communities'*

In this respect the community connectors provided by MSD were much more community focused as often welfare and kai funding was also provided to assist with other support whānau may have needed. Unfortunately, financial support through the 0800 MSD number was contingent on the income of the household and while the income limits were raised during this period, many whānau remained ineligible for assistance. This was where the community connector and other local food providers had to assist.

The conflict with the two ministries came with the MSD approach to welfare and the 'Waikato Way' championed by the former Waikato DHB and providing for a holistic approach to caring for at risk communities and whānau. As already mentioned above, the Waikato way was founded on and operated under three pou;

- Manaakitanga – working together
- Kawe ake – creating solutions
- Mahitahi – implementing solutions

The DHB approach was comprehensive. As the DHB themselves noted with the surprise announcement of MSD taking over the welfare response;

*'I think it came out of the blue for us...So it was quite difficult because there was probably a lack of clarity as to who was going to be doing what and...we weren't prepared for it. I think that to be fair, to say that in our conversations with the providers at their time, that there was a lack of trust in how it was actually going to operate, and there was a real concern for whānau that could be Covid positive that they actually just didn't want to have anything to do with MSD and how would we get around that?'*

The conflict arose through a combination of the national policy direction with MSD leading welfare and the comprehensive and targeted welfare solution that had been developed over many months by the former DHB in the Waikato region. Iwi, hauora and community providers were caught in the middle of something not of their doing. However, despite these issues between the two ministries, they eventually found solutions that would suit the communities they were ultimately serving. As a senior staff member of the former DHB noted;

*'I think the connections through Regional Leadership Group and our ability to connect with Te Rehia... it really helped us get things over the line because we could talk to [them]. The ability to second [MSD] people into our service, so that they came and sat in our service, really helped. Then getting the connectors out into our Covid coordination hubs, that was a winner. It took a while, but once again, we got there through our relationships.'*

### 3.8 A model for the future - crown relationships with iwi

A number of iwi have offered insightful thoughts on what a productive relationship with the crown could look like. The Covid pandemic and the iwi role during it has emphasised the leadership role taken by iwi within their rohe.



### 3.8.1 Co-design

**Raukawa** talked about their relationship with the crown pre-settlement and how their relationship has developed now that they are re-establishing their autonomy within their rohe. Their comments on co-design and what a successful Tiriti partnership could look like are below;

*'An iwi lead co-design. For us we have one really key example that has changed the way we look at it a lot. Now one of our newest services which was a partnership with Oranga Tamariki – we don't have a written partnership. That was the first time a crown agency came to Raukawa and said, 'This is a blank page. There is nothing off the table. Let's sit down and design what our intensive interventions programme will look like.' And other iwi have done that too. But for us, that was our first, true, open, iwi lead co-designed process and it was great. So that's the standard we want when we're engaging with any funders and crown agencies. Let's just sit down and start with a blank page and start talking about it – not pre-prescribed stuff.'*

### 3.8.2 True partnership

**Maniapoto** explained the pursuit of partnership with the crown and the importance of iwi being a part of the conversation before and not after decisions are made.

*'I don't think it's been as recognised as it should have been. I dare say part of that is because those powers that be may not even be able to identify what it is that's different. It should be acknowledged but they need to understand why that is deserved or forthcoming.'*

**And thank you for the partnership; because that is exactly what iwi have been seeking from day one is partnership. And not only partnership, but to be part of the conversation before things happen, not being the one at the end of the kōrero. I have always been an advocate of, if we want true partnership let's sit down at the table together. Don't talk about me without me at the table. Don't make any decisions about me without me at the table. I mean that voice of iwi in all matters regarding crown agencies. That's as simple as it gets.'**

### 3.8.3 Decision making from the centre does not always work – joined up partnership is required

**Waikato-Tainui** talked about the importance of local and regional decision making and showing trust in the regional leadership rather than trying to control everything from Wellington.

*'I know what it's like when you're working with ministers, you're trying to keep it close to the centre; but that will never ever work in this situation and it's why I think they needed to move a lot quicker than what they did to enable the regions out on the ground to make decisions. Get the resources out and the decision making needed to be at a local level because you've got to tailor your responses. What we did here in the Waikato would have been completely different too, and it should be different, to Te Taitokerau, Te Tai Rāwhiti... how it hits the ground is always going to be different, and it's all about having trust in your regional leadership. So I have a huge amount of trust in MSD leadership and our Regional Commissioner here, and she's very, very experienced. So why would you not delegate the local decision making to her and to others out in the region? Whether it's the TPK network of regional directors or MSD?'*

When asked about what could be the future strategic direction of the crown's relationship with iwi and the feedback from iwi that there has been a return to business as usual, the iwi governor went on to say the following:

*'Well, you know that's a missed opportunity then for the centre. I would be advocating very strongly, and we do anyway, certainly with Waikato, that the model that we had that was operating during*

*Covid when it was at its peak, and when you got through it, and we're still not through it, but joined up partnership is exactly where it should be and it is reflective of how you give effect to that Te Tiriti partnership. And that's where I say the mindset has to change. Now if I think about the hauora reforms and where we're at now, if we don't continue to invest in what has happened through Covid, because I always use that as an example of where we have worked in partnership in a positive way, like what I've just shared with you about the challenges, because we can overcome those challenges - is that*

***if you don't continue and we use Covid as a model of success, or a practice that we want to continue to build on then this is what will happen. It will just go back to where we were before. Therefore, we're not tackling inequities. Therefore, outcomes for hauora Māori will remain the same. We will not close those inequities at all. We will not be able to respond to them. So that's my concern at a bigger strategic level.'***

### 3.8.4 Positive inter-agency/organisation communication works

**Hauraki** talked about the good communication between the Ministry of Social Development offices and the Womens' Refuge through whānau experiencing violence, homeless or in need of accommodation.

*'Some really good communication between the two MSD offices and the Women's Refuge through people experiencing family violence and those who found themselves homeless and in need of emergency accommodation. And some more really good communication between those organisations at the time. And it was a lifeline it really was for [those] people.'*

It is apparent then that the bureaucratic processes plaguing government agencies were to some extent removed during the Covid pandemic as broad funding and policy frameworks were announced with minimal reporting out of necessity and timeliness. However, unfortunately all iwi experienced a reversal of these processes and a return to business as usual practices as the pandemic wore on and the sense of urgency of the Covid pandemic was replaced by other policy priorities. Perhaps the issue is best summed up by a member of Waikato-Tainui who noted;

***'It made the crown sit back and think 'holy heck this is what they can do if we enable them.' That's the annoying thing about them now they're rolling back into their role of how it was before. But it is clear it wasn't for us then, the crown can see what is working so why can't they carry on? The crown's job is to listen to what we're saying, recognise the gaps and figure out how to fill them. Sometimes it was hard work to get them to listen.'***

## Recommendations

Kaupapa	Responsibility	Area
<b>High trust funding models and flexible policies</b>		
<p><b>1. High trust funding models</b></p> <p>High trust funding models, broadened and flexible policies and less cumbersome reporting requirements worked for iwi in supporting and protecting their communities during the Covid pandemic. The return to business as usual practices have not been helpful for iwi as overly bureaucratic processes have proven to be unsuccessful in the past in providing optimal support to their communities. Crown agencies should emulate the funding and policy settings that were implemented during the Covid pandemic as an expression of an enduring and useful Tiriti partnership, and to provide the greatest opportunities for positive outcomes for iwi.</p>	Crown agencies	National Regional
<p><b>2. Co-design</b></p> <p>In its simplest and most effective form this involves the crown coming to the table with no pre-conceived notions of outcomes. They are there to listen with an open mind and to work through solutions together with iwi. Co-design should be premised on these principles.</p>	Crown agencies	National Regional
<p><b>3. True partnership</b></p> <p>If true partnership is the objective 'let us sit down at the table together.' Don't talk about iwi without iwi at the table. Don't make any decisions about iwi without iwi at the table. The voice of iwi matters. True partnership should be premised on these principles.</p>	Crown agencies	National Regional
<p><b>4. Joined up partnership</b></p> <p>Decision making from the centre does not always work. The regions on the ground need to be enabled to make more decisions. Localised responses should be tailored to each region and joined up partnership is one method that gives effect to that Tiriti partnership at a local level. The joined up partnership exercised during Covid should be looked at as a model of success and emulated in this region in the future.</p>	Crown agencies	National Regional
<p><b>5. Positive cross-agency communication</b></p> <p>Positive cross-agency communication works to support and protect whānau in local communities. Where there is conflict between government agencies, these issues should be addressed between the agencies concerned and not involve iwi, or other entities.</p>	Crown agencies	National Regional

Kaupapa	Responsibility	Area
<b>High trust funding models and flexible policies</b>		

<p><b>6. Avoid a silo mentality</b></p>	Crown agencies	National Regional
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Crown agencies need to work together and avoid a silo mentality when working with iwi. It is difficult to create systemic and transformational change without multi-agency buy in. Crown agencies further need to recognise the relational and long term nature of iwi relationships. There is one iwi and many crown agencies in each rohe. Iwi may have limited resources and staffing to work with all regional and national agencies separately. A joined up approach in areas of similarity on behalf of crown agencies is preferable.

### 3.9 Kai and welfare provision

Around the 25<sup>th</sup> March 2020, with the imminent news of a national lockdown, panic shopping occurred at lightning speed, stripping supermarket shelves, and leaving many whānau without essential supplies. At the time some whānau were already struggling to make ends meet and this was made exponentially more difficult as schools were shut and school lunches and breakfasts were no longer provided for children. Others were caught in an 'off- pay week' or for kaumātua, essential support systems provided by extended whānau suddenly became severed. These few examples highlighted the fragility of food security throughout the region and exemplified hardship, applying immediate pressure on Waikato, Maniapoto, Raukawa and Hauraki communities to respond.

While primary welfare and emergency responders such as Civil Defence, the Ministry of Social Development (MSD), community food banks and social service providers adjusted to support the influx of food inquiries, some whānau encountered long wait times in phone queues to access hardship through challenging referral processes. This resulted in being significantly delayed or for some, declined. In addition there appeared to be a lack of adjustment from a business as usual approach of some foodbanks to recognise the unique set of circumstances that made up the first lockdown in particular. Declines and refusals to provide multiple food requests began occurring.

As noted by a Maniapoto iwi member;

*'We received a request for kai through our call centre. A local family had reached their weekly allocation of two kai requests from the local food bank. Appreciating that supply and funding could've been an issue at the time, regardless whānau were only allowed to be hungry up to two times per week, this was disheartening to hear.'*

Challenges faced by community food banks noted funding delays to support cash flow and sustain supply, especially in the first lockdown in 2020. As one of the foodbanks in the Maniapoto rohe noted;

*'From the first [lockdown], there were all the timing issues, because it took time to get things set up and time to get funding and so there were lots of lags in time. And so by the time the second tranche came, we were well set up like infrastructurally.'*

As these considerations became apparent, iwi established manaaki hubs quickly focused on kai provisions, where efforts were initially self-funded due to agency funding delays and with the understanding of later reimbursement by civil defence. Alternatively, variations through existing agency contract arrangements also occurred and funding streams also included private donors and philanthropic trusts, such as Trust Waikato and the DV Bryant Trust.

Immediately in 2020, all iwi sought essential service clearance from the civil defence group controller and most although not all prepared to establish kai hubs by transforming new and existing critical supply chains and networks, logistics, staffing, equipment, appropriate storage and operation sites. Iwi approached kai provision in different ways during the 2020 lockdown;

- **Raukawa.** *'Our first priority at the start of the 2020 outbreak was testing and vaccinations. We got into action very quickly to get these mobile clinics underway across our takiwā. The kai and welfare provision came a little later within the same period. We set up a packaging and distribution center at our whare in Tokoroa, and distributed across our entire takiwā. We needed to make sure our staff we training in the correct use of PPE, and how to pack and distribute safely.'*
- **Hauraki.** During the first lockdown the Brethren Church did most of the kai provision and the Hauraki Māori Trust Board assisted. This changed completely by the Delta outbreak in August 2021 by which time the Hauraki Māori Trust Board had established the Manaaki Hub which became the largest food supplier across the Hauraki rohe.
- **Waikato-Tainui.** They set up a food distribution hub from the Claudelands Event Centre which delivered kai to whānau in need. They also developed a network of marae hubs for subsequent lockdowns to ensure all communities within their rohe were supported.
- **Maniapoto.** *'We set up a food system. Because contact tracing wasn't a thing back in 2020 we repurposed our GIS system, so when kai welfare requests would come we would get who the person was, the size of their [whānau] units, and their address and would use our GIS system to track/map where our volunteers would go to that address, drop off the kai, [and] send back a text. So we knew at which kind of potential exposure point our people were travelling. So we got a little bit creative around, well innovative around [the] current systems we had.'*

*Civil defence and police had to jump in in the first lockdown because there was such a large community of people who needed kai...[They] supported our coastal whānau during those times. But other than that, there weren't hard borders but there was a police presence doing checks and making sure everyone was going where they needed to. [It was] not as hard as between Auckland and Waikato.'*

By subsequent lockdowns, specifically the Delta and Omicron phases in August 2021/2022, food provision had changed markedly. The Ministry of Social Development had been given responsibility for food and welfare provision and had already funded a number of well established foodbanks across Aotearoa on multi-year contracts. MSD also increased the community connector provision which introduced many new food providers into the network. In addition, MSD set up a hotline to assist whānau that qualified with kai and welfare provisions. By the time the first Delta case was made public in August 2021, iwi had already developed their own bespoke and sophisticated kai provision network to support their own rohe and communities.

### 3.9.1 Kai provision in the Delta and Omicron outbreaks

While the Ministry of Social Development set up funding channels for iwi to support kai provision, other entities continued to contribute to iwi through food donations and volunteers. A sample of these included the New Zealand Food Network, the Ministry for Primary Industries, the Department of Conservation, the New Zealand Police and Whānau ora organisations, philanthropic organisations such as Trust Waikato and DV Bryant, marae, hapū and local businesses and hunting clubs. In some cases provisions destined for export were recycled back within national distribution chains. Iwi also repurposed current systems to manage referrals such as offering call centre support and options for support through social media communications. Given the regional economic impact on businesses, it was front of mind for iwi to procure provisions locally, to reinject much needed cashflow, where possible.

It is important to note that there was a comprehensive and multi-levelled food distribution network already in place by the time of the Delta outbreak. Major food providers such as the Salvation Army, St Vincent de Paul (Vinnies), church groups and regional foodbanks all experienced exponential increases in demand during the Delta outbreak in August 2021. By this stage also, iwi had become substantial kai providers or were leading kai provision within their individual rohe. Their roles are outlined below;

- **Hauraki.** *'No matter if they were elderly or gang members in their 20s, Hauraki wanted their own whānau to come up on their own and reach out when things were difficult.'*

Hauraki experienced the massive increase in food demand throughout the 2020 lockdown and made a conscious decision to become involved in food delivery soon after. Many of the food banks across the Hauraki were not operating as they were staffed by elderly people. At the same time, Te Korowai Hauora o Hauraki was servicing kai requests in conjunction with continued medical support for whānau. As Te Korowai and the Hauraki Trust Board were governed by the same board, the dependence and workload between the two organisations became fluid. As they noted;

*'You could see...the demands of kai. That was the biggest demand. It was coming [in the] hundreds, and so they realized that they couldn't [meet the demand]. There had to be an alternative, which was why we set up. We did the food and Te Korowai would do the medical.'*

*'At the beginning we utilised our iwi farm. And we were able to get meat off the farm. And that went to the whole community... We went back up the chain to the milk suppliers and we got milk powder from Open Country. And because Open Country were owned by Talleys, we also got frozen vegetables and things from them.'*

Initially Hauraki supplied food to Whangamata, Whitianga and Coromandel providers. Eventually these organisations received their own independent funding and were able to fund their own operations. They also provided bulk kai to the marae communities of Manaia, Kennedy Bay, Tairua, Kaiaua and Paeroa, who in turn dispersed it amongst their own community. They noted that the Delta outbreak was the busiest period. This was probably due to the policy settings at the time where infected whānau and their household were all confined to their homes. This policy setting was altered somewhat soon after with the Covid Protection Framework where household members were permitted to leave the whare as long as they tested negative. The Manaaki hub kai packs were always generous, demonstrating manaakitanga in practice;

***'Some of our whānau that were receiving them probably haven't had those pantry stables in their pantry for a long time. So you know they're getting flour and pasta and rice. All of those basic things that you can do lots of stuff with. So they'd be so appreciative, like you'd get really nice messages after you dropped it off...Just really, really appreciative of what they've received and I think overwhelmed by the amount as well. 'Like, wow! You know, this will keep us going!'***

As the kai hub was predominantly MSD funded, frequent changes to data requirements and reporting systems often created an operational headache. It was not until December 2021 that the Hauraki Māori Trust Board got dedicated staff to run their distribution hub. Prior to that, everybody from social workers to the chief executive were repurposed to the hub, constantly lifting heavy boxes off trucks. They eventually received funding from MSD to purchase an air conditioner and forklift which stopped injuries and helped the team. The manaaki hub currently remains in place, subject to continued and sustainable future funding.

The phenomenal work that Hauraki have put in to develop the manaaki hub has been nothing short of incredible. During the Delta outbreak they were by far the biggest food provider across the Hauraki region. That is no small feat considering they began with nothing, saw a need, and realised the need.

As a senior leader in the Hauraki District Council noted;



*'Through [to] the next phase, the Hauraki Council didn't have a role because MSD took the lead with John Mc Enteer, while they provided additional resources. We assisted by providing vehicles and staff for any of the peaks that occurred. Overall, it was really organised through MSD and John Mc Enteer across the whole of the Hauraki region where a lot of Māori providers stepped up and provided great service.'*

- **Waikato-Tainui**

***'Our way is the right way for our community.'***

By April 2020, Waikato-Tainui had completed responsive planning to identify critical services required to reduce the harm and impact caused by the Covid-19 virus.<sup>27</sup> This was mainly due to agency delays to organise and release responsive funding streams. While in good faith reimbursement would occur through civil defence processes, costs were held for over a year until reimbursement was settled.

Throughout the pandemic the extensive marae network alongside hauora providers, saw 12 new marae hubs established to support whānau with kai and outreach services in Waikato and Tāmaki Makaurau. During the Delta outbreak, iwi disseminated funding to the marae hubs and existing hauora providers to get underway quickly so that essential welfare demands were met within communities.

Many new and positive relationships were formed during this time with whānau and community providers where building rapport and trust were the priority. The ability to relate to whānau and understand some diverse situations was paramount, particularly where residences had large groupings and ensuring adequate provisions and support were despatched. Iwi knowledge of communities and whānau aided in response efforts, where a tribal member noted;

*'The holistic approach we take is not just looking at whānau who just need food, it's everything. That community connectors stuff, needed in every marae, who can then find solutions and use the resources they are given.'*

When funding became available, predominantly from MSD and Te Arawhiti, it also came with its challenges. Inter-agency coordination was non-existent, and confusion occurred where agency services overlapped to support iwi. This resulted in reporting to multiple agencies on essentially the same outputs multiple times.

*'There was a lot of reporting to do. Reports just to get funding, it was really frustrating for our providers.'*

Furthermore, specific iwi funding allocations became problematic where the Waikato-Tainui northern iwi boundary fell in the Counties Manukau regional funding boundary. In the first lockdown, this caused much angst, restricting reponse efforts and leaving whānau and providers upset with iwi. With much frustration by all, iwi governors intervened with funders and a one-off dispensation was granted to continue response efforts within iwi boundaries. In the second lockdown, Huakina and Ngāti Tamaoho continued support to whānau and marae north of the boundary.

*'We had whānau from Te Kauwhata, Mercer and Meremere. I don't think the government realised the true living stories of the family i.e. that cuts [them] out from [their] supermarket and GP, now we have to go to Auckland to see a GP...'*

In addition to working closely with their 12 marae hubs, and hauora providers within their rohe, they also collaborated with Te Papanui Enderley Trust to make deliveries on the east side of Hamilton. Waikato-Tainui received very positive feedback from the trust on their relationship and kai provision;

<sup>27</sup> Waikato-Tainui. (2020). *Waikato-Tainui iwi response plan. Covid 19 pandemic 2020*. Waikato-Tainui, Waikato. <https://www.tearawhiti.govt.nz/assets/COVID-19/2020-04-01-Waikato-Tainui-Iwi-Response-Plan.pdf>

*'That was fabulous. It was an email to the provider saying 'this is how many kai boxes we've got.' And then the chance to see the kai boxes, the best in the city, the Waikato-Tainui ones! The meat pack, pork roast, meat roast, chicken roast, bacon strips. And then there was the kai box, the shopping box, the staples...and then we just threw in whatever we had.'*

They further added with regards to their maara kai and developing relationship;

*'I think the iwi have done fantastically because we haven't actually gone out and asked for help. They've just provided. And that's the best part, we've never had to go ask, they've just come in. I think it was the manager of the Koiora team and he said, 'oh, so you are doing a maara kai?' And then they come to the maara and then they want to offer this and this. And that's a great approach because we didn't even know what to ask for actually.'*

***'The other thing I told them, was 'you do so much and approve things which weren't packaged or labelled for Waikato-Tainui.' So we had to tell people, 'these are from Waikato-Tainui'. Because they're like, 'the tribe don't do anything for us.' But they do, but they just don't know it!'***

Te Arawhiti provided vital funding to sustain and enhance marae hubs but as the Delta and Omicron outbreaks subsided and the country got used to the changes with the Covid Protection Framework, efforts returned to business as usual by central government meant major decreases in funding for food provision. As the tribal members noted;

*'At the start of the pandemic, the crown was fine with [us] conducting how we [wanted to do it] because it meant they did not have to do it. But the minute the pandemic was over they wanted to revert to general community food providers.'*

The marae hubs are now challenged with securing sustainable funding streams. The need to retain these funds is significant because the services they are providing in their particular isolated communities has made a huge difference. With the trust and rapport built with whānau and marae, referral back to community food providers is likely to lose traction and decrease food security for whānau, and there would be a need to restart engagement with new community food providers.

- **Maniapoto**

*'...the MSD call centre was getting hammered for kai, for welfare, for everything. So we chose not to refer any of our kaumātua there. We did initially, but if kaumātua needed anything we'd advocate on their behalf instead of them having to sit there [on hold] for hours on end.'*

Soon after the national lockdown in 2020, planning and assessment of response efforts occurred, which included the establishment of a food distribution centre alongside community foodbanks and voluntary groups. Through the newly established Maniapoto call centre, well-being assessments were conducted through a prioritisation of kaumātua and whānau with pepi under five years of age. It was through these lines of engagement that wellbeing was offered.

The food distribution centre comprised of packers, logistics and distribution manager roles established and operational during alert levels two to four. In 2020, this was set up at Matawhaiora, the iwi boardroom. This included the coordination or recruitment of individuals, community and Department of Conservation volunteers for two deliveries per week and special deliveries in-between for emergency one-off cases throughout the region. In terms of logistics & planning, there were coordinated volunteers for delivery and supply pickups and a GIS system that was repurposed for tracking and tracing.

Maniapoto similar to all other iwi redeployed their staff with a large percentage going to the food distribution centre. With the innovation in their track and tracing system, they could determine potential high-risk areas. Waikato-Tainui helped set up a dashboard to record forms of engagement via the Maniapoto call centre out to uri.

It recorded the responses which came back, which could be requests for kai, water, power heating, and/or medication. By the time of the Delta and Omicron outbreaks in 2021/ 2022 the iwi established an outreach call centre of ten staff. They used their tribal data base and rung different whānau within their rohe.

With the development of Te Pūtiki, the Maniapoto Covid care hub, food and welfare support was managed through utilising local food providers and coordinated through Here to Help U. One such emerging food bank was the Kahotea Marae.

*'That marae struck up their own kind of kai welfare and they evolved into a foodbank for Ōtorohanga and they're still well established in the community.'*

Te Pūtiki allowed for better analysis around location and need within the rohe. However there were still issues with accessing accurate data such as sole parents who may not have had transportation.

*'We did not have access to data and it was data that we needed to know where our single parents were who didn't have cars [and could have] needed kai. It was tremendously difficult to know where some of those high needs whānau were because we didn't have data,...we didn't have the relationships with those key agencies who we knew could unlock all that.'*

• **Raukawa**

*'So initially, certainly during 2020, [there was] very little involvement with marae. If we had kai distribution, we did it from our whare in Tokoroa and then diverted our people out. And they went door-to-door to houses as opposed to marae. It wasn't probably until the Delta wave, where people were far more educated, far more aware of health that we started to say ok we'll deliver to the marae, and marae you need to follow these protocols, but it will be your responsibility to deliver to your people.'*

Raukawa was involved in kai distribution during the 2020 lockdown, however their leadership throughout the Covid pandemic meant they took on a major role for the entire response from 2020 and began working to coordinate the foodbanks within their rohe. Here to Help U also helped in terms of allowing iwi and providers in the rohe to have better comprehensive coordination on whānau requests and referrals. It became tidier and more robust. The South Waikato Pacific Islands Community Service noted it was a 'brilliant tool.' They further noted;

*'Yep that's where we got our better comprehensive coordination of those whānau requests and referrals. It became tidier and more robust.'*

Raukawa also noted;

*'We were able to be more coordinated with all the different food banks here...Some of them I didn't even know existed...Now, we are still doing a food distribution but it's moved into our normal Whānau Ora mahi. So we're not just focused on Covid now, we've got systems in place, like most other iwi now, and it's just part of Whānau Ora.'*

The resilience of their kaumātua really stood out in Raukawa with a number of them offering kai from their own maara kai alongside watercress and meat. They also offered rongoā and karakia for the iwi.

**3.9.2 Kai – a summary of iwi kai provision**

In the face of the pandemic, the sheer challenges and poverty faced by some whānau due to new and existing circumstances were glaringly obvious. Alongside welfare provision, border management, repurposing staff, establishing call centres and communication channels, national representation on Covid committees, and collaboration with other entities, agencies and organisations, all four iwi developed their own kai provision in a way that suited each of them and supported their communities.

They exercised manaakitanga by not judging whānau or declining anyone and they ensured their kai and other support was enough for the entire household. They each refined their delivery data over time to avoid overlap and ensure whānau were supported across their rohe. They understood their people and the notion of whakamā when whānau were requesting support with kai. As noted by Hauraki;

***'The last thing is when people come to us, in my mind we're trying to put them at ease to the point where they're not having to beg for food. Because they had to beg for food before they got to us and our people are proud.'***

The complexities for some whānau resulted in the support of kaupapa Māori and iwi providers for long-term solution-based care, supported through the MSD community connector and whānau ora navigator roles.

They worked alongside civil defence during the first lockdown in 2020 and alongside MSD and the former DHB in the Delta and Omicron outbreaks. Their leadership across each of their rohe in the food provision arena was innovative in its delivery and support for all of their communities. All four iwi, some in collaboration with other entities became some of the largest food providers across the region over the last three years and still continue to provide or coordinate the delivery of kai today.

**Recommendations**

Kaupapa	Responsibility	Area
<b>Kai provision</b>		
<b>1. A specific and sustainable operating model for kai provision</b>	Ministry of Social Development	National Regional
Business as usual approaches were inadequate to access food and welfare during emergency crises situations. The leadership shown by each of the iwi to either establish, lead or coordinate food and welfare support in their rohe was implemented because of a gap in provision when the demand for kai was greatly increased. While demand for food and welfare support may have decreased recently, a specific and sustainable operating model needs to be developed to ensure demand can still be met in the long term. Funding and resourcing for those iwi that wish to stay in food provision needs to be sustainable to support iwi ability to reach whānau that other food providers may not be able to reach.		
<b>2. Food sovereignty initiatives</b>	Ministry of Social Development	National Regional
Food sovereignty initiatives including maara kai need to be resourced within iwi communities. Kaumātua in Raukawa demonstrated the importance of maara kai when they offered kai from their own gardens during the Covid pandemic. The development of sustainable maara kai production will assist whānau in supporting themselves and others in the long term.		
	Iwi Marae	Regional Local

Kaupapa	Responsibility	Area
<b>Kai provision</b>		
<b>3. Civil defence/ Ministry of Social Development – Welfare coordination matrix</b>	Civil Defence	Regional
Civil defence and/or MSD should consider a welfare coordination matrix plan during states of emergencies ensuring that iwi and food providers are included in a multi-level response.	Ministry of Social Development	Regional

### 3.10 Regional Leadership Group (RLG)

The Regional Leadership Group (RLG) was formally initiated after the 2020 Lockdown. A representative group met during that period lead by civil defence. Post the lockdown, in the Waikato region this group then changed into Caring for Communities. It finally became known as the Regional Leadership Group between the initial 2020 lockdown and the Delta/Omicron phases in August 2021/2022. The Regional Leadership Group was to support economic and social recovery across Aotearoa post the first lockdown. RLGs looked different throughout each region which allowed for each of them to connect with their own iwi and communities and tailor their response according to their own community needs.

The Regional Leadership Group played its greatest role during the Delta outbreak in August 2021. While it was in existence prior to this outbreak, their first emergency hui prior to the Delta outbreak was at 4pm, August 17<sup>th</sup> 2021. The entire country moved into a level four lockdown at midnight that night. From there the roopū met daily initially and then less frequently as needed. Iwi formed a major part of the membership of the RLG. The following regional agencies, entities and councils were also represented;

Maniapoto	Civil Defence
Waikato-Tainui	New Zealand Police
Raukawa	Ministry of Education
Hauraki	Ministry of Social Development
Tūwharetoa (in absentia)	Te Whatu Ora Waikato
K'aute Pasifika	Fire and Emergency New Zealand
Waikato District Council	Te Puni Kokiri
Waitomo District Council	Department of Conservation
Hauraki District Council	Oranga Tamariki
Hamilton City Council	Ministry of Primary Industries

Iwi thoughts on the RLG were varied:

- **Hauraki.** *'Out of the RLG came the assistance from K'aute Pasifika. [We] got information from RLG'*
- **Waikato-Tainui.** In addressing the relationships with crown agencies and local council that took place during the Covid pandemic they said *'A lot of the time we'd get on those RLG hui and they'd have nothing to say. And then we'd be, well this week...te mea, te mea, te mea.'*
- **Maniapoto.** Spoke about the establishment of RLG but it was against the backdrop of leadership they were showing within their own region – for example establishing the Iwi Response Community Roopu.
- **Raukawa.** *'I think that RLG group did help put faces to names and allowed us to understand who's working in our area so that we could seek and give support. It was a very good vehicle – certainly when it was full on.'*

While iwi generally found some use from RLG, it was the government agency and local council members that were more complimentary of the forum. Some of their thoughts are included below:

- **Hamilton City Council.** *'It was a great opportunity to engage with people like Te Rehia and pre-existing relationships. As well as with people like John from Hauraki, to talk with on a regular basis.'*
- **New Zealand Police.** *'That was the gap that had been missing. RLG group in terms of the cohort of agencies, government and non-government and iwi that were represented had been a gap for the community of Waikato. There was value in those cohorts together and some of the things they were able to achieve and discussions through RLG through Covid. There is value in that group in some form carrying on. There were clear benefits to the district through those communications. Everyone brought a different perspective. People like John with experience of many years...That connection and working together was the gap missing.'*
- **Ministry of Primary Industries.** *'I just was really impressed with how everyone worked together - particularly with the Waikato RLG, as I had a bit of insight to some of the other groups and it didn't seem to work as fluidly as the Waikato one did. Just a plug to the RLG. I was really impressed with how they worked collaboratively whether it was with iwi, police, fire and emergency. If someone raised an issue, then another agency might be able to resolve it: it was picked up... someone could raise something really minor [and] action it by the next day. The right people [were] in the room that could make change...because we were all adapting to that. It was a crazy time.'*
- **Waikato District Council.** *'RLG had its own character to it and if there was an issue that needed to be dealt with, people would respond. With iwi and key partners, we could identify priorities, pressures and how everyone was coping. It also supported our local approach, which was challenging at times from national (central) decision-makers, particularly communication. RLG is an example...and could be the shape of the future. Representation, size and function may change however it is a model that achieves the future for local governance – working together to deliver good outcomes for our community.'*
- **Ministry of Education.** *'I found the RLG really really good meetings to connect with different iwi leaders. We had two from Raukawa, Maniapoto, John, and just different iwi groups. It was really good to get insights into what the challenges were for them. From a personal perspective – and a ministry perspective – understanding the connection iwi had to get to the people the ministry couldn't. So again, that kind of understanding is really really useful. We can roll stuff out; but if we actually want it done on the ground, iwi are doing amazing work on shoestring budgets above and beyond the call. So understanding the mahi they were doing from that Regional Leadership Group was really really interesting.'*



- **Ministry of Social Development.** *'I think RLG was a great relational body. It was whanaungatanga, it was a network. The value in it was the conversations that were held outside of our RLG because you now knew people. The challenge going forward is what that becomes. You have a great array of leaders on that group so there has to be something that comes from it.'*
- **Civil Defence.** *'We should be really proud of what that RLG has achieved, in terms of the collaboration and the connection. I would say that RLG needs to continue for other things, because the engine power in that room is significant. When we did RLG and we moved from C for C [Caring for Communities] to RLG, it was absolutely outstanding, and gold plated in terms of bringing agencies together to share information and to have a common operating picture and to have a collaboration around stuff.'*
- **Department of Conservation.** *'They must have good relations and over the course of time with iwi, they only grew stronger. One of the ways was through RLG,...it was awesome to be a part of that group. I liked what they were doing there.'*
- **K'aute Pasifika.** *'Worked well - staying connected and keeping updated with different areas across the rohe, particularly where everyone was under the same or similar pressures and burdens, so there was a willingness to help and support. Even from an emotional and/or pastoral support level, people [were] reaching out to make sure you're ok. Would like to see RLG continue. Having a Pacific voice to work with them as a conduit flowing from RLG into the different communities worked.'*

For a number of agencies and entities, they may not have been involved with lots of different representative groups during Covid, hence the usefulness they found from the breadth and depth of leaders on the RLG. Iwi were different, they were on multiple fora throughout the Covid pandemic and involved with numerous other initiatives and the RLG was simply another forum, albeit with a unique regional membership.

Others had further feedback about RLG including the following;

- It needs an oversight and coordination arm to hold all members accountable;
- It was not as effective as it could be, there was a lot of talking but not a lot achieved;
- Ideally, it should have a mandate and if the mandate is a relationship collaboration it should be honest about that; and,
- There is an ability to have a regional structural relationship but it should also be related to central government decentralisation but that is not the mode at the moment.

In all, the RLG was a forum that was appreciated by most of those that were members of it. There were achievements throughout its time including the opening of Amohia, one of the MIQ (managed isolation facility) in Hamilton. There were also many other achievements from this forum which took place outside of meeting times but were enabled because of the relationships formed during the forum. The challenge now is for the future of RLG. When there is not a common kaupapa to unite members together, how can this formidable group of iwi, Pasifika and regional and council leaders continue to show progress in supporting the social and economic objectives of iwi and communities?

## Recommendations

Kaupapa	Responsibility	Area
<b>Regional Leadership Group</b>		
<b>1. Supporting the social and economic objectives of iwi</b> <p>There is agreement that RLG is a useful forum because of its membership of key partners and decision makers from across the region. However, outside of single focus kaupapa such as the Covid pandemic, how can the collective of regional leadership and decision makers best support the social and economic objectives of iwi and communities while also ensuring processes do not become overly bureaucratic? There are a number of possible options available for consideration;</p> <ul style="list-style-type: none"> <li>• A number of different projects are proposed with project champions appointed and objectives are determined and carried out by each sub-project group. Progress is regularly reported back to RLG;</li> <li>• A single focus project is suggested with a project champion leading the RLG members who in turn determine the objectives and workstreams;</li> <li>• Iwi and Pasifika aspirations are shared with RLG members who can then evaluate how they can best support the social, economic and cultural objectives of iwi/ Pasifika and their communities;</li> <li>• A comprehensive review is conducted on the effectiveness of RLG operations 2020 – 2023 with a set of recommendations to be shared with local, regional and central government;</li> <li>• RLG is disbanded until another single focus kaupapa such as a state of emergency occurs.</li> <li>• Consider an oversight and coordination arm to support RLG</li> </ul>	Regional Leadership Group Members	Regional

# Mana Motuhake

*Te tuturutanga mahi pono o te mana Māori motuhake*

# 4.0

Mana Motuhake is the exercise of sovereignty, or the ability of iwi to control their destiny. While this is not always easy to achieve within a colonial context, history has shown us many examples of iwi exercising autonomy and control over their own affairs. There were many such examples where iwi exercised sovereignty and control over the last three years during the Covid pandemic. While some of these are covered under the first mana whenua section there are more examples which will be covered within this section.

## 4.1 Iwi leadership

All iwi exercised leadership in their rohe throughout the Covid pandemic. They adapted to the pandemic environment, the changing policy settings, legislation and guidelines from central government and developed their own way of operating with the protection of their people and their rohe of utmost importance. Their exercise of mana motuhake enabled them to support their communities through their own actions and develop relationships with other local, regional and national entities and organisations as required.

### 4.1.1 Collective iwi leadership

Perhaps one of the more influential examples of leadership was the re-emergence of the Tainui waka confederation ensuring that the four iwi were kept abreast of issues at both a governance and operational level. This collaboration and leadership ensured a joined up approach throughout the regions as well as a stronger and more influential national voice. Despite this however, Waikato-Tainui admitted that initially they could have coordinated across the regions better;

*'We tried to ring 3,000 kaumātua! What we should have done was co-ordinated ourselves... We didn't do that and tried to do everything at the beginning and realised later then started to do things together... So, we wouldn't worry about our people in Ōtorohanga because we knew that another iwi were in a better place, and vice versa. Hopefully we took the pressure off them. So, we could [support] other peoples' people...and work collectively in that way.'*

Another example included the responsibility for kai packs which were shared between Waikato-Tainui, Raukawa, Maniapoto, South Auckland and Hauraki. There was a collaborative referral spreadsheet so iwi call centres would inform requests across the regions. For those who were affiliated and belong to one iwi but live within other iwi boundaries, that iwi would take that request and deliver and vice versa.

Other examples of the exercise of mana motuhake from each iwi are contained below;

- **Maniapoto.** Maniapoto established the Iwi Response Community Group early on during the 2020 lockdown comprising mayors, police, education, DHB staff and others as required. They quickly became recognised as leaders in the Covid response within the Maniapoto rohe and this recognition continued over the ensuing three years of the Covid pandemic. As they noted;

*'Maniapoto led – throughout our rohe, throughout our communities, across all three years of Covid and even more so in this current year. By that time, we had fostered such strong working relationships with all the main stakeholders within the rohe that [they] just organically turned to us for everything.'*

*'We just knew we had to do something and it's almost like stakeholders just kind of gravitated to us and in that process we ended up essentially leading. So you know we led all the community testing sites this year - both in Te Kuiti and Otorohanga. We led the Care in the Community Hub here in Te Kuiti. Over time we just naturally picked it up but at the same time I sensed that especially the District Council really looked to us to do it.'*

The leadership role that Maniapoto took on was also supported by the Ōtorohanga District Council. They noted;

***'It's probably on reflection for us from my view, I just support Maniapoto on the response. It is absolutely mind blowing how well [they] can get things going...What was obvious to me was the iwi ability to mobilise themselves and focus on the core where the community was... It has opened our eyes up at a...national level with the capacity for local engagement. From grass roots engagement.'***

Likewise the Waitomo District Council agreed with the leadership of Maniapoto throughout the Covid pandemic;

*'So my role, the mayor's role, was really to support, to listen, to think, my gosh, Maniapoto is putting its hand up... I know there was some comment...said by someone...that why isn't the council doing this? Well, the council is, I guess not as close to the community that was going to be impacted as the trust board was. So yes, absolutely trust board led.'*

- **Waikato-Tainui.** The leadership of Waikato-Tainui was demonstrated and championed in conjunction with the Kiingitanga. Their role of guiding and influencing the iwi and beyond provided the korowai under which the Waikato-Tainui iwi supported and protected their communities.

One of the major roles of influence exerted by Waikato-Tainui governance was being a part of the National Iwi Chairs Forum. The forum met regularly and were given constant updates by ministers so they could understand the national planning that was underway. It provided a direct opportunity for iwi leaders to address barriers to iwi in providing local support to communities, the lack of investment to tailor appropriate responses to our communities regarding clinical insights, data sharing and funding. As the governance member noted;

***'There was just a real talking past each other in the early stages. But as the situation got more dire, there was just no other option but to listen to us and I felt we were leaders in the response in that. If it wasn't for us continuing to advocate in every space possible that situation would have been a lot worse in terms of deaths...[At the] iwi leaders forum we were all on the same page and all on it together, a lot of the iwi politics stuff were put aside as it was about what we can do to keep our people alive...For those types of kaupapa like Te Reo Māori petition and then Covid, it's a classic example where we came together with that strength and unity. When the government saw that too, it added another layer of willingness to listen and willingness to act.'***

Alongside attending multiple fora, and many other initiatives to protect and support their communities some other innovative practices carried out by Waikato-Tainui stand out.

## **Te Rangamaheuheu moo te Kiingitanga**

Te Rangamaheuheu moo te Kiingitanga were brought in by the King to assist with whānau who were holding tangihanga at their whare. This group were all younger, in their 30s and 40s and were representing the paepae. Their responsibilities were to do the pō whakamihi in whānau houses when there were tūpāpaku in the whare, so kaumātua could stay home and be safe. The men were younger, healthier, and well educated in terms of being hygienically safe. They also brought PPE for whānau. They preserved the mahi tikanga as well as educating others. One of the methods used for this was selecting times throughout the day so that whānau could come to tangihanga in their own bubbles. It was a located time for people to pay their respects, keep large numbers down and to keep whānau separated in groups which could be tracked.

*'Waikato-Tainui would offset the data. For example, three or four kuia passed so Waikato-Tainui would check the datasets, waiting for the influx of positive cases in that area. They thought tangi will spike the numbers, but it didn't happen. In some case but not all cases...As soon as Waikato-Tainui knew there was a tangi, maintenance would drive a truck out. Testing was marked, sanitisers, masks and everything were provided in bulk, so it didn't become an issue.'*

*'So, you need to make yourself responsible enough. It's not about you not getting sick, it's about you not getting anyone else sick.'*

## **Grave diggers**

Tikanga tangi also changed where Waikato-Tainui employed grave diggers who dug graves on Taupiri. They would form one bubble and would vacate the urupā after their work was done allowing the next bubble of whānau pani to come in for the burial service. In this way the practice of tangihanga were kept as safe as possible in a way that still allowed whānau to grieve their loved ones.

***'I think that was good as iwi led that stuff. Iwi might have been providing the resource, but we weren't the expertise or manpower. If we were the face of that, people would have expected that from us as a health service, but I think it helps us build a relationship to serving, and see how much they cared for them. That's where the relationships need to be. We don't want to be a provider but an advocate and an enabler. It is important for relationships.'***

- **Raukawa.** Raukawa governors showed strong leadership from the beginning of the 2020 lockdown onwards. Early on they reached out to the local council to do some planning together. They were also involved at the higher governmental level as noted by an iwi member;

*'So I think, for us as an iwi, we're maturing to the point we could start to reengage with those higher level CE and minister conversations. So we had very strong leadership in that space. The way iwi acted during Covid has also pushed iwi forward in the line of sight of the crown to say 'these are people we need to partner with.'*

Raukawa were also able to partner with organisations such as the South Waikato Pacific Island Community Services, foodbanks and their local councils, predominantly Matamata Piako, Waipā and the South Waikato Councils during the first 2020 lockdown and also support initiatives such as welfare provision, testing and vaccinations.

They also mentioned the advantages of combined iwi leadership throughout the rohe for individual leadership development;

*'We were able to develop relationships with our other iwi partners...so it really did expose those of us who didn't move in that space to that level of expertise and leadership as well, which was also growth for us as individuals.'*



Raukawa have also considered the future and completed an evaluation on what their strategic direction might look like;

*'Coming out of the first 2020 lockdown I think, moving into early 2021, what we realised was... we needed to review our existing strategic framework to see if that was going to stand up in the so-called post Covid world... So we engaged with an external party to help us review our strategic framework and out of that whilst it didn't need changing we identified some key projects that need to be completed in order for us to make sure we are strong, sustainable and working in an even more strategic way to support our iwi.'*

- **Hauraki.** Hauraki also lead within their rohe throughout the Covid pandemic. They partnered with Te Korowai Hauora o Hauraki to ensure a welfare response was provided alongside the health response and they worked with marae, kohanga reo and at tangihanga held in homes to ensure kai and PPE gear was provided to whānau across all their communities. They supported iwi members as well as almost 1,000 whānau and kaumātua who were part of their government contracts. They provided support not only to the individual but the entire household to ensure multi-generational wrap around care.

***'We've tried to consider the household as a whole...And I guess that's potentially how we differed from other services. From an iwi perspective, it wasn't just the individual. Who was the client? But who else is in that house who could potentially need support?'***

Hauraki set up zoom calls with marae in order to share information and developed the Pare Hauraki Covid-19 Information hub which became the central information source. They also set aside an amount of money to support all Hauraki iwi and marae. They worked with their iwi farm and their contacts to ensure a steady supply of meat, frozen vegetables and dairy products and supported whānau living outside the district, including large numbers in Auckland and Hamilton. During the section 70 outbreak in Kaiaua (North Hauraki), they delivered a large amount of kai to Ngāti Pāoa in conjunction with Ngāti Tamaoho in South Auckland. They worked alongside Te Korowai Hauora o Hauraki who set up testing stations.

The leadership shown by Hauraki was comprehensive across the entire rohe. It was a multi-level approach involving partnerships, collaborations and communication channels with marae, iwi members, entities, organisations, local councils and government agencies. Spearheaded by the Manaaki Hub which delivered 49,282 meals to 1,562 people in less than a year of operation, the iwi continued to support whānau in their rohe as well as keep their own kaimahi as safe as possible. The Coromandel Independent Living Trust, a social service provider found the Hauraki Trust Board to be very supportive of them during the Covid pandemic period.

## Recommendations

Kaupapa	Responsibility	Area
<b>Collective iwi leadership</b>		
<b>1. The role and influence of collective leadership</b>	Tainui waka collective	Regional Local
The re-emergence of the Tainui waka collective was a powerful and influential forum. Iwi leadership from the collective prioritised saving the lives of their communities and holding the national and regional agencies to account. The Tainui waka collective should remain in place to address unified kaupapa that affect all iwi.		

## 4.2 Kiingitanga

The Kiingitanga played a pivotal leadership role during the entire Covid pandemic. In their words;

*'I think the Kiingitanga sought to offer leadership by way of example. Leadership based on experience; both experience in terms of te ao tawhito and the leadership of Princess Te Puea in her time with the [1918] influenza pandemic.'*

In an exercise of sovereign autonomy and ensuring the King's people could see and hear demonstrated leadership from them, their thoughts are encapsulated below;

***'I think the primary driver for the King was he wanted to ensure for te iwi Māori that we had our own voice, that our people could turn to our own for help. I think in those early days entire households would stop at 1:00 o'clock and would turn on our TVs and watch the Prime Minister and Ashley Bloomfield and others. And that was good. And that is one source of tika and pono and a way forward. Equally though, the King wanted to ensure that we had our own voices and that if there were to be changes to tikanga, that we were the people that were leading there.'***

*'I think our primary influence was being able to offer almost like a toka tūmoana for te iwi Māori. When that first lockdown came, the King did weekly speeches that he gave from his private home. They were recorded... It's just a solid rock that could withstand whatever it was we were going to face because we didn't really know what was coming next.'*

In addition, the Kiingitanga either lead or attended a number of regional and national fora including with health, the local DHB, the Tekau mā Rua of national iwi leaders, and the Māori Women's Welfare League. They also supported Kōhanga Reo, Matatini and Whare Wānanga. Many iwi contacted the King throughout the pandemic period for support and/or advice. The Kiingitanga also called national motu rangatira hui;

*'And it was almost like who wasn't there rather than who was there.'*

Poukai and Koroneihana was cancelled multiple times alongside the closure of marae. The cancellation of the Koroneihana in 2021 was one of the harder decisions to make as the first pōwhiri had already been held.

*'But you know, in moments like that, we still cooked all the kai, boxed it up and distributed it as we could. In all those instances, well not the koroneihana, the King made the decision exclusively on both koroneihana, but with poukai, those were all made in consultation with marae. And some marae today still haven't restarted their poukai for various reasons. They're just taking their time. And that's kei te pai.'*

The other space the Kiingitanga sought to offer leadership in was in the cultural and te ao wairua space. Karakia were started for all hāhi (churches) in which the King joined.

***'So we still did that and he would still talk to people and we would have karakia together and just try and connect. Because people, I think, we became lonely and I think we realised just how much of a privilege it is to be able to gather in the way that we do. And so we tried our best to do that. And the good thing about those meetings and the karakia was that it was also global. And in some of our karakia we would have people from Australia, America, the UK joining in and just wanting to feel connected back to home.'***

They also conducted tangihanga over zoom which was very hard. In their words;

*'I'm sitting in my house, the tūpāpaku at a funeral home somewhere with one person and everybody else is on zoom. And it was incredibly tough. But I think that it was that overarching principle of 'amohia ake te ora.' And it's hard and in some ways...it's a lot easier to say it now; but we were relying on kind of what we recite every time in mihimihi on the paepae. You know, 'āpiti hono, tātai hono, te hunga mate ki te hunga mate, te hunga ora ki te hunga ora.' It's that principle of leave the dead with the dead. Because if we compromise ourselves living, because we want to go and mourn for the dead, then who knows what we could end up with.'*

The Kiingitanga was supportive of iwi who set up road blocks such as the one in Te Whānau-ā-Apanui;

*'Not, as some would put it, as an act of rebellion, but as an act of their mana motuhake. And they know their people, they know their isolation. They knew if Covid got down there, it would just ravage them.'*

The leadership shown by the Kiingitanga was at local, regional and national levels. It was an expression of mana motuhake that was initiated to support iwi across the motu alongside marae and hapū to uplift and encourage iwi to get through the Covid pandemic. The King's reach was influential at a time when iwi needed the support. The Kiingitanga noted the following strategic relationships and opportunities that evolved for iwi during this period;

***'I think strategically there's been a good reigniting among ourselves, iwi to iwi...in terms of whanaungatanga. I think we've learned how to interact and work probably a little quicker as iwi. And as incidences have happened post Covid, I think our ability to work together and faster is good. I think in terms of our relationship with the crown or crown agencies, I think it would be better at an operational level.'***

### 4.3 Mana wahine leadership

One of the things noticed by a Raukawa iwi member was the mana wāhine leadership across the Tainui waka confederation throughout the Covid pandemic. As was noted;

*'What worked really well and I put it to the fact that there were all wāhine at that table. Especially from the outset, the Tainui waka chairs, the four wāhine, just got together. No one's egos were there. They were there sharing information, sharing resources with each other or knowledge, so that we could all go out and do our mahi. No one at that stage was patch protecting. Like if you have a Ngāti Maniapoto person here and want us to make sure that they're being looked after, we'll go and support that person and vice versa.'*

*'This is more a message for iwi, that we do continue to take collective approaches and we don't get caught up with being the powerhouse of the Tainui waka. We work together and make sure we're all being uplifted. We've all got responsibilities, but don't lift this one up at the detriment of the other. You can move ahead if it doesn't [deter] other iwi but... that leadership table at that point in time was really empowering.'*

### 4.4 Iwi workforce

The main theme across all four iwi was the phenomenal increase in workload for all iwi organisations (along with other entities) with the onset of the Covid pandemic and the ensuing lockdown in 2020 and beyond. There was never any question all four iwi would support and protect their community and rohe. One thing common to all iwi was repurposing staff into areas of need as required alongside the importance of managing staff workload and keeping them safe. Many of them had existing contracts with various government departments and with the onset of Covid many of those contracts were unable to be carried out according to the contract milestones. For example, contracts that might have required home visits could no longer be fulfilled however iwi adapted them to still be able to offer a service.

As **Hauraki** noted;

*'We repurposed staff...we had family start workers that were supporting the whānau supports, and whānau support workers who were doing some work in family starts. So we were kind of repurposing as needed. ... It was about what was needed for [the whānau]. A new way of interacting. So I think it was quite good from that perspective that our staff got a bit of a wider focus.'*

Hauraki also implemented strict staff protocols to ensure staff were safe in the work environment and could still complete their important mahi. They set up their own systems, including staff rotation, and implemented the same standards as the health system.

*'We had rules like, you know, one person in the bathroom at once, one person at the photocopier at once. Only two people per office. You know, like they were very very strict restrictions.'*

**Raukawa** also spoke of the redeployment of staff;

*'In the first lockdown of 2020, we used our mental health and Alcohol and other Drug (AOD) services to reinvent themselves to be able to deliver services online. For us, that was unheard of so the fact that you were providing these types of services online on your phone and with all our whānau and clients was really innovative because it was always 'kanohi ki te kanohi...' Predominantly our health and social services staff were diverted to being kaimanaaki, so they were either stocking the kai boxes, or doing the delivery. Our environmental group and our cultural group became our call centre, so they developed a call centre portal, built the calling structures etc to get out and start making the calls to all our uri.'*

Raukawa also spoke of the difficulty in transitioning staff back to business as usual after the 2020 lockdown. In all probability they were not alone in addressing issues of anxiety, fatigue and stress faced by their staff following the first lockdown;

*'It was more difficult coming back into BAU than it was going into lockdown to be honest...There were some of our kaimahi who were still understandably anxious. We still had precautions in place. We did the whole roster thing...We still didn't let people immediately go back into the homes - so it still impacted the way we delivered our services.'*

Raukawa were also able to employ whānau during the Delta outbreak which they saw as an opportunity to bring people back into employment who had had long periods out of the workforce. They employed kaimanaaki, predominantly young mamas who could work hours that suited their whānau.

This also assisted with staff fatigue from the earlier 2020 lockdown and alleviated high work levels for current staff.

**Maniapoto** also redeployed staff as they set up a call centre and a kai distribution centre. As with other iwi they were also conscious of staff fatigue and were fortunate to have one of their uri volunteer to look after the wellbeing of staff. A marked shift and employment of staff was also required for Te Pūtiki, the covid care hub lead and operated by the iwi. At its height there were 22 staff employed within the hub looking after welfare, kai provision and working with the former DHB who supported with medical support.

**Waikato-Tainui.** Waikato-Tainui was the biggest of the iwi organisations with the greatest number of staff. They redeployed into a number of different areas and did a lot of work on re-strategising their workstreams as well.

*'In the 2020 lockdown, we were more centralized with our work. But during their second lockdown, we set out a distribution centre at Hopuhopu. But this time we had decentralized and it worked a lot better. We did carry the admin and bureaucracy for everyone which then helped them because it meant they could focus more on the action. We learnt a lot from their first lockdown.'*

*'When Covid hit we pivoted our whole work programme to projects that would generate mahi and economic prosperity. We went down to 5 projects and distributed our teams between these projects.'*

All iwi organisations pivoted, redeployed and even employed new staff to meet the need of the Covid pandemic environment and to ensure they could meet the needs of their communities. They were able to adapt quickly and showed flexibility in how they repurposed roles and staff as soon as the first lockdown began in 2020. From the smallest iwi organisation to the largest, they constantly re-strategised, reviewed and assessed the service they were providing to their people alongside awareness of staff fatigue and burnout. They were supported by their governance members who advocated at regional and national levels on behalf of their iwi communities. The models, communication channels and frameworks of operation they set up were always aimed at protecting their people and their rohe.

In addition to repurposing their own staff, a number of positions were funded by government agencies. Examples were the community connector roles funded by MSD and the kaitiaki roles funded by the DHB that staffed each of the Covid care hubs. It should be noted however that these positions were all fixed term with some being extended more than once during the last three years. While these positions were much needed given iwi, hauora providers and other community groups were doing all of the mahi within the communities, the fixed term nature of all of the positions did not help with long term planning. In addition, because of the fixed term nature of the agency initiatives such as community connectors and kaitiaki in Covid care hubs, it created issues with encouraging government departments to continue to allocate funding. In some ways frustration came about because all parties knew that these initiatives worked well and had the potential to work well in the long term. At the time of publication they had still not been supported by central government in the medium or long term.

Given the amount of work undertaken by iwi, the numbers of staff provided by government agencies was also insufficient, causing fatigue amongst many iwi and hauora providers. While funding for the extra positions certainly helped iwi, it was nowhere near the level of support required at the time. In an acknowledgement of the importance of working with iwi and understanding iwi leadership within the communities, a senior leader within the former DHB observed the following;

***'This is a great opportunity for the system...to have a greater appreciation of the capability, and leadership commitment that's in our communities and getting a better understanding of that. Also making sure that we've got the appropriate connections to those parts of our community in the future and then we enable and resource them accordingly....To try an effective response, you've got to have access directly into those places, otherwise you're just wasting time... you're actually talking to yourself.'***

Perhaps this quote by a member of Maniapoto sums up the collective iwi response in this region best;

***'Iwi will provide support because the people need it – it doesn't depend on the dollar of the putea and if it's there or not. It will be done. The relationships with even our neighbouring iwi, and our whānau, is something that crown agencies are trying to understand. We don't put those constraints on how we will help our whānau.'***

## 5.0 Conclusion

The Covid pandemic period between 2020 – 2023 comprehensively challenged Aotearoa. The effect of the pandemic on whānau, marae and iwi was immense. Legislation and policy settings were brought in that were the antithesis of Māori ways of being. Restrictions on tangihanga, isolation of positive cases and hui gatherings were some examples imposed on iwi communities requiring rapid cultural adaptation. In spite of these limitations and restrictions, iwi maintained a vested interest in protecting their people and saving lives. The four iwi that make up the Tainui waka confederation were driven to lead their communities throughout the duration of the pandemic. Of that there was never any doubt.

Government departments, hauora providers, kai providers, local councils, and philanthropic organisations all played major roles in the local, regional and national response. All also collaborated with, partnered with or worked with iwi in order to advance the underlying objective of protecting their communities and saving lives. Central government implemented less bureaucratic funding models, reporting requirements and policy frameworks. 'Under urgency' was always the underlying principle. While saving lives was the major objective, iwi staff were repurposed and reskilled as they navigated a new and constantly evolving environment and iwi showed initiative and creativity in finding solutions to problems throughout the last three years. Relationships with agencies and councils were both helpful and/or sometimes fraught with bureaucratic processes.

This publication provides a snapshot of the role and leadership of the Tainui waka confederation

iwi throughout the Covid pandemic of 2020 – 2023. There are undoubtedly more iwi stories to tell than those contained in this publication and it is hoped that the recommendations are accepted with the humility in which they are intended. They should be acted upon.

In conclusion, there are a few themes arising from this publication that should be acknowledged by the local, regional and national actors whose role it is to support positive iwi social, cultural and economic outcomes for iwi;

- Mana Motuhake – the Tainui waka collective iwi determined and navigated their own pathway throughout the Covid pandemic. Manaakitanga was a guiding principle along with the love and care for the safety of their people and communities;
- The power and influence of iwi acting as a collective with a unified approach and common objectives at local, regional and national levels enabled iwi to hold the government to account with greater authority;
- The role of government agencies was both helpful and unhelpful at times and a myriad of recommendations have emerged from contributors and supporting material. They should not be unfamiliar recommendations, similar themes have been expressed by iwi for generations. However, how government agencies choose to address these recommendations will determine their willingness or not to accept and implement change with their Tiriti partner;
- The acknowledgement of iwi aspirations and how they fit alongside local, regional and national policy settings. Co-existence should be a goal; and,
- Iwi will continue to lead and support the resilience of their people in their continuous pursuit of positive wellbeing outcomes.

There are no doubt many unsung heroes over the last three years of the Covid pandemic, both iwi and hauora leaders and employees who worked to the point of exhaustion to keep their communities safe. The Kiingitanga and iwi governors who influenced policy and held the government to account at a national level, the Māori public servants who understood the needs of iwi and the iwi tikanga champions who upheld their own tikanga-ā-iwi amongst changing policy settings, legislation and government orders. Their relentless collective pursuit of the protection of their people was no doubt influenced by the intergenerational histories of devastation from the 1918 influenza. They were never going to let history repeat itself, and they did not.

Perhaps the leadership of iwi throughout the duration of the Covid pandemic is best summed up by a governance member of Waikato-Tainui;

***'We are a great pool of creative and innovative ideas and solutions focussed. So, I think that there may be some who lived through the experience of Covid and said 'actually, there are some good things that came through iwi.'***



# Kuputaka

## Glossary

5.0

Definitions are sourced from Te Aka Māori Dictionary, Te Ara website, Iwi and names of regional significance / initiatives undertaken

Term	Definition
Amohia (facility)	Named from the tongikura - Amohia ake te oranga o te iwi, kia puta ki te wheiao
	The Amohia community isolation and quarantine facility operated from October 2021 to May 2022.
<i>Amohia ake te oranga o te iwi, kia puta ki te wheiao</i>	The wellbeing of the people is paramount
	Refers to the tongikura from Kiingi Tuheitia Pootatau Te Wherowhero te Tuawhitu
aroha	love, compassion, concern, empathy
hāhi	religion
hapū	sub tribe of a large tribal group
haukāinga	local people of a marae, home people
hauora	health/y, well-being
hauora kaupapa	health initiatives
hauora on the haora	health on the hour
	Refers to the video series produced by Maniapoto in 2021
hiki wairua	lift or encourage one's spirit
	Refers to the video series produced by Waikato-Tainui in 2020
hui	meeting
Iwi	tribal or large grouping of a certain area who usually descend from a common ancestor
kai	food
kaimahi	worker
kanohi ki te kanohi	Face to face
	Referenced in the context of meeting with someone or people

karakia	prayer, chant
Karawhiua	Go for it!  A colloquial reference and the name of an initiative formerly managed by Te Puni Kōkiri (now managed by Te Aka Whai Ora, the Māori Health Authority) supporting Māori health during the vaccination campaign in 2021/22
Kaumātua	elderly man / woman or persons
Kaupapa	matter, plan, purpose, initiative  Referenced also in the context of Kaupapa (Māori) providers, or those tasked with providing services to people through a Māori values and principle based approach
<i>Kawe ake</i>	creating solutions  (as per the three parts to the 'Waikato Way' approach by the DHB)
<i>Kei kōnei mātou hei puna āwhina mōu</i>	We are here to help you  A colloquial reference and refers to the Here to Help U provider
Kei te pai	Very good  A colloquial reference used to describe if something or someone is well or good
<i>Kia haumaruru te noho</i>	Stay safe at home  A colloquial reference used throughout the pandemic usually during times of lockdown or isolation
Kiingitanga	A king movement established in 1858 unifying Māori tribes under the leadership of Pootatau Te Wherowero, which remains active under the reign of Kiingi Tuheitia
kōhanga reo	Māori language preschool
koiora	health and wellbeing  Referenced in the context of the team tasked with delivering the Koiora strategy on behalf of Waikato-Tainui
kōrero	talk, speak, say, address

Koroneihana	Coronation  Referenced in the context of the Kiingitanga movement of Waikato-Tainui acknowledging the current monarch with the annual celebration hosted at Tūrangawaewae Marae
kuia	elderly woman, female elder
kuputaka	Glossary
kura	school, place of education
mahi	work, perform, practise
mahi tikanga	the act of performing customary or traditional practices
<i>Mahia te mahi hei painga mō te iwi</i>	Do what is needed for the benefit of the people  Refers to the quote by Princess Te Puea of Waikato at the time of the 1918 influenza pandemic
<i>Mahitahi</i>	implementing solutions (as per the three parts to the 'Waikato Way' approach by the DHB)
mamae	pain, hurt  Referenced in the sense of grief or grieving
mana	binding, authoritative, effectual
Mana motuhake	the exercise of sovereignty, or the ability of iwi to control their destiny. While this is not always easy to achieve within a colonial context, history has shown us many examples of iwi exercising autonomy and control over their own affairs.
Mana tāngata	the authority of iwi to participate in and have the ability to work with others to support their people and those living within the tribal boundaries. Or, to articulate it another way, the exercise of influence over organisations, agencies and people in order that their people could be safe and protected
Mana wāhine	strong female, women
Mana whenua	the historical way of being that allows iwi to exercise sovereignty and autonomy over their lands
manaaki	to support, take care of, give hospitality, protect  Referenced in the context of manaaki hubs

<i>Manaakitanga</i>	an extended term for manaaki . Working together (as per the three parts to the 'Waikato Way' approach by the DHB)
māra kai	garden or cultivated food source
Marae	the courtyard in front of a meeting house, or complex of buildings
Te Matatini	the significant Māori cultural festival of performing arts hosted every two years.
mihi whakatau / mihimihi	a speech of greeting, welcome or acknowledgement at a gathering
motu	A colloquial term used for country
ngāngara / ngārara	insect, reptile, bacteria, germ
	Referenced in a Māori context to describe the pandemic
pā	fortified village, refer to marae
paepae	orator's bench where speakers sit
pānui	notice, announcement, poster
pātaka kai	pantry, food store
pō whakamihī	the last night to acknowledge the deceased as part of the practise of tangihanga
pono	true, honest, genuine, sincere
pou	post or pillar
	Referenced in the context of strategic pillars of an organisation
Poukai	King Movement gathering, of hui held on marae where people who support the Kiingtanga demonstrate their loyalty, contribute to funds and discuss political affairs
pōwhiri	to welcome or invite
pūtea	sum of money, funds
rangatahi	youth, younger persons or generation
rangatira	to be of rank, esteemed
<i>Rapua te ngārara</i>	Seek out the Covid virus. Refers to the approach undertaken by Marangai Areare, the Māori Response Team (DHB Public Health Unit).
rohe	region, boundary, area, territory, district
rongoā	to treat, apply medicines
rōpū	group
takiwā	see rohe

tamariki	children
tangata / tāngata	person / persons
tangi	cry, mourn, weep, grieve
tangihanga	funeral
taura here roopu	tribal members who reside in urban areas, groups that help retain their identity and links back to their tribal homelands
te ao Māori	a Māori world view
te ao tawhito	an ancient Māori world view, times of old
te ao wairua	a Māori spiritual world view
Te Tiriti o Waitangi	The Treaty of Waitangi - the founding document in Aotearoa between Māori and Pakeha signed in 1840
tēpu (talks)	table, platform Refers to the Tēpu Talks video series by Maniapoto in 2020
tika	correct, true, right, just, fair
tikanga	custom, method, practise
tino rangatiratanga	self-determination, sovereignty, autonomy, self-government
toka tūmoana	a figurative term to describe a person who is a strong leader
tongi(kura)	prophetic saying by a charismatic leader
tūpāpaku	deceased person
tupuna / tūpuna	ancestor / ancestors
uri	descendant
urupā	burial ground, cemetery, graveyard
whakamā	ashamed, shy, embarrassed
whakamoemiti	to praise, give thanks
whakapapa	genealogy, lineage, descent
whakatauki	proverb
whānau pani	bereaved family, relations of the deceased
whānau(ngatanga)	family (group), extended family
whare wānanga	university, place of higher learning
whenua	land, ground, territory, domain



# Āpitihanga

## Appendix

6.0

The following list comprises all those that contributed to this publication through interviews.

Iwi – Waikato-Tainui  
Iwi – Hauraki Māori Trust Board  
Iwi – Raukawa Charitable Trust  
Iwi – Te Nehenehenui Trust (formerly Maniapoto Māori Trust Board)  
Civil Defence Emergency Management  
Coromandel Independent Living Trust  
Department of Conservation  
Former DHB/Te Whatu Ora Waikato  
Hauraki District Council  
Here to Help U  
K'aute Pasifika  
Kahotea Marae Foodbank  
Kainga Ora  
Kiingitanga  
Kokiri Trust  
Ministry of Education  
Ministry of Primary Industries  
Ministry of Social Development  
NZ Police  
Oranga Tamariki  
Ōtorohanga District Council  
Raukura Hauora  
Regional Public Service Commissioner - Waikato  
South Waikato District Council  
South Waikato Pacific Island Community  
Te Arawhiti  
Te Korowai Aroha Foodbank  
Te Korowai Hauora o Hauraki  
Te Papanui Enderley Community Centre  
Te Puni Kokiri  
Trust Waikato  
Waikato DHB Governance  
Waipā District Council  
Waitomo District Council  
Whitianga Community Services Trust

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Raukawa





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