Final report summary

COVID-19 and National Immunisation
Programme research

Submitted by
Manawa Ora - Centre for Health

Project title
PROP-049 Tino Rangatiratanga during the
COVID-19 Pandemic

Section 1: Contact information

1.1 Point of Contact for this report

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Section 2: Reporting

2.1 Overview

When Aotearoa shifted to Level Three on March 23, 2020, followed by Level Four on March 25, 2020, Māori organisations within the Bay of Plenty, as a collective, came together to formulate plans to adapt and respond to COVID-19. The collective kaupapa Māori Community Response was referred to as Te Apārangi Tūpore and was guided by the principles of manaakitanga, whakapapa, whanaungatanga and kaitiakitanga. The response by Te Apārangi Tūpore was marked by a focus on preparation, identifying community needs, and negotiating policies to ensure positive outcomes for Māori. The collective faced obstacles such as slow decision-making at higher levels, prompting local organizations to take the lead despite risks and challenges. The establishment of the Pahi Tahi mobile response, addressing testing and service delivery, exemplifies the agility and quick decision-making of Māori organisations.

2.1.1 Kaupapa Māori

Kaupapa Māori at its core is about a collective response to supporting the holistic wellbeing and welfare of individuals, whānau, hapū and iwi. A kaupapa Māori response utilises the networks that already exist and builds from a position of pre-established relationships. Kaimahi Māori emphasised the importance of whakapapa connections in 'mobilising the ringawera.' A kaupapa Māori response pivots on a commitment to a whānau-centred approach that considers the holistic needs of the whole whānau and their full needs.

A key strength of a kaupapa Māori response is the focus on collective leadership and collaboration. The focus on working collectively provided an environment where decisions, resources, and manpower could be shared. During the pandemic, a collective kaupapa Māori response trumped all else, demonstrating tino rangatiratanga in action.

2.1.2 Tino Rangatiratanga

At a community provider level, tino rangatiratanga is defined and exemplified in a more practical lens that demonstrates a deep affinity with giving voice to the community, to the sharing of power with Māori, and to a way of working that demonstrates being of service to your people. For the participating providers, this meant being able to make decisions that enabled them to lead the frontline, including identifying the right leaders for various roles.

For the most part, the COVID-19 response was a kaupapa Māori response as ultimately resources were allocated by crown-led agencies, and key decisions required continual negotiation. The prioritisation of a Western dominant clinical model for a community response further evidenced a reliance on crown-led and crown-defined interventions. This came at a heavy cost and emotional burden for kaimahi Māori who were placed in a position of needing to 'convince' or 'persuade' non- Māori professionals to consider alternative protocols and responses.

'Tino rangatiratanga during the COVID-19 pandemic' research, highlights the importance of Māori-led responses, underpinned by cultural principles, in addressing health inequities exacerbated by the COVID-19 pandemic. The lessons learned from Te Apārangi Tūpore and participating kaimahi and whānau Māori can inform future pandemic planning and recovery efforts, emphasizing the need for equitable, community-centred approaches.

2.2 What is the problem or issue that your research investigated?

The objectives of this research were to build evidence concerning inequitable access to services and interventions for Māori during the COVID-19 pandemic. It also sought to provide recommendations for recovery and future pandemic planning. Additionally, the study explored the connection between kaupapa Māori service delivery, community response, and the concept of tino rangatiratanga. The perspectives of kaimahi Māori and whānau Māori in the Western and Eastern Bay of Plenty were gathered to support insights and recommendations to increase equitable access to services embedded through kaupapa Māori practice and worldviews.

This research explores the challenges faced by kaupapa Māori services and the innovative solutions devised during the COVID-19 pandemic. Specifically, it examined issues such as limited access to services, especially in rural and island-based communities, delays in information, treatment, and resources, the impact of clinician distrust, coordination and communication challenges with crown-led systems, insufficient support for the healthcare workforce, and the absence of crown-led solutions and resources to effectively address social and economic determinants of health in Māori communities during a pandemic.

2.3   What are the practical solutions and implementation options that you recommend?

The research identified enablers that support improved equitable access to services and interventions for Māori. These included foundational enablers, contextual enablers and nationwide enablers.

2.3.1   Enablers

Foundational enablers identified were the key factors that underpin a Tino Rangatiratanga response. These included:

- *Kawanatanga* that supported a collective partnership in leadership where key individuals acted together, not on behalf of their organisations but on behalf of the purpose of the kaupapa that connects them in partnership;
- *Manaakitanga, mahitahi* and the ability for providers to collaborate and come together with a focus on taking immediate action due to the ethical and moral drive to respond to the needs of whānau Māori;
- *Whanaungatanga* which provided a platform for open communication, transparency, alignment of focus and purpose and solutions-focused collaboration; and,
- *Whakapapa connections* which enabled a rite of passage for engagement with Māori communities and established trust and a history of demonstrated commitment accelerates community delivery.

Contextual Enablers included environmental factors that facilitated a kaupapa Māori response during the pandemic enabling improved equitable access to services. Nine contextual enablers were identified, these were:

- *Having the right people at all levels* which prioritised a response that had the right people, with the right skills, working collectively to their strengths to support their communities whilst receiving support from Māori leadership across all levels;
- *The ability for large Māori organisations to absorb costs* which enabled decision-making autonomy in leading a community response that was designed to be culturally appropriate;
- *Making brave decisions and leading* the way through the development of culturally appropriate clinical procedures and community engagement practices;
- *Being agile, quick and responding to needs* to ensure barriers such as travel, affordability, accessibility, and complexity of issues are addressed in a timely way as determined by whānau;
- *Ko te mahi tuatahi – He Tangata* ensured that a people-centred, whānau ora approach was applied to support and protect communities;
- *Having local people as the face of the response* enabled trust-based engagements and higher participation rates with the delivery of 'by Māori for Māori – by whānau for whānau';
- *A holistic hauora response* delivered through a whānau-ora approach provided a focus on holistic wellbeing outcomes ensuring that whānau had access to a full range of health screening and wrap-around services, not just a COVID-19 intervention;
- *Community-led development* ensured that the response was working from the ground up and locals, who know their community are leading the response for their people; and,
- *A judgement free response* that empowered whānau to build trust, accept support and re- engage with services to support their needs.

Nationwide Enablers were factors experienced by all providers and communities across Aotearoa, these included:
- *The uncertainty of a pandemic* which created an environment of urgency and prioritising action;
- *Emergency procurement* which enabled the activation of employment opportunities for community members, providing necessary income;
- *Equity messaging from the Ministry of Health* provided a platform for Māori to a) be identified as a high-risk community group, and b) receive additional support for planning, support, response and resources;
- *Action before contracts* at a local level provided an opportunity for Māori to define their response through their leadership channels; and,
- *High-quality clinical responses* across the country enabled lower rates of critical health outcomes, including for Māori as a result of including a kaupapa Māori response.

2.3.2   Disablers

The research also identified **disablers** that decrease equitable access to services and interventions for Māori. These included:

- *Limited relationships with DHB Rūnanga* which resulted in a lack of regional planning and advocacy for kaupapa Māori community responses. This was a lost opportunity to advocate for, and embed a new way of working with whānau, hapū and iwi for Māori health gain;
- *Lack of governance tikanga* resulted in the rejection of a tikanga based co-leadership model to a kaupapa Māori community response across the Western and Eastern Bay of Plenty;
- *the need for control from Crown-led organisations* and the prioritisation of Western dominant clinical models of care had a negative impact on Māori communities and resulted in distrust, low participation rates, and an increased burden for kaimahi Māori;
- *Increase in bias during uncertainty* including distrust in kaupapa Māori community responses created an additional burden for Māori leaders and kaimahi to respond, free of criticism, judgement, and the assertion of dominant power discourse;
- *The lack of culturally skilled clinicians* amplified the disparity in service provision for Māori communities and reduced the ability for Māori and other minority ethnic groups to receive an equitable community response;
- *Contracts and funding* need to be informed by a whānau-ora model of care with high trust to get the best wellbeing outcomes and increase access to services for Māori communities;
- *Quick action but high-risk* resulted in community responses being initiated without a clear mandate, and without financial backing and resources to support a response. For senior managers, there was the additional pressure of reputational risks for the organisation;
- *Logistics and paperwork* resulted in resources and supplies being provided on a daily schedule as opposed to enabling bulk supply for Māori organisations to distribute at the pace required, and to the localities of highest need;
- *Staff fatigue* is an issue still lingering for kaimahi Māori post the lockdown and alert periods, who during the pandemic response covered the roles of kaupapa Māori community responses and supported the non-Māori main CBAC sites when understaffed. With an increase in caseload, both in numbers and complexity, staff fatigue is likely to continue; and,
- *The disruption of marae tikanga* has had a lasting impact in Māori communities both in the mana or the marae, and the interrupted grieving process for whānau.

2.4   What considerations need to be taken into account when implementing the solutions?

'Tino rangatiratanga during the COVID-19 pandemic' research emphasises the critical role of Māori led responses, grounded in cultural principles, in addressing health inequities exacerbated by the COVID-19 pandemic. The experiences and insights gained from Te Apārangi Tūpore, along with the contributions of kaimahi and whānau Māori, can inform future pandemic planning and recovery initiatives, underscoring the need for equitable and community-centered approaches. Derived from the foundational, contextual and nationwide enablers and disablers identified in this research (see section 2.3), a recommended framework for recovery and future pandemic planning was designed. This framework highlights the key actions needed to increase enablers and decrease disablers to achieve equitable access to services embedded through kaupapa Māori practice and worldviews.

Increase enablers by:

1. Enable collective partnerships founded on co-leadership and co-governance.
2. Procuring and retaining Māori at across various leadership levels.
3. Continue to retain key messaging on equity approaches and equitable outcomes.
4. Maintaining a people-centred commitment to the community.
5. Make brave decisions to lead, grounded in kaupapa Māori practice.
6. Be agile, be quick, and be grounded in needs-based evidence.
7. Maximise whakapapa connections to enable a rite of passage for improved engagements with Māori communities.
8. Collaborate and build whānaungatanga and partnerships.
9. Resource Māori organisations to be ready for emergencies and emerging issues.
10. Develop community leadership and community champions, and where possible activate employment opportunities for community members.
11. Provide for and resource holistic health service provision and outcomes.
12. Provide judgement free services and clinical protocols that are culturally developed and responsive.

Decrease disablers by:

1. Supporting local Māori leadership to engage in regional planning supported by governance tikanga grounded in co-leadership models.
2. Endorse, support and promote Māori leadership to reduce reputational criticism from the dominant discourse.
3. Enabling funding with less restrictive criteria and increased mandate.
4. Invest in building large Māori organisations with holistic range of services.
5. Share power and decisions that support Māori collective self-determination.
6. Trusting Māori-led and designed interventions.
7. Increase culturally skilled clinicians.
8. Promote, elevate, and protect kaupapa Māori clinical models and protocols.
9. Provide resources in bulk, and fast.
10. Invest in building the health workforce to reduce overload and staff fatigue.
11. Work with marae to develop emergency plans that support the continuation of tikanga.