

COVID-19 Impact Insights Paper #6

Exercising rangatiratanga during the COVID-19 pandemic

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A report issued by Te Hiringa Mahara - Mental Health and Wellbeing Commission.

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Te Hiringa Mahara - the Mental Health and Wellbeing Commission - was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

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The mission statement in our Strategy is “clearing pathways to wellbeing for all.” Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance or gambling harm, are prioritised.

Te Hiringa Mahara - Mental Health and Wellbeing Commission (2023) **Exercising rangatiratanga during the COVID-19 pandemic**. Wellington: New Zealand.

Summary

Tino rangatiratanga - self-determination, sovereignty, independence, autonomy – is critical to understanding Māori authority. Wellbeing is significant to both individuals and communities, and collective expressions of tino rangatiratanga is both a contributor to a range of wellbeing outcomes, and a positive part of wellbeing for iwi, hapū, and whānau.

“Tino rangatiratanga is the practice of living according to our tikanga and recognising Māori self determination in all aspects of life, unimpeded by the Crown.” (Devine et al., 2022)

Māori, particularly through these collectives, have been exercising tino rangatiratanga in the face of challenges throughout history. Māori knowledge, skills, and resources were vital to protecting the wellbeing of communities and whānau during the COVID-19 pandemic. Historical events, such as, the devastating impact of the 1918 influenza epidemic, and Māori responses to it, were at the top of mind for many Māori, when COVID-19 reached Aotearoa.

Recognising this history, a number of Māori communities identified flaws or gaps in the nation-wide pandemic responses, from the beginning. While effective at preventing the spread of COVID-19 in Aotearoa, the government’s pandemic response was challenged by Māori. Serious concern was expressed that the government’s approach to COVID-19 lacked an equity lens, lacked acknowledgement of Māori rangatiratanga and their positions as Te Tiriti o Waitangi partners. As a result of this, evidence indicates that major opportunities to consider a range of Māori views and leadership, as well as some serious inequities such as those experienced in the current health system, was missed.

“A national programme, while necessary, will lead to exacerbated health inequities. While things are being done for the general population, they don’t have an equity lens, which is essential from the beginning” (Reid, 2020)

The government’s authority to make decisions in the best interests of Māori communities was questioned, but an inherent sense to protect the communities runs deep. This sense of protection has been to the benefit of Aotearoa, serving both Māori and non-Māori people, multiple times throughout history. Māori responded to COVID-19 through a plethora of actions underpinned by tikanga and matauranga Māori. Much of this was built on established networks and relationships that enabled agile, effective and adaptive activities aimed at protecting communities.

- Marae across Aotearoa developed pandemic plans that **adapted tikanga and kawa** to the challenges that were presented. This was seen in hapū and marae committees temporarily closing their marae; in new approaches to tangihanga, despite the huge personal and spiritual impacts this had; and in many changes to the way people interacted in face-to-face settings, to prevent the spread of disease.
- Some iwi, hapū or whānau groups took the very practical and visible steps of **creating checkpoints** to limit the movement of people and control the spread of COVID-19, just as they had done a century before to control influenza. Almost 50 roadside checkpoints were developed, resourced and led by Māori, staffed by volunteers, and often operated with co-operation of NZ Police. The checkpoints provided an additional layer of protection for entire communities, including Māori and non-Māori residents. Checkpoints were also invaluable for communicating information, and contributing to a sense of trust, between government agencies and community.
- As the pandemic progressed, **Māori responses also evolved**, demonstrating tino rangatiratanga through identifying and managing risk unique to their own communities. Māori-led actions continued to protect the community, such as through establishing Te Roopū Whakakaupapa Urutā, a National Māori Pandemic response group of Māori health experts, to focus on the wellbeing of Māori and provide a Māori voice; advocating, promoting and actively supporting COVID-19 vaccinations; and opting to keep all Kohanga Reo closed, to continue protection of their communities. Through Whānau Ora Commissioning Agencies, Māori were engaged and able to guide the allocation of Government funding, made available to support Māori.
- Many hapū, iwi, marae, and Māori organisations and community groups **organised and delivered resources** to members of the community, including to Māori and non-Māori, on the largest scale seen in recent history. Many initiatives were supported by Māori and non-Māori businesses, and priority was given to vulnerable members of the community, such as the kaumatua (elders), low-income earners, as well as those who live rurally, or had pre-existing health conditions. Kai, information, resources, and other essential items needed by whānau were sourced and distributed to communities, including direct donations and other financial support, providing transport, and linking whānau with government support. The distribution of resources to whānau was made possible by the rapid mobilisation and leverage of existing networks, to identify where the areas of need were, and to access and distribute resources.
- Māori networks played a critical role in **conveying COVID-19 related information** to communities throughout and beyond the lockdown period.

This included ensuring access to the government public health messages, and prioritising reaching parts of the community that can be hard to reach.

- Māori innovated through the **use of online spaces and digital technology**, to build and maintain connections, share knowledge and support. Māori used networks to support and strengthen communities through a range of media and forums, such as online mental health services, social and spiritual initiatives, phone calls checking in on people, and pop-up clinics in smaller rural communities. Digital platforms provided a way for people to keep busy, to learn different skills, to connect with others or for pleasure and amusement. Online innovations enabled Māori to maintain whanaungatanga through the promotion of specifically Māori material.

The exercising of tino rangatiratanga evident throughout the pandemic clearly showed the natural and intuitive nature in protecting and supporting communities with the knowledge, skills and relationships to effectively deliver for their communities. In this way, the pandemic responses have shone a light on how future government decisions regarding health and wellbeing can be built upon by including Māori as Te Tiriti o Waitangi partners and decision-makers for outcomes of all people living in Aotearoa.

- **Iwi and Māori communities should be recognised as self-reliant and strong in the face of myriad adversities, not vulnerable.** To recognise and realise these strengths, and to uphold its Te Tiriti o Waitangi obligations, the New Zealand Government needs to deliver systemic and structural changes that mitigate against the existing inequities and institutional racism that underpin many Māori disparities in health and wellbeing.
- **Tino rangatiratanga should be recognised, respected, and supported.** The Government has a duty to protect tino rangatiratanga, and to do so, should recognise and honour tino rangatiratanga across policy and practice, and ensure that Māori have the resource and mandate to enable rangatiratanga to be enacted.
- **Opportunities to build true partnership abound, but the government and its representatives will need to trust and be trustworthy in their approaches.** To support health and wellbeing outcomes, Government must ensure that specific Māori needs are addressed, and deliver this by partnering with Māori, listening to Māori, and supporting Māori to do what they know is right. We particularly urge Government to normalise high trust, collaborative, flexible and sustainable contracts and commissioning models.
- **High quality research and data will support iwi and Māori responses and will help build the trust needed for partnership.** Incomplete data makes it challenging for national and local government to understand how

communities are affected, and lack of access to data can restrain the activities of Māori organisations and providers. Greater emphasis needs to go into sharing relevant information, and supporting Māori research and researchers to address these concerns, including upholding Māori data sovereignty.

“... we did what it takes and we still do and we'll continue to do that because that's what Māori providers do. That's what Māori do. Even when you're not in this game, it's kaupapa Māori, it's tikanga, it's kawa.” (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022)

Introduction

For Māori, wellbeing is greater than the individual. Inextricably linked with whānau and the wider community, wellbeing must also be understood from a collective perspective. From a collective te ao Māori perspective, a key component for wellbeing, recognised in He Ara Oranga wellbeing outcomes framework, is when all tāngata, whānau and hapori experience tino rangatiratanga me te mana motuhake (see Appendix 1).¹ Specifically, the framework includes that in order to thrive:

Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways. (Te Hiringa Mahara, He Ara Oranga wellbeing outcomes framework)

Tino rangatiratanga is rooted in te ao Māori, and while there is no single English term with the same meaning, it can mean self-determination, sovereignty, independence, autonomy. It refers to “Māori control over Māori lives, and the centrality of mātauranga Māori (Māori knowledge)” (Te One & Clifford, 2021, p.2), and is critical to understanding Māori authority (Fitzmaurice, 2021). Issues and acts of self-determination refer to the collective well-being of a group; iwi, hapū and whānau are all sites through which tino rangatiratanga is claimed and exercised (Te One & Clifford, 2021).

Tino rangatiratanga was recognised and guaranteed to Māori in Te Tiriti o Waitangi (Te Tiriti). As the ‘constitutional lighthouse’ of Aotearoa, all state governmental institutions are obligated to conform to Te Tiriti to act legally and legitimately (Charters, 2020). Actions toward tino rangatiratanga have sometimes involved challenges directed to the Crown in association with the loss of Māori control through colonial practices, and as a framework for recognition of Māori individual and collective self-determination (Te One & Clifford, 2021). However, Māori practice political authority in a range of diverse ways that are not always in response to or aimed at reclaiming rights from the Crown (Te One & Clifford, 2021).

“For Māori, tino rangatiratanga is the practice of living according to our tikanga and recognising Māori self-determination in all aspects of life, unimpeded by the Crown.” (Devine et al., 2022, p.3)

The reciprocal and interactive relationship between tino rangatiratanga and wellbeing is clear. Enacting tino rangatiratanga is essential for Māori individual and collective wellbeing. Māori wellbeing is also a foundation of Māori development, therefore, a

¹ [He Ara Oranga te tarawaho putanga toiora / He Ara Oranga wellbeing outcomes framework | Mental Health and Wellbeing Commission \(mhwc.govt.nz\)](https://www.mhwc.govt.nz/he-ara-oranga-te-tarawaho-putanga-toiora/)

certain level of wellbeing, including culture and language, is needed to enact tino rangatiratanga (Te One & Clifford, 2021). As a result:

“tino rangatiratanga can be viewed as both a marker of, as well as an important contributor to, wellbeing. And equally, wellbeing is an important contributor to tino rangatiratanga.”
(Te One & Clifford, 2021, p.4)

“By taking a tangata whenua approach to health and wellbeing, which is grounded in Māori rights and ways of knowing expressed through narratives, language, practices and lived experience, it becomes clear that wellbeing is holistic and inextricably linked to self-determination and the natural environment.” (Reweti et al., 2022, p.6)

These linkages between tino rangatiratanga and wellbeing reflect the strong advice from Māori to Te Hīringa Mahara, that many Māori whānau want to be self-governing, with the support required to be leaders in their own wellbeing.

“Te Tiriti is about self-governing, we govern ourselves, so we don’t ‘partnership’ ... have to stroke or mirimiri the partners in to accepting us and how we want to awhi and tautoko our whānau. Its about ourselves standing ourselves on our islands, governing the way we want to do it.” (Māori respondent to He Ara Awhina consultation, Te Hīringa Mahara, 2022)

The principle of ‘partnership’ is a crucial element of rebuilding the relationship between the Crown and Māori and upholding Te Tiriti on an ongoing basis (Fitzmaurice, 2021). However, some Māori advocates are sceptical of the concept of partnership when there is a failure to challenge underlying power imbalances, arguing that if the goal of partnership is in tension with the goal of rangatiratanga, the latter must be prioritised (Fitzmaurice 2021).

Learning from past experiences

Just as wellbeing can only be fully understood from a collective perspective, understanding the impacts and actions for whānau and hapori today requires understanding their past. To understand expressions of tino rangatiratanga me te mana motuhake in the COVID-19 pandemic, it is necessary to understand how these have been expressed in similar situations through history.

Impact of disease on Māori

The COVID-19 pandemic was widely touted in Aotearoa and elsewhere as ‘unprecedented’, by the media, politicians and social commentators. However, for Māori, the devastating and deadly impact of introduced diseases and epidemics, as a result of colonisation, is only too well known (Cram, 2021; Te One & Clifford, 2021). From first European contact to 1840, Māori lost an estimated 30% of their entire population, mostly to epidemics, with a further 30% lost in the twenty years that followed (Ngata, 2020). Māori were severely impacted by typhoid, smallpox, influenza, measles, tuberculosis and other outbreaks, suffering considerably worse in all cases, compared to urban, non-Māori (Kawharu, 2020).

Colonisation not only introduced new diseases, which Māori had not been exposed to before and therefore had little immunity to, Māori were blamed for epidemic spread of disease, and often isolated from and denied access to health care (Cram, 2021). Many Māori were also denied the use of traditional Māori healing practices through the Tohunga Suppression Act 1907, with the practice of rongoā Māori driven underground. The results for Māori were devastating. During the influenza pandemic, for example, the recorded death rate for Māori was five to nine times that of Pākehā (Battles & Sanders, 2022; Cram, 2021; Devine et al., 2022; Manuirirangi & Jarman, 2021; Pihama & Lipsham, 2020; Te One & Clifford, 2021).

Knowledge of the devastating impact of infectious diseases on Māori communities has been passed down through generations to today, in stories and oral histories, and physical reminders and artforms (Boulton et al., 2022b; Ngata, 2020; Te One & Clifford, 2021). The devastating impact of the 1918 influenza and how this was handled, is remembered through “artforms, such as waiata, haka, carved pou and the many gaps in our whakapapa which share the story of both grief and survivability” (Reweti et al, 2022, p.6). Consequently, in early 2020, Māori were acutely aware of the impact previous diseases had on communities and the potential impact Covid-19 could have.

“Historic memory of epidemics and pandemics sent shivers down the collective spine as hapū today recalled the high fatalities and prolonged periods of disease in marae communities.” (Kawharu, 2020, p.20)

The past shows us that “infectious diseases ... hugely amplify already entrenched inequities within societies” (Russell et al., 2023, p.8). The inequities become entrenched through colonisation, the ramifications of which continue to be passed to current and future generations, with structural bias and systemic racism widespread in the health care system and the basic determinants of Māori health inequities (Devine et al., 2022).

“When we heard that the COVID-19 risk factors were illnesses such as hypertension, diabetes, heart disease and chronic respiratory illnesses, we already knew that this related to nearly our entire population. Research and reports aside, we know this because we live the reality every day. We are the ones burying our loved ones from chronic illness year after year. We are the ones struggling to navigate a health system that was never built with us in mind. We didn’t need a statistician to paint a picture for us. We already knew, in our bones, what COVID-19 meant for our families.” (Ngata, 2020)

It was against this backdrop of a highly infectious and transmissible virus, an Indigenous population that had experienced poorer health outcomes over the course of generations, and a known history of ineffective or inadequate policy responses that Māori Iwi (tribal leaders) looked to take control of and protect the well-being of their people during the lockdown period. (Boulton et al., 2022b, p.5)

Māori response to disasters

Just as the experience of introduced infectious disease is not unfamiliar to Māori, neither is the experience of responding rapidly to protect and support communities. Research on Māori responses to disaster management shows that:

“pre-existing networks based on genealogical, or community ties consistently apply crisis responses that are immediate, culturally-relevant, inclusive and highly coordinated” (Waitoki & McLachlan, 2022, p.3).

During the 1918 influenza pandemic, Māori leaders set out to protect and serve the needs of Māori, which the colonial government had failed to do. Checkpoints were established in various areas of the country, to decrease transmission of influenza and mortality (McMeeking & Savage, 2020). When the second influenza wave came, small townships in different parts of the motu took action. For example, checkpoints were set up at all roads coming into the Coromandel, and temperatures were taken, and in Te Araroa entry points were manned to control traffic coming through, with these being two of the very few townships around the country that escaped the ravages of the second wave (Ngata, 2020). In the Waikato, Te Puea Herangi established a

hospital at Tūrangawaewae in 1921, to treat those with influenza, providing “a model of mana Motuhake (self-determination) which has also been at the forefront of responses by Iwi and Māori organisations during the Covid-19 pandemic” (Pihama & Lipsham, 2020, p.93).

Māori Iwi, health providers and marae have often responded in public health crises. During the 2010 and 2011 Canterbury earthquakes, for example, Māori responses were rapid, agile and innovative. Māori tribal organisations responded by providing shelter, food, health services, transportation and financial support (Waitoki & McLachlan, 2022). South Island Iwi, Te Rūnanga o Ngāi Tahu, played a leading role in the response; mobilising health practitioners to deliver health care to those living in the hardest-hit communities, the establishment of a 24-hour phone contact service, texting trees to ensure responders had up-to-date information and providing practical assistance such as food and shelter (Davies et al., 2022). Māori values, such as manaakitanga, whanaungatanga, aroha and tautoko, were at the heart of this response; while many whānau were stretched and struggling within their own households, manaakitanga and whanaungatanga was enacted through the use of digital and social media to remain connected, both locally and internationally (Cram, 2021).

In another example, following the 2016 Kaikōura earthquake, Takakanga marae moved swiftly and effectively to become a registered Ministry of Civil Defence and Emergency Management Welfare Centre. The marae provided a safe place to sleep for stranded tourists, served more than 10,000 meals and distributed 1700 care packages to their community (Davies et al., 2022). In July 2016 amid a different wellbeing challenge, Te Puea Marae in Auckland, opened their doors to people who were homeless, housing them on the marae and supporting them into permanent housing.

“Specific values seen in crisis responses for Māori highlight cultural values of aroha ki te tangata (love and compassion for all people); kaitiakitanga (leadership and resource management); whakapapa (genealogical ties); whanaungatanga (relationship building); manaakitanga (responsible caring) kotahitanga (unity), and turangawaewae (connection to place). Māori cultural values in disaster responses create social capital and social cohesion which, at an individual and population level, act as a psychosocial asset that can mitigate the impact of trauma and loss.”
(Waitoki & McLachlan, 2022, p.3).

Iwi across Aotearoa have responded to many crises and natural disasters over the years in similar ways. Opening marae and setting up central command

stations following cyclones, earthquakes, flooding and other crises. Despite these essential efforts, the role iwi play is not always recognised by government.

Māori-led responses to COVID-19

The Government acted swiftly and decisively in response to the potential threat of the COVID-19 pandemic. In the words of Prime Minister Jacinda Ardern, on 14 March 2020: “We must go hard, and go early, and do everything we can to protect New Zealanders’ health” (Ardern, 2020). Acting quickly, the Government introduced pandemic control measures including closing borders and strict lockdowns, with a campaign built upon ‘uniting against COVID-19’, which “required sacrificing personal freedoms for the greater good during lockdown” (Jamieson, 2020, p.602).

While effective at preventing spread of COVID-19 in Aotearoa, the ‘one-size-fits-all’ approach to pandemic recovery was challenged by Māori (Devine et al., 2021; King et al., 2020; Kukutai et al., 2020; Reweti et al., 2022). Serious concern was expressed that the government approach lacked an equity lens and gave “little consideration to the specific needs of Māori as tangata whenua, as Treaty partners and as a people who experience daily the failure of the current health system” (Pihama & Lipsham, 2020, p.97). Due to historic discrimination, there are “stark, persistent, and increasing health inequities in Aotearoa” (Whitehead et al., 2022, p.54). The ongoing impact of colonisation, racism in the health system and wider society, and economic injustices underpins the structural inequities and disproportionate impact on Māori of poorer access to the social determinants of health, including housing, and quality healthcare (Russell et al., 2023; Whitehead et al., 2022).

Māori were noticeably absent from any genuine form of decision making about the pandemic response (Reweti et al., 2022), despite being Te Tiriti partners and people experiencing the ‘health system failure’. The failure to equitably include Māori in strategy discussions around COVID-19 was widely criticised, with the government’s authority to make decisions in the best interests of Māori communities questioned (Dawes et al., 2021; King et al., 2020; Kukutai et al., 2020).

“A national programme, while necessary, will lead to exacerbated health inequities. While things are being done for the general population, they don’t have an equity lens, which is essential from the beginning” (Reid, 2020, cited in Pihama & Lipsham, 2020, p.94).

“Privileging Pākehā voices as ‘authoritative experts’ also diminishes the mana of the many Māori health specialists in

Aotearoa whose breadth and depth of knowledge would have contributed much to the response and recovery phase not only for Māori but for the general public also.” (Reweti et al., 2022, p.6)

As a part of the wider response, Iwi established Te Roopū Whakakaupapa Urutā (Te Roopū), a National Māori Pandemic response group, made up of Māori health experts from across Aotearoa. Te Roopū was formed to focus on the wellbeing of Māori and provide a Māori voice to challenge the government to carefully assess the issues faced by Māori and ensure that rights guaranteed under Te Tiriti were maintained in the government responses to Covid-19 (Pihama & Lipsham, 2020). Key arguments to support the health and wellbeing of Māori, in light of existing health inequities, included that the age group for at risk elderly should be 50 to 60 years and upwards (not the 70 plus years in the government response), and that given the significantly higher incidence of respiratory issues among Māori, that there was a need for proactive provision of health services directly to Māori in culturally appropriate ways (Pihama & Lipsham, 2020).

A lack of consistent engagement with Māori during the pandemic response was viewed by many, including the Waitangi Tribunal (2021), as a breach of the principles of partnership.

“The Crown did not ask us to take a seat at the decision-making table. It did not talk with us about how we might work together to look at solutions. Te Tiriti o Waitangi tells us this is a partnership. Yet, one partner implemented a plan and expected the other to follow it.” (Matua Witeria (Witi) Ashby, in Russell et al., 2023, p.3)

“The Crown did not consistently engage with Māori to the fullest extent practicable on key decisions in its pandemic response. Further, the nature of its engagement was often one-sided, and as a result sometimes disrespectful. These omissions are in breach of the principle of partnership.” (Waitangi Tribunal, 2021, p.91)

“As our Te Tiriti partner, the government has an important role to play. But everyone will lose out if community agency and local intelligence is not acknowledged, resourced and utilised.” (Kukutai et al., 2020)

At a local level, some key decision-making in the COVID-19 response was led by local councils. Here, too, Māori were not consistently recognised and resourced as Te Tiriti partners. In Murupara for example, there was a sense of disempowerment and some ill feeling toward the district council from community members as they were not informed on a community response plan (Rewi & Hastie, 2021). Representation does not equate with influence and, despite the consistent messaging and evidence coming from Māori, there was a lack of recognition from local government that Māori communities had processes and policies to protect their communities. The failure to recognise and understand rangatiratanga, and seek out relationships with Māori that would benefit the entire community, was a missed opportunity by Government. While COVID-19 was new to Aotearoa, responding to crisis was not new to Māori. The adaptive capacities exemplified by Māori communities have always existed (Kukutai et al., 2020) and are built on tacit knowledge, unique to Māori, held by Māori.

Against the backdrop of historical devastation by diseases and the continued impact of colonisation on inequities in Māori health, and a context of government decision-making without consistent, meaningful Māori involvement, Māori mobilised quickly, proactively and purposely to protect their communities (Boulton et al., 2022b; Cram, 2020; Davies et al., 2021; Ngata, 2020; Pihama & Lipsham, 2020; Te One & Clifford, 2021). Across Aotearoa, the nation-wide Māori response to the COVID-19 pandemic involved mobilisation across Māori communities, of Iwi and urban Māori leaders and organisations, marae, Māori health and service providers.

“Iwi moved swiftly to protect themselves and their people, mobilizing skills, expertise, and resource within the community well ahead of government efforts.” (Boulton et al., 2022b, p.11)

Despite forecasts that Māori would have double the COVID-19 infection and mortality rates of non-Māori, during the first wave, Māori had remarkably low rates of infection. In May 2020, Māori made up approximately 8% of confirmed cases, far below the 16.5% Māori make up of the national population (Ministry of Health, 2020, cited in McMeeking & Savage, 2020). While the pandemic control measures instituted by the government had a key role to play in this for the entire nation, the Māori response was critical in keeping numbers so low for Māori.

“Macro-level government policies were a prudent enabler of positive outcomes for Māori in March-June 2020 ... However, it was the pivotal work of Iwi and Māori organizations which, on the micro-level provided social and welfare support, disseminated information in a timely and accurate way, and distributed resource to Māori communities in response to

the government mandated lockdown. The Māori response to this uncertain environment was guided by traditional values and principles, the success of which was due in part to Māori self-responsibility and community-centred approaches to public health”. (Devine et al., 2022, p.15)

Māori survival has depended on an ability to protect all individuals within communities. When the threat of the pandemic surfaced, Māori looked after their own, with a range of actions to protect and support communities (outlined in the following pages). Throughout, the wellbeing of kaumātua and vulnerable community members was prioritised (Boulton et al., 2022b; Cook et al., 2020). The health and wellbeing of kaumātua is a priority for iwi, whānau and hapū, as their mana, cultural strength and enrichment depends on the presence, authority and active participation of kaumātua (Cook et al., 2020). Kaupapa Māori research with kaumātua on their experiences of COVID-19, found that despite kaumātua feeling excluded from Government decisions, iwi and whānau-initiated responses promoted a sense of rangatiratanga; “Māori doing it for themselves” (Dawes et al., 2021, p. 532).

The Māori response to COVID-19, which saw such low rates of infection in those early, frightening days, was not created by the threat of the pandemic. Rather, the pandemic response unveiled and accelerated an already existing self-determination social movement within Māori communities (McMeeking et al., 2020).

Protecting communities

The Māori duty to protect runs deep and has been to the benefit of Aotearoa, serving both Māori and non-Māori people, multiple times throughout history (Ngata, 2020). As well as marae opening their doors and serving as civil defence centres for communities after earthquakes, flooding and other disasters, the duty to protect is visible in actions such as Māori fighting in World Wars I and II, caring for and feeding non-Māori during the Great Depression, and Māori gang affiliates offering direct protection for Muslim families to pray safely after the Christchurch massacre, (Ngata, 2020).

In December 2021, when the government introduced the COVID-19 Protection Framework (traffic light system) to replace Alert Levels, there was unanimous opposition from Māori health and Iwi leaders (Russell et al., 2023). The COVID-19 protection framework put Māori at disproportionate risk and put Māori health and Whānau Ora providers under extreme pressure. The government's failure to engage fully with Māori and design the COVID-19 response jointly was a concern that had been echoed repeatedly by Iwi, Māori academics, public health specialists, provider organisations and communities throughout the pandemic period leading up to December 2021 and the Waitangi Tribunal's report (Russell et al., 2023).

In response to the threat posed by the COVID-19 pandemic, Māori responded in a range of ways, closing marae and adapting tikanga, placing rāhui and establishing roadside checkpoints, to protect communities and keep people safe. Rāhui is a part of tikanga and usually refers to a ban, restriction or prohibition from an area. In the context of Covid-19, rāhui occurred at multiple levels, putting in place ritual restrictions or prohibitions to safeguard Māori communities including creating protective boundaries; setting up iwi checkpoints; and supporting the movement to restrict entry into Aotearoa (Pihama & Lipsham, 2020; Reweti et al., 2022).

Identifying threat and adapting tikanga

The resilience of Māori communities is evident in the ability of kaumātua in collaboration with their whānau to adjust and adapt tikanga Māori in response to the threat posed by COVID-19 to communities (Dawes et al., 2021; Rangiwai & Sciascia 2021). In many cases, kaumātua were not only providing the guidance but were also involved in dealing with breaches of any suspension to tikanga laid down by them and those advising government (Cassim & Keelan, 2022).

Marae across Aotearoa developed pandemic plans that adapted their specific tikanga and kawa to the dynamics and challenges that were presented (Cassim & Keelan, 2022). Some hapū and marae committees took the hard step of closing their marae (Cram, 2021), with some divided on how best to proceed with that. As chairperson of a Tairāwhiti marae said:

“COVID was the barrier that stopped us doing what was normal to us ... Rāhui has never been used in a modern context. Never had to put rāhui on ourselves.”

The closure of marae increased the challenges for Māori in responding to COVID-19. Marae are the heart of the community for many, a place to connect with whānau and whakapapa. Marae provide a hub from which to direct, coordinate and manage recovery efforts, and have done so many, many times. Many serve as civil defence and emergency centres, playing a key role in supporting Māori and non-Māori. Following Cyclone Gabrielle, for example, Te Poho o Rawiri marae in Gisborne, which acted as a conduit distributing kai and other essential items to 62 marae in the area, had 1,500 people come through their own doors, and invited staff from a range of agencies to set up on site to meet with people. During the COVID-19 lockdown periods though, those doors remained firmly closed, and communities adapted.

“At level 4 we looked at two bubbles. So, one bubble was our front-line response and another bubble was to be placed at home. The marae pōwhiri process: you can't have those people at the front line without the people that are doing the

dishes in the back. That concept for us is a kaupapa Māori approach and that's our business.” (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022)

As Māori tend to grieve communally, and often have large extended whānau who travel far to attend Tangi as part of their culture, Māori restrictions of 10 people significantly impacted this important grieving process. Time and time again, we have heard of the pain and distress at people not being able to tangi properly. We also hear of adaptations that could have been made to accommodate tangihanga on marae, using the spaces in ways that would not put people at risk of infection. The restrictions “did not have Māori rights at the core, nor did they affirm mana motuhake” (Pihama & Lipsham, 2020, p.96). However, Māori adapted and innovated to ensure that tikanga associated with tangihanga was preserved (Dawes et al., 2021) and kaumātua developed guidance on tangihanga during the lockdown period that subsequently informed government policy (Cassim & Keelan, 2020).

“Kaumātua initially responded with surprise and disbelief, but developed innovative responses to ensure the preservation of tikanga associated with tangihanga. Participants spoke movingly of standing along the hearse’s route and being able to karanga (call) and wiri (tremble with emotion) as the tūpāpaku passed. And although the marae was closed, the tūpāpaku was called into the wāhi tapu (cemetery) where a number of people were present and observing social distance.” (Dawes et al., 2021, p.521)

Innovative practices developed such as online streaming of tangihanga and the fulfilment of tikanga through digital platforms (Pihama & Lipsham, 2020). The role of technologies, social media and videoconferencing tools enabled the practice of Māori cultural protocols around tangihanga in an otherwise isolating situation (Rangiwai & Sciascia 2021).

“It is because of these online tools and spaces that we have been able to bear witness to laments, song and oratory at the highest levels, and in recognition and honouring of our dead – these values and principles of tangihanga in a cultural lens have been maintained despite being physically disconnected and enabled through technologies.” (Rangiwai & Sciascia, 2021, p.8)

Some iwi staunchly disregarded the government directives for tangihanga, using ingenuity to adapt tikanga and keep communities safe. For example, when groups of up to 50 people were allowed to gather under Alert Level 2 conditions in May 2020, Te Whānau a Apanui decided that up to 100 people may attend tangihanga yet set up critical safety protocols including no handshakes, no hongī and no overnight stays or hākari (Wright, 2020), and created spaces where people could gather, be given manaaki parcels of kai, and be admitted to the marae as separate groups.

The broader iwi level responses highlighted that Māori responses were not only deeply rooted in tikanga, but that Māori were proactive in adapting tikanga if necessary (Cassim & Keelan, 2022). The proactive and creative adaptation of tikanga is evident across a range of contexts during the pandemic. It can be seen in the development of the Ngāti Kahungunu meme to replace hongī with the ‘Kahungunu wave’, drawing on Ngāti Kahungunu’s ancestor’s practice of raising his eyebrows (McMeeking & Savage, 2020). And it is evident in the use of tikanga to protect staff at community-based assessment and testing stations for COVID-19. In the latter example, each site was initially blessed, and every morning began with a karakia, ending with a de-robing process to ensure that workers went home safe and well (Davis et al., 2021)

“Uniting with others made it easy to implement tikanga protocols. It also normalised these practices to shape and sustain the way we operated each day. It gave us a sense of togetherness and purpose.” (Davis et al., 2021, p.88)

Roadside checkpoints

Almost 50 roadside checkpoints were established around Aotearoa, in mostly rural locations including Northland, Taranaki, East Coast, Bay of Plenty and Christchurch. These were set up to reduce the risk of spreading COVID-19 and protect Māori communities, particularly kaumātua and those with underlying health conditions (McMeeking & Savage, 2020; Pihama & Lipsham, 2020; Stanley & Bradley, 2021a, 2021b). In doing so, the wellbeing of entire communities was protected, including Māori and non-Māori (Ngata, 2020; Te One & Clifford, 2021). The checkpoints provided an additional layer of protection which can be considered both complimentary to the Government measures restricting movement (Te One & Clifford, 2021), and necessary given the lack of specific consideration of Māori health inequities.

“Arguably, the checkpoints reflected a broad, tacit expectation among many Māori communities that the government either would not or could not provide adequate

protection for the distinctive realities within Māori communities, and therefore it was necessary to take a DIY approach.” (McMeeking & Savage, 2020, p.39)

Checkpoints were also invaluable for communicating information, and thereby contributing to creating a sense of trust, between government agencies and community (Rewi & Hastie, 2021).

“A good flow of communication allowed the community to feel included and informed, supported iwi autonomy and created trust, partnerships and collaboration between surrounding iwi and communities.” (Hapū leader, 2020, in Rewi & Hastie, 2021, p.73).

The roadside checkpoints were developed, resourced and led by Māori, staffed by volunteers, and often operated with co-operation, and at times presence, of NZ Police (Cram, 2020; Pihama & Lipsham, 2020; Stanley & Bradley, 2022b). In Murupara, for example, volunteers working at the checkpoints included small business owners, social workers, forestry workers, labourers, teachers, hospitality workers, retail and emergency service employees, and local gang members (some from rival gangs united against the threat of COVID-19), and there was daily contact with the NZ Police, who could also be called on if needed (Rewi & Hastie, 2021).

Like many, the Murupara checkpoint was set up in dissatisfaction with the local council response. The council was perceived to be moving too slowly and there was lack of information about (or evidence of) a community response plan. This led to Ngāti Manawa iwi and hapū leaders in Murupara to develop their own, placing a rāhui to protect the community, setting up checkpoints on the border of their rohe, and restricting vehicle and human traffic into Murupara. Community support for the rāhui was evident in responses to an online survey, in which 95 per cent of respondents indicated that they felt well informed about the rāhui, and this knowledge increased their sense of safety. It was also evident in the koha given to purchase resources such as road cones, torches and safety equipment for checkpoint volunteers (Rewi & Hastie, 2021).

Checkpoints were aligned with the government response to restrict movement and regulate essential travel, stopping vehicles to question occupants about whether they were complying with restrictions on inter-regional travel (Deckert et al., 2021; McMeeking & Savage, 2020; Te One & Clifford, 2021). The checkpoints could not force changes to travel, but they strongly encouraged travellers to limit their movements and all non-residents of the area to return home (Stanley & Bradley, 2021a). A checkpoint set up at Ngataki, for example, restricting access to Te Hapua and several other small settlements, had a 24-hour, seven-day rota and, as the community

decided at the outset that only those who were there at the beginning of lockdown could (re)enter, turned away any newcomers including whānau (Stanley & Bradley, 2021b). The checkpoints were not easy work, as described by an organiser of checkpoints on the East Coast, Tina Ngata:

“Keeping our communities safe from Covid-19 has not been easy work. Our people have worked through the day and the night, through sun, rain, and 4 am hailstorms to protect our community members, Māori and non-Māori alike. We have diligently monitored and reported back on our data to our communities, councils and Crown, and used that data to forge grounded, relevant solutions. We have faced off against meth dealers and belligerent breachers who refuse to have their activities curtailed. We have been faced with the heartbreak of whānau who have lost a loved one and not been able to grieve or farewell them as we usually do. We have seen distressed parents desperate to get to their children and brutalised partners escaping their abusers. In all of these instances, we have called upon police, health or social services to provide support for those in need. Lockdowns and traffic monitoring are not, as it turns out, as simple as they sound.” (Ngata, 2020)

The checkpoints were challenged by some politicians and media commentators, who saw them as unlawful or illegitimate (Deckert et al., 2021; Ngata, 2020; Stanley & Bradley, 2021a, 2021b). However, following some initial tensions, the checkpoints were eventually all supported by the NZ Police (Fitzmaurice, 2021). The NZ Police Commissioner stated that “with minor exceptions, police were satisfied that the action being taken in these communities was strongly aligned to the controls that the Government had put in place, and community interactions were positive and enhancing community safety” (Stanley & Bradley, 2021a, p.55). The checkpoints were a unique Māori-initiated partnership between the Crown and Māori (Fitzmaurice, 2021). Checkpoint organiser Tina Ngata (2020) noted that while the relationship was not without challenges, NZ Police had fully stepped into their partnership responsibilities.

“For me, it's the closest to the Treaty relationship that I've seen from police in my experience yet, they're taking guidance from the local communities and accepting that we

know our communities best and looking at how we can work together." (Tina Ngata, in Johnsen, 2020).

Interviews with organisers and iwi leaders point to the centrality of tikanga and rangatiratanga in informing the establishment of checkpoints (Fitzmaurice, 2021; Te One & Clifford, 2021). Organisers who were interviewed in one study had no doubt about having the authority to act, with this coming from formal iwi structures, hapū decision-making processes or collectives of whānau (Fitzmaurice, 2021). Described as “tikanga in action” (Fitzmaurice, 2021, p.4), checkpoint organisers were guided by a combination of established tikanga principles (such as whakapapa and kaitiakitanga) and precedents set by ancestors (for example, in response to the 1918 Spanish Flu pandemic). Similarly, coordinators of Northland iwi checkpoints stated that their decision to close off communities was based on their position as kaitiaki, which was supported by iwi rangatiratanga (Te One & Clifford, 2021).

Māori looking after their own as the pandemic unfolds.

As the pandemic has unfolded, Māori have continued to adapt, innovate and proactively make decisions, to look after and protect their own.

When Aotearoa shifted from Level 4 lockdown into alert level 3, the Government lifted restrictions and recommended that early childhood programmes could go back at full capacity. However, Te Kōhanga Reo National Trust made the decision that all kōhanga reo were to remain closed, to continue protection of their communities. In making this decision, a survey by the Trust of Kōhanga Reo whānau found that over a third fell into high-risk groups, and that nearly 80% of those associated with kōhanga reo reported that they did not feel safe to return at alert level 3 (Hurihanganui, 2020). This precautionary approach demonstrates Māori enacting tino rangatiratanga, identifying and managing risk unique to their own communities, independent of Government (Te One & Clifford, 2021).

Māori-led actions continued to protect the community through advocating, promoting and actively supporting COVID-19 vaccinations. The vaccine rollout began in February 2021 with border workers, essential workers, and their families, and those in high-risk groups or settings such as senior residential care facilities. It then continued based on age, disadvantaging Māori, as, with a younger population, fewer Māori were eligible to get the vaccine compared with the general population (Reweti et al., 2022). Māori leaders, service providers and others called for Government to prioritise Māori, particularly those over 50 years, given the disproportionate vulnerability to COVID-19 through risk factors such as diabetes and cardiovascular disease, as well as poorer access to health services (Megget, 2022; Reweti et al., 2022). Research shows that there is significantly lower spatial access to COVID-19 vaccination services for communities with a higher proportion of Māori residents, and

that more than a quarter of Māori live in areas with low access to vaccination services (Whitehead et al., 2022).

The combination of age-based prioritisation for vaccinations, spatial inaccessibility in the vaccine rollout for Māori and individual experiences of racism within the health system, meant that a disproportionate number of Māori were unvaccinated against COVID-19 (Whitehead et al., 2022). Alongside this were other challenges including exposure to misinformation and conflicting advice, and a historic distrust of Government (Pita Tipene, cited in Waitangi Tribunal, 2021).

As the vaccination rollout progressed and the inequities became increasingly evident, calls for increased Māori involvement and leadership grew, with past epidemic experiences serving as a warning of what could happen if such inequities were not corrected (Battles & Sanders, 2022). The calls for prioritisation of Māori were not heeded and “towards the end of October 2021 the coverage gap was clear: 49% of Māori were fully vaccinated compared with 72% of the entire eligible population” (Megget, 2022, p.1). The privileging of a larger non-Māori elderly population predictably resulted in Māori having lower vaccination rates and higher positive cases, hospitalisations and deaths for the Delta variant (Reweti et al., 2022).

An inquiry by the Waitangi Tribunal in December 2021 found that the Government response failed to actively protect Māori and breached Te Tiriti principles of equity and partnership in the pandemic decision-making (Megget, 2022; Russell et al., 2023). The report stated that “the Crown’s failure to jointly design the vaccine sequencing framework breached the Treaty guarantee of tino rangatiratanga, and the principle of partnership” (Waitangi Tribunal, 2021, p.90).

“We emphasise: the deficit-oriented language that Māori are a vulnerable group ignores the fact that it was Cabinet, through its early poor decision-making on the age-based vaccine rollout, that made Māori less protected against COVID-19, and Delta in particular. The vulnerability was created and is sustained by a policy problem, not a problem with those communities.” (Waitangi Tribunal, 2021, p.121).

However, despite the lack of appropriate support from the Government, the commitment of tāngata whenua to supporting Māori was noted by the Waitangi Tribunal. When resources and funding for Māori primary health and social service providers was increased from August 2021, “they were able to achieve impressive results” (Waitangi Tribunal, 2021, p.111). The massive increase in vaccinations (a 54.7% increase between 6 October and 9 December, twice the national increase of 27.1%) indicates that if more Māori had been eligible earlier, and more funding and resource provided earlier, there would likely not have been the initial lag in vaccination rates.

Māori communities worked hard to lift vaccination number, using ingenuity and all kinds of methods to get results. In the East Coast community of Wharehika/Hicks Bay, for example, where there was not easy access to vaccination centres, Te Aroha Kanarahi Trust ran a community fundraiser, using some of the proceeds to buy a van to go door to door to remote whānau to do vaccinations (Angeloni, 2021). The ‘impressive results’ achieved through Māori led and implemented models of care throughout the pandemic were described by senior government officials as ‘innovative’.

“While these may be novel and innovative from the Government’s perspective, they are ‘normal’ models for Māori. Whānau-centred, kanohi ki te kanohi, whakangāhau, whanaungatanga, and mana tangata principles and models are normal practices within Māori society, and the models that we see being implemented by Māori come from these principles.” (Waitangi Tribunal, 2021, p.111)

Mobilising networks and distributing resources.

Through existing Māori networks, many hapu, iwi, marae, and Māori organisations and community groups organised and delivered a phenomenal amount of kai, hygiene and other resources packages to members of the community (Cassim & Keelan, 2022; McMeeking & Savage, 2020; Te One & Clifford, 2021). The Māori-led strategic mobilisation of community-based health and social services to support health and welfare needs of communities started at the earliest initial stages of the pandemic and have continued throughout (Russell et al., 2023).

“In the Level 4 ... within a week it became obvious that we needed to move into food deliveries and provide people with a number of different resources that they didn't have. We closed our office doors but we actually redeployed into the community, the community being my whare.” (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022b)

Iwi leaders acted quickly, drawing on the principles of whanaungatanga, manaakitanga, kaitiakitanga and rangatiratanga, calling on trusted relationships to harness local resources and provide direction to prepare for the management of COVID-19 in their communities (Russell et al., 2023).

“Arguably, distributing resources in this way is an embedded ethic within tikanga Māori, reflected across a range of enduring and pervasive practices, such as gifting mahinga kai

(customary food) to kaumātua after each dive, or weaving resources along whakapapa lines when a wharenuī is built or restored. In our view, these distributional networks enact manaakitanga and reflect an intrinsic obligation on the part of the organisations engaged in distribution to do what they believe is right for the community.” (McMeeking & Savage, 2020, p.38)

There is no official reporting of the exact number and type of resources distributed, however, it was on the largest scale seen in recent history (Te One & Clifford, 2021). Priority was given to vulnerable members of the community, such as the elderly, low-income earners, as well as those who live rurally, or had pre-existing health conditions (Te One & Clifford, 2021).

Community groups sourced, shared and distributed fresh produce, grocery boxes and kai. Many initiatives were supported by Māori and non-Māori businesses, reflecting the embeddedness of Māori and Iwi organisations within a wide network of resources and people within their community (Cram, 2021). Examples of this (drawn largely from Cassim & Keelan, 2022 and Cram, 2021) include:

- Small businesses such as Kohutapu Lodge and Tribal Tours in the Murupara area provided meals.
- Takitimu Fisheries supplied fish to whānau in need.
- Ngāti Porou dairy company distributed milk.
- Bostock’s in Hawkes Bay donated apples to communities; and Brownrigg Agriculture donated onions and squash.
- Eight Ngāti Ranginui bakers in Tauranga Moana combined their efforts in a ‘Rēwana-thon’ and baked over 200 rēwana loaves in 48 hours for kaumātua.
- Community groups partnered with established food providers like HelloFresh and Eat My Lunch to create and distribute kai packs to kaumātua.

“Communities drew on their networks to obtain items for the kai packs, to put them together, to identify those in need and to distribute them. These networks included government departments, iwi authorities, businesses, marae, community organisations, non-governmental organisations and individuals making donations of their own goods and services ... The fact that marae and community-based organisations secured resources was seen as enhancing mana (prestige, authority) and as the most practical solution

for an unprecedented occurrence.” (Cassim & Keelan, 2022, p.4)

As well as kai, other essential items needed by whānau were also sourced and distributed to communities. For example, Piritahi Hau Ora, a marae-based primary health care clinic on Waiheke Island, partnered with Auckland City Council to organise the distribution of solar showers, tarpaulins and other hygiene products to whānau who found themselves homeless during the lockdowns (Cassim & Keelan, 2022). Housing and accommodation were also key essential resources that Māori community groups facilitated and coordinated for those who found themselves homeless during the lockdowns (Cassim & Keelan, 2022).

Financial concerns were exacerbated during lockdown, with increased time at home, loss of jobs and income, and the onset of winter. Many community groups additionally organised financial support for whānau during lockdown (Cassim & Keelan, 2022). Some Iwi, such as Te Ranga Tupua, a collective of 12 Iwi entities and organisations from the South Taranaki, Whanganui, Rangatīkei and Ruapehu regions, were able to support whānau with “direct donations, WINZ green cards, firewood, bond support, transport, and taxi chits, as well as picking up people to do their shopping and linking whānau up with government support agencies” (Boulton et al., 2022b, p.13).

The distribution of resources to whānau was made possible by the rapid mobilisation and leverage of existing networks, to identify where the areas of need were, and to access and distribute resources (McMeeking & Savage, 2020).

“The rapid mobilisation of Māori communities in the face of need is not a new occurrence. Rather, these communities had pre-existing structures and action plans to remedy situations such as a pandemic through strong systems of governance that were already in place.” (Cassim & Keelan, 2020, p.6).

“Networked mobilisation is also a community ‘muscle’ that is regularly exercised.” (McMeeking & Savage, 2020, p.38)

“A key strength of Iwi is its ability at times like this to connect into those community groups where need is greatest.” (Boulton et al., 2022b, p.10)

The networks used to distribute resources to communities were commonly bilateral, with Māori organisations collecting data and insights into Māori community needs, then acting to meet these (McMeeking & Savage, 2020). We have heard that

information collected by Māori was directly relevant to the task at hand, distributing resources and meeting the needs of communities, whereas government agencies were sometimes perceived as collecting the wrong information and neglecting to collect important information about iwi that would directly assist supporting whānau. The work done by Kōkiri Marae Hauora (Kōkiri), which is a large health and social service provider in the Hutt Valley, is just one example of many throughout Aotearoa, of an integrated, relevant and timely response:

“Kōkiri had the infrastructure needed to make initial phone calls to their client lists to assess community need. They utilised their own Māori-specific communication strategy through their Facebook page and website and used their established relationships with Government and non-Government funders to bring support in. Then together with other relevant organisations Kōkiri implemented a local Māori pandemic response that met the needs of whānau in their community.” (Davies et al., 2022, p.8).

Government funding was unlocked to support Māori-led responses. In mid-April, an extra \$15 million was announced for the three Whānau Ora Commissioning Agencies (Agencies). The Agencies then worked with wholesale suppliers to ensure distribution of supplies and support with services to whānau (Cram, 2021). This was complemented by a keen understanding of community needs. Te Pūtahitanga o Te Waipounamu, the Whānau Commissioning Agency formed on behalf of and governed by the nine Iwi of the South Island, ran a whānau survey, reaching over 18,000 people, collecting insights into their needs and aspirations, which formed the basis for their multi-faceted response over the four-week lockdown period (McMeeking et al., 2020). Overall, the Agencies’ response included the distribution of 80,000 hygiene packages to whānau across Aotearoa, over 2,500 grants directly to whānau to support them, and Manaaki Support packages for 7,898 whānau, which included food, data support, and other material means of support via Whānau Ora Navigators (Te One & Clifford, 2021).

Delivering kai and care packages was also an opportunity to assess and provide other support for whānau if needed. When marae were closed in Tairāwhiti, for example, we heard of people going door to door, street by street, delivering kai to whānau. This was not just about delivering kai, but an opportunity to see people’s faces when they came to the door, check out how they were doing and if they were okay. This happened throughout Aotearoa.

“We're also part of the Whānau Ora collective where we were resourced to deliver hygiene packs and those hygiene packs

combined with food packs became the tool for us to manaakitanga but also the tool for us to ensure that our people were okay.” (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022b)

“And as well as delivering kai it was a quick home visit. You guys okay? How you getting on? ... It was a great way to meet families and see what they're going through and the hardship they're facing.” (Brian Matthews, Peer Support Worker, from Ngāti Kahungunu Whānau Services)

Throughout Aotearoa there was strong iwi leadership supporting vulnerable whānau and children in their communities, including addressing family violence and sexual violence (NZ Human Rights Commission, 2020). While international research shows that family violence and sexual violence escalate and intensify during natural disasters and emergencies (New Zealand Family Violence Clearinghouse, 2020), the NZ Human Rights Commission (2020) reported excellent violence prevention work by Kaupapa Māori services, especially in rural areas, where Iwi delivered resources and support to their communities, and reported less family violence and sexual violence cases than usual. Having the local knowledge and networks meant that Māori agencies and services were more able to access and support communities than government agencies.

“Te Rūnanga Ō Kirikiriroa played a vital umbrella role, connecting Māori communities and whānau in need with Māori agencies and the social service community. If this had not been done, many whānau would have been invisible and suffered greater hardship, including whānau affected by violence. Having the ground level knowledge of communities and established networks enabled this support to be provided and highlights the need to ensure grassroots knowledge and networks are valued and adequately funded.” (NZ Human Rights Commission, 2020, p.25)

“We became a key contact for the police in terms of de-escalating family violence incidents and we also had really good close relationships with the moteliers who were providing motels to whānau who often have really challenging behaviours, who have complex issues you know they have addictions - drug, alcohol - and for them that

would have been like, 'whoa what's this about?' But because they trusted us as an organisation we became the mechanism and we hardly had any trouble in any of our motels that we provided wraparound service to.” (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022)

Community communication and networks

From the outset of the COVID-19 pandemic, Iwi and Māori health providers went out of their way to reach and support community members who typically do not receive support (Manuirirangi & Jarman, 2021). This is critically important given that channels and access barriers are recognised as a key contributor to inequity outcomes: “many Māori either cannot access or will not access mainstream services, because of practical barriers, such as inadequate transport, experiential barriers, such as encountering systemic bias, or perceptual barriers, such as that the service ‘doesn’t fit’.” (McMeeking & Savage, 2020, p.38). During the pandemic, existing Māori channels were used and innovative new ones developed to reach Māori and effectively distribute information, build communities and collect insights (McMeeking & Savage, 2020).

Distributing information

Māori networks played a critical role in conveying COVID-19 related information to communities throughout and beyond the lockdown period. For some, this included ensuring they had access to the government public health messages.

“One of the most significant resources that our people did not have was access to those key messages that were being delivered by the Prime Minister, by the Ministry of Health and all of those because they were all being delivered electronically. TV. And our people that are most vulnerable don't have that. So we had to be the messenger. But what we also had to do was they had the right to hear those messages first-hand so we set about working with many different funders to organize extra support to put devices, TVs, internet access into the homes of our most vulnerable.”
(Ali Hamlin-Paenga, Ngāti Kahungunu Whānau Services, 2022b)

Some Māori recognised that Māori specific health messaging was essential to ensure effective and relevant communication of important health information to their

communities (Te One & Clifford, 2021). Existing networks were leveraged and new grassroots ones emerged, for example #protectourwhakapapa (McMeeking & Savage, 2020).

As part of their comprehensive pandemic response Te Ranga Tupua (TRT), the collective of 12 Iwi entities and organizations from the Ruapehu, Rangitikei, Whanganui, and South Taranaki, formed a dedicated communications (comms) team to provide public health information and share data with their communities (Devine et al., 2021). They delivered public health messaging on Ministry of Health guidelines, vaccination, masking, tribal support services, as well as focusing on specific areas of the community who were seen to be most in need of engagement, such as rangatahi Māori. Te reo Māori and Māori worldviews were used to convey public health messages, and online and in person information sessions were held to answer questions and help whānau make informed decisions.

A rangatahi social media takeover campaign involved a series of interactive videos and Facebook live sessions designed and run by rangatahi Māori in the community, including a Q&A session with a trusted Māori clinician who was working at a national level advising the government on its response to Māori and a renowned local tribal leader. The rangatahi team actively engaged with their peers across a range of social media platforms to find out the questions that youth wanted answers for (Devine et al., 2021)

“Experience with both lockdowns illustrates that for public health messaging to be truly effective for Māori, Māori need to drive those messages. Not only are Māori best placed to understand their own context and realities, but they are integral members of their communities, not separate from them. In the absence of culturally relevant public health messaging, our community leadership exercised their right to autonomy and took responsibility for that messaging to protect the well-being of their people.” (Devine et al., 2022, p.19)

“Appropriate, timely, relevant, and useful communication targeted directly to the Iwi/Māori population of the rohe was one of the biggest strengths of the TRT response during the lockdown period ... Iwi knew that their people would trust information that came directly from tribal authorities, rather than government sources. As a consequence, a dedicated Māori communications team was established as a core part

of the Hub. ... Translation of communications also included the need to adjust tone and to situate messages within a te ao Māori perspective. Focus on whānau, rather than the individual.” (Boulton et al., 2022, p.11)

Te Ranga Tupua responses focused on establishing trust, and utilising Māori community connections, expertise and networks, believing that if the information was coming from well-known Māori organisations, then Māori in the community would be more likely to trust and subsequently listen to these public health messages. This proved to be so, with a community survey showing that Iwi and Māori communications in the Whanganui region were the most trusted source of local information during the Alert Level 3 and 4 periods in March to June 2020 (Devine et al., 2022)

“The bit that I loved about the comms was that they would receive it and then they would recreate it into a language that our people could understand, and I am led to believe that there was significant feedback saying, because there was so much confusing information coming out via other media options, that many of our whānau really listened to the comms that came out from our TRT [Te Ranga Tupua] comms group.” (Iwi/Māori organisation member, in Devine et al., 2022, p.9)

“By prioritizing equity, self-determination, and adopting a holistic approach to well-being, TRT have been able to re-frame public health messaging in accordance with our tikanga and notions of Māori public health.” (Devine et al., 2022, p.2)

Supporting community through online innovation

Māori used networks to support and strengthen communities through a range of media and forums, such as online mental health services, social and spiritual initiatives, phone calls checking in on people, and pop-up clinics in smaller rural communities (Manuirirangi & Jarman, 2021).

“Relationships are central to tino rangatiratanga, in that the basis for both affirming and advocating for rangatiratanga is aimed at collective well-being as opposed to individual well-being.” (Te One & Clifford, 2021, p.8)

Māori innovation in building and maintaining connections, sharing knowledge and supporting others across a range of online spaces is evident during the pandemic. Digital platforms provided a way for people to keep busy, to learn different skills, to connect with others or for pleasure and amusement (Waitoki & MacLachlan, 2022). Conferencing and streaming platforms were used by Māori to stay connected, through online zui (Zoom hui) and digital check-ins (Cassim & Keelan, 2022). Online innovations included livestreaming karakia and waiata, tangihanga, research conferences, medical and psychology advice, health messaging, healthy kai and household tips and advice, positive parenting and problem solving rangatahi Māori sessions, cultural workshops, educational resources, and pages dedicated to supporting Māori businesses through the economic downturn (Cram, 2021; Te One & Clifford, 2021). Many Iwi organisations held daily (and evening) faith-based and spiritual wellbeing sessions on Facebook live to provide comfort, connection and familiarity, as well as live online demonstrations of kapa haka and poi, weaving tutorials, Māori weaponry challenge, daily Aka health and fitness sessions, and lessons on how make and play traditional instruments (Waitoki & MacLachlan, 2022).

Digital spaces were used by many in the community to connect socially. Groups of rangatahi Māori created regularly accessible virtual spaces to overcome isolation and support each other through reconnecting and whanaungatanga (Cassim & Keelan, 2022). Some kaumātua were socially active through online platforms such as Facebook, Messenger and Zoom, as well as phone calls, text messaging and safely distanced, ‘over the fence’ conversations with neighbours and whānau (Dawes et al., 2021). Some were supported with the uptake of unfamiliar technologies by younger whānau living in the household or over the phone (Dawes et al., 2021).

Every digital platform showed Māori language use: TikTok, Instagram, Twitter, news media (Māori broadcasting), Facebook, and organised webinars (Waitoki & MacLachlan, 2022).

Looking at online forums through a tikanga lens again highlights the adaptability of tikanga to maintain whanaungatanga (Te One & Clifford, 2021). The online innovations described above enabled Māori to maintain whanaungatanga through the promotion of specifically Māori material.

“Māori online webinar series, the development of te reo Māori (Māori language) support, as well as Māori specific business pages all developed during this period which simultaneously advanced Māori knowledge as it did promote whanaungatanga in absence of physical contact. These can all be considered as actions taken to enhance tino rangatiratanga as they were aimed at essentially promoting

the well-being of Māori communities through sharing Māori knowledge and Māori expertise.” (Te One & Clifford, 2021, p.8)

Key factors in the effectiveness of the Māori-led responses

At the outset of the pandemic, in early March 2020, “most crystal balls would have predicted that Māori would experience disproportionately higher rates of infection and mortality from Covid-19; some commentators were forecasting a mortality rate twice that of non-Māori” (McMeeking & Savage, 2020, p.36). However, in that first wave, Māori had remarkably low rates of infection, and even as numbers rose when the Delta variant entered the country, the Māori response continued to protect and support Māori communities. Throughout the pandemic, and especially during lockdown, Māori communities repeatedly demonstrated innovative means of resilience, through distributed leadership, localised self-determination, and care, empowered by the strength of their connections and relationships. (Carr, 2020; Kukutai et al., 2020; Manuirirangi & Jarman, 2021; Savage et al., 2020).

Our rapid literature review and ongoing conversations with Māori point to some key, consistent features in the Māori responses to the pandemic.

The Māori response was grounded in tikanga Māori and mātauranga Māori.

A tikanga-centred approach meant a focus on the health and wellbeing of the collective, rather than on the individual and the self. Led by values such as mana, manaakitanga, kaitiakitanga, whanaungatanga and rangatiratanga, Māori communities looked out for and took care of each other. Reports also indicate that Māori communities living outside of Aotearoa, in Australia for instance, responded in a similar fashion (Cassim & Keelan, 2022).

“Māori are intentional and proactive in adapting tikanga when necessary, time and time again ... Where circumstances challenge those deeper values, such as the threat to whakapapa posed by Covid-19, it can be expected that Māori will actively evaluate and, if warranted, adapt tikanga.”
(McMeeking & Savage, 2020, p.37)

“... we did what it takes and we still do and we'll continue to do that because that's what Māori providers do. That's what Māori do. Even when you're not in this game, it's kaupapapa Māori, it's tikanga, it's kawa.” (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022)

The Māori response built on established networks and relationships

Māori know their own. Relationships and networks were of key importance throughout the COVID-19 response (Manuirangi & Jarman, 2021). Established community networks, relationships and social capital enabled Māori to gather information and data about whānau health and wellbeing, distribute information, resources and provide care and support. “The critical insight is that Māori networks can and do unlock resources that would otherwise not have been available for community relief” (McMeeking & Savage, 2020, p.38)

The Māori response was agile and adaptive

The speed, scale and purpose of Māori mobilisation should not be surprising. Māori have had much experience of rapid mobilisation, for example, in response to crises and disasters, and within iwi to organise and support tangihanga. Communities being self-reliant and resilient, particularly in the face of government unwillingness or inability to respond to community needs, is part of the colonial legacy (McMeeking et al., 2020).

It's a kaupapa Māori response. We do that. You know? We're agile. We move. We don't need a set of rules to be able to respond. We can adjust our policies really quickly because we only have to ask ourselves. (Ali Hamlin-Paenga, CE, Ngāti Kahungunu Whānau Services, 2022a)

What can we learn from Māori expressions of rangatiratanga me te mana motuhake in the COVID-19 pandemic?

Examples of exercising rangatiratanga were evident throughout the pandemic, directed at protecting and supporting communities, shine a light on how we can go forward in Aotearoa – both to support health and wellbeing outcomes in a future pandemic, and to support wellbeing more generally.

Iwi and Māori communities should be recognised as self-reliant and strong in the face of myriad adversities, not vulnerable.

The inequities in health experienced by Māori, developed through historical and ongoing experiences of colonisation, entrenched racism and economic injustices, paint a deficit picture in statistical terms of illness and death rates, which is frequently portrayed in terms of deficit and vulnerability. However, the Māori response to the pandemic paints another picture, of strong, self-reliant communities, rich in resource, capabilities and tacit knowledge of what is best for their own people and the environment, underpinned by tikanga.

Māori have consistently made efforts to protect their communities and in doing so have considerable experience with social and organisational infrastructure, established networks and relationships, insight into community needs and aspirations, and their own unique way of operating to meet those needs. Within this, there is recognition of and respect for iwi and even hapū diversity.

To recognise and release these strengths, and to uphold its Te Tiriti o Waitangi obligations, Government needs to deliver systemic and structural changes within the health system that mitigate against existing inequities and institutional racism that underpin many Māori disparities in health, and whole of government collaboration with Māori that deals with wider systemic issues such as poverty, housing and wider economic issues that are faced disproportionately by Māori.

Tino rangatiratanga should be recognised, respected, and supported.

The Māori responses to COVID-19 demonstrate numerous ways through which Māori expressed rangatiratanga directed at protecting and supporting local communities, that happened irrespective of the actions being taken by the New Zealand government (Te One & Clifford, 2021). The multidimensional Māori response, with independent decision-making and leadership strength and agency, was far more akin to the sphere of central and local government responsibilities than a community or industry sector response (McMeeking & Savage, 2020).

Importantly, rangatiratanga was not enacted purely in response to COVID-19. Rather, the COVID-19 conditions shine a light on the fact that Māori proactively enact rangatiratanga, protecting and promoting the wellbeing of communities, irrespective of where the need has generated from or what external factors are at play.

The Waitangi Tribunal (2021) posited that the key tension in the pandemic response is that while Māori may wield important influence, ultimately Cabinet makes the decisions. They argue that only the proper recognition and respect of tino rangatiratanga, as manifested through iwi, hapū, and other Māori collectives, can reflect the Treaty partnership, and quote Ko Aotearoa Teenei to this effect:

“On the Crown’s part there must be a willingness to share a substantial measure of responsibility and control with its Treaty partner. In essence, the Crown must share enough control so that Māori own the vision, while at the same time ensuring its own logistical and financial support, and also research expertise, remain central to the effort.” (Waitangi Tribunal, 2021, p.133)

This last point is important to underscore. The Crown has a duty to protect tino rangatiratanga, and to do so, should recognise and honour tino rangatiratanga across

policy and practice, and ensure that Māori have the resource and mandate to enable rangatiratanga to be enacted.

Opportunities to build true partnership abound, but the Crown and its representatives will need to trust and be trustworthy in their approaches.

Māori have the knowledge, capability and resources that government needs, but are unable to access without partnering with Māori (McMeeking & Savage, 2020). Throughout the pandemic, there have been examples of partnership. The roadside checkpoints, for example, were a unique example of Crown-Māori partnership initiated by Māori. “Although this was unique set of circumstances, it illustrates that Crown-Māori partnerships do not have to be dictated by the state, and perhaps provides a blueprint for more equitable power-sharing arrangements in future” (Fitzmaurice, 2021, p.5).

“The interconnected and reciprocal relationships between tino rangatiratanga and wellbeing can be seen during the Covid-19 response, where the cultural values and practices, as well as the capacity of Māori people, contribute to the enacting of tino rangatiratanga, in turn, protected and promoted the wellbeing for all New Zealanders.” (Te One & Clifford, 2021, p.4)

Trust and equity lie at the heart of partnership – one positive outcome of the COVID-19 pandemic may be the light it has shed on how partnership can work, in practice. As in this paper, the pandemic has highlighted that Māori responses have been flexible, practical, and effective:

“The Māori response to COVID-19 may edge us closer to a tipping point in our national discourse in which Māori self-determination is recognised not only as a constitutional imperative but also as a demonstrated, evidenced pathway to achieve desirable social outcomes.” (McMeeking et al., 2020, p.396)

To support health and wellbeing outcomes, Government must avoid using a ‘one size fits all’ model and ensure that specific Māori needs are addressed. The most certain way to do this is to partner with Māori, listen to Māori, and support Māori to do what they know is right.

“Trust us. We know how to care for our people.” (Tairāwhiti marae chairperson)

High quality research and data will support iwi and Māori responses, and will help build the trust needed for partnership.

There is a need for investment from central and local governments in high quality, relevant research and data across the COVID-19 response, to provide insight into understanding the experiences of Māori, monitor the effectiveness of the health system’s performance for whānau Māori, and provide support for Māori communities to plan for their immediate and future responses (Russell et al., 2023). Māori largely relied on their own local intelligence networks and collective knowledge of kin relations, but the lack of complete data reporting makes it challenging for Māori organisations and providers to understand how COVID-19 is affecting their communities and help guide responses (Cormack & Kukutai, 2021).

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Appendix 1. He Ara Oranga wellbeing outcomes framework



He Ara Oranga wellbeing outcomes framework

Our Vision: "Tū tangata mauri ora, thriving together."

This will be achieved when tāngata / people, whānau / families and hapori / communities in Aotearoa experience...

Wellbeing from a te ao Māori perspective:

Tino rangatiratanga me te mana motuhake

Legal, human, cultural, and other rights of whānau are protected, privileged, and actioned.

Rights are in line with Te Tiriti o Waitangi and te ao Māori, which includes application of tikanga tuku iho.

Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways.

Upholding whānau rights is recognised as beneficial to Aotearoa.

Whakaora, whakatipu kia manawaroa

Whānau are culturally strong and proud – whānau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.

Māori express connection through awahi mai, awahi atu and the use of te reo me ōna tikanga every day – starting from infancy.

The beauty of Māori culture is celebrated and shared by all people in Aotearoa and globally.

Whakapuāwaitanga me te pae ora

Thriving whānau and equitable wellbeing is the norm.

Whānau have the resources needed to thrive across the course of their lives – especially mokopuna, who are unique taonga.

Whānau needs are met, and unfair and unjust differences are eliminated.

Whānau live in a state of wai ora, mauri ora, and whānau ora, which enables pae ora.

Whanaungatanga me te arohatanga

Whānau flourish in environments of arohatanga and manaaki.

Kaupapa and whakapapa whānau collectively flourish intergenerationally.

The active expression of strengths-based whakawhanaungatanga supports positive attachment and belonging.

Kotahitanga is realised.

Wairuatanga me te manawaroa

The mauri and wairua of whānau are ever-increasing, intergenerationally.

While whānau are already resilient, whānau skills, capabilities, and strengths continue to grow.

Taonga Māori are revitalised and nurtured – the unique relationship and spiritual connection Māori have to te taiao, whenua, whakapapa, and whānau is actively protected, enhanced, and strengthened.

Tūmanako me te ngākaupai

Whānau are hopeful.

Whānau feel positive about self-defined future goals and aspirations.

Whānau have the resources and capacity needed to determine and action preferred futures.

Wellbeing from a shared perspective:

Being safe and nurtured

People have nurturing relationships that are bound by kindness, respect, and aroha (love and compassion).

People of all ages have a sense of belonging in families and / or social groups. Where people experience disconnection, reconnecting or forming new positive connections is possible.

People feel safe, secure, and are free from harm and trauma.

People live in, learn in, work in, and visit safe and inclusive places.

Having what is needed

People, families, and communities have the resources needed to flourish.

This includes (among other things) enough money, financial security, access to healthy food, healthy and stable homes, safe physical activity, lifelong learning, creative outlets and time for leisure, including play for children.

People have the support and resources needed to maintain their health across their life course, and experience equity of health.

All people live in communities and environments that enable health and wellbeing.

Having one's rights and dignity fully realised

All people have their rights fully realised and are treated with dignity.

People can fully participate in their communities and broader society, and live free from all forms of racism, stigma, and discrimination.

Rights framed by Te Tiriti o Waitangi, other New Zealand law, and international commitments are fully met.

The negative impacts of colonisation and historic breaches of rights are recognised and addressed.

Healing, growth and being resilient

People and families experience emotional wellbeing.

This includes having the skills, resources, and support needed to navigate life transitions, challenges, and distress in ways that sustain wellbeing and resilience.

People and families can experience and manage a range of emotions – celebrating each other's strengths and practising empathy and compassion – personal and collective.

Where adversity or trauma occurs, people experience support and belief in their capacity to heal and grow.

Being connected and valued

All people are valued for who they are and are free to express their unique identities.

People are connected to communities in ways that feel purposeful and respectful. People are meaningfully connected to their culture, language, beliefs, religion and / or spirituality, and can express important cultural values and norms.

People experience connection to the natural world and exercise guardianship of the environment.

Having hope and purpose

People, families, and communities have a sense of purpose and are hopeful about the future.

There is respect for people's voices, perspectives, and opinions.

People make self-determined decisions about the future and have the resources needed to pursue goals, dreams, and aspirations.

Communities of belonging make their own choices, have resources, and are trusted to develop solutions for themselves.

The 'shared perspective of wellbeing' and 'te ao Māori perspective of wellbeing' should not be read as direct translations. They represent related concepts of wellbeing from different worldviews. The 'shared perspective of wellbeing' may also apply to Māori.

Appendix 2: Methodology

The overall aim of this research project was to gain insights and understanding of expressions of tino rangatiratanga me te mana motuhake, during the COVID-19 pandemic in Aotearoa. Expressing rangatiratanga is understood to be a contributor to good wellbeing for Māori, irrespective of the health and other wellbeing outcomes that result.

To understand the expressions of rangatiratanga during the pandemic the following questions were addressed:

- How was tino rangatiratanga expressed during the COVID-19 pandemic?
- What were the challenges and strengths in relation to expressions of tino rangatiratanga during the pandemic?
- What can we learn from expressions of tino rangatiratanga (before and during the pandemic) to help support wellbeing?

The methodology involved a rapid literature review and consultation with key informants to test out findings. The rapid review was undertaken to identify and review research literature that was relevant to the questions being addressed in this project and could thereby contribute to the development of evidence-informed actionable insights. The rapid review was conducted over a three-month period (February 2023 to April 2023) using the following methods.

1. Literature searching and selection

Literature was selected using the following inclusion criteria:

- Relevant to tino rangatiratanga AND
- A focus on the impact of the COVID-19 pandemic in regard to Māori wellbeing AND
- Evidence based studies, reports, briefing papers

A comprehensive search was conducted of electronic databases: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to January 27, 2023>, adapted for PsycInfo, Scopus, Index New Zealand, NZ Research. The websites Google and Google Scholar were also searched.

Search strategy: Searches were conducted using combinations of the following keywords: ("2019-ncov" or "ncov19" or "ncov-19" or "2019-novel CoV" or "sars-cov2" or "sars-cov-2" or "sarscov2" or "sarscov-2" or "Sars-cORonavirus2" or "Sars-cORonavirus-2" or "SARS-like cORonavirus*" or "cORonavirus-19" or "covid19" or "covid-19" or "covid 2019" or "novel coronavirus" or omicron or pandemic); maori; (iwi or hapu or "tino

rangatiratanga” or “mana Motuhake”); marae; manaakitanga; tikanga, matauranga, tamariki; mokopuna; kaumatua.

The electronic searches produced 66 results. The search was inclusive of grey literature, with unpublished studies and reports also captured through the electronic search processes. In addition, a form of snowballing took place, whereby further references were identified from reference lists and searched for.

2. Screening, mapping and coding

Following the searches, the abstracts were screened according to the selection criteria. The full text of any potentially relevant papers were then retrieved for closer examination. Following screening, 46 items from Aotearoa were included in the review: 30 journal articles and 16 other reports, briefings etc.

The papers were collated in a comprehensive Excel database, which included mapping information such as title, author, date, type of document (journal article, briefing paper etc), methods used in the study, sample description and keywords.

3. Data analysis

A thematic analysis was undertaken which involved a) generating initial codes into a coding framework, by identifying recurring factors, b) recording data (text from the papers) to each code, c) collating codes into potential themes, and d) reviewing and refining themes through iterative analysis.

While the methodology involved a thorough search and analysis, there were several limitations. The searches were limited to documents available in the English language, published since 2015. While the search process followed a well-defined, structured process there may be relevant documents that have been missed or were not available in the period these were collected.

4. Checking with key informants

A critical component of the process was checking the findings of the literature review with key informants to ensure that these resonated with experiences of Māori communities, and to further gain insights to ground the report in lived experience.

5. Report writing

The final stage of the analysis involved writing up the themes into a report. Selected quotations from literature, online sources and conversations with key informants were provided to illustrate the themes and ensure the analysis remains grounded in the words and experiences of people, those who advocate for them and researchers who undertook the studies. The quotes provided in the report are therefore intended to be illustrative, rather than representative.

This report was researched and written by Dr Mary Ann Powell, with support and consultation from Ngā Ringa Raupā, Te Hiringa Mahara Māori roopū. It was considered by Ngā Ringa Raupā that, given this report draws on existing research and literature, it was appropriate for Tauwiwi to write this insights paper.

This report was peer reviewed by external academics, Dr Annie Te One (Te Ātiawa, Ngāti Mutunga) and Dr Carrie Clifford (Waitaha, Kāti Māmoe, Kāi Tahu). We thank both Annie and Carrie for their time, generosity, and wisdom.