

TE PAE HERENGA O TĀMAKI

COVID-19 RESPONSE WORKFORCE DEVELOPMENT CASE STUDY

MARCH 2022



AT A GLANCE

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

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

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

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

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

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

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

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

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

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



Rangatahi kaimahi/volunteers