



A Kaupapa Māori Approach to Workforce Development: Lessons from the Whānau Ora Commissioning Agency's COVID- 19 Response

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Abstract

The COVID-19 pandemic has had a profound impact on *Aotearoa* (New Zealand), with *whānau Māori* (Māori families) particularly hard hit. In order to meet the challenges posed by COVID-19, the Whānau Ora Commissioning Agency (<https://whanauora.nz>) used a *kaupapa Māori* (Māori way of doing) approach to workforce development. This involved applying core Māori values like *whanaungatanga* (relationship building) and *manaakitanga* (care and respect) to mobilise, develop and sustain the workforce. Using a

kaupapa Māori approach also ensured that the workforce had the necessary skills and knowledge to be effective in their roles, and that they were able to work in a way to successfully meet the challenges posed by COVID-19. Two case studies are provided as examples of how this was achieved in practice. The challenges, opportunities and lessons learned from implementing a kaupapa Māori approach to workforce development during the COVID-19 pandemic are then discussed, along with the implications of using such an approach for workforce development more broadly. To conclude, suggestions are made for how this kaupapa Māori approach could be supported in the future.

Keywords: COVID-19, kaupapa Māori, workforce development, tikanga Māori, whānau-centred, whānau ora.

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Introduction

This article explores how a kaupapa Māori approach was used to inform the mobilisation of the Whānau Ora Commissioning Agency (WOCA) COVID-19 response workforce. Two case studies demonstrate how this was achieved in practice, as well as lessons learned. WOCA was responsible for commissioning and funding Whānau Ora services in the North Island during this time. The COVID-19 pandemic impacted *whānau Maori* (Māori families) particularly hard (Davies & Hopkirk, 2020). Apart from the immediate health impacts and the pressure these created for the health system, the pandemic also exposed and exacerbated high levels of social need in Māori communities. It underscored the limitations of the ‘one size fits all’ response from mainstream health and social service providers, and demonstrated the strengths of *kaupapa Māori* (philosophy) based organisations who were able to develop innovative, locally-led solutions to respond to community needs. In particular, the pandemic highlighted the importance of having a workforce that was able to respond quickly, effectively, in a culturally safe way, to meet the needs of whānau.

To meet the challenges posed by COVID-19, WOCA used a kaupapa Māori approach to workforce development. This meant the mobilisation, development, and sustenance of the workforce during a time of high stress was embedded in key Māori values, processes and beliefs, helping to facilitate the success of the response. While this kaupapa Māori approach encompassed a number of key Māori values, this article particularly concentrates on the importance of *whanaungatanga* (relationship building) and *manaakitanga* (care and respect) activating and engaging those working on the frontline of the COVID-19 response. Using a

kaupapa Māori approach also ensured that the workforce had the necessary skills and knowledge to be effective in their roles, and to successfully meet the challenges posed by COVID-19. Kaupapa Māori also informed the way the WOCA COVID-19 response workforce was recruited, trained and deployed. The first case study provides an example of how *rangatahi* (young people) were supported and developed as a workforce to gain new skills and knowledge, and how these were put into practice in a safe and nurturing environment. The second case study looks at the Whānau Ora Diploma a kaupapa Māori based professional development qualification - as a key component of WOCA's workforce development strategy. Components of the qualification provided *Kaiarahi* (Whānau Ora Navigators) and other frontline kaimahi with the necessary skills and knowledge that would prove pivotal during the COVID-19 pandemic. The challenges, opportunities and lessons learned from implementing a kaupapa Māori approach to workforce development during the COVID-19 pandemic are also discussed. To conclude, the implications of using a kaupapa Māori approach for workforce development are more broadly considered and suggestions are made for how this approach could be supported in the future.

Background

Kaupapa Māori Workforce Development

The term '*kaupapa Māori*' refers to a set of values, beliefs and processes that are rooted in the distinctive Māori world view (Smith, 2015). Kaupapa Māori practice is based on principles like whanaungatanga, manaakitanga and taking a holistic approach to health and wellbeing. Kaupapa Māori also acknowledges the centrality of Māori values to help inform, guide and shape practice. Kaupapa Māori approaches have been found to be effective in a range of contexts including health, education and workforce development (Bishop, 2010; Haar & Brougham, 2011; Smith, 2015).

Here kaupapa Māori workforce development refers to mobilising people and resources to meet current and future workforce needs in ways that are underpinned by Māori values. That also involves the development of a skilled, competent and culturally safe workforce who are able to effectively respond to identified needs. This is

done through providing training, career pathways, employment options and other opportunities for Māori to gain relevant skills, knowledge and experience. Kaupapa Māori workforce development also requires organisations to ensure that the needs of *whānau* (family), *hapū* (sub-tribes) and *iwi* (tribes) are at the heart of all decisions, actions and outcomes.

Whānau Ora is a kaupapa Māori, 'by Māori, for Māori' ideology in practice, where whānau wellbeing is recognised as the keystone for improving Māori health and wellbeing outcomes. Although Whānau Ora became part of government policy in November 2002, it was not until 2010 that a whānau-based framework was produced that aimed for 'best outcomes for Māori.' An important aim of the framework is that *ngā kaupapa tuku iho* (Māori values, beliefs, obligations and responsibilities) be available to guide whānau and that whānau be able to participate confidently in *te ao Māori* (the Māori world).

Whānau Ora policy is delivered via a commissioning model, with commissioning agencies contracted by the Government to invest directly into their communities. This funding model ensures that funding decisions are informed by communities and allows for flexible, innovative approaches to meet whānau needs (Gifford et al., 2018). WOCA is one of three commissioning agencies which deliver Whānau Ora outcomes by purchasing services from a range of Māori health and social service providers or 'partners', covering communities in *Te Ika-a-Māui*, the North Island of Aotearoa. The WOCA approach has involved a paradigm shift from a deficit-based funding model to a strengths-based whānau capability development model. Key to this shift has been investment in developing and training a workforce that can deliver the services on which Whānau Ora depends. The arrival of COVID-19 has highlighted even further the importance of nurturing a workforce that is connected to the communities they serve.

The COVID-19 Pandemic in Aotearoa

The New Zealand Government's response to the first phase of the pandemic focussed on an elimination strategy. International borders were closed in March 2020, and the Government introduced a COVID-19 Alert Level System

where social and economic activity was restricted depending on the levels of COVID-19 infection in the community. The lockdowns, as Alert Levels 3 and 4 of the Alert Level System were known, combined with a strict border quarantine system for returning citizens, protected the country from widespread infection in 2020 and most of 2021 (Pihama & Lipsham, 2020). However, the arrival of the more infectious Delta and Omicron variants from late 2021 and early 2022, combined with increasing economic and social pressures, led the Government to shift away from an elimination strategy, to one of mitigation (Waitangi Tribunal, 2021). The Alert Level System was replaced with the Traffic Light System, where the level of response depends on the level of strain upon the health system. This response depends on high rates of vaccination, the widespread use of Rapid Antigen Tests (RATs), and an emphasis on personal hygienic measures such as mask wearing and self-quarantine to prevent the health system from becoming overloaded. This shift has had major implications for WOCA and its partners, as they serve communities who are most at risk from COVID-19 infection, but who are also most disengaged from the mainstream health system (WOCA, 2022a). As of 16 March 2022, Māori accounted for 20% of all COVID-19 infections and 27% of all COVID-19 deaths, whereas Māori comprise about 17% of the total population (WOCA, 2022b).

While the New Zealand Government's actions in combating the pandemic initially had the support of most New Zealanders, Māori leaders and public health experts expressed concern at the monocultural nature of the pandemic response (Pihama & Lipsham, 2020; Dawes et al., 2021). The Ministry of Health did not take steps to discuss with *iwi* or Māori service providers about how to specifically engage with and protect Māori communities, despite the advice it received from Māori and Pacific commentators highlighting that their communities would be particularly at risk (Pihama & Lipsham, 2020; Waitoki & McLachlan, 2022). Initially, there was little in the way of communication or acknowledgment from the Government that Māori communities might have particular needs (Waitoki & McLachlan, 2022; WOCA, 2022a). The lack of consideration given to the specific needs and vulnerabilities of

Māori communities also extended to the planning and delivery of the COVID-19 vaccine rollout (Pihama & Lipsham, 2020). The vaccine rollout was identified as a crucial element in Aotearoa's response to COVID-19 and given the health inequities that have been identified as a feature of the mainstream health system, a 'by Māori for Māori' vaccine response was regarded by WOCA as essential to the overall success of the COVID-19 vaccine programme (WOCA, 2022a). WOCA proposed the delivery of a Māori-focused vaccination programme from as early as February 2021 (WOCA, 2022a). However, their offer was refused by the Government, and the vaccination rollout was instead planned and coordinated by the mainstream health system's District Health Boards, with limited consultation from local Māori health providers (Waitangi Tribunal, 2021). The rollout of the vaccine to the general population was organised by age group, beginning in late July 2021 for those aged over 65 years. This strategy was criticised as being fundamentally inequitable (Waitangi Tribunal, 2021). Among the key arguments against the strategy was that Māori are a structurally young population, and as such, a larger proportion of Māori would be unable to access the vaccine until much later in the rollout (Whitehead et al., 2022). Not only are Māori a structurally younger population, they are more likely to experience health conditions 10-20 years earlier than other New Zealanders (Ministry of Health, 2011). The severity of COVID-19 is also greater among those with underlying health conditions, such as cardiovascular and pulmonary disease (Wang et al., 2020). These factors reflect the fundamentally inequitable rollout that placed Māori at a significant disadvantage when accessing the vaccine (Waitangi Tribunal, 2021; WOCA, 2022b).

However, with the outbreak of the Delta variant of COVID-19 in Aotearoa in August 2021, the need to get the population vaccinated as quickly as possible became paramount. The Government rapidly changed tack and began funding WOCA and its partners to plan and deliver a targeted vaccine response (WOCA, 2022a). This included the opening of drive-through centres, and a 'no-barriers approach', enabling whānau to access vaccination services without the need for prior appointments, and regardless of their age cohort

(WOCA, 2022a). The efforts of Māori providers in delivering an effective community-based vaccination rollout were a major driver in the increase in vaccination rates within Māori communities from late 2021 (WOCA, 2022b).

WOCA and its partners stepped up to meet the needs of their communities, despite being largely ignored by the Government throughout much of the pandemic. WOCA was able to rapidly mobilise a workforce to carry out the myriad tasks associated with operationalising the pandemic response. This involved redeploying and retraining existing kaimahi to undertake new roles and recruiting new kaimahi. The response depended upon the contributions of local people who knew their communities and who were trusted by whānau.

Building an indigenous health and social care workforce

Indigenous health and social care workforce development is recognised as one of the key ways to address indigenous health and social inequities (Ratima et al., 2007; Curtis et al., 2012; Curtis and Reid, 2013; Curtis, 2016). According to Curtis et al. (2012), "under-representation of indigenous peoples within health professions reduces the potential of the health sector to provide a diverse, capable and culturally appropriate workforce that meets the needs of indigenous communities" (p. 2). In Aotearoa, Māori constitute about 17% of the population, but only 7.5% of midwives, 6.3% of nurses and 3.1% of medical practitioners (Ministry of Health, 2018). This imbalance is even more acute given that a higher proportion of the Māori population compared to the non-Māori population have complex health needs that require engagement with the health system (Russell & Stace, 2013; Crengle et al., 2022). The Māori healthcare workforce shortage in Aotearoa is a critical barrier to ensuring that Māori receive appropriate, culturally competent care that encourages and maintains engagement with the healthcare system (Heke et al., 2019; Nuku & Came, 2022). This challenge has been met with a number of initiatives aimed at increasing recruitment and retention of Māori health and social care workers, including a \$76 million investment to help grow the health workforce for Māori and Pacific communities, announced in the New Zealand Government's Budget 2022

(Beehive, 2022). This investment is intended to build upon the success in mobilising workforces to respond to the needs of these communities during COVID-19 and translate this success into sustainable increases in the Māori and Pacific health workforces.

Researchers looking at strategies to build the indigenous health and social care workforce have developed the concept of an integrated workforce development ‘pipeline’ to characterise the process by which people successfully progress through secondary and tertiary education and acquire the skills needed to enter the health and social care workforce (Ratima et al., 2007; Curtis et al., 2012; Curtis, 2016). There are a number of factors that help to facilitate the indigenous workforce development pipeline. These include opportunities for indigenous students to have exposure to indigenous role models within the workforce; providing health and social care work experience for students; involving community groups and organisations in recruitment activities; providing appropriate opportunities for existing health and social care workers to participate in professional development; ensuring that spirituality, cultural values and indigenous perspectives are acknowledged and incorporated into health and social care training programmes (Curtis et al., 2012).

These factors that contribute to the development of an indigenous pipeline were amply demonstrated in the successful mobilisation of the WOCA COVID-19 workforce. The WOCA approach depended on several key elements: a compelling vision and kaupapa; tikanga-based leadership; opportunities for practical experience; decentralised leadership; rapid innovation; and goodwill from the wider community. The following case studies provide examples of how these elements were put into practice in the development of the WOCA COVID-19 workforce.

Case Studies

Rangatahi Workforce

WOCA's kaupapa Māori approach to workforce development emphasises the importance of developing strong relationships within the workplace (whanaungatanga) and supporting

employees to reach their full potential through manaakitanga. Rangatahi are central to the success of this approach, as they are the future leaders of our workforce. COVID-19 provided WOCA with an opportunity to develop rangatahi within the Whānau Ora workforce using a wrap-around, mana-enhancing, strengths-based and whānau-centred approach. Through ongoing lockdowns and school closures in August 2021, many rangatahi began coming into *mahi* (work) with whānau to *āwhina* (support) the WOCA Delta response (Wai Rangahau, 2022). WOCA identified that a workplace opportunity for rangatahi premised on whanaungatanga could be transformational in their formative years and deepen their connection to their *hapori* (community) and identity (Greaves et al., 2021). This foundation of whanaungatanga set the scene for the rangatahi workforce development journeys; rangatahi were not just a part of a workplace, but a whānau. WOCA's development of their rangatahi workforce exemplifies what Ratima et al. (2007) and Curtis et al. (2012) discuss as an indigenous workforce development ‘pipeline’. Through WOCA's COVID-19 response rangatahi were provided with opportunities to gain work experience within a kaupapa Māori organisation and hapori, witness indigenous leaders and role-models in action, have their identity affirmed as Māori, and learn in a space that ensured their spiritual and cultural values. Indigenous perspectives were fundamental to their work and development.

In their development as kaimahi, rangatahi were provided with wraparound and all-encompassing support and services through manaakitanga and whanaungatanga (Wai Rangahau, 2022). WOCA provided a safe and nurturing whānau environment for rangatahi to grow, develop and flourish. Team leaders ensured that rangatahi could maintain a balance with other commitments such as *kura* (school) and ensured their mahi aligned with their future aspirations (Awa Associates, 2022). These protective measures were used to ensure the rangatahi workforce remained engaged and supported within their *mahi whānau* (work family).

Relationships were at the centre of the rangatahi workforce development. Traditional *tuakana-teina* (older sibling-younger sibling) models of working enabled rangatahi to develop their skills and

discover their strengths. Existing WOCA kaimahi provided leadership and guidance for rangatahi and supported them in their clinical learning and work experience. Rangatahi kaimahi involved in the COVID-19 response at Kōkiri Marae Hauora shared the value of being in a team guided by *aroha* (love).

I believe we are a very tight team and even through Covid it's just got more solid, the solidarity, the aroha (love) is there. It's been an amazing experience although a sad *kaupapa* (purpose) but it's been a really neat experience for us as a *rōpū* (group) of kaimahi, I would do it again in a heartbeat, *awhi mai, awhi atu* (when we show care to others, they will return that care to us) (Davies et al., 2022, p. 7).

Affirmation of Māori identity was foundational to the rangatahi workforce development. Rangatahi were valued and celebrated for their cultural identity, *whakapapa* (genealogy), and *mana* (spiritual power and prestige), which proved important both for their workforce development and wellbeing (Awa Associates, 2022). Embeddedness, affirmation and confidence in spiritual and cultural identity is a vital aspect of positive wellbeing for rangatahi (Kingi et al., 2014; Fox et al., 2018; McDonald et al., 2021). *Tikanga and te ao Māori* (worldview) underpinned the learning and working environments, creating a cultural connectedness for both rangatahi and the communities in which they were engaged. Connection to their Māori identity and to their communities was cemented for rangatahi through their contribution to WOCA's Delta response and helped to create and sustain the emerging workforce.

Rangatahi were trained as vaccinators and testers, they assisted with vaccination and testing logistics, learnt to use complex CIR systems, prepared *kai* (food) and hygiene packs, and provided *whakamhānauanga* (relationship building) to whānau engaging with WOCA services (Wai Rangahau, 2022). WOCA also used their technological and social media skills to assist with frontline innovation, extending social media reach and increasing the efficiency of frontline processes (Wai Rangahau, 2022). Rangatahi reached their peers through Tik Tok, Instagram and Facebook, encouraging vaccination and role-modelling leadership in their local hapori. They were provided with an opportunity to gain

experience, as well as discover their own passions and strengths within the workplace (Awa Associates, 2022).

Through the development of the rangatahi workforce, and recognition of the lower rangatahi vaccination rates across the motu (island), WOCA partners implemented rangatahi vaccination drives. These were by rangatahi, for rangatahi events, that saw the rangatahi workforce vaccinating and supporting their peers (Awa Associates, 2022).

Not only did the rangatahi workforce contribute to the vaccination of Māori communities, they also supported initiatives to reach non-Māori within their hapori. As of 23 May 2022, WOCA had delivered a total of 844,214 vaccinations, 71.4% of which were to non-Māori (WOCA, 2022b). Embedding rangatahi within Whānau Ora workplaces provided opportunities for rangatahi to 'give back' to their communities and has highlighted the benefits for rangatahi across a range of learning and health initiatives and has shown that what works for Māori whānau works for all whānau across the motu.

Relationships between rangatahi and hapori were deepened through their development as a workforce (Davies et al., 2022). Rangatahi spoke of the mahi as rewarding and empowering as they contributed to positive health outcomes in their hapori: "Working within your community is a different type of fun and heartfelt. It feels good to know you contributed to high vaccination rates in your community" (Wai Rangahau, 2022, p. 2). Engagement with whānau and the wider hapori offered invaluable learning experiences for rangatahi as they upskilled in their roles and built stronger relationships with whānau. The mahi also gave rangatahi the opportunity to generate an income for themselves and for their whānau (Wai Rangahau, 2022).

Through kaupapa Māori workforce development, rangatahi were presented with an opportunity to gain skills and work readiness, and develop careers. Rangatahi, involved in WOCA's response, noted that the work opportunity ignited aspirations and ideas for the careers they want to undertake into the future.

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 para.medic. Like, I like being in the community and I've been talking to the nurses there at the vac 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 (Awa Associates, 2022, p. 3).

Gaining hands-on experience and directly working with whānau and the community was a significant contributor to another rangatahi and their thinking around their future career:

I think what I really learnt during the time, that time, was that I wanted to work in the community. Like I really enjoy helping whānau out. And I like being hands-on. Hands-on mahi. That's what I enjoy as well. So I'm still trying to work out what the mahi is, but now I know the type of work I enjoy. So it was a big help coming to work here (Awa Associates, 2022, p. 28).

This case study highlights how, through kaupapa Māori workforce development approaches, rangatahi were able to upskill, discover their passions and build aspirations for their future. Being able to gain skills and work experience, in an environment that was culturally safe and nurturing, allowed rangatahi to see themselves in a variety of future roles. Rangatahi who had not previously considered working in the health sector were inspired to explore the possibility of a career in this field. Rangatahi also brought with them a range of existing skills and knowledge, such as navigation of social media spaces and ability to relate to other rangatahi, which contributed to the success of WOCA's vaccination rollout. These skills were used as part of the WOCA COVID-19 response. Rangatahi involved in the WOCA vaccination rollout also spoke of how their mahi contributed to a sense of pride and achievement, both individually and for their whānau.

Whānau Ora Diploma

The kaupapa Māori approaches to workforce development that were successful in onboarding and sustaining the rangatahi workforce are exemplified within the kaupapa of the Whānau Ora Diploma. Existing kaimahi who had completed the Diploma were well placed as role models for rangatahi, exemplifying the kaupapa of Whānau Ora: Our kaupapa is Māori driven,

Māori foundations, grown from us Māori, [and] that we are working with Māori to implement (Wai-Research, 2020, p.1).

The Whānau Ora Diploma's curriculum is kaupapa Māori-based and focuses on workforce competencies required for Kaiārahi and other frontline staff working within the Whānau Ora delivery model. This includes core competencies such as:

Working in a whānau-centred way ("a culturally grounded, holistic approach focused on improving the wellbeing of whānau and addressing individual needs within a whānau context" (Te Puni Kōkiri, 2015))

- Applying a strengths-based and solution-focused approach
- Case management
- Working across sectors
- Developing whānau action plans
- Conducting whānau assessments
- Navigating whānau to services
- Monitoring and evaluating progress against whānau action plans

The Diploma is delivered in a blended learning format, with online and face-to-face teaching and learning. It helps to build a stronger, more cohesive workforce by providing a national platform for the sharing of knowledge and ideas, as well as for networking and collaboration. The Diploma is part of WOCA's workforce development strategy which provides opportunities for current Whānau Ora staff to upskill and develop their careers within the sector; grow the pool of potential new entrants to the sector, and; support Whānau Ora providers to build their organisational capacity and *kele* (basket) of skills in working with whānau.

The Diploma has played a pivotal role in supporting WOCA to develop and maintain a skilled and knowledgeable Kaiārahi and kaimahi workforce that is able to deliver in a Whānau Ora way. The Diploma has been transformational for many students, both personally and professionally. For one student, Whānau Ora is a way of life that encompasses all aspects of wellbeing, from physical and mental health, to having access to the resources and services whānau need to thrive:

I believe we're born into Whānau Ora. It's Māori. That's what we do. It's a lifestyle. Whānau Ora means to me wellbeing, health, having access to all things that whānau need in their home... We live together, we breathe together, and we mahi together (Wai-Research, 2020, p.5).

For the following student, the Diploma has given her a greater understanding of how to work more effectively with whānau:

It's about growing us to work with our own to help them grow. The key journeys I've learnt from doing the Diploma would be about bringing people with you and sharing that mahi with them and watching them grow into another space. . . (Whānau Ora Commissioning Agency, 2020)

The Whānau Ora Diploma, like the development of the rangatahi workforce, is built on manaakitanga and whanaungatanga, which connect kaimahi to their identities, mahi and hāpori, and creates a nurturing environment where the workforce is sustained in their commitment to their communities. The Diploma contributes to an effective indigenous health workforce pipeline.

Challenges

While a kaupapa Māori approach to workforce development has proven to be effective, the Whānau Ora COVID-19 workforce faced a number of challenges (WOCA, 2022c). Burnout was a major issue for kaimahi. This was caused by the high demand for support and the uncertainty caused by COVID-19, and the 'emotional labour' required from kaimahi and whānau to overcome those challenges. Kaimahi were working long hours, without breaks, and were on call 24/7. Many whānau spoke of the challenges and stresses of having to juggle work, childcare, home-schooling, and other responsibilities. Kaimahi spoke of having to sacrifice time with, and put aside the needs of, their own whānau, while they attended to the needs of others. This impacted the mental health and wellbeing of kaimahi and whānau (WOCA, 2022c).

Many of these challenges were exacerbated by broader systemic issues. Historically, Māori providers have been underfunded, which led to a lack of resources 'on the ground' (WOCA, 2022c). The underinvestment in Māori providers highlights the decades of Government reliance

on the goodwill of the Māori health workforce to bridge the 'resource gap', as well as a broader concern around the inadequacy of current funding models in accounting for the time, energy, and expertise required to deliver whānau-centred services. Whanaungatanga and manaakitanga were key drivers for the Whānau Ora workforce that drove them to go 'above and beyond' the call of duty, and to find ways to stretch the already limited resources they had. Yet this came at a cost to kaimahi wellbeing, many of whom were already being 'thinly spread' pre-COVID-19 and were now asked to extend themselves even more during the pandemic (WOCA, 2022c).

Furthermore, key to whānau-centred best practice and service delivery is whanaungatanga, building trusting and respectful relationships, which takes time, but is not often recognised or adequately resourced under current contracting models. Whānau Ora is also premised on supporting whānau long-term to bring about meaningful change and having an open-door policy so that whānau can access support when needed. Yet kaimahi are forced to work within the limits of short-term government contracting arrangements that are based on a model of 'inputs and outputs' rather than long-term outcomes. These factors inevitably impact kaimahi wellbeing and contribute to their experience of burnout (WOCA, 2022c).

Opportunities

Māori values such as whanaungatanga and manaakitanga aided both the rapid mobilisation of the Whānau Ora workforce, as well as promoting a coordinated and united response focussed on collective wellbeing. This helped drive and sustain the workforce and elevated their efforts beyond just 'being a job' to where their work felt incredibly meaningful and rewarding. Jolly et al. (2017) add that Māori cultural values, such as whanaungatanga and work 'collectivism' are significantly correlated with high performance.

Kaupapa Māori and tikanga Māori provided important foundations that WOCA was able to use for the rapid mobilisation of the COVID-19 response workforce. WOCA ensured that the necessary cultural foundations and capital was

already in place to support strong collaborative relationships and networks with whānau, hapū, and iwi, Māori providers, and communities. WOCA and their partners received high praise from non-Māori individuals, groups, and organisations who commented on the aroha, manaakitanga and whanaungatanga that they experienced at the testing stations and vaccinations centres. Cornerstone values of te ao Māori would also act as strong protective and wellbeing factors for whānau, providing an important sense of connection and support during this time.

In response to the challenge of burnout, kaimahi developed their own support systems and whānau-based models of care based on *tikanga Māori* (Māori procedures and customs) (WOCA, 2022c). For example, one of the authors of this paper was redeployed to support the Whānau Ora Battalion vaccination rollout. During this time, their vaccination team would often start their working day with a *karakia* (prayer/blessing) and regular check-ins with each other to touch base on how they were feeling both physically and mentally, as well as how they were managing their workload. Again, this is in line with the kaupapa Māori principles of whanaungatanga and manaakitanga, which emphasises the importance of family and community relationships, the practice of caring for each other, and the reciprocal nature of these relationships.

Future Directions

The COVID-19 pandemic created a unique opportunity to rethink and reset the health system, both in terms of the way in which services are delivered to Māori communities, and how we develop and grow the health workforce in Aotearoa New Zealand. For example, the pandemic has highlighted the importance of having a workforce that is agile, cohesive and responsive to change. If resourced appropriately, kaupapa Māori offers an important way forward in meeting these challenges. Moreover, the pandemic has also highlighted an opportunity to put Māori-led solutions at the centre of health system design and delivery in Aotearoa New Zealand.

Fundamentally, kaupapa Māori is about people and relationships. It is about whānau, hapū, iwi

and communities working together to share resources, knowledge and expertise for the benefit of all. Kaupapa Māori workforce development looks beyond qualifications and experience and instead emphasises the importance of values, skills and attributes such as manaakitanga and whanaungatanga. A kaupapa Māori approach can also help support the wellbeing of workers by valuing their mana and *mauri* (life force), and by providing opportunities for them to practise tikanga Māori within the workplace.

The two case studies presented in this article offered valuable insights into how a kaupapa Māori approach can be used to develop and support the health workforce.

The first case study showed how rangatahi were able to gain hands-on and practical experience working directly with whānau and communities, within a ‘whānau-like’ work environment underpinned by whanaungatanga and manaakitanga. Through this experience, rangatahi said that they not only felt both nurtured and mentored into their roles, but also deeper connection to their work because they could see the direct and tangible benefits that their work was having on the lives of whānau. A number of rangatahi also said that they would now consider a career in health because of this experience.

The second case study highlighted the importance of the Whānau Ora Diploma in supporting the development of an effective workforce who were able to meet the needs of whānau during COVID-19. At the foundations of the Diploma are kaupapa Māori principles, such as manaakitanga and whanaungatanga, which guides and informs the way in which the Whānau Ora workforce is trained to work with whānau. This way of working would prove pivotal, both in terms of being able to effectively engage with whānau, and in being able to provide a cohesive and collective response in support of whānau during the pandemic.

In terms of workforce development, one of the key challenges that WOCA faces moving forward will be maintaining the momentum that has been built up during the COVID-19 pandemic. Careful thought will need to be given to the challenges

and barriers that currently and historically have impeded Māori workforce progression in health, and how these can be addressed in order to create a more equitable and inclusive system. For example, decades of government underfunding and 'short-term contracting' has impacted on the ability of Māori health providers to grow and develop their workforce. Racism and discrimination within the health system is also a significant barrier to Māori workforce progression.

An ongoing and sustained commitment from Government will be critical in order to create the conditions that will enable WOCA to continue to grow and develop their workforce. This will require Government to work collaboratively with WOCA to address these challenges and barriers and to put in place the structures, processes and systems that will allow the Whānau Ora Commissioning Agency to capitalise on the good work that has been done to date.

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