

CARE IN THE COMMUNITY WELFARE RESPONSE

Case studies of regional leadership structures

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Disclaimer:

The views and interpretations in this report are those of the evaluators.

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Glossary

Term	Definition
CDEM	Civil Defence Emergency Management
CE/s	Chief Executive/s
The Centre	Refers to the national-level CiC welfare response to COVID-19 led by the Department of Prime Minister and Cabinet and others in Wellington
CiC welfare response	Care in the Community welfare response
CPF	COVID-19 Protection Framework
Departmental agencies	Refers to the range of centralised government departments or agencies, such as the Ministry of Education. For this report it also includes anyone working in Civil Defence Emergency Management
DHB	District Health Board
DPMC	Department for Prime Minister and Cabinet
Hononga	Union, connection, relationship, bond
Kanohi ki te kanohi	Face to face, in person
Local government	Refers to local or regional council
Kaumātua	Elderly man or woman – a person of status in the whānau
Mahinga kai	To work for the food – producing, procuring, and protecting food resources
Mana motuhake	Self-determination, self-governance, autonomy, or identity
Mana whenua	Customary authority exercised by an Iwi or hapu in an identified area
Manaaki	To support, take care of
Māra kai	Gardening for food, fruit/vegetables (self-grown)
Marae	Māori meeting grounds that belong to a particular Iwi, hapū or whānau
Mātāwaka	Kinship group, tribe, ethnic group, race
Motu	Land, country, nation
Mokopuna	Grandchild/ren
MSD	Ministry of Social Development
Participant/s	Refers to a person who has been interviewed as part of the case study workstream of this evaluation. Includes RPSCs, RPSC support staff and members of RLGs
Pūtea	Money
Raruraru	Problem, dispute, conflict

Glossary continued

Term	Definition
RLG/s	Regional leadership group/s
Regional leadership structures	Refers to RPSCs and their support teams, as well as regional leadership groups
RIF	Regional Intersectoral Forum
Rohe	Region, territory, area
RPSC	Regional Public Service Commissioner
Stakeholders	Refers to broader membership of the RLG or persons involved in the CiC welfare response, rather than someone who was interviewed for this report
Takiwā	District, area, territory, region
TLAs	Territorial Local Authorities
Tika me te pono	What is <i>right</i> as well as <i>true</i> , doing the <i>right</i> thing
Tino rangatiratanga	Māori self-determination, sovereignty, self-governance
Tāngata Whaikaha	Tāngata Whaikaha means people who are determined to do well and is commonly used to refer to people with disabilities. Whaikaha is the name of the Ministry for Disabled People
Whakamā	To be shy
Whakatū	Māori name for Nelson

Executive summary

Purpose

This report explores the role and contribution of regional leadership structures¹ in achieving the Government's desired outcomes of the Care in the Community (CiC) welfare response. It focuses on the period that the COVID-19 Protection Framework (CPF) was in place (December 2021-September 2022).

The findings draw on the experiences of regional leadership structures in six case study regions in relation to: the process for establishing Regional Leadership Groups (RLGs); the composition and membership of RLGs; the challenges faced by RLGs; learnings from RLGs; the contribution of RLGs to the CiC welfare response; and the potential utility of RLGs in the future.

This case study report represents one component of a wider outcomes-focused evaluation of the CiC welfare response undertaken by the Ministry of Social Development (MSD). The case study workstream was designed to explore the regional mechanisms of the CiC welfare response model. It was conducted in parallel with a survey workstream, which explored outcomes achieved through the CiC welfare response, especially for households and whānau who received CiC welfare support. Each workstream was designed to answer specific key evaluation questions which, together, would provide a fuller picture of the extent of the outcomes achieved through the CiC welfare response. As such, the case study workstream was not designed to make stand-alone conclusions about the effectiveness or reach of the CiC welfare response.

MSD has drawn on the findings from two workstreams of the outcomes-focused evaluation and a real-time evaluation undertaken in 2022 to produce a synthesis report, which provides more evaluative conclusions about the CiC welfare response. The synthesis report weaves together insights into the overarching key evaluation questions and provides lessons for future locally-led, regionally enabled and nationally supported approaches aiming to support community wellbeing.

Background

Care in the Community welfare response

The arrival of COVID-19 to Aotearoa in 2020 was a national-level crisis event. The CiC welfare response to it was initially led by central government. The CPF was introduced in late 2021 reflecting a shift in strategy from 'elimination' to 'minimise and protect'. This required those who tested positive for COVID-19, and their close contacts, to self-isolate in their homes.

The CiC welfare response was established to provide welfare support for individuals and whānau while they self-isolated. The strategy was that it would be "*locally-led, regionally-enabled, and nationally-supported*". The delivery varied across regions depending on the community's needs and delivery infrastructure.

¹ This term refers to RPSC's and their support teams, as well as regional leadership groups.

Expectations of Regional Public Service Commissioners and Regional Leadership Groups

Regional Public Service Commissioners (RPSCs) were tasked with convening RLGs to support both community providers and central government to implement their respective roles in the CiC welfare response. They were responsible for alignment and coordination of the public service contribution to the CiC welfare response and supporting effective engagement between the public service and Iwi, local government, and service providers.

RPSC roles were established in 2019 with the purpose of strengthening regional leadership and collaboration across public service agencies in the regions. This meant that prior to COVID-19, some RPSCs had already "*docked into*" established intersectoral leadership groups or were in the process of engaging with regional leaders.

In November 2021, Cabinet set out the contribution that it expected regional leadership structures to make during the CPF period. The key expectations of RLGs were to: strengthen regional relationships; provide strategic oversight and alignment; provide regional coordination to support locally-led delivery; and provide a communication channel between central government and local communities.

Case study approach

Qualitative interviews were undertaken with 53 members of RLGs across six case studies regions – Te Tai Tokerau, Tāmaki Makaurau, Waikato, Bay of Plenty-Wairariki, Greater Wellington, and Nelson-Tasman/Marlborough. This report is presented in two parts. The first provides a synthesis of the key themes to emerge across the case studies. The second presents case studies of the experience of RLGs in each region.

Findings

Key strengths and successes of regional leadership structures

Regional relationships were strengthened during the CPF period

Prior to COVID-19, a range of largely departmental regional intersectoral groups existed. Led by RPSCs, membership from those groups was largely "*lifted and shifted*" to form RLGs. RPSCs then enlisted the support of leaders from local government, Iwi, and some Pacific service providers for the work of the RLGs, thereby creating RLGs with a broad membership base.

These regional leaders united in the face of a "*common enemy*". They strengthened their connections and formed collaborative working relationships. This led to increased trust and provided a foundation from which the RLGs could then provide strategic oversight of the CiC welfare response, co-ordinate local level delivery and facilitate information flows.

Previously, inter-agency groups had focused largely on information sharing. During the CPF period, agencies assumed collective oversight of the CiC welfare response and took action to support local level delivery.

RLGs provided strategic oversight of the CiC welfare response in their regions

In each of the case study regions it was evident that RLGs had taken strategic oversight of the CiC welfare response. Throughout the pandemic they convened frequently and operated tight agendas. They took a helicopter view of the health response, projected COVID-19 rates, and vaccination drives. They sought to identify blockages and gaps in delivery. They then identified which agencies were best placed to address them. At the same time, RLGs acted as a conduit between central government and local providers and communities. Organisations nominated senior representatives who had decision making authority and collective influence to participate within RLGs.

RLGs supported local level delivery by addressing blockages and gaps in the delivery of the welfare support

RLGs worked collectively to identify and resolve barriers that were impeding the delivery of the CiC welfare response by community providers. The contributions of Iwi and Pacific peoples' representatives in bringing local level intelligence about the needs of communities were considered invaluable. There was broad acknowledgement from central and local government representatives that they did not have the reach and capacity to gather this level of intelligence within their own operations.

When issues were identified, RLG members brought together the respective strengths of their organisations (e.g., networks, resources, and facilities) to effect quick solutions so that whānau could access the welfare support they needed. The ways in which RLGs removed blockages and supported local level delivery were wide and varied. Some examples are listed below:

- Local government identified and facilitated access to facilities (e.g., warehouses for food storage, car parks for drive-throughs and libraries as Rapid Antigen Test collection points) if local providers needed them to support delivery of the CiC welfare response.
- A RLG representative contacted a MSD regional manager after receiving intelligence that some MSD operational processes were creating a barrier to whānau accessing welfare support. The barrier was removed immediately.
- Police, council, and the District Health Board (DHB) worked together to escort tourists in campervans to a secure park where they could safely isolate.
- RPSCs from neighbouring regions agreed that MSD would deliver welfare support in a way that made sense for communities. For example, if a Māori community spanned two MSD boundaries, or was divided by lock down delineations, one MSD office agreed to take responsibility for servicing the whole community.
- Agencies operated high trust, low compliance commissioning which allowed community providers to be agile and responsive in their service delivery.

In addition, organisations worked together to identify ways that they could share resources (e.g., staffing and vehicles) to support the welfare response of local service providers. Some examples included:

- central agencies co-ordinating with MSD for their staff who lived in isolated rural communities to deliver support to whānau who may not ordinarily reach out to government agencies
- councils assigning librarians to call older people in their community and connect them with welfare support if needed.

RLGs provided a strong communication channel between the Centre and communities

RLGs played an important role in facilitating two-way communication flows between central government and local level communities. RLGs conveyed key messages from the Department of Prime Minister and Cabinet who were leading the CiC welfare response (the Centre) out to communities about what was expected of them under the CPF (e.g., instructions about when and how to self-isolate). RLGs also provided intelligence about the situation on the ground to inform the Centre’s decisions regarding the CPF (e.g., traffic light settings, and geographical boundaries).

The timeliness of communication flows was absolutely critical under the CPF. The high trust culture that grew over time within RLGs increased the volume and timeliness of information sharing. This was an improvement on previous practice where lead agencies tended to hold and protect information.

Some RLGs pooled communication expertise across organisations. These teams often had to redraft or tailor messaging from the Centre so that it resonated with their communities. They also co-ordinated local level communications. This involved working actively with regional leaders (e.g., mayors and Iwi leaders) to amplify messages from central government out to communities, and to ensure consistency of messaging.

Participants felt assured that the needs of Māori and Pacific peoples were met through the CiC welfare response

Cabinet papers identified Māori and Pacific peoples as priority populations for the CiC welfare response.² This was due to existing health inequities and therefore heightened risk relating to COVID-19, as well as other vulnerabilities including the high prevalence of food insecurity in Māori and Pacific households. Participants felt confident that the CiC welfare response had been accessible to Māori and Pacific peoples. This was attributed to a combination of strong advocacy by Iwi and Pacific peoples’ representatives at the RLG table as well as effective delivery by Māori and Pacific providers on the ground.

The contribution of RLGs to the CiC welfare response was consistent with the expectations set by Cabinet

Overall, RLGs demonstrated that the way they operated during the CPF period aligned with Cabinet expectations. Across each of the case study regions, there was strong qualitative evidence that the groups had:

- worked to provide strategic oversight and alignment

² Office of the Minister for Social Development and Employment to SWC (24 November 2021). *COVID-19: A whole-of-system welfare approach under the COVID-19 Protection Framework*, p.4.

- been successful in strengthening relationships between central and local government and Iwi
- acted as a strong communication channel.

Evidence of partnering with Māori at the regional leadership level was strong in five regions. Regional co-ordination to support local delivery was evident in all regions but in two regions there was less evidence of RLGs resolving problems that were affecting local delivery.

Strengthening regional leadership – Lessons from the CiC welfare response

Investing in relationship building between individuals and organisations is key to achieving strong regional leadership

The expansion of relationships between regional leaders and across organisations was a key outcome of the whole-of-system CiC welfare response. In the regions where RLGs have been retained, some have experienced significant turnover in membership, especially in the health sector. If regional leadership structures are to retain the momentum generated during the CPF period, it will be important for new members to be proactively engaged and supported into these ways of working. The regional leadership structure in Te Tai Tokerau has a comprehensive induction manual that could provide a useful model for other regions.

Inclusion of Iwi/Māori and local government strengthens regional leadership structures

In case study regions where RLGs included Iwi and Pacific representative, participants felt assured that Māori and Pacific whānau who needed welfare support were able to access it. The value of partnering with Māori was a strong theme across five case studies. Central and local government participants consistently reported that the contribution of Iwi at the regional leadership level was key to the success of the CiC welfare response, both for Māori and also for the wider communities that Iwi/Māori providers serve. Iwi saw their participation in RLGs as worthwhile and necessary in supporting Māori during the CPF. Iwi are committed to continuing to partner with the Crown on issues of mutual importance. The Crown-Māori partnership will benefit if relationships with Iwi are maintained and strengthened in a way that continues to acknowledge their mana and community reach.

Local government leaders hold key relationships with local stakeholders who have invaluable insights about their community, including their strengths and support needs. These insights can inform emergency responses and have potential to inform how the Government supports communities more generally. Similarly, population agencies hold expert knowledge of their communities and can provide advice that will increase the effectiveness of responses.

Lack of representation of priority groups may hinder the impact of future welfare responses

Older people, disabled people, and rural communities were not represented on RLGs. Participants were uncertain if the needs of these priority groups were met through the CiC welfare response. There was agreement that the needs of the disabled community were probably not fully understood or met. There was uncertainty about whether older people in need were aware of, and able to easily access, welfare support. In some regions, rural communities were considered to be self-reliant and

able to provide for their own welfare needs. Direct representation by these priority groups on RLGs, or mechanisms for RLGs to receive direct advice from them, is likely to increase the reach of future emergency responses and other activities requiring cross-government co-ordination within the regions.

Related to the impact on priority groups, participant feedback suggests that active consideration of evidence (e.g., demographic data about priority populations, or administrative data about the uptake of welfare support) occurred in some but not all regions. In the future, routine consideration of this type of regional information would enable more targeted responses (especially for priority groups) in future emergency responses and regional leadership activities.

RLGs can play a key role in facilitating communication flows between the national and local levels

Communicating information about how to isolate safely and obtain support if needed was critical during the CPF and was enabled regionally by RLGs. The key challenge in relation to communications was the need for national-led material to be revised at the regional level so that it met the needs of diverse regional communities. In the future, there is opportunity to plan for and grow a regional communications network that includes specialist expertise which aligns to the make-up of regional communities. There may also be an opportunity to build greater capacity for specialised communications expertise at the central government level.

Fostering collective ownership of outcomes across organisations leads to greater impact

One of the strengths of RLGs during the CPF period was the movement away from agency silos to collective ownership of the CiC welfare response. Regional leaders actively sought out opportunities to collaborate with other agencies on issues that were impeding an effective welfare response, in addition to delivering their own services. However, all Iwi and Pacific stakeholders and some central and local government participants had observed a drift back to siloed and fragmented ways of working, particularly by central agencies operating in the regions, post-CPF. Most acknowledged the power of a crisis in having unified these typically separate roles and priorities during the CPF.

There was consistent disappointment in losing collective focus and action to best serve communities. Moving forward, countering the return to siloed ways of working is likely to require continued encouragement and messaging from the government about the expectation for agencies to collectively address shared priorities.

Devolved leadership and service delivery improves service access and reach, especially for at-risk whānau

There was strong agreement amongst participants that devolving the leadership of the CiC welfare response to the local level (enabled by regions and supported nationally) was an effective strategy. It highlighted how localised delivery of support and services was able to reach whānau who may otherwise not have accessed this in order to safely self-isolate. RLG members, including central agency representatives, stressed the importance of retaining this strategic approach. They showed strong support for its continuation to help achieve shared regional priorities in the future.

High trust commissioning allows providers to be agile in meeting the needs of their communities

Participants observed that the principles of Social Sector Commissioning (including timely, high trust, and low compliance engagements) underpinned commissioning throughout the CiC welfare response. They identified this as a key enabler of the outcomes that were achieved but some expressed concern that agencies have since regressed back to low trust/high compliance commissioning. There is a significant opportunity to see long-term, substantial community gains through maintaining the good faith relationships with community providers that were developed and strengthened through the CiC welfare response. To do this, regional leaders need continued support and authorisation for relational commissioning from their Chief Executives as well as policies that support this approach (e.g., procurement rules and financial procedures).

Clear expectations from the Centre enable and empower regional leadership

The RPSC role and the resourcing of RPSC support teams were considered critical enablers of RLGs in the CiC welfare response. In regions where the RLG mechanism has not been retained, a form of reset may be needed to remind departmental agencies about Government's expectations regarding strengthened regional leadership and the role of RPSCs in this process.

Current status of Regional Leadership Groups

The CPF ended in September 2022. As the number of COVID-19 cases declined, so too did the need for welfare support and the frequency of RLG engagements. At this point, RPSCs and RLGs began to review the value that they had added during the CPF. They considered whether the RLGs that operated during this time should be retained and if so, what form they should take.

At the time of interviewing, three of the regions had retained their RLG structure and membership. These regions were in the process of resetting their RLG, including seeking feedback from members about what had worked well, what needed improving, and what the future focus of the group could be. The other three case study regions had found it challenging to maintain the momentum gathered during the CPF period. For these regions, either the future of the RLG had not been determined or the RLG was inactive.

Regardless of whether their RLG had been retained, participants strongly agreed that the strengthening of relationships during the CiC welfare response had already had flow on effects. Members reported being much more likely to "*pick up the phone*" to peers from other organisations to raise and resolve issues. At the intersectoral level, in some regions, central and local government and Iwi had begun to collaborate to advance regional priorities (e.g., youth crime) in a way that had not happened previously.

Potential of regional leadership structures in the future

The experience of the CiC welfare response has demonstrated there is potential for regional leadership structures to support the achievement of broader Government goals in the future. A number of changes that could maximise the utility of future regional leadership structures are identified including: the inclusion of priority group representatives in leadership structures; increasing the use of evidence to support understanding of community needs and service impact; assuming strategic oversight of the alignment of regional investments; empowering regional leaders by reiterating expectations of strengthened regional leadership and reviewing the level of resourcing required (for RPSCs, their support teams, and RLG members) to ensure that the impact of regional leadership structures is maximised in the future.

1 Background to the Case Studies

Overview

The Care in the Community (CiC) welfare response was established to meet the welfare needs of people required to isolate under the COVID-19 Protection Framework (CPF). It was designed to be locally-led, regionally-enabled, and nationally-supported. The case studies presented here focus on the contribution of regional leadership structures to the CiC welfare response.

To set the context for the case studies, this section provides an overview of legislative settings for: regional collaboration between public service agencies; strengthened regional leadership; and management of the COVID-19 pandemic. It then sets out the purpose and approach to the case studies.

Background to regional public service collaboration

The Local Government Act (2002) and the Civil Defence Emergency Management Act (2002) set the context for regional collaboration

A shift towards greater collaboration on regional priorities began well before the COVID-19 pandemic, enabled by two pieces of legislation passed in 2002. The Local Government Act (2002) altered the role of local authorities to focus more on community outcomes, and the Civil Defence Emergency Management Act (2002) (CDEM Act) required coordinated regional planning and involvement across agencies and organisations.

The Local Government Act saw a shift in responsibility of local authorities to promote social, economic, environmental, and cultural well-being. This has been described as being a turn "*from a prescriptive framework of duties to a principles approach focusing on community outcomes*".³

MSD became involved in this new community outcomes approach leading to the appointment of regionally-based staff including Social Development Managers "*to participate in collaborative central-local government projects and to manage relationships with local authorities*".⁴

The CDEM Act established CDEM groups as standing committees of local authorities in a region, represented by elected mayors. Under the CDEM Act, local authorities have equal status and retain individual autonomy but work together on a regional emergency management plan that addresses local risks and plans through to recovery.

Whilst formally comprising the local authorities and emergency services within a regional boundary, CDEM groups also involve organisations that provide lifeline utilities (e.g., electricity supply),

³ MSD (August 2007). Ministry of Social Development's Involvement in the Community Outcomes Process, p.3.

⁴ Ibid, p.4.

government departments (including representation from MSD), local businesses, community groups and others who have a vested interest in the safety and prosperity of their region.⁵

The Public Service Act (2020) set the context for public service unification

The Public Service Act was enacted in 2020, with one of the key tenets being greater public service integration. The vision was a modern, agile public service where regional government is joined up and focused on delivering for, and with, communities and working in partnership with regional leaders. This was to be achieved through a well-connected regional and national public service that works cohesively and credibly with Iwi, Māori organisations, local government, and regional stakeholders, resulting in reduced engagement fatigue and more effective and sustained relationships with these regional partners and stakeholders.⁶ This Act introduced regional public service leader roles for the purpose of improving connection and coordination across agencies at a regional level. Eleven regional public service leaders were appointed across 15 public service regions.⁷

In 2021, Cabinet agreed to re-designate these roles to Regional Public Service Commissioners (RPSCs). RPSCs are expected to have relationship-focused capabilities, and respect and trust in their region, both in and outside Government.⁸ RPSC appointments are made by the Regional System Lead⁹ who issues an expression of interest to all agencies as vacancies arise.¹⁰ RPSCs hold dual regional leadership roles within the public service. Currently around half of all RPSCs are also MSD Regional Commissioners. The others hold leadership roles (usually second tier) in other departmental agencies. RPSCs are assigned resource for a small team to support them in their RPSC roles.

The Regional System Leadership Framework (the Framework) sets out the purpose, principles, enablers, and expectations of more joined up government in the regions. The mandate of RPSCs under the Framework, is set out in Figure 1. In 2021, the scope and mandate of RPSC's role was expanded to lead the public service contribution to the CiC welfare response.¹¹ How this occurred is set out in the CiC welfare response section below.

⁵ Ministry of Civil Defence and Emergency Management (December 2002). Working Together: The formation of CDEM Groups. Director's Guidelines for local authorities and emergency services, p.3.

⁶ Public Service Commission CAB-21-MIN-0273 (10 September 2021). Joined up Government in the Regions report back: Strengthening a regional system leadership framework for the public service, p1-2.

⁷ These roles are centrally supported by public service Chief Executives.

⁸ The RPSC is to lead on planning and delivery of wellbeing outcomes in each region, aligning regional resources and connecting into central government as needed. These roles developed from regional Public Service Leads, signalling an increased focus on regional public service leadership and cohesion across social, economic, skills and workforce, and environmental sectors.

⁹ System Leads are appointed under the Public Service Act (2020) by the Public Service Commissioner to lead and coordinate best practice in a particular subject matter across the whole or part of the State services. The Regional System Lead focuses on how the public service organises, aligns, and delivers services in the regions and how the regions stay connected to national priorities.

¹⁰ Public Service Commission CAB-21-MIN-0273 (10 September 2021). Joined up Government in the Regions report back: Strengthening a regional system leadership framework for the public service.

¹¹ Public Service Commission (2022). Public Service Commission Annual Report, p.14.

Figure 1 – Mandate of Regional Public Service Commissioners



Overview of the management of the COVID-19 pandemic

COVID-19 Alert Level System sought to eliminate COVID-19

COVID-19 was a national-level crisis event. The first stage of the CiC welfare response was led by the Ministry of Health and an All of Government unit convened through the Department for Prime Minister and Cabinet (DPMC). The country was placed under a COVID-19 Alert Level system and Elimination Strategy for almost two years from March 2020 through until November 2021. People who contracted COVID-19 were required to enter and be cared for in Managed Isolation and Quarantine facilities (MIQs).¹²

COVID-19 Protection Framework sought to minimise the spread of COVID-19 and protect the community

Within the context of broad population uptake of COVID-19 vaccinations, in December 2021 the COVID-19 Protection Framework (the CPF) replaced the COVID-19 Alert Level system reflecting a new strategy to "minimise and protect". This meant that people who contracted COVID-19 and their close contacts were required to isolate in their own homes or be provided a facility to isolate where needed (rather than managed isolation)¹³. When a person was confirmed as COVID-19 positive they could be triaged for welfare support based on their needs, location, and circumstances.

Overview of the Care in the Community welfare response

RPSCs were tasked with convening RLGs to lead the regional oversight and coordination of the CiC welfare response

In November 2021, Cabinet agreed that the CiC welfare response would be locally-led (by communities), regionally enabled (by RLGs) and nationally supported (by the Centre). The scope and mandate of RPSCs role was expanded to lead the public service contribution to the CiC welfare response. This included "bringing together, co-ordinating, and aligning central government decision-

¹² Under the Elimination Strategy, people entering New Zealand, COVID-19 positive cases and some of their close contacts were required to isolate at an MIQ facility (mostly hotels) for 14 days.

¹³ The requirement to isolate was made in accordance with section 70 (Infections and notifiable diseases, Special powers of the Medical Officer of Health of the Health Act 1956).

makers as it relates to regional leadership, planning, and delivery of wellbeing of outcomes for communities".¹⁴ Through the CPF period, RPSCs were expected to work closely with DHB Chief Executives and MSD Regional Commissioners to support effective engagement between the public service and Iwi/Māori, local government, and large service providers.

Cabinet also set expectations for RLGs including that they would: strengthen regional relationships; provide strategic oversight and alignment of the regional CiC welfare response; provide regional coordination to support locally-led delivery; and provide a communication channel between central government and local communities.

MSD was tasked with leading the CiC welfare response

MSD was responsible for co-ordination of the CiC welfare response, partnering with community providers, Iwi and Māori, local government, and other agencies covering health, housing, and education. MSD's regional teams worked locally through existing partnerships (with Iwi, Māori, Pacific and ethnic communities, the disability sector, community providers and leaders, councils, and government agencies) to bolster existing resources so that those involved in supporting whānau to self-isolate could access what they needed to do this. This included increasing the number of Community Connectors and providing targeted food support for identified foodbanks and community food organisations.

Community Connectors¹⁵ were employed by non-government agencies (funded by MSD) to support people with, or impacted by, COVID-19, including those directed to self-isolate and close contacts who required welfare support. Their role was to advocate for people and help people access a range of supports including welfare, social, mental health services, and employment.

Referrals to MSD were triaged by dedicated teams who connected isolating individuals and whānau to appropriate local providers where needed, and directly assisted people where they could. The intent was to tailor the CiC welfare response to local needs, and link people with trusted local providers in their community who could best meet their needs. It was envisaged that local agencies, councils, and providers would play key roles, based on what a region or community decided would work best for them. Funding allocation was to be informed by regional plans developed in partnership with the Regional Commissioners and their teams.

¹⁴ Public Service Commission CAB-21-MIN-0273 (10 September 2021). Joined up Government in the Regions report back: Strengthening a regional system leadership framework for the public service, p5.

¹⁵ Initially referred to as the Community Connection Service, Community Connector roles were established in June 2020 as part of the MSD's psycho-social CiC welfare response and recovery plan for COVID-19. The aim was to ensure that New Zealanders who were not accessing government supports and services received early engagement and holistic and culturally anchored support in a trusted setting.
<https://www.msd.govt.nz/what-we-can-do/community/community-connection-service/index.html>

Overview of the case studies

Purpose

MSD designed an outcomes-focused evaluation of the CiC welfare response to build upon findings from the real-time evaluation that was undertaken in 2022¹⁶. The purpose of the outcomes-focused evaluation is to:

- provide robust and representative information on the outcomes achieved through the CiC welfare response, particularly for individuals, families, and whānau who accessed welfare support.
- identify lessons for future locally-led, regionally-enabled and nationally-supported initiatives.

The case studies presented in the report are one of two workstreams, undertaken in parallel, which together comprise the outcomes-focused evaluation.¹⁷ Neither workstream should be interpreted as a stand-alone evaluation.

The case study workstream aims to understand the role of the regional leadership mechanism of the CiC model in enabling the welfare response.

A survey workstream has also been undertaken by Allen + Clarke. The survey workstream aims to explore the extent to which the intended outcomes of the welfare response were achieved for regional leaders, community providers, Community Connectors, and households who received CiC welfare support.

MSD has collated findings from this case study workstream, Allen + Clarke's survey workstream, and the real-time evaluation to produce a synthesis report. By drawing on these data sources, the synthesis report derives evaluative conclusions about the reach and effectiveness of the CiC welfare response. It also provides lessons for future locally-led, regionally-enabled and nationally supported approaches aiming to support community wellbeing.

Case study questions

MSD developed a set of overarching key evaluation questions for the outcomes-focused evaluation. These questions were designed in collaboration with internal stakeholders and a cross-agency CiC Evaluation Reference Group (Appendix A).

Based on the key evaluation questions (and informed by discussions with MSD and the MSD Research Ethics Panel), the following questions were agreed to guide the case study workstream¹⁸:

¹⁶ <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/real-time-evaluation-of-the-care-in-the-community-welfare-response/index.html>

¹⁷ Led by MSD, the evaluation is of interest to a wide cross section of government agencies and non-government organisations. The CiC Evaluation Reference Group includes representatives from both government agencies and NGOs including: Treasury, Ministry of Health, Te Puni Kōkiri, Ministry for Pacific Peoples, Ministry for Ethnic Communities, Oranga Tamariki, VisionWest Community Trust (community provider), The Cause Collective (Pacific community provider); Ministry of Housing and Urban Development and Whaikaha (Ministry of Disabled People).

¹⁸ Note that Allen + Clarke's survey workstream is guided by a separate set of questions which, in conjunction with the case study questions, answer the overarching key evaluation questions for the outcomes-focused evaluation.

- i. What was the process for establishing regional leadership structures?
- ii. To what extent did regional leadership structures engage local Iwi? To what extent did partnering with Iwi help strengthen the Crown/Iwi partnership?
- iii. Did the regional leadership structures enable participation by relevant local bodies/providers and how was duplication avoided?
- iv. Was the make-up of communities reflected in the regional leadership structures? (for example, representation by ethnic groups, the disabled community, the rural community, and senior citizens). What impact did this have on the effectiveness of the CiC welfare response?
- v. What challenges and opportunities have the regional leadership structures faced?
- vi. What has been the contribution of regional leadership structures to achieving the desired outcomes of the CiC welfare response?
- vii. Are regional leadership structures a useful mechanism to respond to other issues in the future? What changes could maximise their utility?

Case studies method

The case study method explores the role of regional leadership structures in the CiC welfare response, depending on the composition and the unique needs of their regions. The aim was to identify insights and learnings from case study regions that might be useful for other regions and that might inform the operations of regional leadership structures in the future.

Planning for the case studies workstream commenced in January 2023. This phase involved: an inception hui with MSD (to confirm the scope and approach to the case study workstream of the evaluation); a review of documentation (to inform understanding of the CiC welfare response, its objectives, resourcing, regional structures, roles, and responsibilities); engagement with the survey workstream provider and seeking approval from the MSD Ethics Panel.

Following approval from the Ethics Panel and the MSD CiC Governance Group, MSD led a consultative process with RPSCs to inform the selection of case study regions. The aim was to include a cross-section of regions that provided a mix of characteristics across the following key dimensions: the level of economic deprivation of regions; the ethnic make-up of regions; and the home agency of the RPSC.¹⁹ Ultimately, six case study regions were selected from 15 public service regions – Te Tai Tokerau, Tāmaki Makaurau, Waikato, Bay of Plenty-Wairiki, Greater Wellington, and Marlborough-Nelson/Tasman²⁰. An overview of the key demographics of the regions is provided in Part Two of the report.

Fieldwork

The case study fieldwork took place between April and September 2023. Qualitative interviews were undertaken with 54 regional leadership stakeholders including: RPSCs (and their support teams), RLG members from across departmental agencies, local government, Iwi and Pacific peoples’

¹⁹ The Hawkes Bay-Te Tairāwhiti region were not considered for selection due to the impact of Cyclone Gabrielle.

²⁰ Marlborough-Nelson/Tasman are two distinct regions. As they share a common RPSC, for the purpose of this report, they have been clustered and referred to as one case study.

representatives. More detail of the composition and characteristics of regional leadership structures is provided in Part Two of the report.

At the outset of the project, MSD provided membership lists for the RLGs. The scheduling of interviews with RPSCs and/or their directors were prioritised so as to provide context for the case studies. At the same time, RPSCs/directors were asked to check the accuracy of RLG membership lists provided by MSD and to provide advice about which members may be able to offer useful insights into the case studies.

From the confirmed membership lists, the team sought to recruit a mix of participants across departmental agencies, local government, Iwi, and Pacific peoples. Where people had changed roles, current contact details were provided by other participants or gained from public sources. In addition, some participants identified stakeholders who were not on the membership that had been provided. If contact details were able to be located, an invitation was extended to these stakeholders to participate in the case studies.

Potential participants were contacted by e-mail and invited to participate in the case studies. They were sent an information sheet that set out the purpose of the case studies (Appendix B). If required, the e-mails were followed up with a phone call. If the stakeholders agreed to participate, interview times were scheduled. A small number of potential participants declined to be interviewed.

Site visits were undertaken to Marlborough-Nelson/Tasman, Greater Wellington, and Bay of Plenty-Waiariki. The remainder of the interviews were held online via Microsoft Teams (which was the preference for most participants). Informed and voluntary consent procedures for each interview were followed.²¹ This included advising potential participants verbally and in writing of the consent procedures. If they agreed to participate, they were asked to complete and sign an informed consent form (or confirm verbally via audio) before the interview began (Appendix B). Participants were asked to consent to inclusion of their quotations in the report. One participant declined. A number of participants asked to review any of their quotes that would be used in the report, and this was actioned.

Interviews were conducted using semi-structured interview guides that aligned with the case study questions, while allowing flexibility to gather additional relevant feedback from participants (Appendix D). Interviews took about 45 minutes. They were audio recorded (subject to participant consent) and then transcribed.

Analysis and reporting

The analysis phase of the project ran in parallel to the fieldwork. On completion of each interview, participant insights were considered against each of the case study questions. The process to analyse the qualitative data from the case studies aligned with a grounded theory approach. Participant interviews and analysis of insights from the interviews occurred simultaneously, with one

²¹ These were consistent with the Australasian Evaluation Society's guidelines for the ethical conduct of evaluations and Te Ara Tika: Guidelines for Māori research ethics, commissioned by the Health Research Council.

informing the other. As themes were emerging from the data, where appropriate, they were explored further in the following interviews.

In late July 2023, a workshop was undertaken with MSD stakeholders to present and sense check the preliminary findings that were emerging from the fieldwork and to discuss potential learnings/implications. The MSD CiC Governance Group was also briefed on the preliminary findings.

On completion of the fieldwork, a team analysis workshop was held to interpret and agree the overall themes and learnings from the case studies. The themes to emerge from participant interviews were compared across case study regions to identify similarities and differences in RLG experiences, until saturation²² was reached. From this analysis, responses to the case study questions were formulated. In addition, a preliminary model has been developed that identifies the optimal settings and functions required to enable strong regional leadership (refer section 5).

The draft report was prepared between August-October 2023. It incorporated feedback from the CiC Evaluation Reference Group, the MSD CiC Governance Group and other MSD stakeholders. Feedback from MSDs' review of the draft report has been considered during the preparation of the final report.

Limitations of the case studies

The focus of the case studies was on the contribution of RLGs to the CiC welfare response. Understanding the local level delivery of the CiC welfare response (and its impact on whānau) or the national level support for it were not within the parameters of the case studies. The case studies' findings are based on the insights of stakeholders who were part of the regional leadership structures. It is therefore not within scope for this case study report to make evaluative conclusions about the reach and/or effectiveness of the welfare response as a whole. This case study report should not be interpreted as a stand-alone evaluation, but as one component of a wider outcomes-focused evaluation. Case study insights will be considered alongside the insights gathered through the other workstreams in the synthesis report prepared by MSD.

It should be noted that the information gathered through the case studies is essentially a collective self-assessment of the performance of RLGs. The views of case study participants may not align with stakeholders who were not part of those structures (e.g., local level or national level stakeholders). Further, the themes presented in this report are based on the views of a selection of RLG representatives. They may not fully represent the views of all members.

Similarly, feedback from Iwi represents the views of those members who were able to participate in the case studies. They may not adequately represent the views of all Iwi representatives on the RLGs or Iwi with interests in the case study regions.

Finally, most case study participants had been involved in the COVID-19 response for two years prior to the CPF period. Therefore, their insights sometimes spanned different phases of the pandemic,

²² The term saturation refers to the point at which no new insights will be gained from additional data.

including activities under the Elimination Strategy²³. In addition, due to the time that had passed since the end of the CPF period, some participants also found it difficult to recall specific details about the operations of regional leadership structures. Notwithstanding these challenges, all interviews elicited valuable insights to contribute to relevant key evaluation questions of the CiC outcomes-focused evaluation.

Structure of the report

The report is provided in two parts. Part one sets out the key themes that emerged from across the regional case studies. These relate to the establishment and composition of RLGs, the contribution of the RLGs to the CiC welfare response, the lessons learnt in relation to strengthening regional leadership, and the potential contribution of regional leadership structures in the future.

Part two presents the six regional case studies.

²³ The COVID-19 Elimination Strategy preceded the CPF, all activities were focused on getting to and maintaining 'zero COVID-19' and the Alert Level Framework was implemented to support this.

PART ONE – Key Themes from the Case Studies

2 The Establishment of Regional Leadership Groups

Case study questions

- What was the process for establishing regional leadership structures?
- To what extent did regional leadership structures engage local Iwi?
- Did the regional leadership structures enable participation by relevant local bodies/providers and how was duplication avoided?
- Was the make-up of communities reflected in the regional leadership structures? For example, representation by ethnic groups, the disabled community, rural communities, and older people. What impact did this have on the effectiveness of the CiC welfare response?

Overview

This section begins with an overview of the establishment of the RLGs across the case study regions. As context, it provides an overview of the extent of intersectoral collaboration between departmental agencies pre-COVID-19. It then discusses the nature of local government, Iwi, and service provider representation on RLGs.

A key intended outcome of the CiC welfare response was that there would be equity in individual and whānau experiences, with a particular focus on Māori, Pacific peoples, older people, and disabled people.²⁴ The final part of the section considers the extent to which the membership of the RLGs aligned with the make-up of the case study regions.

Process for establishing Regional Leadership Groups

Existing regional relationships were a precursor for RLGs

Across the case study regions, a range of regional forums were operating prior to the COVID-19 pandemic. These were often focused on the social sector, such as the Auckland Social Sector Leaders Group. In two case study regions, long-established Regional Intersectoral Forums (RIFs)²⁵ were operating. Their membership included Iwi, central government, and local government. Another example is Civil Defence bringing together relevant organisations such as MSD, DHBs, and Fire and Emergency, to discuss emergency preparedness.

²⁴ Office of the Minister for Social Development and Employment to SWC (24 November 2021). *COVID-19: A whole-of-system welfare approach under the COVID-19 Protection Framework*.

²⁵ Established in the early 2000's Regional Intersectoral Forum were original convened by Te Puni Kōkiri, with an emphasis on how regional public service agencies could support Māori Development and capacity building. Regional Intersectoral Forum are still operating in Marlborough, Nelson/Tasman, and Te Tai Tokerau.

Participants who had been involved in existing regional groups, felt that these pre-established relationships provided a sound base for the formation of RLGs.

Prior to the arrival of COVID-19 in New Zealand in March 2020, the Public Service Regional Leaders (as RPSCs were then known) were already "docking in" to these types of leadership groups where they existed to advance the strengthening leadership objectives set out in the Public Service Act (2020). RPSCs were expected to improve collaboration with other regional leaders. It was recognised that in some regions, key stakeholders may prefer to participate through existing leadership groups. RPSCs also had the authority to convene a group to provide strategic oversight for the region's well-being priorities.

RPSCs convened broad based RLGs that included central and local government and Iwi

Under the CPF, RPSCs were tasked with convening Regional Leadership Groups (RLGs) to support the CiC welfare response. They were expected to ensure representation from Iwi, Māori, local government, and central government regional leaders. Some RPSCs engaged with local leaders about the best approach to establishing RLGs.

Across each of the case study regions, there was substantial local government representation. In some regions, local government was represented by their mayors. In other regions, it was council Chief Executives who sat on the RLGs. Departmental agencies were also well represented – including Police, MSD, Oranga Tamariki, Ministry of Education, Ministry of Health, DHBs, Civil Defence, Te Puni Kōkiri, Ministry for Pacific Peoples, and others.

With the onset of Omicron and the Delta variant, things changed...The approach from MSD and the government agencies also changed. It was a much more collaborative approach, in that everyone realised for the Regional Leadership Groups to work in the COVID response, the way that Care in the Community was designed to do, then everyone – mana whenua, councils, and a broad swathe of government agencies – all had to be present.

– Local government representative, Greater Wellington

RPSCs set the expectation that organisations were to nominate senior leaders who had the authority to make decisions on behalf of their agencies. The intent was to ensure timely access to, and mobilisation of, organisation resources to support local level delivery of the CiC welfare response.

You have to have people around the table that have the delegation to be able to move.

– Iwi representative, BOP-Waiariki

RPSCs also created a sense of urgency for the work of RLGs. Senior leaders were expected to prioritise their attendance at hui, rather than delegate to others. Meetings were held frequently – often twice daily early in the CPF period. It was common for RLGs to convene outside core working hours and in the weekends if necessary.

Iwi representation on Regional Leadership Groups

In most case study regions, Iwi participated in the RLGs

RPSCs in five case study regions actively engaged with Iwi leaders (sometimes with support of their Chairs) to secure Iwi representation on the RLGs. There were challenges as different Iwi had different levels of trust in the Crown, which impacted their decisions on whether to participate in the RLGs. Iwi indicated that the way in which they were approached by the Crown influenced their decision about whether they would agree to participate in RLGs.

For one Iwi, the commitment of the RPSC and Chair (and their insistence that the RLG could not happen without Iwi) was key to them agreeing to participate in the RLG.

You had believers of the time... They were very loud and very clear across the region saying that if vulnerable communities were our concern, our regional COVID response must be Iwi led... And so that was a game changer.

– Iwi Representative, BOP-Waiariki

Ultimately, Iwi nominated representatives for RLGs in five case study regions. In the case study region where Iwi were not represented, the RPSC and members of the RLG met regularly with marae leaders throughout the CiC welfare response to discuss the needs of whānau Māori. This RPSC has initiated formal engagement with Iwi about if and how they would like to contribute to regional leaderships structures in the future.²⁶

Iwi who were approached by RPSCs determined who would represent them on RLG. Some Iwi chose one person to represent their collective interests. Others preferred to be at the leadership table in their own right. In some case study regions, there was a consistent Iwi representative throughout the CiC welfare response. In other regions, the Iwi representatives changed over time depending on their circumstance and RLG issues of the day.

Priority group representation on Regional Leadership Groups

Pacific peoples were represented on most RLGs but other priority groups were not

In convening the RLGs, most RPSCs were mindful that COVID-19 had already disproportionately impacted Pacific people. They knew that the impact would be amplified once COVID-19 positive whānau were required to isolate at home. Ultimately, four out of the six case study regions RLGs had Pacific peoples' representatives from either the Ministry for Pacific Peoples or Pacific Trusts.

Across the case study regions, other priority groups (older people, disabled people, and rural communities) were not directly represented on RLGs. A number of reasons were offered as to why, including: the need to "manage numbers" on the group; uncertainty about whether representatives would have the capability to participate in the group; and questions about the mandate of potential representatives.

²⁶ Refer to Part Two Case Studies for more information about the Māori-Crown relationship in this region.

You can bring somebody on but do they have the mandate to represent that community or that demographic, you know? Are they able to? It's not an easy thing to sit at a strategic level with Government in particular, it's not. It's not always an equal partnership.

– RPSC office, Nelson

Whilst not identified specifically as a priority group, migrant communities and other culturally and linguistically diverse communities were identified by MSD as likely to need welfare support. Despite this, the migrant community was only formally represented (by the Ministry for Ethnic Communities) in one region. A lack of migrant representation in other regions may have impeded their ability to reach new migrant communities in need.

My colleague from Ministry of Ethnic Affairs, he was very good.. he made the point early on that we can't forget our new migrant communities and because they are often English as a second language. He was a great connection into those communities and was great for ensuring that the DHB resourcing, and you know, they had translated the documents, that the literature to many languages... There was a risk if he wasn't at the table that we may have inadvertently missed out some communities.

– Local government representative, Greater Wellington

Impact of Regional Leadership Group composition on outcomes for priority groups

Participants felt assured that whānau Māori were able to access welfare support

A consistent view from participants was that whānau Māori who were in need were able to access welfare support through the CiC welfare response. Participants attributed this in large part to the involvement of Iwi at two levels – at the strategic level through RLGs as well as at the local level through delivery of welfare support.

During the early stages of COVID-19, Iwi and Māori health and social service providers mobilised early to support their communities through vaccination drives and clinical care for those affected by COVID-19. Prior to the full roll out of the CiC welfare response, Iwi had identified unmet need amongst Māori communities and mobilised their own welfare response.

Because when that shutdown occurred, whānau weren't prepared... 'You gave us 2 days to go out and do the shopping, but it wasn't on a payday, or it was 3 days after a payday. So you guys might be able to do the shopping, but majority of our whānau can't'. So they missed the boat. So we started using Iwi investment pūtea to just front foot a huge CiC welfare response. Bring in all of our marae, training, development, PPE, resource, all of that – we just start spreading it out across our rohe.

– Iwi representative, BOP-Waiariki

By the time the CPF was put in place, they had already established themselves as “trusted faces” delivering from “trusted places”. Therefore, it was a seamless transition for Iwi to deliver Government’s CiC welfare response to their whānau/communities.

Participants considered that having Iwi at the RLG table was key to the successful outcome of the CiC welfare response for Māori. If there were gaps in service delivery to Māori, Iwi would raise this at RLG and seek solutions. In addition, Iwi had a strong line of sight to the community and were also able to continuously monitor the impact of the response on Māori.

It's hard to be confident about getting everywhere, but under the circumstances... it's hard to see how more could have been done in terms of penetration. You can never be entirely certain that someone didn't get what they needed, but I feel very confident there was a very robust platform for making those connections and determining those needs, and then delivering support into those whānau.

– Iwi leader, Greater Wellington

Iwi and Māori providers were recognised as being able to access whānau who otherwise may not have reached out to MSD for welfare support.

A good part of the community is Māori, and they wouldn't go through the MSD. They would go through Iwi. It was acknowledged that, for many in our community, the level of trust with MSD is low so having that other avenue for them to come through was worthwhile. They [Iwi] were actually the major providers of the welfare support, particularly kai.

– Local government representative, Waikato

Participants felt assured that Pacific whānau were able to access welfare support

In regions where there was Pacific representation on RLGs, participants expressed confidence that Pacific peoples were well served by the CiC welfare response. They noted that Pacific providers worked hard to break down barriers and mistrust in order to be able to deliver welfare support.

I think we were able to prove how connected we were with communities... People trust the Pacific providers that they deal with but they need to hear... the consistent message if we do this we'll save lives, if we do this it's a good thing for you, it's a good thing for your family and that's part of the role that we could do in that part altogether and to give it to them in their own languages.

– Departmental agency representative, Auckland

Pacific peoples' representatives acknowledged the role some Iwi played in looking after Pacific peoples if there was no Pacific provider in their region.

Having Iwi on board... there was reassurance from some of the Pacific whānau in rural areas [where there were no Pacific providers] that we could probably connect them with Iwi.

– Pacific representative, BOP-Waiariki

In a couple of regions, Pacific peoples' representatives noted the emergence of a new cohort of Pacific whānau who had not accessed MSD support previously. These whānau were not comfortable reaching out for welfare support and sometimes needed providers to support them to connect with MSD. An unintended outcome of the CiC welfare response was that some Pacific whānau who were not aware there were Pacific providers in their region connected with them for the first time and continue to be supported by them.

Pacific RSE workers (Recognised Seasonal Employer scheme) were identified as a group that were initially overlooked in some regions. Participants reported that some RSE workers were at risk due to finite sick days in their contracts, and not being supported to be able to isolate safely.

So we have 7,000 RSE workers a year in this region... Our traditional Pacific groups and community groups are quite small, but they themselves were supporting... a lot of our RSE workers who got stuck here. They couldn't go home to their home nation, so early on in the play we realised some gaps. We were able to shift gear and go 'Right, this is a group that aren't eligible for a lot of the New Zealand support stuff. So how do we get community support in there and... really work with those groups?'

– RPSC office, Nelson-Tasman/Marlborough

Another unintended outcome from the CiC welfare response was an increase in digital literacy among older Pacific people. Participants shared that with whānau isolating together, older people were taught and encouraged to use technology. In addition, in one region, prompted by the COVID-19 experience, a Pacific leaders sub-group has been established.

Participants were not assured that the needs of older people, disabled and rural communities were fully met

When compared to the reach of the CiC welfare response for Māori and Pacific peoples, participants were less certain that older people, disabled people, and rural communities were easily able to access welfare support. There appeared not to be routine provision of data on or systematic monitoring of outcomes for these priority groups. In the absence of this, RLGs relied on either local level intelligence from members or took a lack of complaints as a proxy for needs being met. A fairly frequent phrase provided was *"We had no negative feedback, so we took that as a good sign"*.

I'm not a not aware of any gaps. Would we have been advised of these gaps? It's hard to know, but generally ... if something's not quite working for people, they'll get in the mayor's ears or one of the councillors'. I didn't get any feedback that would indicate there were issues.

– Local government representative, Waikato

Older people, disabled people, and rural communities were not represented on RLGs. A number of localised examples were given of individual agencies reaching out to these priority groups. However, there was limited evidence that RLGs pro-actively identified their needs and monitored whether they were being met.

Case study regions with smaller populations appeared to have greater knowledge of priority groups within their regions, and appeared more proactive in ensuring they could access welfare support. In regions with Iwi/Māori and Pacific providers, participants noted that the values of these organisations, combined with their whānau-centred delivery approach, meant that kaumātua were not only cared for, but prioritised. The same was true for people with disabilities and, in some cases, rural communities.

We were going around the country for the development of the [public strategy title] We were going into rural areas and they were going, 'Well actually you guys forgot about us but the Iwi down the road didn't - they fed us'.

– Departmental agency representative, Greater Wellington

Participants considered the needs of disabled people were probably not fully understood or met

In several of the case study regions, examples were given of targeted support for disabled communities. In one region, the DHB operated residential homes for disabled people, and felt they had *"high antennae"* for this community and any support they might need. Post-CPF, an advisory group was established in this region as it was felt there was a gap in meeting the needs of the broader disabled community. Participants from another region reported that they had *"tapped into"* disability advocate groups for intelligence and advice.

In other case study regions, there was an assumption that the needs of disabled people would be *"covered by Health [DHBs]"*. Some participants reflected that disabled people may have been under-

served by the CiC welfare response in their regions. There was a feeling that disabled people who either did not know how to, or did not, reach out directly for help may not have come to the attention of service providers and MSD.

Disability sector [was overlooked] in a big way. To tell you the honest truth, we just ran out of time. It was just too busy... we certainly worked with the NGOs in the disability arena... But that voice... should have been at the table. And it certainly comes through with Iwi anyway, but still. And also, ethnic communities - although we did have that representation, it's not strong enough... Throughout the country it's only regarded in a big way in Auckland, Wellington, and Christchurch. Well, that's not good enough for other ethnic communities.

– RPSC office, Waikato

In the urban areas, yes, we probably didn't do as much in that space. It would have depended on their own mobility... by mobility, I mean sort of physical mobility to go out ask. But I don't think too many people came to them with a request.

– Local government representative, Te Tai Tokerau

You know we all have unconscious bias. I had unconscious with the disabilities community... I didn't have real visibility of some of the issues that they had. They hit me up and they said, 'You can't forget us, you know... we're invisible'. So it helped me to you know to find that group and to bring them into the fold.

– Departmental agency representative, Greater Wellington

Participants were uncertain if the needs of older people were fully met

Due to health status vulnerabilities, older people were most at risk of being adversely affected by COVID-19 particularly after the onset of the Omicron variant in early 2022.²⁷ Other vulnerabilities that were identified were the effects of long periods of isolation (especially for those living on their own), fear of leaving the house (even to collect essentials such as medications), and a lack of internet connectivity (e.g., to order groceries online). Some case study participants were uncertain if older people were able to easily access welfare support.

I've been part of a number of different forums post it and people, I think there was a gap because everyone thought that because there was no big data sharing you know. That did come out of COVID, no one could really share too much data, so often organisations thought that [other] organisations had these people covered... And actually, there were gap areas. I do think there were likely whaikaha and even some of our elderly, non-Māori, were probably missed as well potentially. I do get the feel that some people felt there was some groups that were missed out.

– Iwi representative, Waikato

...And if we talk about that [gaps in the provision of welfare support], some of the elderly who basically didn't see anyone for months. It wasn't high on my radar, but it was a question that was raised at the leadership group of how are these isolated elderly being supported? We had our senior citizens group that we're connecting with. I don't know the answer to that, but it was certainly something that was discussed. They were another vulnerable community that were very fearful for a for 18 months.

– Local government representative, Greater Wellington

²⁷ Over half of all recorded deaths from the virus in New Zealand occurred during the CPF and the vast majority of these were aged over 70 years. Public Health Agency. 2022. *COVID-19 Mortality in Aotearoa New Zealand: Inequities in Risk*. Wellington: Ministry of Health, p.9.

Across the regions, in addition to Iwi, it was local government that was most likely to hold relationships with various advocacy groups for older people such as Age Concern and the volunteer system supporting 'Meals on Wheels'. These connections allowed them to identify and reach out to older people who were already isolated and/or living with mobility issues.

I suspect it was more our elderly population and particularly those with health risks, were the ones where we had our biggest challenges in terms of supporting them. And then I suppose the other area would be those at a disadvantage who don't have computers and don't have Wi-Fi. You know they can't click; they can't order food online. And that was the same with the elderly as well.

– Local government representative, Nelson-Tasman

In a couple of regions, local government staff (e.g., librarians) were reassigned to phone older people to ensure that their needs were being met and to provide a contact point they could call if they needed it.

I remember when we agreed... they're aiming for 12 an hour, you know, a five-minute phone call. No. For some people, it was the first time they used their voice in a week or two weeks and it was two or three phone calls an hour. Really it was just more about them knowing that there's a number to call if you need help.

– Local government representative, Nelson-Tasman

As indicated above, the needs of Māori and Pacific kaumātua were prioritised by Māori and Pacific service providers. In order to access support through MSD (e.g., via case managers), older people would have had to have had knowledge that welfare support was available, had access to technology (e.g., phones or digital devices) and a level of comfort with technology to register their need for support. For older people who had not engaged with MSD previously (beyond Superannuation) there may have been a reluctance to ask for welfare support.

Participants did not view rural communities as particularly vulnerable

Participants tended to view rural communities as not strongly in need of welfare support. These communities were described as "hardy", "resilient", and "self-sufficient". There was an assumption they would help each other and that they would be less likely to seek welfare support than urban dwellers.

There was a huge amount of volunteer people just getting on and helping their neighbours, their friends, their family and particularly in rural areas... Those communities tend to be a bit more resilient in any event... they also tend to be less quick to complain as well, so you know they'll put up with a bit - more than perhaps people in the centre of cities do in these sorts of circumstances.

– Local government representative, Nelson-Tasman

One participant acknowledged rural communities as a potential gap in the CiC welfare response noting that they "probably didn't have a strategic voice" into the RLG. Local government participants held intelligence about rural communities within their boundaries. However, all participants struggled to provide clear insights on the impact of self-isolation on rural whānau and how well served they were by the CiC welfare response.

So they're pretty self-sufficient, but they were quite isolated. And so just the mental health challenges, I think sort of came to the fore a little bit about isolation of our rural community.

– Local government representative, Greater Wellington

3 The Contribution of Regional Leadership Structures to the CiC Welfare Response

Case study questions

- What has been the contribution of regional leadership structures in achieving the desired outcomes of the CiC welfare response?

Overview

When Cabinet agreed the CiC welfare response strategy (locally-led, regionally enabled, and nationally supported), it also set expectations of RLGs. These included that RLGs would: strengthen regional relationships; provide strategic oversight and alignment of the regional CiC welfare response; provide regional coordination to support locally-led delivery; and provide a communication channel between central government and local communities.

This section explores the contribution of regional leadership structures to achieving the desired outcomes of the CiC welfare response and concludes that RLGs operated in a way that was consistent with the expectations above.

Key contributions of Regional Leadership Groups

RLGs fostered strengthened relationships between central and local government and Iwi

Participants identified strong relationships between RLG members and the subsequent increase in trust as fundamental for mobilising a successful collective CiC welfare response to COVID-19.

With our model, it was built around relationships and then you get the trust. And then... as [Iwi leaders] say... 'With that trust, then you become friends'. And you develop a really good friendship. So, with that you can do anything.

- Departmental agency representative, BOP-Wairariki

Participants consistently reported that through the CiC welfare response, they developed new and stronger relationships with representatives from other organisations. This in turn strengthened working relationships between their organisations. One example of the benefits of strengthened relationships was that members were more willing to contribute to work areas that were outside their agency's accountabilities.

There are some really good relationships that the leaders have with each other... People went into areas where it actually wasn't their normal work. We've tried to sort of build on that momentum, through the working groups. And so people, you know, and using their good will and also getting people committed too. So I think that's one of the lessons is that it has helped build a sort of coalition of the willing parties to actually contribute to the key priorities.

- RPSC office representative, Tāmaki Makaurau

Another example was of agency representatives feeling confident to directly contact their colleagues in other organisations as issues arose. This then resulted in more timely resolution of issues.

I think a lot of our staff actually realise the importance of relationships. They're huge. You know, not only with the community and Iwi and the Pacific community, Asian, Indian. But actually with... other government agencies, where they could actually just pick up the phone, make a phone call and sort of resolve issues.

– Departmental agency representative, BOP-Wairariki

A further example of an outcome of that was fostered by strong relationships was when RLG representatives negotiated with a Primary Healthcare Organisation (PHO) to share data about where whānau (for whom they provided health services) resided with community providers. This enabled these providers to access a broader range of whānau in need of welfare support, in a timelier way.

Finally, as a result of increased trust amongst RLG representatives, RPSCs and representatives felt more confident to share sensitive information about the CiC welfare response (e.g., changes in traffic light levels and local protection/lockdown boundaries) which increased the timeliness of information flows out to communities.

At times... local government... they sometimes despair at the lack of communication coming from central government ... Just the mere fact that we met regularly, raised confidence and trust and relationships on all sides... It went a long way to improving the flow between central and local government.

– Local government representative, Greater Wellington

RPSCs and their directors actively fostered collaborative working relationships and collective ownership of the CiC welfare response amongst RLG members. They also worked hard to resolve relationship challenges during meetings as well as "keep people at the table". Sometimes this required RPSCs engaging with representatives off-line, to follow up on issues of dissension and ensure that they remained engaged with the RLG.

On conclusion of the CPF period, most participants felt that the region was better positioned to convene and respond to future events/priorities.

The relationships that were already in place were strengthened through that - through so many meetings together. I think it has left us in a better place. Knowing we can get the band back together again if need be is a good thing - it really is.

– Local government representative, Nelson-Tasman/Marlborough

While the majority of representatives demonstrated commitment to a unified approach, there was a small number of participants who were less convinced by the value of the RLG structure. They valued being able to gain access to the most recent communications about COVID-19 but, beyond that, did not see much value in the group.

For actually coordinating work programmes or CiC welfare responses? I don't know because ... I wasn't involved too much in that. Using it to trigger change or communicate? Well, it was a good communication tool, but that was it.

- Local government representative, Greater Wellington

Further, in one region, there was less evidence of strong relationships within the RLG and some local government representatives were more focused on their geographical catchment than progress with the region as a whole. In another region, a couple of departmental agency representatives also recalled the event quite narrowly and focused mainly on the delivery role of their agency, rather than the collective considerations of the RLG.

RLGs supported local level delivery by identifying issues, removing blockages, and unlocking resources to accelerate the CiC welfare response

Participants recognised that the role of the RLG was to support and enable community leadership of the CiC welfare response.

It became very clear that the 'community led' was first up... they go there very quickly. It was very obvious what people's roles were. So, particularly Iwi were out and doing it. And very quickly, it became a question of 'How can we then enable that further as regional agencies?'

- RPSC office, Te Tai Tokerau

One of the key functions RLGs undertook was gathering local level intelligence about how the CiC welfare response was being rolled out by providers in their region. This included identifying problems and blockages that were impeding whānau accessing welfare support.

Through the RLG, representatives (central and local government and Iwi) were able to come together and draw on the collective strengths and resources of their organisations to resolve issues. Three critical factors were identified as key to timely problem-solving: the high trust relationships that developed through the RLGs; the ability of representatives to make decisions on behalf of their organisations; and the ability of representatives to be able to access and allocate resources from their organisations (e.g., funding, staffing and facilities).

The relationships are critical, being able to pick up the phone and have a conversation...and there's a very quick turnaround between the conversation and actually doing some of their stuff.

- Departmental agency representative, Te Tai Tokerau

The ways in which RLGs removed blockages and supported local level delivery were wide and varied. Some examples are listed below.

- Across all the case study regions, funding agencies (e.g., DHBs, MSD, Te Puni Kōkiri, and Ministry for Pacific Peoples) operated high trust, low compliance commissioning which allowed community providers to be agile and responsive in their service delivery.
- In one region, there had been an agreement that MSD would not apply its standard criteria to assess whānau eligibility for welfare support during the CPF period. A departmental representative was advised through community networks that the standard criteria were being applied by their local MSD office. This created a barrier to whānau in need accessing welfare support. They contacted their peer at MSD directly and the issue was immediately rectified.
- If local service providers did not have the full suite of facilities required to deliver a comprehensive welfare response, local government representatives facilitated access to facilities (e.g., warehouses for storage of food and supplies, car parks for drive-throughs, and libraries as Rapid Antigen Test collection points) to support the delivery of welfare support.

In addition, organisations worked together and pooled their resources (e.g., re-assigning staffing and vehicles) to support and complement local level delivery of the CiC welfare response. Some examples are listed below.

- In at least two case study regions, councils re-assigned librarians to make welfare calls to older people in their community and to provide manaaki support (e.g., collecting and delivering prescriptions).
- In one region, the Department of Conservation offered up their vehicles to support the delivery of welfare support.
- In one region, council staff worked alongside Police and DHB staff to escort overseas visitors in campervans to a secure park where they could isolate safely as a group.
- In a region where a significant proportion of the population lived in isolated rural areas, there was concern that whānau experiencing high deprivation either may not reach out for, or may not be able to access, welfare support. Departmental agencies worked together to identify their staff from those communities. They then gathered supplies and resources for staff to take back to the whānau in their communities. In doing so, departmental agency representatives also checked on the welfare of those whānau, identified unmet welfare needs, and triggered a welfare response from the relevant agency.
- In one region, due to MSD boundaries, whānau from some Iwi and communities were serviced by two different MSD offices. The Regional Commissioners agreed to be flexible and service communities in a way that made sense to them, rather than adhere strictly to the agency boundaries.
- In one region, the Iwi provided space for MSD to operate out of their Rūnanga offices so that MSD staff could be more accessible and responsive to whānau in that community.

Participants came to recognise the benefits of an action-oriented, unified approach

Participants noted that their experience of RLGs was a much stronger sense of common purpose and commitment to collective action compared to previous intersectoral forums, which focused mainly on networking and information sharing. Participants spoke of how the COVID-19 experience had created a "common enemy". The CiC welfare response demanded that they set aside their organisational interests/accountabilities and work collectively. Participants came to realise the benefits that can accrue from a unified, collaborative approach.

We appreciate through COVID, that if we all work together, we all collaborate – we have more power. So just as a single agency, we may...[be] bound by limited budgets. As we go forward, we have more power if we can actually bring all our budgets and our resources, other resources together.

– RPSC office, Te Tai Tokerau

It was also good to be able to go through and put the requests out there if someone needed more staff... We had a couple of calls for people who were looking for staff from agencies to support. Then we were able to talk amongst ourselves and find out what might be required.

– RPSC office, Greater Wellington

That was always the approach that came through the ARLG [Auckland RLG], that's how other agencies were talking, were acting, and when people think and act as one, you easily buy into that. So I was really happy that that's one of the few times I've seen the public service respond in a truly singular way.

– Departmental agency representative, Tāmaki Makaurau

RLGs were key to facilitating information flows between the Centre and communities

During the CPF period, central government needed to convey accurate and timely information out to communities, including information about traffic light settings, extra restrictions such as local lockdowns, or other protective steps to keep communities safe.²⁸ RLGs provided a critical communications channel for getting messages from the Centre out quickly to communities.

Every time there was a new variant and new advice around vaccinations, we became a clearing house for good information and quality information and an escalation point.

– RPSC office, Greater Wellington

I often described the RLG's as a bit like an hourglass. The RLG's the pinch point. The middle. Everything flows down from the top. So [the information]... lands here and then almost gets triaged and then goes out against the big base.

– RPSC office, Marlborough-Nelson/Tasman

²⁸ Examples of other protective steps included: stay at home orders, closing premises (e.g., schools or shops) and limiting numbers allowed at gatherings.

Regional organisations pooled communications capacity and tailored material for their local context

RLGs aligned the communications capacity of their organisations to create "scale" to deal with the volume of communications that was flowing throughout the CPF period.

Sitting under our Regional Leadership Group, we set out our communication sub-function... That was all the comms experts... from each of the relevant agencies, plus some extras called in. That just allowed for really quick sharing of communications.

- RPSC office, Marlborough-Nelson/Tasman

In some regions DHBs, MSD, and other operational leads were co-located, so that operations and communications functioned out of one location. Participants advised that national communications material often needed to be tailored for the local context. This required regional communications advisors to rewrite messages in a way that their communities would easily understand. They also worked to ensure messaging saturated the full gambit of local level communications channels (e.g., social media, print media, radio).

We spent a lot of time discussing and redoing the communications for our region. We didn't think that they were pitched at the right level or for people to really understand. So we did a lot of work... making sure people were getting ready, understanding what they needed to do to get ready, knowing where they could get help.

- Local government representative, BOP-Wairariki

I think we were able to prove how connected we were with communities... People trust the Pacific providers that they deal with but they need to hear... the consistent message 'If we do this we'll save lives, if we do this it's a good thing for you, it's a good thing for your family' and that's part of the role that we could do in that part altogether and to give it to them in their own languages.

- Departmental agency representative, Tāmaki Makaurau

RPSCs and communications staff worked with local leaders, to support them to amplify communications released from the Centre

RPSCs and regional communications staff worked with regional leaders to ensure that they had timely access to information. Mayors in particular were actively engaging with local media to convey messages about CPF settings and information communities needed to keep themselves safe. They were recognised as having their 'ear to the ground' and being able to pick up, in real time, shifts in community sentiment.

We regularly got key messages and updates from the Centre. You're able then to transport that across to mayors... You've got the Prime Minister standing out doing the press conference. Then you get local mayors on the radio or in press, being quizzed about that and they could then trot out the key message as well. So a very effective way of amplifying your message.

- RPSC office, Te Tai Tokerau

RPSCs and communications staff supported mayors to ensure that the information they conveyed to communities was accurate and consistent with the messaging released by departmental agencies. In one region, the RPSC convened weekly hui with mayors, and representatives from DPMC regularly attended. These hui provided a mechanism for DPMC to share the rationale behind

the communications from the Centre, for mayors to raise issues of significance to the region (e.g., roadblocks), and to ensure alignment between national and regional messaging.

I think probably the most beneficial thing was having the mayors around the team... We did it by Zoom on a regular basis so they felt really...empowered, particularly by the DPMC talking about the rationale behind decisions made by central government.

– RPSC office, Te Tai Tokerau

Some participants were uncertain about the impact of advice from RLG to the Centre

Under the CPF there was an expectation that Government would seek advice and input from RLGs into decisions regarding the CPF. Participants reported regularly providing real time advice when requested by the Centre and considered this to be a valuable process.

'This is the policy, and this is what's been decided' and then they get almost instant feedback on that from the leadership group, from the RPSC, from the local authorities, from mayors. So I think that was the useful thing.

– RPSC office, Te Tai Tokerau

A challenge recorded by some participants was feeling as though communications from the local level into the Centre (especially in relation to boundary setting) were not fully considered. Some participants reported receiving no welfare response to the local intelligence that RLGs provided to the Centre. Others felt their communications had no impact when centralised decisions failed to reflect their concerns about the impact on affected communities.

Alignment of Regional Leadership Group contributions with Cabinet expectations

Overall, the way RPSCs and RLGs operated during the CPF period aligned with Cabinet expectations. Table 1 provides a summary of the strength of alignment with these expectations across the six case study regions. Black indicates strong evidence that RLGs met the expectation across all case study regions. Grey indicates that the evidence was strong in three to five regions.

Across each of the case study regions, there was strong qualitative evidence that the RPSCs had:

- convened broad based RLGs to co-ordinate and align the regional contribution to the CiC welfare response
- co-ordinated with representatives to resolve barriers to outcomes of the CiC welfare response in a way that minimum escalation to CE groups/the Centre was required.

Similarly, there was strong qualitative evidence that the RLGs had:

- been successful in strengthening relationships between central and local government and Iwi
- worked to provide strategic oversight and alignment
- acted as a strong communication channel.

Table 1 - Alignment between Cabinet expectations and RLG operations across case study regions

Cabinet expectations of RPSCs/regional leadership structures	Demonstrated by these outcomes	Evidence across case studies
RPSCs	<ul style="list-style-type: none"> Bring together, coordinate, and align regional decision makers as it relates to the CiC welfare response 	
	<ul style="list-style-type: none"> Resolve barriers and problems regionally where possible and escalate if needed, (led by RPSC) 	
Strengthened regional relationships	<ul style="list-style-type: none"> Strengthen existing relationships among the public service, Iwi/Māori, local government, and community leaders 	
	<ul style="list-style-type: none"> Public service effectively partners with Iwi/Māori, led by RPSC 	
Strategic oversight and alignment	<ul style="list-style-type: none"> RLG members understand settings of CPF and share latest information to support CiC welfare response 	
	<ul style="list-style-type: none"> Regular, collective consideration of activities and resourcing to achieve 'minimise and protect' strategy of CPF for region 	
Regional coordination to support local-led delivery	<ul style="list-style-type: none"> Working together to support locally-led delivery 	
	<ul style="list-style-type: none"> Resolve problems regionally where possible and escalate if needed, led by RPSC 	
Act as a communication channel	<ul style="list-style-type: none"> For the Government to seek advice and input into decisions regarding the CPF 	
	<ul style="list-style-type: none"> For communities to receive information they need to safely isolate 	

Evidence of partnering with Māori at the regional leadership level was strong in five of the six case study regions.²⁹ Regional co-ordination to support local delivery was evident in all regions but evidence of RLGs resolving problems that were affecting local delivery was stronger in four of the six case study regions.

²⁹ The RPSC of the remaining RLG engaged with a marae collective and is undertaking on-going engagement with mana whenua about the most appropriate form of Iwi engagement with/inclusion on regional leadership structures.

4 Strengthening Regional Leadership – Lessons from the CiC Welfare Response

Case study questions

- What challenges and opportunities have the regional leadership structures faced?
- To what extent did partnering with Iwi help strengthen the Māori/Crown partnership?

Overview

Throughout the CPF period, regional leadership structures faced a number of challenges and opportunities that have generated lessons for future ways of working. This section outlines lessons relating directly to the operations of RLGs including: the importance of ensuring that leadership groups include representatives from communities that are most affected by regional priorities; investing in relationship building within RLGs; and fostering a culture of collective ownership of regional priorities. It also considers the lessons learnt from the Māori-Crown relationships that were formed across the case study regions to support the CiC welfare response.

Finally, it presents insights from participants into the wider policy settings of the CPF period, in particular the impact of devolved leadership on the CiC welfare response, and the impact of high trust commissioning. Taken together, these lessons and insights may inform the operations of regional leadership structures in the future.

Lessons for the Regional Leadership Group operations

Investing in building relationships between individuals, and organisations, is key to growing strong regional leadership

A key feature of RLGs was that they fostered and strengthened relationships between regional leaders. This included relationships between representatives as individuals, as well as between their organisations. These relationships provided the foundation for RLGs to take a collective and collaborative approach to the CiC welfare response in their regions.

Post the CPF, turnover in membership in some regions has been relatively low. In others, it has been significant. In future, membership turnover could slow the momentum gathered by RLGs through the CPF period as it will take time for new relationships to form between representatives. To mitigate this challenge, RPSCs will need to continue to foster a culture that supports new members to quickly build trusting relationships within the group. In addition, the introduction of structured induction processes (and resources) would assist new members to get up to speed quickly with the purpose of RLGs. Te Tai Tokerau has developed an induction manual that sets out: the role of the RPSC, the role and structure of the NIF, an overview of the Regional Leadership System framework (including vision and values and relationships), and the Government's national and regional priorities. This could provide a useful model for other regions.

Collective ownership of regional priorities (by central and local government and Iwi) leads to stronger outcomes

The COVID-19 crisis served to unify organisations that may ordinarily operate mostly independently of each other. Over the CPF period, in addition to delivering on their own organisation's accountabilities, RLG representatives sought out opportunities to collaborate with other organisations to enable the CiC welfare response. Some participants felt strongly that this experience had built a platform for increased regional collaboration beyond the pandemic.

Yes, there'll be some pulling back and going back into silos, or 'I have to deliver on my KPI's and you've got to deliver on yours' but I do think there's far more of an appetite to collaborate and do things differently... We are totally seeing that level of collaboration now, which we wouldn't have seen before.

– Departmental agency representative, Tāmaki Makaurau

However, a number of participants observed that at the end of the CPF period, central government and local government organisations had begun to drift back to a "business as usual" mode of operating. They had returned to "looking inward" and focusing back on their individual workloads. It appeared that the desire by some to unify around cross-cutting issues had dwindled, with a return to more siloed and fragmented ways of working.

What I found over time, though, was that as things have settled, everyone sort of retreated back to their silos. This is something that we knew would happen, but it has been a bit disappointing to see how fast it's happened for some organisations that make up the leadership groups.

– Iwi representative, Marlborough-Nelson/Tasman

...The old going back into your silo. Going back to the way that you did it. You know, head down, bum up with some of these policy parameters and stuff... You know, they're not going to cut it.

– Iwi representative, Marlborough-Nelson/Tasman

In the future, countering the return of departmental agencies returning to siloed and fragmented ways of working is likely to require continued messaging from the government regarding expectations of strengthened regional leadership.

Iwi-Crown partnering strengthens RLG and CiC welfare response outcomes

Feedback from Iwi and central government agencies suggests that the Crown's ambition to strengthen its relationship with Māori were advanced during the CiC welfare response.

There was a period of time where we as Iwi felt quite valued at the decision-making table... It's a shame that it takes a crisis for that to happen, but it was positive because it created an opportunity to show a better way of working together. So the silver lining of COVID is to demonstrate the power of working together collectively with local government agencies and Iwi. You know, keeping whānau at the centre of our decision making.

– Iwi representative, Nelson-Tasman and Marlborough

The experience has created a solid foundation for future Māori-Crown collaboration. Iwi who participated in the RLGs have an expectation that they will continue to be represented, be it via a RLG or other leadership structure.

To a certain extent the genie is out of the bottle... Once you've been in battle, you can't go back... And so now.. I would say that there is a greater degree of, I'll use the word intimacy. You know proximity in terms of the relationships and the trust.

People have proven themselves under fire. So now we're having more authentic trust-based conversations about continuing on that trajectory of what's needed? What do you guys think? How can we help? How can we work together? So that is a very powerful silver lining, which must be retained and in a sensible way. It should become the new norm.

– Iwi representative, Greater Wellington

Case study Iwi were committed to continue working with government agencies in the future to advance whānau outcomes.

We've created it and it works... Probably the conversation we want to keep having is, how do we work together better? To support those agencies with the outcomes they're trying to seek and achieve with our Iwi-Māori community locally, but then also it needs to be Iwi driven to be successful in a sustainable way.

– Iwi representative, Nelson-Tasman/Marlborough

In the future, if central and local government organisations fail to prioritise Iwi relationships (including participation by Iwi in RLGs), this will likely detract from the strengthening of the Māori-Crown relationship that occurred during the CPF period. Further, it may reduce the likelihood of Iwi so willingly supporting future responses, or supporting the Crown to achieve its wider priorities that impact Māori and the wider community.

Iwi participants noted that their decision to participate in RLGs was often influenced by the credibility and integrity of experienced central and local government leaders. They noted that with membership turnover (particularly of those leaders who are retiring), new members need to be aware of the commitments that have been made previously to the Māori-Crown relationship.

You know, [leader] has gone, he's retired. So you've got a new guy there who hasn't been a part of that relationship. So you have to kind of start your hononga³⁰ again. Then you've got [leader] who's... leaving his position. So the new players that come on, it just means, not a start again, but a reminder of the commitment that everyone made to working together in a Treaty partnership for the betterment of the community.

– Iwi representative, BOP-Wairiki

Inclusion of population agencies strengthens RLGs

Population agencies (e.g., the Ministry for Pacific People and the Ministry for Ethnic Communities) played a critical role in the CiC welfare response when they were represented on RLGs. Their local level intelligence and advice was instrumental to their communities being able to access welfare support.

The capacity of Te Puni Kōkiri, the Ministry for Pacific Peoples, and the Ministry for Ethnic Communities was stretched with each of these agencies having single staff members assigned to

³⁰ Union, connection, relationship, bond.

multiple RLGs (at times more than four RLGs). At times this, combined with representatives not residing in a RLG region, impeded the depth of advice they could provide to each group.

I was jumping in and out of different meetings... not necessarily the best welfare response to the emergency structure. I appreciate everyone needs to know and... will want... visibility of everything that's going on but that was quite taxing for us... We were doing more meetings than we were doing community intelligence.

– Departmental agency representative, Tāmaki Makaurau

Some participants expressed a strong preference for representatives to be based in the region (so that their advice was informed by local knowledge). Pacific peoples' representatives identified a concern about government agencies starting to return to "old ways of thinking and working". Throughout the CPF period, they experienced being actively included in RLGs and having their advice valued. They felt this made a real difference to the communities they represented, but there is some concern there will be a return to status quo, and a devaluing of their contribution.

We had quite a strong contingent of leaders who were very much involved and aware of what was happening on the ground. There were those like MSD in particular, who were driving initiatives and responding to community need. And we had others like ourselves, and Te Puni Kōkiri who had a really strong finger on the pulse of what Pacific communities were saying... It certainly felt like we were taken more seriously and that sort of community feedback was more valuable at the time.

– Departmental agency representative, Tāmaki Makaurau

The insights and local level intelligence demonstrated, and relationships forged by population agencies during the CPF will add significant value to the work of regional leadership structures in the future.

Insights into the impact of wider policy and operational settings

Devolved leadership of services enables broad reach into communities, especially to whānau who are not well connected to government services

There was strong agreement amongst participants that devolving the leadership of the CiC welfare response to the local level (enabled by regions and supported nationally) was an effective strategy. The CiC welfare response highlighted how local service delivery was able to reach whānau who, for a number of reasons, may not be accessing services delivered by government agencies.

They made the Government look good, but it was the community themselves... We need to keep growing this. We need to be able to commission differently in the localities approach because the ecosystem that we utilised ...makes sure everyone is looked after.

– Departmental agency representative, Greater Wellington

And just the willingness of government agencies to collaborate and cooperate with local government and mana whenua... It was just a refreshing view cause the first period of central government's response to COVID back in 2020 - it was pretty centralised and was really difficult... So, you know, the trust had been established. And we've been able to circumvent the whole raft of bureaucracy to just enable, policies to be met. But it doesn't need to be operationalised at the central level. Just push it all out to the communities and to the community groups and they will be able to deliver.

– Local government representative, Greater Wellington

Participants, including departmental agency representatives, stressed the importance of building on the devolved leadership strategy that was employed during the CPF period. They showed strong support for its continuation to help achieve shared regional priorities in the future. Iwi felt particularly strongly about the need to continue a devolved leadership approach to lifting the well-being of communities.

There is a fear around some of the things being devolved to the region, but some things do need to devolve. Some things can still be centralised. The thing that's stopping it is policy and/or lack of trust. Or election cycles. You know, those three yearly cycles. But over time if you can develop those relations and trust, and you can see the outcomes, then it shouldn't matter because you'll see that, actually that's making a difference.

– Iwi representative, Marlborough-Nelson/Tasman

Among the critical learnings from the pandemic experience... is that there is a serious limitation of the ability of central agencies to give effect to their public policies in communities. Lockdown; delivery; regardless of whatever mechanism... never delivers universality.

We were facing an existential threat. Everybody's got to get vaccinated. What happened? 50%, 60% [vaccination rates] ... Fail! It wasn't until there was recognition that those with existing community infrastructure, Iwi and Pasifika were leveraged, that we get trusted voices, trusted faces, and trusted places. By enabling those conversations to flow, those actions to flow and then, close enough to universality [of vaccination rates] was achieved.

It is hard to overstate how significant that learning is because everybody constantly wrings their hands at the inequity that continues to... dog us in our key social policy areas. The principle of subsidiarity says that you locate resourcing and decision making where there is the most proximate relationships for executing what it is you need to do. And when it comes to social policy implementation, the creation of a network of subsidiary delivery and influence needs to characterise our go forward.

So, is a regional forum for senior leadership coordination and information sharing of value? Yes. But it's not enough. It will be optimal if it is part of a reset on how this principle of subsidiarity is implemented. The regional leadership oversight piece, logically, has place in that eco-system. But if that's all it is, then that's of limited utility.

– Iwi Representative, Greater Wellington

Navigational support can boost local level reach to whānau

Most participants had heard of Community Connector roles but did not hold detailed insights of the part they played during the CiC welfare response. Those who were familiar with the roles considered Community Connectors to be a useful resource that bolstered the capacity of local providers to access hard to reach whānau and provide them with welfare support.

They were really good in terms of going into those communities, being signposts for where those services were, or signposting some of the services to where the need was... They did an outstanding job in that space of the welfare and coordinating, signposting, and managing the welfare.

– Departmental agency representative, Waikato

A small number of participants observed the work of Community Connectors to be mostly "transactional" in nature. By transactional, they meant focused on delivery of food and other

essential supplies to whānau rather than assisting them to access a range of services including welfare, social, mental health services, and employment (as was the intent of the role).

There were specific items that were tasked out as opposed to 'Go and find out what their family needs to isolate and remain safe and make that happen'... I was seeing 'Go and get them cigarettes'... when they needed accommodation... It was just so transactional.

– Departmental agency representative, BOP-Wairariki

Transactional in the sense that... how I saw Community Connectors was they were to navigate families through complex systems or processes like Work and Income... and all the other wrap around stuff...

– Community provider representative, Waikato

Relational commissioning enables providers to be agile in meeting the needs of their communities

In November 2021, Government agreed to adopt a relational approach to commissioning, in line with the principles of Social Sector Commissioning.³¹ The CiC welfare response provided an urgent opportunity to implement this approach when contracting welfare services from community providers. The approach was characterised by high trust, timely negotiations, and low compliance agreements. Participants considered this approach to be a key enabler of the CiC welfare response.

Iwi, Pacific peoples, central, and local government representatives noted that MSD's commissioning function was both timely and responsive throughout the CiC welfare response. It was described as high trust and empowering, allowing community providers to be agile in how they chose to meet the welfare needs of their communities.

Our National Office really came to the party in a big way. [They] were exceptional... any time of the night or day. And so, we were able to deliver in funding those organisations to get kai out to people urgently. Immediately. Make it happen... I was so impressed.

– RPSC office, Waikato

Having [name] there at the table and telling him one day that we needed support with welfare and getting the contract on the Friday... helped us to get the FTEs in play and then another kai grant to [organisation] within a five-day time frame.

– Iwi Representative, BOP-Wairariki

However, a number of participants (particularly Iwi and Pacific peoples) noted that, post-CPF, they have observed departmental agencies "regressing fairly quickly" back to low trust/high compliance commissioning. Further, some felt that accountability requirements had increased.

³¹ The relational approach to social sector commissioning was a foundational shift for government departments. Its key features include: the development of strong partnerships with service providers; supporting community-led initiatives, funding services in a way that recognises the ability for communities to successfully design local solutions to local issues; more sustainable funding models, client and whānau-centred design and innovation, longer term contracts, simplified contracting and procurement processes and partnering with Iwi and Māori communities.

I met with a social service health provider last week and they were annoyed that we seem to have reverted back again to widget contracting. I think what really annoyed providers was that during the outbreak, there was a really good single point of contact. You dealt with one person. Now six people from MSD are talking to [providers] about six different contracts and five of them are asking for the same thing. And the sixth group is right at the beginning... asking for things that the providers provided two years ago... The feedback to us is 'We don't want multiple contracts with MSD... it's not the type of relationship we want'. So from our understanding, the commissioning side – the vision of it works, the implementation of it hasn't quite landed but it's certainly what providers are asking for.

– Departmental agency representative, Tāmaki Makaurau

One participant likened this to previous patterns of investing by the Crown where pilot/trial funding is introduced to address specific wellbeing issues but is then not sustained.

...the Crown invests, Iwi run a successful trial, whānau benefit, Crown removes funding, original issue rebuilds.

– Iwi representative, Waikato

There is a significant opportunity to see long-term, substantial gains in community outcomes through maintaining the good faith relationships with community providers that were developed through the CiC welfare response. To do this, regional leaders will need continued support and authorisation for relational commissioning from their leaders and through system settings (e.g., financial and procurement policies).

5 Potential Contribution of Regional Leadership Structures in the Future

Case study questions

- Are regional leadership structures a useful mechanism to respond to other issues in the future? What changes could maximise their utility?

Overview

The CiC welfare response provided an urgent opportunity for regional leaders to put the intent of strengthened regional leadership envisaged through the Public Service Act (2020) into practice. This section begins by outlining the status of case study RLGs at the time of the case study fieldwork. It then suggests a number of improvements that could be made to maximise the utility of regional leadership structures in the future.

Current status of case study Regional Leadership Groups

All RLGs had reviewed their performance and considered their future role

The CPF period concluded in September 2022. Since then, RPSCs and regional leaders across each of the case study regions have considered the extent to which RLGs added value during the CiC welfare response and whether RLGs are a useful mechanism to respond to other issues in the future. Participants recognised the need for RLGs to undergo review after the intensity of the CiC welfare response. In three of the six case study regions, participants saw value in retaining the RLG that was established during COVID-19.

I think the RLGs are a model for tackling some of the other issues that we see.

- Local government representative, Greater Wellington

What Iwi was very clear on is 'We've seen Government work different. And this time, we don't lose that. Don't go back to where you were and back to your silos'.

- RPSC office, Greater Wellington

Three case study regions had retained their RLGs and were resetting

At the time of interviews, three regions were in the process of resetting their RLGs, including working through the future focus/priorities for the group. At the time of the case studies, of the regions where RLGs have been retained:

- one has made a change in chairship (to Iwi co-chairing with a local government representative). Its focus now is on community resilience and how funding to the region can be managed to improve outcomes for the region
- one has had a series of workshops to define the group's purpose and value to the region and to identify future priorities

- one has been retained the membership but merged the activities with a pre-existing intersectoral forum and will be co-chaired by the RPSC and Iwi.

Participants noted that the experience of the CiC welfare response, and in particular the strong relationships established, had placed them in good stead to pivot and activate quickly in the future. A number of examples were identified where RLGs were continuing to work collectively to tackle new cross-cutting priorities in their regions.

For example, we have our youth engagement strategy called Kapuia Te Kakaho... It is working closely with the MSD, Police and OT around youth offending... Any kids that are picked up by the Police are referred to this group and we all just wrap around and see what we can do to support the families... It's already quite a nice example of us working together and supporting each other's work. And part of the reason that landed so quickly, and worked really well, was based on the relationships that fell out of those connections made in the RLG. So you know, we hit the ground running, we knew each other. We knew what our roles were and how we could contribute.

– Departmental agency representative, Waikato

Three case study regions' RLGs were either in hiatus or inactive

Participants in the other three case study regions reported that their RLG had struggled to maintain the momentum gathered during the CPF period. Engagement about reasons elicited responses such as: "there's no longer a common enemy", "interest has waned", "it's lost steam" and "momentum has dissipated". In these regions, the future of the RLG was unclear, or the group was inactive. The status of these RLGs was as follows:

- one is on hiatus and participants have different views about its utility outside a crisis. The pre-existing intersectoral group is continuing to operate
- one is inactive following an attempt at reset post-COVID-19. The RPSC is exploring the potential for a single issue-focused governance group
- one has undertaken some activity relating to the 2023 North Island weather events, but its current status is unclear. Multiple other intersectoral groups in the region are still operating.

In the regions that have not retained their RLG, there was general consensus that intersectoral collaboration proved important and beneficial. However, there were questions about whether RLGs could be the only mechanism to achieve this. For example, in one region the long-standing Regional Intersectoral Forum was identified as a preferable mechanism. In another, the health sector localities approach³² was identified as potentially the best mechanism to advance unified action on priority issues.

In these regions, future regional leadership collaboration between central government agencies, Iwi, and local government may be less likely to continue as it did through the CiC Welfare Response. While there is potential for RPSCs to "dock back into" other intersectoral forums as they did prior to

³² Localities were intended to better connect service providers, Iwi, and other stakeholders to collectively improve community health and wellbeing outcomes.

COVID-19, it may be more challenging for RPSCs to bring a strong focus to the public service priorities through these forums.

Changes that could maximise the utility of Regional Leadership Groups in the future

Increasing the use of evidence would lead to greater understanding of community needs and the impact of responses

One RLG actively drew on a range of demographic and administrative data to inform their work.

We would have the welfare update. MSD would deliver that and that would be around how many food parcels we've sent out. Where the pockets of need are, what's going on, what people are asking for. Then we would have the Iwi update, and at that time we had the Te Kotahi Pātaka food distribution centre. So they caught up and brought to the table some kind of real community data around how many food parcels are delivered. And they weren't just delivering to Māori whānau, they were delivering to whole of community. And that kind of really worked well with the information that MSD was putting out as well.

– RPSC office, Marlborough-Nelson/Tasman

However, it was not apparent that demographic and administrative data was utilised in this way across all case study regions. This may have been a missed opportunity to effectively tailor the CiC welfare response according to the needs of communities and to monitor its impact on priority groups. In the future, RLGs should commission detailed profiles of their communities that include demographic information, map service providers, and track the uptake of services to inform their considerations.³³

Including priority group representatives on RLGs would strengthen the effectiveness of future responses for these groups

Participants held strong perceptions that the CiC welfare response in their regions had met the needs of Māori and Pacific peoples. They attributed this to Iwi and Pacific peoples' representation on RLGs. These representatives advised of the needs of whānau and kept a watching brief to ensure that their needs were being met. Other group members looked to Māori and Pacific peoples' representatives to provide assurance that the CiC welfare response was being delivered adequately in their communities.

The absence of representation of other priority groups on RLGs meant that members lacked knowledge of the needs of these groups. Therefore, they found it difficult to determine the extent to which they were able to access welfare support.

In future welfare responses, representation of priority groups on RLGs should be actively sought. If full membership is not practical or feasible, strategies should be put in place to ensure that the needs of priority groups are met. For example, including a standing agenda item that considers the

³³ The Social Well-being Agency has developed a resource that may be useful to support this process. Community Insights Explorer | Social Wellbeing Agency ([swa.govt.nz](https://www.swa.govt.nz))

needs of priority groups, and/or seeking regular advice from advocates of those groups about their emergent needs and the adequacy of the CiC welfare response for them.

RLGs taking strategic oversight of regional investments could lead to stronger alignment, and greater impact of investments

A desired outcome of the Public Service Act (2020) was to improve the impact of public service investment through greater alignment between agencies and more broadly in the region. One of the aims of expanding the scope and mandate of regional leads was to help address "*continued fragmentation and duplication across agencies on cross-cutting issues*".³⁴

Across the case study regions, RLGs did not appear to have a strong oversight of public service investment in their regions. Some RLGs were approached by MSD to provide feedback or "*sense check*" the proposed allocation of the Community Connector resource. Mostly however, these decisions were managed by MSD.

In addition to the CiC welfare response, participants observed that multiple agencies were investing in the wider COVID-19 response (e.g., vaccination drives, COVID-19 testing and supporting provider capability). However, some participants expressed concern at the lack of transparency and apparent inequities in funding across regions.

There's no equity... there are some parts of the rohe getting... loads of funding and support and resourcing. It really depended on who was advocating for you or how big that provider was. And there were some parts of our rohe that weren't getting enough because they don't have infrastructure in place to either bid for funding or get that resourcing.

– RPSC office, BOP-Waiariki

There were some really strange funding decisions. There was a lack of equity across the region and equity was a key focus for the Regional Leadership Group in terms of trying to achieve equitable solutions... It took an enormous amount of time trying to get transparency on what was being funded in the Bay of Plenty.

– Local government representative, BOP-Waiariki

A related issue was that tensions arose in some regions about which providers could best and most appropriately serve communities within a region. For example, concerns were raised about central government agencies engaging with, and funding, organisations (on occasion non-Māori organisations) that did not have the mandate to serve Iwi. Further, some Iwi expressed concern that they were not given the opportunity to lead the CiC welfare response for their members.

When we talk about getting access to communities, it's really easy to go to a provider, big shiny providers, who have good infrastructure. Give them money. You know, 'We've done our job'. But what we discovered through the lockdowns is that actually Iwi are going 'Well, you know you've given them the money, but they're not the Iwi.' So you know... the dysfunction of the public service was trying to redefine Iwi mandates. So it was really rough in 2021.

– RPSC office, BOP-Waiariki

³⁴ Ibid, p.3.

A future opportunity identified by participants was that RLGs should assume a strategic role overseeing central government investments across their regions. The implementation of this function should be underpinned by regional data insights. Departmental agencies would need to be transparent about actual and intended investments into the region. RLGs could then add value by sense checking that agency investments are aligned and identifying duplication of funding. They could also provide advice on the mandate of providers to service various communities and high-level assurance of the impact of investments on communities.

The regional group will work in the future... if we act in the interests of those that we serve, not in our agencies and trusts.

– Departmental agency representative, Tāmaki Makaurau

Growing local level communications capacity will enable national messaging to be tailored to meet the needs of diverse communities

RLGs played a key role in facilitating information flows between the Centre and the frontline of support. This required local level communications skills, including specialist expertise to cater to the communications needs of priority groups and Iwi Māori.

Looking to prepare for future events, there is an opportunity to plan for, and grow, regional communications networks that include specialist expertise aligned to the composition of the communities (in particular, Māori, Pacific peoples, and ethnic communications specialists).

Reiterating the vision for strengthened regional leadership may help to maintain the buy-in of stakeholders

The CiC welfare response demonstrated the potential of the RPSC role to bring together a wide range of stakeholders and build a leadership culture that enables a unified public service approach. Behaviours that supported such an approach included flexibility, proactively looking for ways to align efforts and resources, and keeping whānau and communities at the centre.

If momentum can be sustained, there is potential for central and local government and Iwi to collectivise around wider regional priorities going forward. In most cases, work began on these priorities pre-COVID-19, as groups considered the Government's national priorities in the context of their regions.

For those regions where the RLG structure has not been retained, a form of reset may be needed to remind departmental agencies and other regional partners about the role of RPSCs in relation to national and regional priorities. Regional landscapes are complicated, with multiple Cabinet mandated groups operating (e.g., Regional Skills Leadership Groups and National Emergency Management Agency/CDEM groups).

Clear communications from the government about RPSC roles and authorisation in different contexts (e.g., national events, regional weather events) would provide clarity for regional stakeholders. If RLGs are no longer active, there would need to be purposeful and active engagement by key regional leaders to agree a mechanism for unified action in these contexts.

Reviewing the adequacy of current resourcing that supports regional leadership structures

may strengthen their impact in the future

The experience of the CiC welfare response has generated insights into the capacity and resource required to effectively implement the RPSC and secretariat roles/functions. Participants offered a range of insights into the adequacy of resourcing levels, with some feeling that RPSCs performing dual roles could limit their ability to do justice to that function.

It was okay in the early days, but when the response revved up, it was very challenging. I needed to have that directorate to be able to support the RPSC role so I could still do my day job... I think it needs to be really looked at as probably a standalone entity. That's my own opinion... as it's gone on... I don't think you're physically capable of doing it justice.

– RPSC office, Waikato

A review of the optimal resourcing and configuration of regional leadership structures (including RPSC role and secretariat/support function) would inform what level of investment is required to maximise their impact in the future.

Key settings and functions that enable strong regional leadership

Based on learnings from the six case studies, figure 2 presents a model of the optimal key settings and functions that contributed to strong regional leadership. These were identified through the experience shared by participants from the case study regions during the CPF.³⁵ The model spans three key dimensions of regional leadership structures:

- composition - the ideal composition of structures required to meet the needs of diverse communities
- capability and culture - the optimal capability, culture, and behaviours that enable shared ownership of cross cutting issues and strong collective leadership
- functions - the key leadership functions required to enable local providers to service their communities.

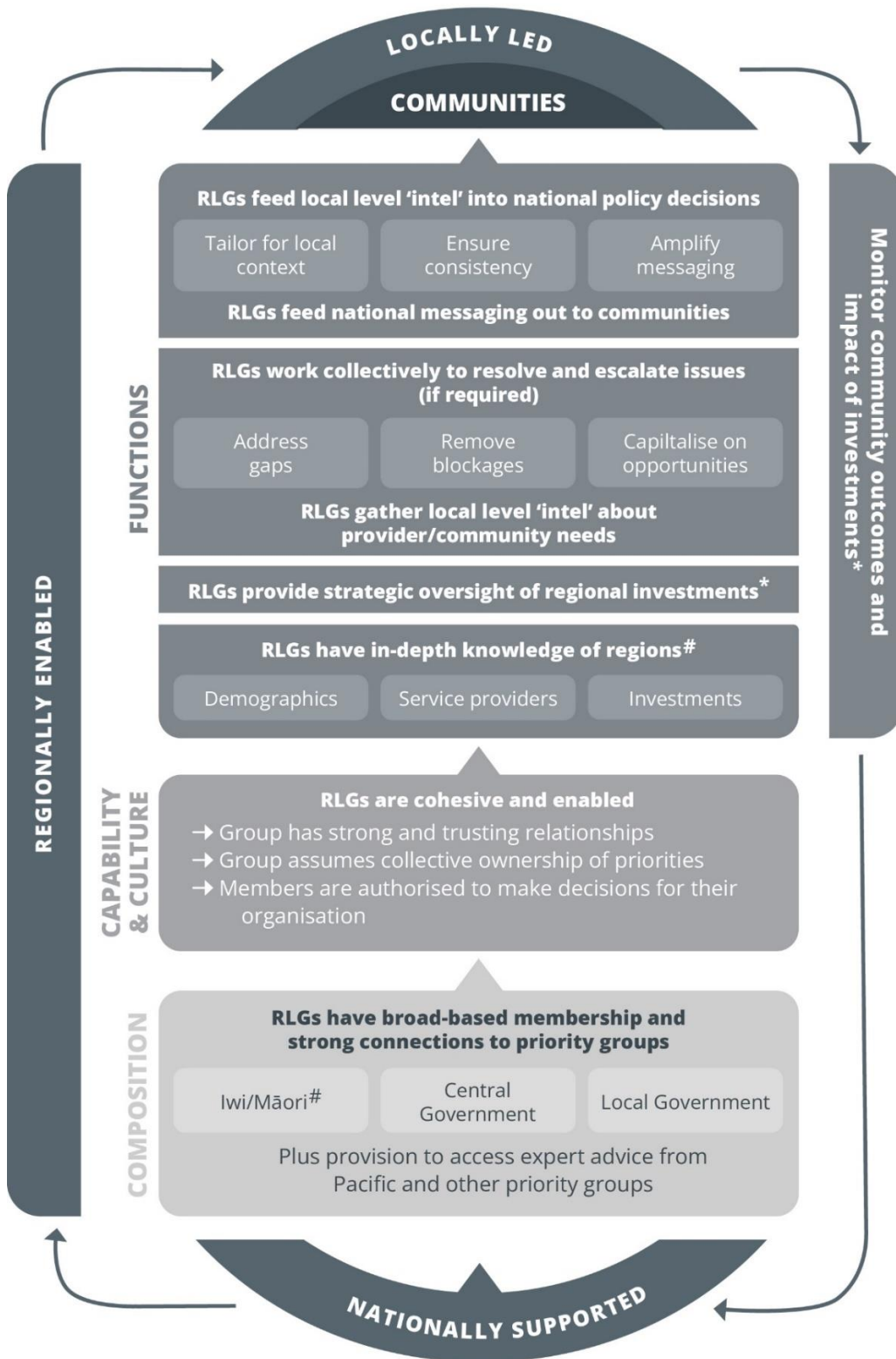
The content of the model captures key settings and functions:

- that were strongly evident from the case studies
- that were apparent in case studies, but that participants identified could be strengthened in the future (such as Iwi/Māori participation and in-depth knowledge of the region). These are signalled with a hash tag (#)
- that RLGs did not perform during the CPF but that participants identified could enhance the impact of RLGs in the future. These are signalled with an asterisk (*). These potential functions are offered as ideas for consideration, rather than recommendations to expand the existing mandate of regional leadership structures.

³⁵ Note that the development of the optimal settings and functions model was not informed by a review of national or international literature.

Figure 2 is intended as a preliminary model that could be evolved as the experience of regional leadership structures grows over time.

Figure 2 – Regional Leadership Structures - Optimal settings and functions



PART TWO – Regional Case Studies

6 Regional Case Studies

Overview

This section begins by presenting the key demographics of the case study regions. It provides a summary of the number of case study participants by the regions they were located in and the agencies they represented. It then compares and contrasts key features of the regional leadership structures, across case study regions. This is followed by the six case studies.

Profile of case study participants

Ultimately, qualitative interviews were undertaken with 53 regional leadership stakeholders. Table 2 shows the number of case study participants by region and the organisations they were representing. The aim was to engage with 10 stakeholders from each region. Despite considerable effort, it was not always possible to meet this target.

Table 2 – Stakeholder interviews by representation type and region

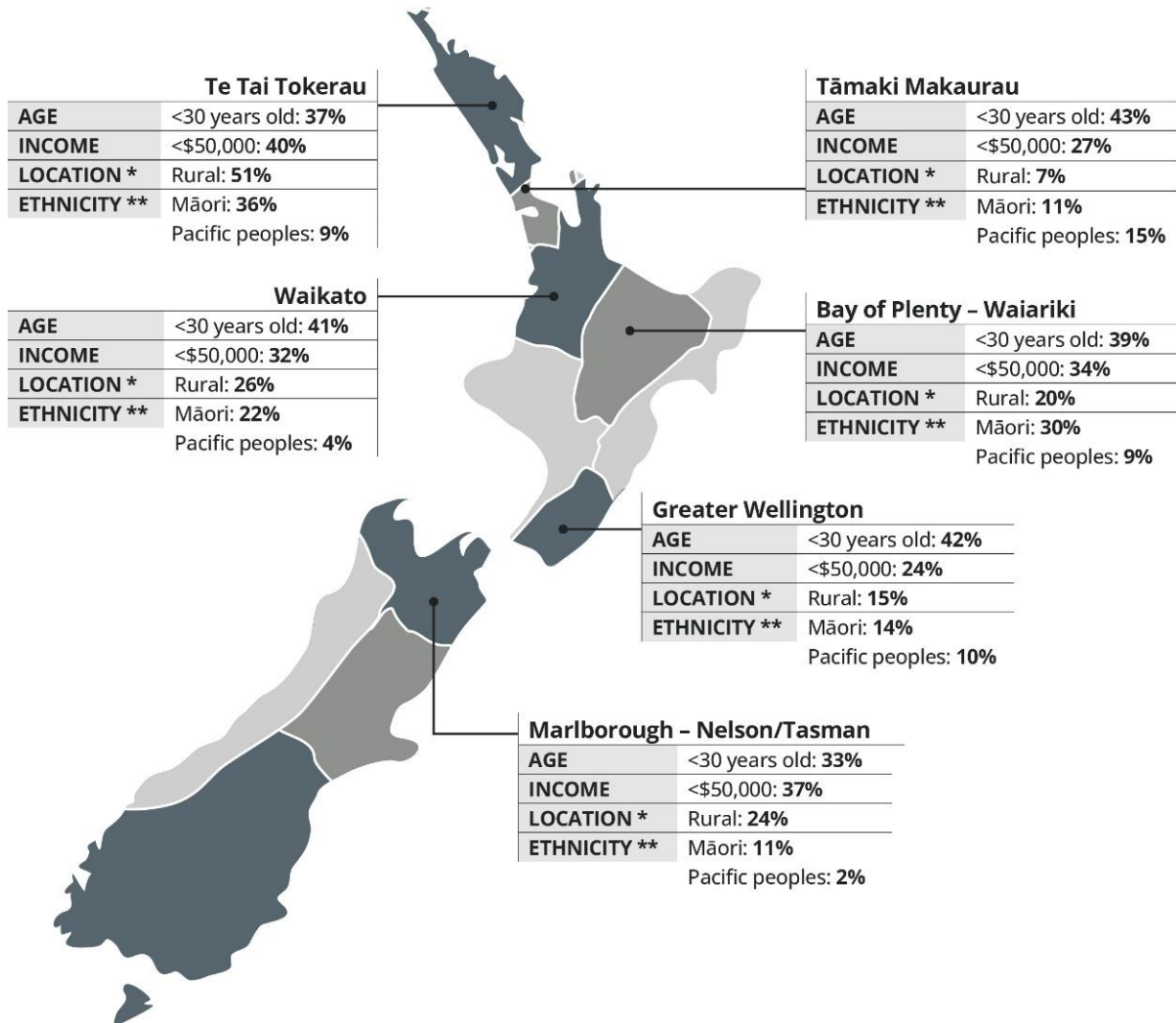
Regions	RPSC & staff	Iwi	Pacific Peoples (NGO)	Local Govt.	Central Govt.*	Total
Te Tai Tokerau	1	1	0	1	5	8
Tāmaki Makaurau	2	0	-	0	5	7
Waikato	3	2	1	2	2	10
Bay of Plenty-Waiariki	2	2	2	1	2	9
Greater Wellington	1	2	-	2	4	9
Marlborough & Nelson-Tasman	2	3	-	2	3	10
Total	11	10	3	8	21	53

* Includes officials from the Ministry for Pacific Peoples (2), Te Puni Kōkiri (2), Police (2), MSD (1), Oranga Tamariki (1), Ministry of Education (2), Ministry of Health/DHB (3), Civil Defence (2) and other (2).

Key demographics of the case study regions

Figure 3 provides an overview of the key demographic characteristics of the six case study regions. The data presented is based on MSD regional boundaries.

Figure 3 – Key demographics of case study regions[#]



Notes:

- 1) Source: 2018 Census data, (provided by MSD)
- 2) Rural areas are classified as areas with a population of less than 1,000
- 3) Ethnicity statistics include people who have identified as more than one ethnicity
- 4) Marlborough-Nelson/Tasman and West Coast constitute one public service region. The case study in this report focuses solely on the Marlborough-Nelson/Tasman region.

Key features of the RLGs by case study regions

Table 3 compares the case study regions across some key dimensions including the home agency of the RPSC; chairing arrangements; key intersectoral forums that existed prior to the CiC welfare response; Iwi/Māori, Pacific peoples, and local government representation; and the status of the groups post the CiC welfare response.

Table 3 – Key features of regional leadership structures across case study regions

Key feature	Marlborough, Nelson/Tasman	Greater Wellington	Bay of Plenty, Wairariki	Waikato	Tāmaki Makaurau	Te Tai Tokerau
Pre-existing intersectoral forum	Pre-existing intersectoral group (Regional Intersectoral Forum [RIF])	Civil Defence regional group only	Central agencies (social) aligned pre-COVID	Caring for Communities ³⁶ (2020)	Social Sector Leaders Group Caring for Communities (2020)	Pre-existing intersectoral group (Northland Intersectoral Forum [NIF])
RPSC home agency	MSD	Education	Health	MSD	MSD	Te Arawhiti
Iwi/Māori participation	Pre-existing Iwi relationships Iwi represented on RLG	Iwi represented on RLG	Two waka approach Response was co-led by Iwi	Iwi represented on RLG	Limited Māori representation on RLG Currently engaging about future opportunities for partnership	Pre-existing Iwi relationships Iwi represented on RLG
Pacific participation	None	Ministry for Pacific Peoples rep	2 NGO reps	NGO rep	Ministry for Pacific Peoples rep	None
Local Govt participation	Mayors	CEs	CEs	CEs	Director-level	CEs
Post-CPF status of RLG	On hold. Other groups active (e.g., RIF)	On hold. Another regional group established	Active. Community resilience focus	New RPSC. Have workshopped future purpose and value	Active. Complex due to scale	Active NIF/RLG. Reviewed focus

³⁶ In 2020, a Caring for Communities-COVID-19 Response Work Programme was developed as an All of Government CiC welfare response to COVID-19. The aim of the work programme was to provide important information and effective support to all individuals, whānau and communities at greater risk of experiencing adverse health, social or economic outcomes as a result of COVID-19. The work programme included liaising across multiple agencies and regional welfare groups.

Case Study 1 Marlborough and Nelson/Tasman³⁷

Regional context

Marlborough and Nelson/Tasman are two distinct public service regions. The RPSC for this region holds the dual role of MSD Regional Commissioner. In both roles, they are accountable for the Marlborough, Nelson/Tasman, and the West Coast regions. For the purpose of this project, the case study was narrowed to the Marlborough and Nelson/Tasman regions. The RPSC team for these regions included a director located in Nelson and an advisor located in each region.

Taken together, this case study spans the Marlborough and Nelson/Tasman territorial local authorities, excluding Kaikōura to the east and Buller to the west. The combined population is approximately 156,000, of which around 11% identify as Māori. Iwi with interests in the "Top of the South" region include: Ngāti Apa ki te Rā Tō, Ngāti Kōata, Ngāti Kuia, Ngāti Rārua, Ngāti Tama ki Te Tau Ihu, Ngāti Toa Rangatira, Rangitāne o Wairau, and Te Ātiawa o Te Waka-a-Māui.³⁸

Two percent of the population identifies as Pacific although, seasonally, RSE workers are a significant temporary population. Nelson is the largest city and urban dwellers represent 71% of the population.³⁹ One third of the population (33%) are under 30 years of age.

For the most part, the RLGs in the two regions operated independently as local government representatives were seeking to retain their geographical autonomy. However, the accountabilities of many central government and Iwi representatives spanned both council districts. As the CPF period progressed, the two groups did come together under one RLG umbrella (further explanation is provided below).

Formation of the Regional Leadership Group

A Regional Intersectoral Forum (RIF) has been operating in this region for almost two decades. It brings together 13 Crown agencies, three territorial authorities, and the eight local Iwi to work on cross-cutting issues. The long existence of the RIF is important as, prior to the CPF period, relationships and regular engagement had been occurring between Iwi and departmental agencies.

In addition to the RIF, the two regions each have a Civil Defence and Emergency Management (CDEM) Group. The transition into a Regional Leadership Group was described as a "lift and shift" of existing group members. As the RLG took on a more strategic (as opposed to operational) role, some participants from Civil Defence and other emergency organisations moved off the group. In both regions, the RPSC co-chaired the RLG with the relevant mayor, solidifying central-local government relationships that had been developed through the RIF and CDEM Group.

³⁷ This case study is based on interviews with 2 RPSC staff and representatives from: Iwi (3); local government (2) and central government agencies (3).

³⁸ Ngāi Tahu also shares interest in the Tasman and Marlborough districts (Ngāi Tahu Papatipu, Te Rūnanga o Ngāti Waewae).

³⁹ Refer Waka Kotahi regional direction pages (2018 data): Te Tauihu.

Iwi Chairs determined between them who would represent them on the RLG. Representatives then reported back to Iwi and the Iwi Chairs group. Pacific peoples and other priority groups (e.g., older people, disabled people, and rural communities) were not directly represented on the RLG.

Key successes of the Regional Leadership Group

Relationships grew and stakeholders began to work in a unified way

The most significant outcome from the RLG was strengthened relationships between stakeholders and how they connected with the community.

If I was to go, what was the kind of overarching success? The legacy of it now is that we have stronger relationships across central and local government and with community as well.

– RPSC office, Marlborough-Nelson/Tasman

As stakeholders learned about each other's operating contexts, they began to work together more effectively. Members gained a better understanding about the rules and regulations that framed the health response and the criteria by which welfare assessments are made. In practice, this helped explain the DHB's role in how they needed to react quickly to a person's diagnosis and MSD's processes around checking existing supports. The engagement enabled "stretch" for the different representatives, with one describing a state of being normally "blinkered" to their own outcomes.

They also gained awareness of the needs of their community through community hubs (which included Iwi and Pacific providers). One central government participant described this as "eye-opening" for herself and others whose roles are not based in the community. The joined-up nature of their involvement on the RLG meant they were well informed about their respective roles, and this prevented duplication: they knew who was doing what and when to step back or lean in.

Iwi played a key role on the RLG and their contribution was highly valued

Through the RIF, Iwi were already engaged with central agencies in the region on a range of issues and were connected into councils. During COVID-19, Iwi in the region banded together, and with some support from MSD, established Te Kotahi o Te Tau Ihu Trust.⁴⁰ Through the Trust, Iwi were able to collectively support whānau, to gain scale, and to work across six or seven key collective priorities.

We've established an entity which is fulfilling key roles that Crown agencies aren't able to effectively fulfil because they're not either networked into Iwi and Māori communities appropriately or they don't have the right people as the face of some of those initiatives. So being able to work through Te Kotahi o Te Tau Ihu Trust, we've been able to get better penetration into our Iwi and Māori communities, we've been able to better serve those communities... We've created this vehicle which is endorsed, supported, run by Iwi and assists those agencies and local governments to fulfil their role better.

– Iwi representative, Marlborough-Nelson/Tasman

⁴⁰ Te Kotahi o Te Tau Ihu Trust was established in February 2021 to advance health and wellbeing, alleviate poverty, ensure adequate food and housing is available and promote education and skills within the communities of Te Tau Ihu (the top of the South Island) and in particular our Māori communities.

Central government and local government representatives highly valued the contribution of Iwi to the CiC welfare response, and the voice of Iwi was routinely prioritised on the RLG agenda.

You can't do anything effective in the community unless you do have Iwi at the table... they're big employers... They have a very strong connection to their regions, have good access, they have a lot of demand... not just working with their own whānau but from the community. And they're pretty innovative in terms of thinking around food security... that brought a lot of immediate impact and ability to get things done.

– RPSC office, Marlborough-Nelson/Tasman

They were able to look after their whānau and did a great job of that. And were also able to offer a helping hand to others because they were well organised, and I think they've actually used that as leverage to get some permanent structures in place. So in some ways it was a foundation.

– Local government representative, Marlborough-Nelson/Tasman

Stakeholders reported the positive impact of tikanga and a Te Ao Māori world view in terms of grounding the RLGs and keeping them focused on what was important. For example, a participant spoke of how starting meetings with karakia "grounded everyone". They felt that being exposed to tikanga Māori in a work context brought "a slice of life that a lot of people don't have any touch points for" and that this was important for public servants to understand. Further, Iwi were credited with bringing a long-term perspective to discussions, helping the group to broaden their outlook away from addressing immediate and short-term needs to the longer-term wellbeing of communities.

Local and central government relationships were strengthened

Prior to COVID-19, while various intersectoral groups operated in this region we heard that central and local government did not routinely collaborate on cross-cutting issues. The RPSC already had established relationships with mayors through their MSD Regional Commissioner role. They were regarded as critical to bridging local and central government. Local government participants indicated the COVID-19 experience, and the way it was managed by the RPSC, helped formalise and strengthen their networks with central government.

One of the big pluses out of the whole COVID experience was... Regional Leadership Groups were a really great opportunity to bring together not just councils and central government agencies...but to bring everyone together into that one forum ... a massive plus and something I actually would be sad to lose.

– Local government representative, Marlborough-Nelson/Tasman

The role of mayors was valued for their direct line to communities. They had insight to local needs to help inform the CiC welfare response and were also a conduit for communications to the public. Local government supported the CiC welfare response by offering up their facilities (e.g., libraries, halls, car parks) to support the efforts of providers.

Organisations pooled communications capacity and national messaging was tailored for the regional context

At the outset of the CiC welfare response there was a sense that central government was a "bit hectic" and unclear at times. The group quickly took a proactive approach to communications. This meant working through information from the Centre and aligning it with local level intelligence and insight into their communities.

Communications professionals from across the region in key roles were brought together as a team to ensure timely, consistent messaging. They were able to share information they had and quickly manage new information requests between them. They worked to make public-facing communications (relevant to the region) clear and consistent. This was particularly helpful for mayors who were supported to perform well in public interviews, to ensure consistent messaging to constituents. An Iwi representative thought the communications response was "phenomenal" in its efficiency and restraint (i.e., not over-communicating).

Community Connectors were viewed as a valuable resource

A total of 21 Community Connector FTEs were allocated to the upper South Island and West Coast regions. A regionally organised response team would take referrals and then refer them out to the appropriate Community Connectors based within Iwi and NGOs. Initially they focused solely on supporting people isolating with COVID-19, but over time this changed to supporting those impacted by COVID-19. Each of the two regions had a team leader who was connected to the community hubs, working closely with DHB teams, housing providers, and ensuring their efforts were joined up.

RLG members felt most whānau in need were well supported

The RLG actively drew on a range of demographic information and administrative data to inform their understanding of the needs of their communities and priority whānau. There was confidence among participants that whānau Māori as a priority group were well-served in this region, which was largely attributed to the active role of Iwi at both the RLG and operational level. The needs of older people and disabled communities also appeared well considered.

We were doing the outreach to over 65s, vulnerable populations... coordinated through those three groups through the MSD call centre groups and the health team, and then obviously making sure on the RLG level that we hadn't missed anybody. Iwi would be saying that these are the groups and then we also use local government channels that wouldn't normally be available.

– RPSC office, Marlborough-Nelson/Tasman

The RPSC was proactive in urging that there be outreach to older people in the community due to concerns around social isolation and generally lower technological capability. Local government was credited here for bringing in relationships and views that central government did not have, such as with Age Concern and Neighbourhood Watch.

The disabled community in Nelson were actively considered as a priority group during this CiC welfare response. The DHB could speak to the care of those (260 people) living within its 65 residential care homes. This operational role helped in understanding their needs during COVID-19 but also that of their carers. An advisory group for disabled people has since been established in the

local health system alongside the DHB disestablishment, so that their needs continue to be specifically represented.

On reflection, participants identified gaps in their understanding of the needs of the Pacific community. The RPSC noted that thousands of RSE workers come into the region each year and that many were stuck here when the country locked down. Another member reflected on the reliance of the local viticulture and horticulture sectors on those workers. There was also awareness of a potential lack of support during COVID-19 due to language barriers and a perception of ineligibility for public welfare. Another participant noted the Pacific community was helping this cohort with advocacy support and connecting them to other welfare services as needed.

We did find early on there are cohorts that we realised through the process and had to adapt and shift gears: our Pasifika population, we're not a big Pasifika region in terms of residents, but we're a massive Pasifika region in terms of seasonal workforce.

– RPSC office, Marlborough-Nelson/Tasman

Business representatives provided valuable insights into the economic impact of COVID-19

The inclusion of business representatives on the RLG helped the group to consider the immediate and longer-term economic implications of COVID-19 for the region. Other members spoke about gaining a better understanding from this about the impacts of COVID-19 on businesses and employees.

They would quite often be talking about the impacts on small businesses, which would lead through to the impacts on employment, which would lead to hardship. And a lot of that stuff was around things like, 'We just don't have enough staff to keep our doors open' or, you know, there's confusion around business continuity in planning for having to close your doors, even because 'you're a household contact.'

– RPSC office, Marlborough-Nelson/Tasman

This intelligence, combined with DHB data, impacted RLG oversight and communications regarding why it was important to isolate, how to keep fellow workers safe, and protecting jobs.

The RPSC felt that the regionally enabled approach increased the level of trust that communities had in their regional leaders and central and local government institutions.

In this case, regional partnerships really add value. I think the trust and confidence that grew out of that process and indeed the way we responded around the RLG and the welfare response post that, really did add value and build trust in our community.

– RPSC office, Marlborough-Nelson/Tasman

Challenges and learnings

Fewer senior leaders than other regions posed a challenge for decision-making

A key difference between this area and other regions was that stakeholder agencies were less likely to have very senior officials who held decision making authority. The RPSC noted that the public service in this region is weighted more towards frontline staff. Their strategy to manage this was to look to the community to develop a broader regional leadership base that could garner support for the CiC welfare response.

We had to probably dive a wee bit deeper in community partners, stakeholders and ...what that did give us is a pretty positive base and positive support across all our stakeholders. So it's probably a key difference.

– RPSC office, Marlborough-Nelson/Tasman

In addition, the region did not have the benefit of input from agencies that were not based in the region, such as the Ministries for Pacific People and Ethnic Communities. The Te Puni Kōkiri representative was Wellington-based so was not able to offer detailed regional insights. These challenges were mitigated by the strength of input from Iwi and the aforementioned collaboration with Pacific communities.

Some duplication occurred for organisations whose responsibilities spanned both public service regions

In the early stages, the Nelson/Tasman and Marlborough RLGs operated independently as local government representatives were seeking to retain their individual autonomy. However, most departmental agencies and Iwi organisations spanned both regions. This resulted in duplication of effort for these stakeholders, as much of the content of RLG hui covered the same ground in both regions. Given the high-pressure environment, this led to frustration on the part of some Iwi and departmental stakeholders. Eventually, in some instances, the RPSC convened the two regions together for RLG briefings.

Initially, what wasn't good was they used to have one group which was Nelson... But then they have a separate group, which was Marlborough, but it's the same people. And for Iwi, we 'don't look at those geographies, we're 'top of the south' and we already gave that feedback... That's nonsense. When you've got people dying or if we've got an event, you 'can't waste time just repeating it.

– Iwi representative, Marlborough-Nelson/Tasman

There are emerging concerns about regression to siloed ways of working and risks to sustainability of providers

Iwi and some other stakeholders identified the risk of agencies returning to fragmented and siloed ways of working after the CiC welfare response had concluded. They supported maintaining a devolved leadership approach to continue meeting the needs of whānau and ensuring services had sustainable funding.

We've created it and it works... Probably the conversation we want to keep having is, how do we work together better? To support those agencies with the outcomes they're trying to seek and achieve with our Iwi Māori community locally, but then also it needs to be Iwi-driven to be successful in a sustainable way.

– Iwi representative, Marlborough-Nelson/Tasman

I mean lots happened in that time frame – good and bad. I think about our relationship with MSD and these different agencies, it's a complex one, but on the whole, I think there's some genuine intent... to do things better... The first steps been taken, it hasn't been a systematic change. The change has just been gaming the current system to make things work, it's sort of the way it feels. They've hustled at their end to make things work and then we've been able to demonstrate the value of our collective vehicle that we have there in support of MSD and now we're at a place of vulnerability. I believe that needs probably some higher-level courage... to continue to invest in and support.

– Iwi representative, Marlborough-Nelson/Tasman

Future of the Regional Leadership Group

All stakeholders value intersectoral collaboration and regional oversight

Historically, stakeholders in the region have valued the concept of inter-agency collaboration. In the context of COVID-19, the RLGs brought together stakeholders and positioned them to take a more strategic oversight role. The RPSC was key in establishing and promoting regional relationships. They were also proactive about refreshing group memberships and induction of new members when turnover occurred. A reset is occurring to clarify the purpose and form of future regional leadership structures

At the time of the evaluation, the group was in the process of resetting. There were mixed views here about the utility of the RLGs going forward. Some participants said they had supported the RLG approach to COVID-19 but that there was perhaps no role in "peacetime". Others saw value in focusing the groups on regional priority issues and did not want to wait for the next crisis to stand up a new group under urgency.

The relationships that were already in place were strengthened through that, through so many meetings together, so many zoom meetings together. I think it has left us in a better place and knowing we can get the band back together again if need be is a good thing, it really is.

– Local government representative, Marlborough-Nelson/Tasman

If continuing, participants wanted to be clear about the future purpose of the group, as well as consider if the RLG structure was the optimal form. Stakeholders noted that there are other existing intersectoral forums (for example Localities⁴¹) that could be well positioned to build on the successes of the RLG. Similarly, the RIF was identified as a structure that had stood the test of time and one that could build on the successes of the RLG.

From my perspective, the Regional Intersectoral Forum is the vehicle for some of that leadership, collective leadership, decision making and discussions when we're not in crisis mode.

– Iwi representative, Marlborough-Nelson/Tasman

⁴¹ Localities are a place-based approach to planning and delivering health and wellbeing services. Iwi-Māori Partnership Boards will lead the development of a three-year locality plan that details how the goals set for a locality will be achieved. The plans will drive procurement of services by health agencies and be the basis for monitoring progress. Communities and consumers of health services in the locality will be actively involved in identifying priorities and aspirations for services and outcomes.

Case Study 2 Greater Wellington⁴²

Regional context

The Greater Wellington region consists of four main cities (Wellington, Lower Hutt, Upper Hutt, and Porirua) and four districts in the Kāpiti Coast and Wairarapa regions. The combined population is approximately 408,000, with 15% of the population identifying as Māori. The main Iwi within the Greater Wellington region include: Ngāti Toa Rangatira, Ngāti Raukawa ki te Tonga, Te Ātiawa ki Whakarongotai, Rangitāne o Wairarapa/Ngāti Kahungunu ki Wairarapa, Muaupoko and Taranaki Whānui ki te Upoko o Te Ika.⁴³

Greater Wellington has the second highest population of Pacific peoples in New Zealand (10%) and the lowest percentage of rural dwellers of the case study regions (1.5%).⁴⁴ The region also has a relatively youthful population with 42% of the population under the age of 30 years old.

Formation of the Regional Leadership Group

Prior to COVID-19, the RPSC for Greater Wellington (who held a dual role as the region's Director of Education) had been appointed and was setting up a RLG to identify regional priorities. At that time, the only substantial intersectoral group functioning in the region was the Coordinating Executive Group for CDEM. That long-running group comprised local government, utilities, health boards, and government entities with emergency management roles (e.g., Police). The membership of this group formed the basis for the new RLG, including retaining the same city council Chief Executive as Chair, with the addition of central agencies and Iwi to reflect the changing needs of communities during the pandemic.

By mid-late 2021, the RLG comprised the RPSC, the CDEM Regional Manager, senior representatives for Wairarapa, Hutt Valley, and Capital and Coast DHBs, and central government including: Ministry for Pacific Peoples, Te Puni Kōkiri, MSD, Police, Kāinga Ora, and Oranga Tamariki. There were five Iwi representatives and nine Chief Executives from local government.

Compared to Tāmaki Makaurau, the number of COVID-19 cases in the region were "*manageable*" for some time. However, surges of new variants and the "*minimise strategy*" under the CPF created a sense of urgency in the region. The RLG, convened by the RPSC, was suddenly united over a common challenge. This context, and the bringing together of a broader range of leaders, sparked greater coordination between local and central government senior leaders, Iwi, and community.

⁴² This case study is based on interviews with the RPSC and representatives from: Iwi (2); local government (2) and central government agencies (4).

⁴³ Source: Te Kahui Mangai: <https://www.tkm.govt.nz/region/te-moana-o-raukawa/>, <https://www.tkm.govt.nz/region/takitimu/>

⁴⁴ Statistics from MSD Regional Level Census Data (2018) based on MSD regional boundaries.

Key successes of the Regional Leadership Group

Members worked together to enable solutions

A strong theme was that RLG members came together and collaborated well in the best interests of the region. The group helped "speed things up" in the sense that issues could be brought to the group and solutions found, including quickly identifying and sharing resources. Examples included: sharing supplies of RAT tests among agencies depending on where the needs were; MBIE facilitating an MIQ placement for someone with no housing; and Police providing information around the protest at Parliament⁴⁵ and impacts on movement and communities as a result.

'We're trying to get this out here, we've got barriers here' and literally in the meeting it was like, 'Well, hang on, why don't we use our libraries?' 'Yes, let's do that, let's connect you, you, and you, and you'. Next day, we had libraries being used around the area for distribution points for RAT tests.

– RPSC office, Greater Wellington

I think I saw a lot of value in it to bring everyone together so that we had a bit more of a united front. We could communicate clearly, collaborate... and then pour the support into a suburb or a community or a group or whatever.

– Departmental agency representative, Greater Wellington

This region had challenges with people wanting to decamp to holiday homes in the Wairarapa during COVID-19. Greater travel from the city posed a health risk to the older population in the Wairarapa and could have put the limited local DHB services under more pressure. Regional leadership networks and data sharing helped to facilitate solutions and minimise risk to communities.

Leadership and RPSC coordination were advantageous for the RLG and the CiC welfare response

The Chair of the RLG (a local government Chief Executive) and the RPSC were acknowledged for their leadership of the group. The RPSC role was endorsed by some for enabling collaboration and getting representatives around the table, with an emphasis on working to bridge understanding between local government and central government. The RPSC's ability to access central government to help overcome blockages was seen as a real advantage. It enabled the group to have access to national level intelligence that informed how they worked through issues and considered the feasibility of actions.

They created a will or desire to... remove any hurdles, remove any barriers, join the dots as much as we practically could. Even though it was under the pump, there was a real sense of 'how do we do the right thing?' And that was led by two people, one was the Chair...and the other one was [RPSC].

– Departmental agency representative, Greater Wellington

...'This is what I'm hearing from Government, and that's not going to work' or 'That will work because of this'. So having that central person that they can disseminate, it kind of cuts through the layers of bureaucracy.

– Departmental agency representative, Greater Wellington

⁴⁵ The anti-mandate, anti-lockdown protests at Parliament occurred February-March 2022.

Participants felt the RPSC support team provided strong administrative and logistical support to the RLG. A Regional COVID-19 Coordination Centre had been established which supported the RLG with information management. It was co-located with the DHB emergency response which helped reduce duplicated activity.

Individual participants spoke about strengthened regional networks: knowing where to go and who to talk to outside of meetings, as well as being able to draw on the RPSC and the Coordination Centre. The group capitalised on learnings from Tāmaki Makaurau in coordinating the CiC welfare response in this region. Participants were conscious that all areas needed to have coverage by local providers and that organisations could work together if needed. As a result, there was general agreement that the CiC welfare response model had worked for whānau Māori and Pacific peoples, who were at higher risk.

Iwi appreciated the regional leadership role and felt their contribution was valued

Iwi representatives saw value in participating in the RLG and felt that the regional leadership process throughout COVID-19 had helped advance or mature their relationships in the region.

My overwhelming impression of it was that it was a well-intentioned, genuinely pursued effort to share information, to synergize efforts, to minimise duplication, to fill informational gaps, to just work together well. The leaders that were involved genuinely came to that endeavour.

– Iwi representative, Greater Wellington

Other participants considered that Iwi made a valuable contribution to the regional leadership function. Iwi provided crucial local level intelligence to regional leaders and worked to protect the wellbeing of Māori and the wider communities that they served. Ngāti Toa led the CiC welfare response for the entire Porirua community (65,000) and in Lower Hutt, Te Ātiawa and Kōkiri Marae collaborated to achieve full coverage of the Māori community and Pacific peoples where appropriate.

Iwi worked in a joined-up way, sharing information and resources, and collaborating with each other to ensure full coverage of welfare services. They also strengthened regional networks with local and central government representatives.

Participants were confident that whānau Māori and Pacific peoples were well-served

Whānau Māori and Pacific peoples make up a significant portion of the population in Porirua, Lower Hutt, Wainuiomata, and Stokes Valley. Further, the Wairarapa is a temporary home for a growing number of RSE workers from the Pacific Islands. With relatively high levels of social deprivation, and higher risks of contracting COVID-19 (often due to higher representation amongst essential workers), welfare support for these groups during the CPF period was critical.

Amongst participants, there was a good level of confidence overall that welfare support was effective in reaching people who needed it, allowing them to safely self-isolate. This confidence was based on the local level intelligence of Iwi and Pacific peoples, central and local government intelligence, and MSD updates including from the Community Connector workforce.

You can never be entirely certain that someone didn't get what they needed, but I feel very confident - they have a very robust platform for making those connections and determining those needs, and then delivering support.

– Iwi representative, Greater Wellington

Outreach and service provision in communities hailed for support to whānau

The existing network of Māori and Pacific health and social services providers who hold strong relationships with whānau in their communities was seen as real strength. They already had built the trust and confidence of their communities ("*trusted places, trusted faces*") under the COVID-19 Elimination Strategy through the provision of vaccination and other health care services. Moving into welfare provision was a logical progression to safeguard the wellbeing of their whānau.

As the pandemic evolved, we sort of saw... that no amount of direction from the top is really going to ever supersede the level of knowledge of communities and the communities have got to find their own solutions and they know the people.

– Departmental agency representative, Greater Wellington

One example shared by a RLG member was of a solo parent with multiple children who had no food at one point during the CPF. She was not willing to contact MSD for help because she had already received her maximum grant. Her situation was realised through the RLG member's grapevine, and the RLG member worked with her peers to organise a kai pack to be dropped off to the woman that day. This example highlighted a barrier in the public system which could only be overcome by outreach by those with connections in the community.

Local government participants were confident in knowing the aged care facilities in their districts. Participants observed that the DHBs had their reach to those with mobility issues and through volunteers delivering Meals on Wheels. A participant also shared about a volunteer group that was established in one part of the region specifically to support older people in their community. Rural people were considered likely to be more self-sufficient and lower priority for welfare support, although some identified the potential for mental health challenges in rural isolation.

Community Connectors had a positive impact on whānau and the RLG

Participants spoke about the value add of Community Connectors in this region. A few participants, particularly in local government, were unfamiliar with this type of community and public service navigation role with one calling it "*quite a new concept.*" Soon though, the Community Connectors were considered essential to the CiC welfare response and to the regional level understanding of the impact of services in the community. As they were recruited around the region, an improvement in welfare support delivery in places with Community Connectors was apparent to participants. Community Connectors were able to help individuals, some with quite complex needs, to connect them with services they needed and lift some of the burden of trying to navigate government processes and agencies.

The Community Connectors were sort of the eyes and ears of this group out across the community that were feeding it back into councils and to the respective agencies that they were supporting and that was also coming bubbling up through our respective teams. I think the overall picture we gained was much fuller... because there was a willingness to collaborate and cooperate across the region... putting everyone on the same page so that everyone could understand the environment that we have been confronted with, the actions that have been taken by individual agencies... and then what are the actions that are needed or... where are the gaps and what do we have to do to help plug those gaps.

– Local government representative, Greater Wellington

Regional leaders developed greater awareness of the needs in their communities

Through the CiC welfare response, central and local government participants spoke about having developed new awareness of diverse groups and members of their communities. The involvement of Iwi at RLG-level helped to improve broad understanding of the needs within the Greater Wellington population, and ensure they received manaaki and support.

Iwi lead that conversation and I found that really helpful because then you know it wasn't so much about all these public servants sharing all their knowledge, but it was the people saying, 'This is what we're hearing on the ground'.

– Departmental agency representative, Greater Wellington

Agencies worked with community providers in a flexible and high trust way

Departmental representatives on the RLG were credited for being collaborative and proactive in minimising "red tape" for service delivery. Participants observed individuals as being there for the collective good of the community, rather than solely representing the goals of their agencies. In practice this meant people were finding ways to say "yes" and to solve problems, rather than say "no, because our policy is x". This was supported by modelling and messaging from the Centre which helped set the tone.

I think that the national narrative of... 'Have a high trust model, get the welfare out and we'll sort it out' really did help reiterate that 'can do' attitude and that permeated through and shaped some of the behaviours. Whereas in the past everybody knew each other and were... cordial, collaborative. Just that national narrative of 'Look don't get caught up in the paper war, let's actually make this work and we'll worry about all the bureaucracy afterwards.' I think that was really embraced by the group going forward as much as they practically could... it's amazing what you can do when there's a will.

– Departmental agency representative, Greater Wellington

A recurring theme amongst Greater Wellington participants was the flexibility and responsiveness shown by MSD during the pandemic. If a community was identified as struggling in some way and it was brought to the RLG, there would be a response from MSD within 24 hours, either directly or through a local provider.

MSD actually shifting into the Rūnanga offices to be a bit more available and responsive. Then the devolution of the services out to the Iwi to respond... was probably one of the biggest impacts that were made... I think it took away some of the whakamā of approaching for help. And having a base in the Iwi structures and not within a WINZ structure... That devolution of services really helped access because... you had people that were in the community, from the community, servicing the community.

– Departmental agency representative, Greater Wellington

Challenges and learnings

Population agencies were stretched and agency boundaries created confusion

The RLG model exposed boundary-related and agency capacity challenges in this region. The Ministry for Pacific Peoples had a representative on the Greater Wellington RLG, but they were stretched in how much input they could have across multiple regions during the pandemic. Te Puni Kōkiri also had one person covering several regions in the lower North Island and upper South Island.

You just had all these different public service leadership groups and then Wellington... I was on the Hawkes Bay/Gisborne one, I was on the Taranaki one and the Manawatū/Whanganui one...

– Departmental agency representative, Greater Wellington

An Iwi was also stretched due to the large area they cover (extending to the Wairarapa). The Iwi wanted to provide a RLG representative for Greater Wellington, but they were also participating in the Manawatū RLG. As is evidenced in this example, Iwi lines often do not align with any government boundary lines. Others commented on the RLG having to manage the limited resources being stretched in different directions, while also having to keep track of boundary lines and agency accountabilities for different areas.

I do think our arbitrary regions that we'd created between the different agencies makes it a lot harder... There was a bit of confusion around... it was almost a bit of a joke when we'd come together, we'd have to kind of like state our lines of where we operated so that people had our context.

– Departmental agency representative, Greater Wellington

Some stakeholders attempted to by-pass the RLG and go direct to departmental head offices

Because government agency national offices are located in Wellington, the Greater Wellington RLG faced a challenge of some stakeholders going directly to their home agency contacts for advice and decisions rather than working through the RLG.

Unique to Wellington would be our proximity to national offices. What happens is people want to talk to the Ministry of Education, they don't think regionally because they go down to the National Office, or they go to MSD and so what we find is people bypassing to try and do regional stuff by going to national offices. So we've been working with Chief Executives, and we have been able to push them back to – these are regional decisions.

– RPSC office, Greater Wellington

Wider tensions between local and central government constrained the extent of collaboration

There were some challenges here in unifying local and central government interests, in part due to the relatively recent history of such partnership between the two. Members from these two sectors also had not had as much time as in other regions to build and solidify relationships. While all members of the RLG rallied in the moment of crisis and largely worked well together, there was not a strong sense that local and central government consistently grew closer and now have shared regional objectives.

We had a request to see who your providers are, and I had the information, but I was not allowed to share it. [Agency] said please don't send that out which caused a bit of a raru with me and some of the Chief Executives from local government said, 'Oh so much for high bloody trust', because they wanted to see exactly who was available in their area as food providers. But there was a bit of a barrier put up to actually sharing information which I thought was quite shareable. So a little bit of tension, a little bit of patch protection.

– RPSC office, Greater Wellington

Future of the Regional Leadership Group

Despite attempts to retain and strengthen the RLG, it has been difficult to sustain momentum

As COVID-19 cases reduced in this region, so did the frequency of the RLG meetings. The group met post-CPF to discuss its future and was renamed to the Regional Leadership Impact Group. This was intended to ensure that the group maintained an action-oriented focus in order to have a purposeful impact on outcomes for the region (as opposed to information sharing). The RLG met for several months and appeared to have narrowed in on youth issues as a special focus, but meetings have not been sustained.

So how do we actually pull together? We just got another group meeting ... to reinvigorate our agency response with Iwi, around being a clearing house for all of this stuff that gets dropped down to working groups again. But we had to have visibility of what's going on because everyone's approaching everyone to do their mahi and I don't want that. I want us to try and pull in the same direction if we can.

– RPSC office, Greater Wellington

A common theme from participants was that the group had "lost steam" and stopped meeting. Most felt the COVID-19 crisis had been the lynchpin for the RLG and, without this, they were uncertain if there was a clear purpose going forward.

On the positive side, through the COVID-19 experience, participants gained a greater appreciation of what was possible when you share information, collaborate, and work in a different way. There is some concern about a regression back to portfolios, siloes, and a competitive contracting model but some new ways of working are being sustained. One participant said they had since changed their commissioning model to be more high trust, less bureaucratic, and more accessible to new and smaller providers.

When we first started, we were going, 'I don't know how we're going to work together'... but it absolutely broke down the silos. And even now I'm more in a central role but I can just see the synergies that we can make things work.

– Departmental agency representative, Greater Wellington

A future RLG may be challenged in two ways: lack of buy-in to a unifying purpose, and more time needed to solidify relationships. While RPSCs were expected to 'dock into' existing structures, the RLG here was very much the CDEM Co-ordinating Executive Group which expanded for COVID-19 and then contracted once the emergency state ended. The CDEM Co-ordinating Executive Group continues to meet as usual, albeit now with Iwi as formal members, which is a positive development for regional emergency management.

Since at least September 2022, local government and Iwi have been collaborating on a Wellington Regional Leadership Committee (WRLC). Membership includes all district and city mayors, the Regional Councillor, Iwi representatives, plus the Minister of Housing and the Minister of Transport. WRLC is described as a collaborative partnership to make a positive impact on challenges relating to housing, transport, climate change, resilience, and economic development.⁴⁶ Some regional priorities will be led from this group, but the absence of some social issues and central agency representation (and RPSC) could be a missed opportunity for the region.

⁴⁶ Refer website of the Wellington Regional Leadership Committee: <https://wrlc.org.nz/about>

Case Study 3 Waikato⁴⁷

Regional context

The Waikato region is home to over 500,000 people, a third of whom live in the city of Kirikiriroa Hamilton. A quarter of the region's population identify as Māori, which is the third highest Māori population of the case study regions (after Bay of Plenty-Waiariki and Te Tai Tokerau).

The four principal Iwi of the Tainui Waka Alliance include Hauraki, Ngāti Maniapoto, Ngāti Raukawa, and Waikato. Within this rohe there are 33 hapū, 68 marae, and 67,000+ registered tribal members. Of these registered tribal members, most live within the rohe of Waikato and Tāmaki Makaurau, with a small proportion residing in the Bay of Plenty region.⁴⁸ Pacific peoples represent four percent of the population.

Of the case study regions, Waikato has the second-highest rural population (26%) after Te Tai Tokerau. The region is relatively youthful, with 41% under the age of 30 years.

Formation of the Regional Leadership Group

Prior to 2019, a Civil Defence advisory group had operated in the Waikato for almost 15 years and comprised central government and local government representatives. In 2019, the long serving MSD Regional Commissioner for the region was appointed to the dual role of RPSC. In 2020, a Caring for Communities regional group was established in Waikato with broad regional membership including central government, Iwi, and local government representatives.⁴⁹ This group had a regional welfare remit and, as the nation went into lockdown, its focus was on connecting social agency networks and service providers.

This group then transitioned into the RLG for Waikato, chaired by the RPSC. It had 12 central government members including from Ministry of Health, Police, Civil Defence, Department of Corrections, Kāinga Ora, Fire and Emergency New Zealand, Ministry for Primary Industries, Oranga Tamariki, Ministry of Education, Te Puni Kōkiri, and the Department of Conservation. Three Chief Executives from the Waikato, South Waikato, and Hauraki district councils represented the ten Territorial Local Authorities (TLAs) in the region.

After engagement with the RPSC, five representatives formally joined the RLG from Tainui, Raukawa, Ngāti Maniapoto, the Pare Hauraki Collective, and the Tūwharetoa Māori Trust Board. The Chief Executive of a local Pacific non-profit trust also joined the group.

⁴⁷ This case study is based on interviews with 3 RPSC staff and representatives from: Iwi (2); Pacific Peoples (1) local government (2) and central government agencies (2).

⁴⁸ Source: <https://waikatotainui.com/>

⁴⁹ The Caring for Communities workstream was established in March 2020 by the All of Government CiC welfare response to focus on community welfare needs, alongside the health welfare response to the COVID-19 pandemic. At that stage, Civil Defence Emergency Management had a lead role in communities as part of the initial welfare response. This responsibility was then transitioned to social sector agencies, with oversight held by a governance group of their Chief Executives (C4C). A key part of this work saw regional government agencies connecting with their networks of service providers and community-based organisations to gain information about communities' welfare needs and challenges and providing information and resources back in to support those needs.

We were already established, and we had sought... representation in whatever form that Iwi wanted it to be... It was actually really helpful that we had the Tainui Waka Alliance set up... it covered many of the Iwi in the rohe because without that it would have been... challenging to get things done.

– RPSC office, Waikato

Key successes of the Regional Leadership Group

Momentum developed quickly and strengthened relationships have been maintained post-COVID-19

The RPSC held long-standing, well established, and trusted relationships across the community and with Iwi of the Tainui Waka Alliance. This enabled the RLG to be established at pace. The RPSC was credited by stakeholders for being an active leader and for keeping the group coordinated and focused.

Case study participants felt that the RLG meetings were well structured. Expectations of members were clear, information was shared in priority order, and opportunities were created for all to contribute. Meetings were consistently attended by senior leaders, rather than their delegates. There was some feedback that it took a while for the RLG to be formalised and that it would have benefited from more secretariat support in the early days.

[RPSC's] leadership was very, very strong and very, very clear. She didn't get caught up in bureaucracy. She was about action and not, 'Don't tell me why we can't do it. Tell me how we can do it'... So it kept everyone to account... kept everyone actually in action mode as opposed to kōrero mode.

– Iwi representative, Waikato

The RPSC's extensive tenure and experience was an advantage in that they could draw on existing relationships, especially with Iwi and Pacific stakeholders to secure their representation on the RLG. The RPSC had strong working relationships with neighbouring RPSCs, which resulted in them collaborating to resolve cross boundary issues. For example, some Iwi spanned MSD boundaries. There were reports of whānau within the same Iwi receiving different levels of service response from MSD. The RPSCs met to find resolutions, one of which included one office servicing a particular Iwi, regardless of MSD boundaries.

What you had is Waikato rohe... goes up to south Tāmaki. And of course, Iwi would compare the regions and say, 'How come I can get a response here, but I can't get a response there?'. So those sorts of things we had to work out. [The Tāmaki Makaurau RPSC] and I would meet and work that out. When Upper Hauraki... had come under its own protection framework - part of that region is hers. I said to her 'How about I take the leadership on this, and you carry on with your other stuff for the part of the rohe that is Waikato?'

Because it's not Iwi's problem, and it's not our community's problem. It's our problem. And the same happened for Raukawa and Maniapoto because Te Kūiti is not part of my region, nor is Tokoroa but they both come under the Tainui Waka Alliance.

– RPSC office, Waikato

RLG members strengthened their connections with each other and with community providers

Case study participants felt that the RLGs had played a strong role in regional coordination. Trust was built between RLG members but also with key stakeholders and providers in the region. The group was focused on following through on operational commitments to each other. The RLG was described as highly collaborative, responsive, pragmatic, and delivery focused.

The impact was huge. I think we were all on edge the whole time because we didn't want to fail. We didn't want people to go without food, we didn't want people to go without... their medicines or anything they needed for their health. We didn't want to be those people who made it not happen... and we needed to be those people who would make it happen... The trust also between organisations grew... and there was more coordination with each other than I'd seen before, particularly with NGOs.

– RPSC office, Waikato

Relationships with Iwi were strengthened and agencies saw the value-add of partnering with them

Case study participants reported that their existing relationships with Iwi were advanced through the COVID-19 experience. Members highly valued the contribution of Iwi representatives and their ability to bring the needs of different communities to the RLG table.

Being able to tap into their perspectives and understand the needs of their whānau, was really, really critical to make sure that people got what they needed... Having those Iwi leaders at the table, always making sure that perspective was front and centre was really helpful for us... they had perspectives and insights and context... as Crown agencies, we could never achieve.

– Departmental agency representative, Waikato

It was also recognised that Iwi had the insights and capacity to reach whānau who had low levels of trust in MSD and government agencies.

You know, a good part of the community is Māori, and they wouldn't go through MSD. They would go through the Iwi etc. It was acknowledged that, for many in our community, the level of trust with MSD is low. So, having that other avenue for them to come through was worthwhile. The Iwi from my observation were actually the major providers of the welfare support, particularly kai. So when there was a roadblock or something... it was really good for them to be able to feed that back through to [the RPSC] ... So yeah, I think they played a really critical role around the table.

– Local government representative, Waikato

Iwi tribal registers enabled Iwi that were part of the Tainui Waka Alliance to work across Iwi boundaries and support their tribal members and mātāwaka members within the 22 takiwā. This was especially true of their registered kaumātua who were prioritised for support despite already demonstrating resilience.

We feel our kaumātua on our tribal register and on our client database were well looked after, in fact especially our tribal register kaumātua living in takiwā were hugely resilient. They were ready, they already got māra kai, they already had bottled water, and they were worried about their mokopuna.

– Iwi representative, Waikato

A providers' forum was established with Iwi which the RPSC considered a key development in cementing trusted relationships with providers.

For their part, Iwi stakeholders felt that central and local government had begun to develop an understanding of the capability and competency of Iwi. Further, the experience had shown the benefits and outcomes that can be achieved when the Crown partners with Iwi.

I think RLG... did empower Iwi more. I think if anything it opened up all other agencies to understand how powerful we can all be if you partner with Iwi Māori providers. And it took down barriers, even you know locally where people historically thought, 'We can do this all on our own'. They understood actually we have manpower, we have connections, we can just help what you're trying to do, not necessarily take over. So I think even at that leadership table we were exposed to them, they were exposed to us. They got to understand our capability better which then has fed into our ongoing relationships.

– Iwi representative, Waikato

Waikato Iwi have commissioned their own evaluation of their COVID-19 response.

Community Connectors were allocated widely across providers and were seen to add value for whānau

This region had 12 Community Connector roles at first, rising to 23.5 FTE and then 39 FTE in early 2022, around the peak of Omicron. MSD initially allocated the Community Connector resource to 12 providers based on deprivation indicators. This later broadened to 30 providers – the strategy being to minimise the delivery risk if providers were impacted by COVID-19 cases and to increase the reach into the different communities they served.

Staff of the RPSC office took a strong interest in the work of Community Connectors. They met regularly with them and their managers to support and identify any issues to be raised with the RLG. Most central and local government case study participants did not have detailed knowledge of the role of Community Connectors. Those that did considered them to be a valuable resource, including service providers.

[Community Connectors] worked really well... It gave us some people who were just really focused on connecting all of our groups to support that whānau... Our Community Welfare Group (which we saw as something that was needed in the very first outbreak)... gave our Connectors a very quick indication of 'What whānau has got COVID? What support do they need?' Then they could connect them to our kai people; connect them to our mental health people. So, they were really, really important roles.

– Iwi Representative, Waikato

One provider representative was disappointed in how transactional these roles turned out to be against an expectation of them "walking alongside" whānau and connecting them to a range of services.

Transactional in the sense that... how I saw Community Connectors was they were to navigate families through complex systems or processes like Work and Income... and all the other wrap around stuff... There was a bit of a budget which you could access to break down barriers around housing, health, education... it was around breaking down barriers.

– Community provider representative, Waikato

While some participants felt people living rurally would be largely self-sufficient, others noted the potential for greater isolation and distance to services. One example of collective problem solving by the RLG involved a small, isolated coastal community. A Ministry of Education representative shared that people were coming south from Auckland across borders to their holiday homes, increasing risk

to those living there. Iwi led the process to ensure the community knew they were not alone with this challenge, kept them informed, and ensured kai and other forms of support continued.

Challenges and learnings

Some priority groups were not represented on the RLG

There was a lack of assurance among participants that all priority groups were well-served during the CiC welfare response. As with other regions, the Waikato RLG did not include any type of representation for disabled people.⁵⁰ One participant spoke about drawing on Enabling Good Lives for information about the welfare needs of disabled people, which was co-located with MSD.⁵¹ The RPSC felt in hindsight that lack of representation of disabled people on the RLG was a gap.

A Pacific representative described how official statistics such as Health Service Utilisation Population⁵² can undercount the level of need in the population as it only captures consumers who are engaged with health services. This can contribute to inequitable funding for providers as they are accessing whānau in need who are not captured in official statistics. Another barrier to accessing welfare support identified by an Iwi representative was whānau not having reliable internet connection to find out about sources of support available.

There was concern more broadly about the extent to which older people accessed the support they needed. One participant noted that, because many older people do not have access to social media (which was a key information source about how to access welfare support), they may not have been aware of what was available. They also tended to stay at home due to concern about contracting COVID-19, which further limited the opportunity for them to hear about or access support. One participant identified that there were missed opportunities to collaborate with NGOs such as Grey Power to share resources and ensure everyone's needs were met.

I've got a dear elderly friend who's the Secretary for Grey Power... I said to her 'Well would it have been helpful if somehow... we could have made sure that we're ringing your people because we've got more manpower'... It comes down to being really clear at the outset and strategic 'Who have you got? ... Where's the gap and how do we plug that gap?'

– Iwi representative, Waikato

Some local and central government participants said they were not aware of any gaps in the CiC welfare response and that if there had been they "would have heard".

I'm not aware of any gaps. Would we have been advised of these gaps? It's hard to know, but generally in our small rural council... if something's not quite working for people they'll get in the mayor's ears or one of the councillors. I didn't get any feedback that would indicate there was issues.

– Local government representative, Waikato

⁵⁰ Note that we were unable to secure an interview with members from the DHB.

⁵¹ Enabling Good Lives is an approach developed by members of the disability community to increase choice and control for disabled people and their families. As well as a national team, there is an Enabling Good Lives team based in the Waikato.

⁵² Health Service Utilisation is an individual-level estimate of the NZ population using health data. It includes individuals who receive health services or who are enrolled in a Primary Health Organisation (PHO) in a 12-month period.

More work is needed to build local government trust in centralised initiatives

Councils had a lot of responsibility when COVID-19 was first emerging to respond to the needs of their communities. This took a toll on their leadership and staff who were under a lot of pressure. The introduction of the CPF and the CiC welfare response was welcomed here with one local government representative on the RLG noting it was *"far more seamless when MSD took over"*.

However, there was some tension around local government members feeling that communications and decisions were largely developed without community input via a top-down approach from the Centre. One local government representative noted that there were *"unclear links up the chain"*. They felt that information only flowed downward and that attempts to provide input to central planning were not heard. Another felt like the Centre would keep the regions *"in the dark"*, holding on to important communications until the last minute. They would have preferred to have more *"lead in time"* to communications that impacted whānau in their communities – especially in relation to borders and lockdowns.

DPMC said 'Look we've got to do a boundary' and [RLG member] said 'Look can you just give me a couple of hours, get everyone together, see what's the best type of boundary, how it can work you know in terms of access to shops and all that kind of stuff?' So he did... He got Iwi together, he got local councils, all the relevant councils and Iwi all in the same room within half an hour. They had a hui, they said 'Okay, this border looks good'. Came out the next day – they completely ignored it, ignored what they had suggested.

– RPSC office, Waikato

There also appeared to be a period of adjustment in Waikato as the DHB and Civil Defence lead roles transitioned the welfare response over to MSD. Civil Defence continued to have a role in the RLG during CPF despite the shift from emergency management to the CiC welfare response. There was local government support for this continued involvement but there was a sense that this transition was difficult for Civil Defence, with roles and expectations a little unclear. Similarly, the transition also caused some frustration for Iwi who were already working alongside the then DHB on a welfare response.

Especially with the second [wave] in 2021... I think MSD were slow to the table... There was lots of support but... because Te Whatu Ora had already been working with us Māori health providers, we'd started talking about, 'What does a welfare referral portal look like?... Then MSD come in and say 'No, we're handling all welfare referrals, and this is what you need to do'. So... after sorting this out now you're coming in here and telling us you're going to do it... that didn't go down very well. We found a way through it, but... we had already done a lot of thinking in that space.

– Iwi representative, Waikato

Providers challenged by inflexible funding

One Pacific provider noted that requirements for Whānau Ora funding created unhelpful administrative complexity. This was a provider that had Whānau Ora navigators working with vulnerable communities, a third of which were Māori. Additional COVID-19 funding was provided, but only specifically for Pacific peoples which created unhelpful administrative complexities.

Future of the Regional Leadership Group

Relationships have been strengthened and new priorities are forming

There was clear agreement that stronger and more trusting relationships had been developed through COVID-19. These have provided a solid foundation for intersectoral collaboration in the future. In June 2023, the newly appointed RPSC convened a workshop to canvas the future of the RLG. Stakeholders agreed that the group added value and should be retained.

At the time of the case study, the RLG was in the process of defining its purpose and identifying priorities. As a region with significant housing pressures and poor housing stock contributing to very high hospitalisation rates, the RLG may continue with a post-crisis focus on community resilience. A number of priorities were being canvassed including school attendance rates (which had fallen due to young people entering employment, in part to support their whānau).

And some of those relationships have now moved into our BAU so we've been able to maintain those relationships – which we needed to.

– Iwi representative, Waikato

Recently, there have been some new collaborations in the region as a result of the relationships developed during COVID-19. One example is a youth-focused group that has been established between the Ministry of Education, Police, Oranga Tamariki, and MSD. This example appears to include just central government agencies at this stage, though participants advised they may reach out to Iwi for some co-design and delivery discussions.

The former RPSC felt that the RLG was well established in the region, but she was conscious of the impact of membership turnover. She identified that a challenge will be to maintain engagement of public service and wider stakeholders so that RLGs can add value to both future emergencies and the achievement of Government priorities.

Case Study 4 Bay of Plenty-Waiariki⁵³

Regional context

The Bay of Plenty region extends north from Taupō to Tauranga and Waihi on the western side, and out to Cape Runaway and Waihou Bay to the east. The Bay of Plenty has a population of approximately 368,000 people. Māori represent 30% of the population. There are 35 Iwi, 260 hapū, and 224 marae within the Bay of Plenty. Te Arawa⁵⁴, Mātaatua⁵⁵, Nukutere, Takitimu, Horouta, and Tainui are the Waka groupings.⁵⁶

Four percent of the population identifies as Pacific. In addition, the region is a temporary home to many Pacific RSE workers, largely based in the Tauranga and Whakatane areas. More than a third of the population is under the age of 30 years (39%), and 20% live in rural areas.

Formation of the Regional Leadership Group

In 2015, the Bay of Plenty Collective Impact Group (BOPCIG) was formed, following the establishment of Social Sector Trials⁵⁷ and the Rotorua and Eastern Bay of Plenty Children's Team. BOPCIG is a strategic leadership and governance group made up of regional central government leaders, including the DHB. The group meet quarterly to collaborate on key Government priorities at the regional level and key initiatives, including a family harm project and the establishment of Area Collective Impact Groups.⁵⁸ The early relationships developed through BOPCIG provided a foundation for the eventual establishment of the RLG.

In November 2019, an RPSC was appointed for the region. They convened an RLG which built on the BOPCIG but extended membership to Iwi and local government. The RPSC and Police District Commander visited Iwi to discuss if and how Iwi would like to be involved in the RLG. Iwi noted that the initial priorities had been developed without them and so were not fully reflective of Iwi/Māori priorities. This led to meaningful dialogue and the eventual commitment from Iwi to support the regional leadership process.⁵⁹ During the CiC welfare response, the RLG had an Iwi/Crown co-chairing arrangement (an Iwi leader and the Police District Commander).

The RPSC led a similar process to engage local government into a regional leadership structure – visiting regional councils and discussing the value of local government input into regional leadership. The RLG expanded to include members from the region's DHBs, Civil Defence, Police, some

⁵³ This case study is based on interviews with 2 RPSC staff and representatives from: Iwi (2); Pacific Peoples (2) local government (1) and Departmental agencies (2).

⁵⁴ Te Arawa Iwi include: Ngāi Te Rangi, Ngāti Tūwharetoa, Whakatōhea, Ngāti Mākino, Ngāti Pikiao, Ngāti Whakahemo, Waitaha, Tapuika, Ngāti Rangiwewehi, Ngāti Rangiteaorere, Ngāti Rangitihī, Ngāti Tarāwhai, Ngāti Rongomai, Ngāti Whakaue, Ngāti Uenukukōpako, Tūhourangi, Ngāti Kea / Ngāti Tuarā, Ngāti Tahu/Ngāti Whaoa, Ngāti Tūwharetoa and Ngāti Tūrangitukua. (Te Kāhui Māngai, <https://www.tkm.govt.nz/>)

⁵⁵ Mātaatua Iwi include: Ngāti Awa, Ngāti Manawa, Ngāti Whare, Ngāi Tai, Te Whakatōhea, Te Whānau-a-Apanui, Ngāi Tūhoe, Ngāti Ruapani. (ibid)

⁵⁶ Source: boprc.govt.nz/your-council/working-with-lwi/kaupapa-Māori.

⁵⁷ There were multiple trials across the region.

⁵⁸ Source: Bay of Plenty Collective Impact Group Background. April 2022 Workshop slides.

⁵⁹ The model is called Te Waka Hourua and is described further in this case study. Refer Successes section. Refer WBOPRLG Background April 2022 Workshop (document supplied by the RPSC).

departmental agencies, and two Pacific provider representatives⁶⁰. Seven Iwi representatives participated in the group along with six council Chief Executives. This group held oversight of the operational welfare response at a regional level with support from the BOP Collective Impact Group (BOPCIG). The RPSC was credited for effectively engaging senior leaders in the region in a way that maintained mana and enabled the community-led welfare response.

A key feature of the regional leadership approach in Bay of Plenty-Waiariki is that, in September 2021, the RLG agreed that the boundary used to define the geographical region did not reflect the group's understanding of the boundary. Rather, it was based on a national decision to use regional council boundaries across NZ as boundaries for all of the 15 RLGs. This decision did not reflect the reality of the various agencies' areas of responsibility (e.g., DHBs, central government, and local authorities) and, more importantly, Iwi understanding of the Bay of Plenty region. Therefore, it was agreed that mana whenua would determine what the geographical area of responsibility should be for the RLG. Therefore, the region was broken down into two sub-regions, defined by waka affiliations – Te Arawa and Mātaatua. The waka would be the link between the RLG and local leadership, with Iwi and TLAs being the key community representatives on each waka.⁶¹

We made it quite intentional that the boundaries... needed to mirror Iwi boundaries. So, we took the position that the boundaries Te Moananui ā Toi or Bay of Plenty, and Waiariki needed to mirror the Mātaatua waka and Te Arawa waka.

– RPSC office, BOP-Waiariki

Key successes of the Regional Leadership Group

Prior to the establishment of the RLG, relationships between central government, Iwi, and local government were described as "transactional" and "variable". There had been some collective alignment in relation to natural disasters, and the wellbeing and mental health of the community. The establishment of the RLG helped to formally bring regional leaders together, while COVID-19 created the impetus for organisations to work in a transparent and proactive manner.

Knowledge of the needs of the community combined with strong relationships resulted in timely and tailored solutions

Greater cohesion and information sharing amongst the RLG meant quicker responses to local need. In response to intelligence about gaps in local level delivery, organisations identified the resources and supplies that they held collectively (e.g., masks and RAT tests) and worked quickly to deploy these to providers and communities.

It didn't matter that you were the district council responsible for this, and you're an expert in that, and therefore you're the dominant player. When you had that kaupapa like COVID... it was a lot more of a blank canvas to step out onto. And that turned out to be key to a stronger and coherent approach... It also helped us enjoy each other because we suddenly started to feel clever... like 'Hey I know that, and I can get that, I can sort that.'

– Iwi representative, BOP-Waiariki

⁶⁰ One representative was the leader of a Pacific health and social services trust and the other led a Development Trust with strong links to the Pacific peoples sporting network.

⁶¹ BOPCIG Background (April 2022)

The well-publicised example (occurring a week before the CPF) of an RSE worker being asked for identification at a vaccination site was given as an example of how the RLG worked together quickly to solve issues. A Pacific provider representative of the RLG was approached by concerned members of the community about this incident. They worked with the RPSC, who connected with the health provider to resolve the situation within 24 hours. It was because of their membership on the RLG that the representative was able to affect a quick resolution to this issue.

There was also confidence among participants in their ability as a group to lead the CiC welfare response in a way that worked best for their region. It was noted that that communications from the Centre were "*turned on their head*" to be tailored to local needs. This required the engagement of local level communications expertise. To some participants, central government initially appeared slow to respond to the needs of communities, so solutions were found at the regional level. For example, some regional council funds were used to organise testing kits from overseas, ahead of national purchasing. At the same time Iwi led out, mobilising workforces and funding and drawing on their own resources (fisheries, māra kai, mahinga kai) to respond to the welfare needs of their people.

Key successes of the Regional Leadership Group

Trust and transparency were identified as key enablers of the RLG

A strong theme was that the RPSC was well respected and transparent in the way they operated which helped build relationships and trust. They convened everyone that needed to be involved in the CiC welfare response and then managed the various interests so that focus was maintained on a collective response to community need.

[The RPSC] *honestly provided us with information as soon as he could and trusted us...*
– Local government representative, BOP-Wairariki

Some agencies, especially MSD, were credited with being trusting and transparent with the RLG about the amount of funding they had available nationally and for this region, and asking the group what should happen with that funding (e.g., "*This is what we have, how do we best use it?*")

Iwi and the Crown partnered to ensure the well-being of whānau

Early in this process, Iwi were identified as essential partners in the RLG. The RPSC spoke about wanting to ensure Iwi were genuinely included and that the steps they took as a region would lead to Iwi becoming an enduring partner. The regional leadership structure was strengthened by Iwi leadership who retained their strongly held view of having tino rangatiratanga over their whenua, rohe, resources, marae, whānau, hapū, and Iwi. Initially, Iwi challenged central and local government about the way they typically engaged with Iwi – that is, as a stakeholder rather than a Treaty partner.

Hey, we're your Treaty partner, not a stakeholder. You need to look at us differently as you do the [service provider] or any other system that is purely there for provision of services... We're a partner, we should be given the right to exercise tino rangatiratanga, our mana motuhake, as your Treaty partner.
– Iwi representative, BOP-Wairariki

However, ultimately the approach employed by the RPSC and the Police District Commissioner (i.e., taking time to engage directly with Iwi upfront) was successful in enlisting the support of Iwi for regional leadership.

Having the co-Chairs and that commitment to the Treaty partnership being the main objective, it was hugely important for everyone to commit to it.

– Iwi representative, BOP-Waiariki

Iwi participants held a positive view of their experience and the work of the RLG. They identified that having the "right" Crown representatives with decision making authority at the table was key to the success of the RLG.

The RLG just let us be a ... truer form of a region with awesome different parts in it that made it up... And they just took what we're all saying at the table and then just made it happen.

– Iwi representative, BOP-Waiariki

What was important was to be responsive, was to have the people that can tick the boxes to get progress. We didn't want people that had to go back and forth, requiring a different delegation to give authority. A huge priority was having the right people around the table.

– Iwi representative, BOP-Waiariki

I think talking as an RLG, we're all generally happy with the response.

– Iwi representative, BOP-Waiariki

Challenges and learnings

Participants felt funding could have been better coordinated in their region

During the CPF period, participants observed that multiple agencies were investing to support local level service provision. Within the context of the crisis, there was "pressure to get funding out the door". However, some participants felt that the absence of an overarching investment strategy and lack of alignment between funders may have been a missed opportunity to maximise the impact of investments.

A related issue was that tensions arose regarding which providers could best and most appropriately serve communities within the region. For example, concerns were raised about departmental agencies engaging with and funding Māori organisations (and on occasion non-Māori organisations) that did not have the mandate to serve Iwi. Further, some Iwi expressed concern that they were not given the opportunity to lead the CiC welfare response for their members.

There was also reference to tense times regarding funding allocations and lack of certainty around whether funding was being distributed equitably. We heard about one group continuing to apply to various funds successfully but potentially to the detriment of smaller, similar organisations with reach into different communities but without the same fundraising capability or networks. There was a suggestion that if the RLG had been consulted, then funds to the region would have been optimised.

I absolutely think those who needed it the most were able to access support. You know, the next question is, was it equitably distributed? I think yes and some parts no. I think there were parts of the system... here that really benefited well because they had providers or groups that were really well set up prior to COVID.

– RPSC office, BOP-Wairariki

Community Connectors played a key role in supporting communities

Initially, this region was allocated 44 Community Connectors. Following MSD engagement with the RLG, resourcing for another 19 positions was secured.

Overall, participants felt that Community Connectors played a key role in supporting communities. One central agency participant, who was co-located in a community hub, observed some of the work of Community Connectors to be transactional in nature. From their perspective, their work was often oriented to responding to specific welfare needs, rather than providing navigation support to meet the broader needs of whānau.

There were specific items that were tasked out as opposed to 'Go and find out what their family needs to isolate and remain safe and make that happen'... I was seeing 'Go and get them cigarettes'... when they needed accommodation!... It was just so transactional.

– Departmental agency representative, BOP-Wairariki

Whānau Māori were able to access welfare support

As a priority group, case study participants agreed that Māori were well supported through the CiC welfare response. This was attributed to the strong leadership role and representation of Iwi on the RLG. High trust commissioning enabled Iwi to be agile and apply funding to wherever they saw the greatest need and opportunity to keep whānau safe through the pandemic.

They went back to Wellington, they had to work out how to do that. We weren't bothered by it and then it was a phone call and a spreadsheet, and we had resources... we were trusted. We didn't have to worry about what was going to isolation, what was going to food, what was going to... and it's that trust that we'd given to those people representing the Iwi around that table that achieved it. Tūhoe had no COVID related deaths throughout that entire period.

– Iwi representative, BOP-Wairariki

Pacific whānau were able to access welfare support

Despite the relatively small Pacific population in the regions, Pacific peoples were a priority during the CiC welfare response due to existing health inequities. Two Pacific members joined the RLG representing different geographic areas of the region, with one leading a health and social services trust for Pacific families and the other connected into Pacific sports and a younger cohort. The ability to draw upon these broader Pacific community networks helped regional leaders ensure that the CiC welfare response had a wide reach.

Both members shared that the biggest challenges for the Pacific community during CPF and post-COVID-19 was the affordability of food and housing within the region (including housing that aligned with isolation requirements). From their perspective, a key strength had been providers working together to raise awareness of services amongst Pacific whānau and to ensure that, across the region, Pacific whānau were well served.

We were sharing each other's pages like, 'Hey, if you're in this area, these guys are here... if you're in this area, we're here and we cover all the way'... Our contracts cover the Western Bay in Tauranga, but then we started to get referrals from the eastern Bay of Plenty area, families from Whakatane and or Ōpōtiki. So we... started to deliver food all the way out there.

– Pacific representative, BOP-Waiariki

One of the Pacific representatives reported that their involvement in the RLG had been "gamechanger"—having Government connections, being able to represent Pacific interests, and early knowledge of developments from the Centre. For them, it was a unique and inclusive experience. One of the key advantages was being aware of funding sources and being able to plan to reach and care for their communities. The Pacific representatives felt enabled by the RLG and that their contribution was valued.

They valued the work undertaken by the Ministry for Pacific Peoples to translate communications and messaging into Pacific languages. We heard how one of the providers put information pamphlets about their services in with kai boxes to increase awareness of broader social services that could provide support. This approach did lead to growth in demand for their services.

Finally, Pacific RLG representatives reported that COVID-19 had revealed a new cohort of whānau who had not sought welfare support before. They were concerned about the stigma associated with accessing welfare support and struggled to understand what processes were required to do so. Pacific RSE workers in the region were particularly vulnerable. These workers lived far from home and, if affected by COVID-19, they sometimes needed information and advocacy to engage with employers over sick leave.

Some priority groups may have faced barriers to accessing welfare support

Participants identified that COVID-19 exacerbated pressures for some whānau who were already vulnerable prior to the pandemic. Some of them were "gang" whānau, whānau in rural areas (with limited/unreliable Wi-Fi access), as well as forestry workers. Participants indicated that there was likely a discrepancy in the equity of the CiC welfare response outcomes across the region, as access depended on the proximity of services and whether whānau felt comfortable seeking support.

There were mixed views about whether disabled people were well-supported as a priority group within the region. One member felt that disabled and older people might have been under-served by the CiC welfare response as they lacked a representative voice on the RLG.

Many kaumātua were still conscious of the impacts felt by Māori during the 1918 influenza pandemic, and this was a motivating factor in installing Iwi checkpoints across the region to help mitigate against transmission. In one area of the Bay of Plenty, a drive-through supermarket was established at the local marae to assist whānau who may have been too fearful to go grocery shopping in town.

Future of the Regional Leadership Group

The RLG has been retained and is focused on advancing Government priorities and supporting local level delivery

Since the CPF period, this RLG has continued. Iwi continue to co-chair the group, alongside a local government Chief Executive. Building on lessons from the CPF, the group aims to be an enabler of local level delivery. They see an opportunity to add value by establishing themselves as a "funnel", particularly of investment, into the region. The RLG recognises that it does not have decision-making authority but will retain regional "eyesight" on the regional recovery from COVID-19 and wider community resilience.

The BOPCIG is also still active, chaired by the RPSC. The RPSC sees their role as continuing to convene leadership interests, and working in the background to do whatever is required to enable these groups to support regional priorities.

Case Study 5 Tāmaki Makaurau⁶²

Regional context

Tāmaki Makaurau extends from Pukekohe in the south up to Wellsford in the north, dissecting the Hunua Ranges to the east. It is home to over a third of all New Zealanders (1.7 million people). Māori make up 11% of the total population of Auckland and 20% of the South Auckland population. There are 19 Iwi or hapū in Tāmaki Makaurau including: Ngāti Whātua, Ngāti Whātua-o-Kaipara, Ngāti Whātua-o-Orākei, Ngāti Rehua, Ngāti Manuhiri, Te Kawerau-a-Maki, Ngāti Tamaoho, Te Ākitai Waiohūa, Ngāti Maru, Te Patukirikiri, Ngāti Pāoa, Ngāti Tamaterā, Ngāi Tai ki Tāmaki, Ngāti Whanaunga, Ngāti Te Ata, and Waikato-Tainui.

The region is also home to the country's largest populations of Pacific and Asian people. Pacific peoples make up 15% of the population in Auckland (40% of the South Auckland population). Asian people make up 29% of the Auckland population (47% of the population in Howick). The majority of people in Auckland reside in urban areas (93%) and the population is relatively youthful, with those under the age of 30 years accounting for 43% of the population.

Formation of the Regional Leadership Group

Prior to COVID-19, an inter-agency Social Sector Leaders Group, was operating in Tāmaki Makaurau attended by key social sector agencies. This group, which met monthly, was mostly an information-sharing forum although there was an intent to move into a more "*strategic, system-impact space*" that could have operational influence.

The RPSC was appointed in 2019 and a wider range of agencies were invited to join what became the Auckland RLG. With the onset of COVID-19, the group initially focused on being "*joined up*", as it was unclear what was coming or what would be needed to manage the pandemic. It was anticipated the group had a substantial work programme ahead of them. They were supported by the COVID-19 Coordination Centre that had been established to lead operations for the region.

In November 2021, at the start of the CPF, a new RPSC was appointed, who maintained the dual role of MSD Regional Commissioner for South Auckland. After what was described as the "*somewhat reactionary*" first year of COVID-19, stakeholders agreed that a reset was required. This led to a split in the structure between strategic groups (mostly central government) and operational groups (which now included some NGO representation).

Driving the reset was the intent to draw on a much wider group to better address both social and economic issues so that they could withstand and recover from the pandemic. Membership included 35 representatives from central government, the Chair of the Mana Whenua Kaitiaki Forum,⁶³ and a further six members of Auckland Council. During the CPF period the Auckland RLG was chaired by the RPSC but during resurgences the group was co-chaired by leaders from Auckland City Council and the Auckland Policy Office. The representative from the Auckland Policy Office (an inter-agency

⁶² This case study is based on interviews with 2 RPSC staff and representatives from: Departmental agencies (5).

⁶³ The Mana Whenua Kaitiaki Forum is a governance forum of the 19 hapū and Iwi authorities of Tāmaki Makaurau.

hub focused on economics, infrastructure, and environment) took a lead on business and economic issues.

Key successes of the regional leadership structure

RLG members having decision-making authority enabled timely support for communities

The previous Social Sector Leaders Group was focused mainly on information-sharing, with leaders often delegating their attendance to others. The RPSC wanted to ensure that senior leaders had decision-making authority and could access resources if required.

We just had really key people within those groups so that... if there were any issues, well, the first thing was clarity, roles, and responsibilities. 'Who's doing what? Who's mandated to do what?' And then just working really closely and making sure that we... didn't have a failure of service for our community.

– RPSC office, Tāmaki Makaurau

New intersectoral relationships were formed and information was actively shared

All agencies were invited, with one participant noting "we didn't know who to exclude, it was easier to just include everybody".

The RLG became a one-stop-shop for communicating regional and national decisions and members "pitched in" with their knowledge and networks. The RLG formed and strengthened inter-agency relationships, and relationships with the social sector more broadly. Participants reported that a "coalition of the willing" was formed and that leaders extended outside of their portfolios and "leant in" to support their colleagues from other organisations.

Having the RLG in any region surely has got to strengthen the relationships between people. You have more incidental connections, but you can better develop policy or operational solutions or options. So that's one function of the RLG... to build that social capital so we actually talk to each other. The other factor is... bringing people together and keeping them informed... They did have their vertical lines but what we would do is bring in multi-agency perspectives and definitely information from Wellington that ordinarily tier four and below would never ever see.

– Departmental agency representative, Tāmaki Makaurau

The devolved approach was effective, enabled by high trust commissioning

Participants felt strongly that the CiC welfare response showed that the community knows the community best. They reported that providers were relentless in ensuring that whānau received whatever support they required. RLG members valued the insights coming from Community Connectors and other members of the RLG. At one stage, the RPSC was meeting with South Auckland Community Connectors several times a week, as well as with the Pacific Collective, and an ethnic communities' forum. Across the region, there were 171 Community Connectors (including 84 in South Auckland) and numerous community providers supporting the CiC welfare response. The RLG would feed the local level intelligence gathered from these engagements to the Centre when necessary. Stakeholders considered the key successes of the CiC welfare response to be the flexibility afforded to providers and the high-trust commissioning model applied during the pandemic.

Providers who have very prescribed contracts were suddenly being given leniency around how they delivered on those contracts. 'Forget about what you're contracted to deliver. You do what you need to do for the community', and it was awesome... I think that was a real key enabler to let community just get on and do what they needed to do, and the agencies needed to... have some trust and then just be able to mobilise those things that community couldn't access.

– Departmental agency representative, Tāmaki Makaurau

[There were] community providers that didn't necessarily have funding in the past, but the community knew about them. Then those messages were getting reiterated through Pacific media, radio, churches and again that lifted people's ability to feel comfortable to access supports and services.

– Departmental agency representative, Tāmaki Makaurau

The RLG felt well supported from the Centre

Participants were positive about the support they received from the Centre when issues were escalated. Across the country, Tāmaki Makaurau bore the brunt of COVID-19, being the largest international gateway and recording the highest number of cases. It therefore needed the most support from the Centre at the beginning of COVID-19. However, many participants acknowledged that their ability to reach out and gain assistance from central agencies continued into the CiC welfare response phase. Several people noted the responsiveness they received from Wellington, one describing this as "*phenomenal*", including the ability to access decision-makers there and to escalate issues.

The contribution of population agencies was highly valued and direct engagement by senior leaders helped to build the trust of the community

Participants considered that the Ministry for Pacific Peoples and Ministry for Ethnic Communities (whose representatives were Auckland based) played a critical role in their regional CiC welfare response. They were proactive in providing feedback on how decisions might impact their communities and identifying and advocating for the needs of their communities. In turn, they could then share insights from the RLG back to the community.

It felt like we did bond very closely and people felt that they could trust us and that we knew what was going on in our communities. We could trust because we saw... there's nothing blocking support given to communities... It was really beneficial for us at the ARLG [Auckland RLG] to see that no one was trying to hold up anything, everyone was really getting behind the activities.

– Departmental agency representative, Tāmaki Makaurau

The Ministry for Pacific Peoples' representative found the way in which the RLG convened key decision-makers to be valuable. They would listen to the community insights, and then had the authority to respond and mobilise resources (e.g., via MSD or Auckland City Council).

When we were devising stay at home procedures, where people in Wellington, who probably come from small nuclear families that could work at home. Here were some examples saying, 'Were you designing this for a very large group of families who may share a very small home, that may not have access to a lot of resources, where the older members may actually have to go out in the community to work because there is no alternative for them?'

– Departmental agency representative, Tāmaki Makaurau

Having Pacific voices on the RLG, as well as senior leaders from government agencies engaging with Pacific peoples, was seen to help to build trust in the public system.

[The RPSC] and others were coming into meetings that we were holding across the motu and that helped to actually then put faces to names for people. That helped to build trust amongst the community... there was the stuff that people needed (that tended to focus around same as everyone else), but they needed to hear it from people they knew and trusted.

– Departmental agency representative, Tāmaki Makaurau

One participant felt that the Pacific community within the city became more comfortable accessing welfare support because they knew they would have the choice of a local Pacific provider.

Challenges and learnings

The ethnic diversity of the region required bespoke communications

The scale and diversity of Auckland's population made communications a particularly important issue in this region. The RLG had to ascertain who they should be communicating with and what the most effective communications mechanisms were (e.g., messaging via social media, in written form, or face to face with leaders who would then convey information out to their communities).

The ethnic diversity of the Auckland region warranted a bespoke communications approach that catered to the needs of multiple ethnic groups. Initially, communications in accessible formats were slow to be shared (in different languages and forms), as they took time to be produced (e.g., for the Deaf community). However, by the time of the CPF, existing good relationships between agencies and community providers were believed to have helped improve both communications out from, and feedback being looped in to, the RLG.

We have multiple communities and... it became quite overwhelming how many different communities you felt you should have been communicating with... So you became stretched very, very quickly and you just had to make calls in that regard, but really tough ones... Language being a key example in Auckland... really important messages being passed on which is guidance about what to do or here's access to funds, or help. How many different languages do we do that in? Or what's the medium to transmit that in? We'd come at this at a very New Zealand Pākehā way which is, 'Oh we just stick it on the web, everyone accesses the web', which is not necessarily your 'go-to'. It may be a church leader instead. So... a lesson learned for us was knowing who's who, which forums... We were learning very much on the job. There was no go to document, it was mainly a go to person, who just happened to be the right person, at the right time, who could give you some guidance.

– Departmental agency representative, Tāmaki Makaurau

Iwi were not directly represented on the RLG

During the CiC welfare response, the co-Chair of the Mana Whenua Kaitiaki Forum (the forum) was a member of the RLG and sat on both the strategic and operational structures. The forum is a governance group of the 19 hapū and Iwi authorities of Tāmaki Makaurau that was established with support of Auckland City Council. This member provided a perspective, but it was not their role to represent the views of Iwi from the region.

Since early 2022, the RPSC and senior RLG leaders have been consulting with mana whenua about how they would like to engage with regional leadership structures. They have determined that different Iwi across the region have different aspirations and that a combination of different

representation mechanisms may result. For example, some Iwi may elect someone between them to represent their combined interests. Other Iwi may prefer to participate directly as an Iwi in their own right on regional leadership structures.

That's been in progress for about 18 months. And it's not something that can be rushed. It has to be tika me te pono. And that has taken time, but we can put hand on our heart and say that it has been kanoahi ki te kanoahi. So we're getting there.

– RPSC office, Tāmaki Makaurau

At an operational level, the RPSC and members of the RLG met regularly with Taumata Kōrero throughout the CiC welfare response. Taumata Kōrero includes a leaders from marae across the region and representatives from 13-15 public service agencies. The value of this forum meant the RPSC gained local level intelligence about the needs of whānau Māori (and other whānau that marae were serving) to report back to the RLG.

Sometimes engagement with the Centre could be challenging

Some members also felt the Centre provided very short windows of time to consider and give input to significant developments. In one instance, the RLG was given only a few hours to review a funding paper around the number and allocation of Community Connector FTEs. In this example, RLG members felt that they may not have provided the most robust advice within these timeframes and that this could be to the detriment of providers and communities.

Leaders were constantly learning about needs in their communities

The RLG had diverse membership and numerous avenues for connecting into whānau and communities. Regional leaders were continually learning about and working to enable self-isolation support for people in Tāmaki Makaurau. The "working poor" were identified as a new group needing support. They struggled to access support, in part, because of the challenge of overcoming stigma around asking for welfare assistance. In addition, there was trepidation about accessing a welfare system that was unfamiliar to them.

They are not clients of MSD. They work bloody hard. But they're on minimum wages and just living is really stressful and it's expensive. They were putting their hand up saying, 'I need help'.

– Departmental agency representative, Tāmaki Makaurau

Another insight was that there were cohorts within the Pacific community who did not want to engage with either a local provider or the mainstream system to access help. They were more comfortable relying on themselves and their extended families and were less likely to reach out for welfare support. Participants felt this was more likely among older Pacific people, in part due to language and social barriers.

There did not appear to be anyone speaking for disabled people at the regional leadership level. However, the Ministry for Pacific Peoples' representative on the RLG shared how the high trust model had enabled the promotion of a Pacific disability service. The service expanded its reach during the CiC welfare response and more people who needed their support remained connected into the service.

There was some concern that the trust established with community providers during the CiC welfare response will be eroded

Participants noted that the nature of commissioning and funding agreements during the CPF period exemplified a high trust approach, in line with the principles of Social Sector Commissioning. However, following the CPF period, participants had observed agencies regressing back to lower trust, prescriptive, high compliance commissioning. Concerns were raised about the impact this will have on priority groups going forward if not addressed quickly.

For our more complex families, trusted relationships are absolutely vital. They don't trust easily but when the trust is gained, the way that we contract is that we immediately put a time frame around how long that relationship can last... For a complex family, that's not going to work for them at all... They're expected to tell their story multiple times, to multiple people, when they touch on multiple services. As opposed to having one relationship that helps them navigate through those services... We would strongly advocate that the investment needs to go into supporting those relationships where whānau can get in and out as they need support, but they don't... have to leave all the time. So it needs to be really flexible and it's long lasting. It doesn't need to be for everybody... not everybody in our population needs that intensity but there are those... that need the most support.

– Departmental agency representative, Tāmaki Makaurau

Future of the Regional Leadership Group

The RLG has re-grouped to establish regional priorities

Post-CPF, the RLG was reviewing its membership, including a plan for engagement and partnership that will potentially include NGOs at the strategic level. The five top priorities for Tāmaki Makaurau as identified by the RLG are now: safe communities, education, housing, economic development, and community wellbeing (including a focus on mental health and addiction). There has been buy-in for these priorities, but maintaining momentum is challenging despite regional leaders agreeing that the recovery challenges for the region are no less critical than COVID-19 itself.

There are a series of working groups under these priorities (e.g., youth offending), for which it has again been key to assemble the right people, share a coherent plan, and influence action. An additional sixth priority area has been developed by the group – COVID-19 impacts and recovery. A working group is also looking at commissioning practices and how they might be improved across the region. This was established in response to central government's tendency to implement nationally consistent responses, even though their uniformity across regions means they may not meet the needs of diverse communities.

This is how we need to be operating and this needs to be embedded into the public service of how we work together in the future.

– RPSC office, Tāmaki Makaurau

RLG members were conscious of significant after-effects on the Auckland population once the peak of the pandemic was over. They were conscious that many young people had missed school for one to two years during COVID-19 and that there would be downstream impacts for individuals and whānau. It was anticipated that some young people who entered the workforce during COVID-19 to financially support their whānau may not return to education.

Participants believe strengthened relationships will pay dividends in the future

The Auckland region is unique for the number and range of agencies and community organisations that operate there. Partly due to this complexity, it has a shorter history of consistent inter-agency and intersectoral collaboration compared to some other regions. Post COVID-19 it was anticipated that there would be some "returning to silos" as agencies turned their focus back to their KPIs.

However, there is now more appetite to work collectively on shared Government goals.

Relationships between local government and central government have advanced and the RPSC is continuing to engage with Iwi about opportunities to partner on issues of mutual interest.

There are other collaborative groups operating in the Auckland region, including the 13-member Social Wellbeing Board, the Pacific Collective, and the Regional Skills Leadership Group. Currently there is some cross-over membership with the RLG. There were mixed views about the RLG's future in the context of other intersectoral groups operating. Some participants were unsure if the RLG should be an enduring mechanism, or one that is activated for emergency events. One member felt that, regardless of the RLG existing or not, a "vacuum had been filled" with senior leaders who want to connect and will continue to do so.

The last time I met with the group was... October/November last year. The group had obviously come off the boil with the COVID response... It's recently come back into the boil given the weather events in Auckland... a kind of mini response. We were involved again – there as a combination of trusted intelligence and... tweaking delivery... The ARLG [Auckland RLG] were firstly able to just quickly come together and say, 'What can we do?'... That's a far more advanced step from where we were with COVID. We can't live on the adrenaline rush that comes with emergency events, so it's how it returns back into the new normal that it's going to live in... That's what the [RPSC] was always supposed to be... bringing agencies together to coordinate and line up its resources and kind of figure out how and why we deliver the way we deliver.

– Departmental agency representative, Tāmaki Makaurau

Case Study 6 Te Tai Tokerau⁶⁴

Regional context

The Te Tai Tokerau region covers the entire top of the North Island from Kaipara and the Maungaturoto up to Cape Reinga.⁶⁵ Te Tai Tokerau has a total population of 179,000. Just over one third (36%) of the population identify as Māori. Te Tai Tokerau Iwi include: Ngai Takoto, Ngāti Kurī, Te Aupōuri, Te Rarawa, Ngāti Kahu, Ngāti Kahu ki Whangaroa, Ngāpuhi, Ngāpuhi ki Whaingaroa/Ngāti Kahu ki Whaingaroa, Te Roroa, Ngāti Wai, Ngāti Whātua, and Te Uri o Hau. Over half the population (51%) of Te Tai Tokerau live in rural areas and the population is relatively youthful with 37% under the aged of 30 years. Pacific peoples make up 9% of the population.

Formation of the Regional Leadership Group

Prior to COVID-19, the Northland Intersectoral Forum (NIF) had been operating for more than a decade with the membership including representatives of central government, local government, and Iwi. As such, intersectoral relationships (including with Iwi) were already well established prior to the CPF period.

The NIF is co-chaired by an MSD Regional Commissioner and a District Council Chief Executive.⁶⁶ At one point, the focus of this group was split, with NIF retaining more of an economic focus for the region, alongside the Social Wellbeing Governance Group. The latter was said to have stronger central government participation, although MSD has continued to co-chair the NIF at times. Sometimes these groups would come together about issues but mostly to share information.

With the arrival of COVID-19, the two groups came together to form the RLG, convened by the RPSC. During the CPF period, the RLG was chaired by the RPSC (with a dual role of Deputy Chief Executive, Te Arawhiti). At that time, the RLG comprised: 16 departmental agency representatives (including Northland DHB and CDEM); two Iwi representatives (Te Kahu o Taonui and Te Hiku Accord partners); four Chief Executives of local government (one regional council and three district councils); and one central agency representative (education provider).⁶⁷ In addition to the RLG, a working group was established to oversee the operational aspects of the CiC welfare response, led by the MSD Regional Commissioner.

⁶⁴ This case study is based on interviews with 1 RPSC staff member and representatives from: Iwi (1); local government (1); and central government agencies (5).

⁶⁵ Northland Regional Council Boundary, <https://www.nrc.govt.nz/>.

⁶⁶ Ibid, p.10.

⁶⁷ Induction Pack, Te Kahui Hononga, Northland Intersectoral Forum.

Key successes of the Regional Leadership Group

Pre-established intersectoral and Iwi/Crown relationships enabled the RLG to "hit the ground running"

The CiC welfare response in Te Tai Tokerau was actively supported by the RLG due to the solid relational foundation here between Iwi, local government, and central government. The continuity of representatives from the NIF and the Social Wellbeing Governance Group to the RLG was also identified as key factor that enabled the group to form quickly and pivot the COVID-19 response.

I did get the feeling that we weren't common, that not every region had that sort of situation. And so because I remember a bunch of CEs talking about these things being set up and it seemed to me at some stage, some places that were set up from scratch, but in Northland we had the group.

– Local government representative, Te Tai Tokerau

There was a clear governance role and a separate operational group established by the RPSC to help enable local provision and direct engagement with the Centre. Members of the RLG spoke about open information sharing and proactive decision-making.

A consistent theme was that operating in a unified way is standard practice in this region, typified by comments such as "we pull together quite quickly" and "act that way normally anyway" in responding to local issues. Participants felt that members endeavoured to avoid patch protection and operating in siloes.

The RLG recognised the potential vulnerability of whānau in their region and worked collectively to protect their wellbeing

Participants were knowledgeable about the demographics of their region and recognised the diverse needs of their communities. They were mindful of the geographic spread of the population, deprivation, and the vulnerability of some communities, and factored these considerations into their approach. Their collective goal was to ensure that COVID-19 did not create another level of disadvantage for whānau and took a strong stance to do all that they could to protect their communities. Members also took a long-term view, looking towards the region's recovery as a community, even while in the middle of the crisis.

We were very aware that our rohe were willing to keep a fairly tight rein on all of those mechanisms [alert levels] so that could keep our communities safe... We were holding a line around like a higher level of caution or alert level than other regions in the country... we defended that position quite a number of times internally.

Also, of course, we had our low vaccination rates. There are a whole bunch of vulnerabilities that our region had that other regions did not have. So, I think there was a very strong and fairly unified view – anti-vaccination, misinformation notwithstanding – but as a response across Crown and Iwi I think we all adhere to a similar set of principles around erring on the side of caution.

– Departmental agency representative, Te Tai Tokerau

The region was allocated 46 Community Connectors. MSD led the allocation of this resource initially. However, the insights of the RLG were then sought and this resulted in some of these roles being reallocated to areas of greatest need.

Central and local government participants consider the contribution of Iwi as critical to the success of the CiC welfare response

Iwi were involved early in the CiC welfare response and had rallied marae, hapū, and Iwi before the Government activated its measures. They had distribution networks, reach into communities, and were responding quickly to meet their needs. A RLG member shared how their agency also organised for their Iwi liaison team to go into priority communities. This was to proactively check on welfare needs, despite significant challenges such as high levels of disinformation and anti-vaccination sentiment. Where needs were unmet, they would connect and work with the appropriate agency to find solutions.

Each agency did their absolute best and, without the Iwi, I don't think we would have been able to do what we've done because they were close to the ground. They also provided their own Community Connectors. You know, they were such a great support for us.

– Departmental agency representative, Te Tai Tokerau

Greater regional autonomy, devolution of leadership to regions, and relational commissioning were identified as key success factors

A local government participant observed that the autonomy given to regions to enable and make decisions throughout the CiC welfare response was key to its success in Te Tai Tokerau.

The other thing that was really important to happen in those early days... is that MSD and all those other agencies got a lot more autonomy to do things at a regional level and stuff happened. Good stuff happened that is actually... being walked back since. So, things like, there's a hapū here. You need to feed the whānau. Here's some grocery vouchers or here's some groceries, and make sure it gets to the right people. That happened. And so what that first tranche told me is that... many of the, checks and balances that were put in place for public sector expenditure, do more harm than good.

– Local government representative, Te Tai Tokerau

As a result of the COVID-19 experience, central agency representatives became strong advocates for the power of devolved leadership. They observed first-hand the ability of community groups to mobilise a response and access whānau in need in a way that their agencies may not have been able to. Some described this as a "game changer" in terms of the way Crown agencies could work with communities in the future.

The benefits were that for the first time, the Crown had to have some humility and actually just rally around the mechanisms that our critical community players had, because they were the ones that had the reach, the contacts, and the ability to really mobilise the response. They were able to walk through doors that Crown agencies couldn't. They were able to manage road access... and yes that took some ironing out of different things but ... it was a bit of a game changer for our region in terms of Crown agencies following... like truly being community led.

– Departmental agency representative, Te Tai Tokerau

Iwi felt that high trust commissioning was key to them being able to respond to the needs of whānau in a timely and effective way.

Through that high trust model the funding was just allocated. We went ahead and did things without having the normal service specs, ...the evaluation models etc, and the metrics behind them. By doing that, dare I say, by fast tracking, we were able to fill those gaps.

– Iwi representative, Te Tai Tokerau

Impact on priority groups

Due to health status vulnerability, support for Māori was prioritised and specifically targeted through the CiC welfare response

The RLG recognised that, due to a number of factors (e.g., poor health status, low vaccination rates, high levels of social deprivation and geographic isolation), the CiC welfare response would be critical for protecting whānau Māori. Ensuring that it met their needs was a priority and RLG efforts were targeted accordingly.

Māori and Pacific were our target groups – the most isolated areas, and areas where socio-economic deprivation was paramount.... So we did some potential targeting of that, and we have data to be able to support that. So Kaitaia is one area and Te Hiku o te Ika, the Hokianga area, Kaikohe in the mid North area, and then Whangārei and Kaipara. So those are the areas that we focused on.

– Departmental agency representative, Te Tai Tokerau

Regional borders were identified as a key risk to the health and safety of Māori and the wider Te Tai Tokerau population. There was concern that people who were not resident in the regions would seek to travel north to holiday homes, bringing the virus with them and putting unmanageable pressure on the region's limited health infrastructure.

A Police representative on the RLG at the time spoke about how Iwi and hapū on the RLG helped the group understand the risks to the region without border control. Ministry of Health modelling had forecast significant deaths from COVID-19 in the region. Iwi and hapū were acutely concerned about protecting kaumātua and all Māori in the community, especially in the context of historically poor health outcomes.

There was agreement among Iwi and central agency representatives that a cautious approach was needed. A strong position was taken by local Iwi to protect borders in Te Tai Tokerau and there was good support for this across agencies and entities in the region.

Stakeholders collaborated to meet the needs of rural whānau and whānau with special health or education needs

The geographical distribution of the population, including the level of isolation of some communities, also informed the nature of the CiC welfare response in Te Tai Tokerau. Participants noted the five geographical areas with the highest need. They then coordinated resources so that trusted people (who had existing familiarity through a particular agency or provider) proactively checked on whānau.

Due to high rates of geographical isolation within the region, the RLG also invested in outreach to these communities. Iwi liaison teams were acknowledged for going "off the beaten track" and visiting isolated homes with kai, resources, and when possible, a health professional to discuss vaccinations. Delivery by "trusted faces" was paramount to the success of the region's response.

I think it was more around anxiety. You know 'Who was coming into my house, who was dropping the parcels off. Were they healthy, are my kids healthy?' It was that sort of thing. But be it real or not. Real just to make sure that they felt safe.

– Departmental agency representative, Te Tai Tokerau

In the Hokianga area there were 19 people on kidney dialysis. They faced the stress of navigating roadside checkpoints and worried that they might not be able to reach their hospital appointments. This was raised at the RLG discussed and Iwi, Police, and the DHB worked together to ensure patients got through checkpoints easily.

The DHB and the Ministry of Education collaborated to meet the welfare needs of whānau who had tamariki with special health and/or learning needs. The agencies worked together to identify students with high and complex needs whose whānau may require additional welfare and education support. However, as Ministry of Education staff were not classified as "essential workers" they called on their DHB colleagues to conduct outreach and distribute educational resources during their visits. The Ministry of Education was conscious of the support that these students and their caregivers would need in isolation. They undertook daily phone calls to check in on these whānau and coordinated with local health providers who were able to carry out home welfare checks.

Challenges and learnings

Some participants felt that their advice to the Centre was not always fully considered

Stakeholders held mixed views about the relationship between the RLG and the Centre, with some feeling that communication flowed in one direction – from the Centre. In the middle of a very intense time for the RLG, a participant recounted being given just a day to provide feedback on a significant Cabinet paper. While they provided feedback and identified flaws in a proposed approach, they heard nothing in return and could see no evidence of their advice having been taken.

An MSD representative on the RLG was more positive and felt Te Tai Tokerau had a strong voice to DPMC. They spoke about having a weekly mayoral collective that representatives from DPMC attended. This was considered to be a useful mechanism and the continuity in attendance of DPMC representatives enabled trust and rapport to be established. This resulted in the mayors playing a key role in the dissemination of the communications from the Centre to communities.

RLG members point to a lack of oversight of investment into the region

Participants noted feeling "on the back foot" in terms of the funding that was coming into the region during the CPF. Some participants identified that was so much happening, and at such a pace, that there was little ability to coordinate the separate investment streams so that they had the best effect for the region.

One of the things that was difficult for us... was the funding and kind of investment stream and acknowledging that we really needed to understand where that money was going; what it was going in for so that we could be as efficient and effective as we possibly could be. Not just in terms of making sure there wasn't duplication, but also, where are their gaps? Where are the funding requirements or needs that aren't being met in that overall mix? That was very, very difficult... it wasn't as coordinated as it could have been.

– Departmental agency representative, Te Tai Tokerau

Agencies are moving away from a high trust commissioning approach

Participants indicated that high trust commissioning was crucial to the success of the CiC welfare response in their region. Agencies exercised high trust and flexibility, both in terms of their commissioning approach and the reporting and accountability requirements. Some came to realise the benefits that can be achieved through high trust commissioning. An Iwi representative (with a dual role as CE for a service provider) identified this as a key enabler for them to be able to deliver a timely and effective CiC welfare response.

Having the high trust model gave us the ability to just do it. If we didn't have that model and the leadership group behind it, I don't think we would have achieved many of the things that we had set out and got through.

– Iwi representative, Te Tai Tokerau

Following the CPF period, several participants (including from central government) indicated that some agencies have reverted to a low-trust approach to commissioning. One local government representative said it now appeared to have reverted to a lower-trust and higher-compliance model than pre-COVID-19.

I think you've absolutely got that kind of shrinking and swing of the pendulum back the other way. But I also think you've got a couple of pockets that are really trying to learn from COVID-19 and apply that in terms of continuing to see a much more Iwi, Māori, and community-led approach, which sees the investment made with high trust and where they're essentially... co-delivery against outcomes.

– Departmental agency representative, Te Tai Tokerau

A couple of participants said they were encouraged by their national offices to "re-balance" accountability measures. There was concern that this would erode the goodwill built with providers and affect outcomes for whānau. In turn, it was suggested that Iwi and other providers may become frustrated with the Crown and be less likely to partner with them in the future.

Future of the Regional Leadership Group

Regional collaboration is continuing through Te Kahui Hononga | NIF Regional Leadership Group

Participants felt that existing regional relationships were enhanced and became more focused through collaboration on the RLG. There is a sense that there is a solid regional leadership base here that is in a strong position to achieve regional priorities over the long-term.

The work of RLG has been incorporated under the Te Kahui Hononga | NIF Regional Leadership Group which formed as a result of the Local Government Act (2002). During COVID-19 Te Kahui Hononga stood up a "tile system", which identified key areas to operationalise their regional CiC welfare response. The tile system has subsequently been reset to support the region's post-COVID-19 recovery and includes focus on social wellbeing, the economy, whai kāinga (housing solutions), and the environment.

We can do more community-led kind of feel of the whole thing... If I just use social welfare governance kind of space... if you think about the youth crime stuff, school attendance... the family violence... those don't go away. We just now polish those as priorities in that regional leadership governance framework.

- Departmental agency representative, Te Tai Tokerau

Some participants felt that regional collaboration momentum has waned post COVID-19 but still saw value in a regional leadership structure. There is a commitment to Iwi co-leadership and enlisting both Iwi and hapū in the regional leadership structure.

I think we sort of took our foot off the gas in the last few months ... out of this COVID lockdown... but holding on to some of the mechanisms that we delivered through COVID would still be beneficial... Continuing with the high-level interactions or high-level communication is still an advantage.

- Iwi representative, Te Tai Tokerau

7 Appendices

Appendix A – Key Evaluation Questions (Developed by MSD)

Implementation questions:

- A. How well was the CiC welfare response implemented?
- B. To what extent was the CiC welfare response flexible, appropriate, relevant, timely, and equitable?
- C. What were the conditions and levers that enabled implementation of the CiC welfare response? What were the barriers to implementation and how were these addressed?
- D. How did implementation of the CiC welfare response enable and embody MSD's organisational strategies: Te Pae Tawhiti, Te Pae Tata, and Pacific Prosperity?
- E. How accessible was welfare support?
- F. How and in what ways did the CiC welfare response complement support from the Ministry of Pacific Peoples and Te Puni Kōkiri, including how services were provided and allocated on the ground? How was duplication addressed?
- G. To what extent did Iwi, local council, and community leader participation at the regional level enable outcomes of the CiC welfare response?
- H. How did regional leads reach decisions about the CiC welfare response?
- I. What practices and conditions enabled regional leads to collaborate effectively in the context of the CiC welfare response? What hindered collaboration?
- J. To what extent did regional leads have visibility of national decisions about the CiC welfare response?

Outcome questions:

- K. To what extent did the CiC welfare response achieve its intended immediate results and short-term outcomes?
- L. What progress is being made to achieve medium to longer-term outcomes of the CiC welfare response?
- M. To what extent did the CiC welfare response help to create, maintain, and/or improve relationships between partners in the CiC welfare response?

Appendix B – Information Sheet

Care in the Community Welfare Response: Case Study Evaluation

Information Sheet

<p>The purpose of this evaluation</p>	<p>The purpose of this evaluation was to understand the impact of regional leadership and coordination in enabling local welfare support during the period of the COVID-19 Protection Framework.</p> <p>The Ministry of Social Development (MSD) has been responsible for coordinating the Care in Community (CiC) welfare response for those isolating in the community under requirements of the COVID-19 Protection Framework. The COVID-19 Protection Framework was introduced by the Government between December 2021 and 13 September 2022, in CiC welfare response to the Omicron variant. The CiC welfare response was later adapted to also support those recovering from the impacts of COVID-19.</p>
<p>Scope and participants</p>	<p>MSD has contracted Kaipuke - a Wellington-based, kaupapa Māori company - to conduct this evaluation independently.</p> <p>This is an outcomes-focused evaluation that will gather insights from six case study regions (of the 11 public service regions). Qualitative interviews and focus groups will be conducted with around 60 regional partners involved in the CiC welfare response, including: Regional Public Service Commissioners; Iwi representatives; Regional Leadership Group members; and potentially other regional partners involved in the CiC welfare response.</p>
<p>Participation and confidentiality</p>	<p>We will take notes during interviews which are also audio-recorded and transcribed, with your permission. All notes, recordings, transcriptions, and any identifying information is kept securely by Kaipuke and not shared with any other organisation, including MSD.</p> <p>We are interviewing people with roles in regional leadership structures or otherwise supporting the CiC welfare response. Quotes may be directly attributed to you or you could be identified through other descriptive reporting. You can request to see quotes attributed to you before reporting is completed.</p> <p>A year after the report has been finalised, Kaipuke will ensure all interview notes and files are securely destroyed.</p> <p>You can agree to participate and then change your mind. You can also withdraw the information you have given in the interview up until the time the analysis begins. You do not need to give a reason to withdraw and there will be no disadvantage to you of any kind.</p>
<p>How findings will be applied</p>	<p>All the information and insights that we collect will be analysed and the themes reported to MSD. The overall findings will help inform MSD and other agencies about how well current structures are working to support local communities or if changes may be needed.</p>
<p>Contact information</p>	<p>If you have any questions about this project, please contact:</p> <p>Lead evaluator: Lisa Davies (Ngāti Rehua, Ngāti Wai), Director, Kaipuke, [contact details]</p> <p>Dr Amy Richardson, Principal Analyst, Research & Evaluation, MSD, [contact details]</p>

Appendix C – Case Study Consent Form

Care in the Community Welfare Response: Case Study Evaluation

Consent Form

I (name)

of (address/organisation)

agree to take part in the Care in the Community Welfare Response (case study) evaluation, as outlined in the information provided to me by Kaipuke. I understand that:

- I do not have to take part in the interview.
- I can choose not to answer any questions I do not wish to answer (without saying why).
- I can stop the interview at any time without saying why I no longer want to take part.
- Kaipuke will keep my contact information confidential
- I agree to have some of my comments potentially quoted in the report and acknowledge that my name and role may be included
- I can ask Kaipuke to email me quotes they want to use and attribute to me, and I agree to confirm or seek changes within 48 hours of those being received
- The interview will be recorded with my permission, and I can ask for the recording to be stopped at any time during the interview.
- After the interview, I can ask to have my information removed from this evaluation at any time up until 30 June 2023.
- Recordings, notes, and summaries will be stored securely at Kaipuke. They will only be kept for up to one year after the evaluation is complete and then securely destroyed.

I have read this consent form and have been given the opportunity to ask questions and have them answered. I give my consent to participate in this evaluation.

Signature:

Date:

Appendix D – Interview guides

Care in the Community Welfare Response: Case Study Evaluation

Interview Guide - RPSC

Introduction

- Introduce interviewers and the purpose of the evaluation, noting CPF time period is focus
- Participant has the right to refuse to answer any questions without any impact, and without needing to give a reason.
- Information sheet, informed consent, and audio recording.
- Time: maximum of 45-60 minutes.
- Any questions before we begin?

Background

- Can you tell us a bit about you, what led to this role and what you do?
- How was COVID-19 experienced here? What stands out for you?
- Was there a regional group in place already? Tell us about that or how it was established?

Implementation

- Can you describe your regional structure here under the CiC welfare response, membership, and responsibilities at different levels?
 - How involved were Iwi, community leaders and local council in the regional structure?
 - How did you obtain the resources that you needed to deliver this CiC welfare response? How were resource allocation decisions reached?
 - How did the CiC welfare response align with the support and funding the Ministry for Pacific Peoples and Te Puni Kōkiri was providing?
 - To what extent did regional leads have visibility of national decisions about the CiC welfare response?
- How well did overall structure work for this region in your view?
 - What were the immediate and practical implications of this representation, in your view? And conversely, the effect if any of these groups were not participating?
 - How well were all parties able to work together in this structure?
- What were the challenges and opportunities?
 - What were critical success factors?
 - What could be improved?

Outcomes

- How well did the regional leadership structures achieve the desired CiC outcomes (immediate and short-term?)
 - What tells you that?
- To what extent did the CiC welfare response strengthen relationships between partners?

Summary questions

- Are regional leadership structures a useful mechanism to respond to other issues in the future? Would you evolve the structure in the future? If so, how?
- Any other thoughts/comments?

Ngā mihi and close.

Care in the Community Welfare Response: Case Study Evaluation

Interview Guide – RLG Members

Introduction

- Introduce interviewers and the purpose of the evaluation, noting CPF time period is focus
- Participant has the right to refuse to answer any questions without any impact, and without needing to give a reason.
- Information sheet, informed consent, and audio recording.
- Time: maximum of 45-60 minutes.
- Any questions before we begin?

Background

- Can you tell us a bit about you, what led to this role and what the role involved?
- How was COVID-19 experienced here? What stands out for you?
- Was there a RLG in place already? Tell us about that or how it was established, its membership, focus and structure?
- Thinking specifically about the CPF and the CiC welfare response, what changes were made to the RLG (eg. membership), if any? Why and what was the process?
- How were the various voices and interests from the community reflected on the group for this CiC welfare response?

Implementation

- How involved were you (and your group/agency) in planning the CiC welfare response for the region?
- How well-informed did you feel about resourcing and other central government decisions that affected your region during this CiC welfare response?
- What consideration was given to how those living rurally would access welfare support? Disabled communities? Seniors?
- How involved were Iwi, community leaders and local council in the regional structure?
- How well did overall structure work for this region in your view?
 - What were the immediate and practical implications of this representation, in your view? And conversely, the effect if any of these groups were not participating?
 - How well were all parties able to work together in this structure?
- What worked well and less well?
 - What were critical success factors?
 - What could be improved?

Outcomes

- How well did the regional leadership structures achieve the desired CiC outcomes (immediate and short-term?)
 - What tells you that?
- To what extent did the CiC welfare response strengthen relationships between partners?

Summary questions

- Are regional leadership structures a useful mechanism to respond to other issues in the future?
- Would you evolve the structures in the future? If so, how?
- Any other thoughts/comments?

Ngā mihi and close.

Care in the Community Welfare Response: Case Study Evaluation

Interview Guide – Iwi Members

Introduction

- Introduce interviewers and the purpose of the evaluation, noting CPF time period is focus
- Participant has the right to refuse to answer any questions without any impact, and without needing to give a reason.
- Information sheet, informed consent, and audio recording.
- Time: maximum of 45-60 minutes.
- Any questions before we begin?

Background

- Can you tell us a bit about you, what led to this role and what the role involved?
- How was COVID-19 experienced here? What stands out for you?
- Was your Iwi already involved in COVID-19 CiC welfare response in some way?
- Was there a RLG in place already? Tell us about that or how it was established, its membership, focus and structure?
- If not already part of it, how was your Iwi approached to participate?
- How were the other voices and interests from the community reflected on the group for this CiC welfare response?

Implementation

- How involved were you (and your Iwi) in planning/executing the CiC welfare response for the region?
- How well-informed did you feel about resourcing and other central government decisions that affected your region during this CiC welfare response?
- What consideration was given to how Māori living rurally would access welfare support? Whaikaha Māori?
- Were any Iwi resources drawn on for this CiC welfare response – marae, other?
- How well did overall structure work for Māori in this region in your view?
 - How well were all parties able to work together in this structure?
- What worked well and less well?
 - What were critical success factors?
 - What could be improved?

Outcomes

- Did the CiC welfare response achieve immediate results and short-term outcomes for Māori?
 - What tells you that?
 - What role did the regional structure play in supporting these outcomes?
- To what extent did the CiC welfare response strengthen relationships between partners?

Summary questions

- Are regional leadership structures a useful mechanism to respond to other issues in the future?
- If so, how could they be improved in the future? If so, how?
- Any other thoughts/comments?

Ngā mihi and close.