



DRAFT REPORT

Te Whatu Ora

Rapid Insights – Pacific Emergency Response Reflections

14 March 2023

Released under the Official Information Act 1982

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2 OVERVIEW

2.1 BACKGROUND/ABOUT THE PROJECT:

Te Whatu Ora Pacific Health has been at the forefront of the emergency response following the Auckland Anniversary Weekend floods and Cyclone Gabrielle, commissioning providers to provide relief and care, particularly for Pacific communities and families.

Te Whatu Ora would like to complete a rapid review of the storm and cyclone response, particularly looking at what the existing emergency structures were; what went well regionally; what they could learn; and with future recommendations including how to sustain some surge capacity in our providers for this type of emergency.

Of note, is the Pacific provider gap in Hawkes Bay and Gisborne. While this has been met with support from the local Te Whatu Ora Pacific hospital team and E Tū (under the PMA) umbrella, some insights and reflection would help to inform future system needs.

The approach is rapid and would largely be talanoa with provider leaders, local councillors and the Hawkes Bay and Northern Region Te Whatu Ora teams. The scope is the Auckland storm response and Cyclone response in Napier and Gisborne. The presentation of findings is real-time information without the need for comprehensive summaries and could target the interventions that Pacific health were directly involved with.

2.2 AIMS/OBJECTIVES:

To seek feedback from key informants and stakeholders involved in the Pacific emergency response for the Auckland Anniversary floods and Cyclone Gabrielle to inform Te Whatu Ora's commissioning of future Pacific emergency response activities.

2.3 KEY RESEARCH QUESTIONS OR KNOWLEDGE GAPS ARE:

- How was the storm response for our providers? Where possible, how was the storm response for our communities?
- What did Te Whatu Ora do well? What can Te Whatu Ora improve on in future?
- How can we maintain some capacity within providers and communities (e.g., using Covid teams) for surge/ emergency response so that Te Whatu ora can fund rapidly etc. and not be a burden on providers.
- How can we ensure better alignment between an effective and engaged community response with that of emergency management processes?
- What are the needs unique to each region (e.g., no Pacific provider in the Hawkes Bay region)? Were the response activities fit for purpose?

2.4 APPROACH

Moana Connect will undertake the following steps for the completion of the rapid review report:

- Identify the Pacific providers or key informants within the key regions affected: Northland, Hawkes Bay, Gisborne, and Auckland
- Develop an interview guide of key questions and knowledge gaps.
- Connect with key informants via phone, email, Teams/Zoom and face-to-face where possible to seek relevant insights, feedback, and recommendations.
- Facilitate a session at the Pacific Providers Fono on Friday 2 March 2023 (Ko Awatea) and attend relevant meetings where possible (e.g., Gisborne fono Saturday 3 March 2023).
- Draft a final report providing key themes and reflections to inform the Te Whatu Ora Pacific Health Response Plan.

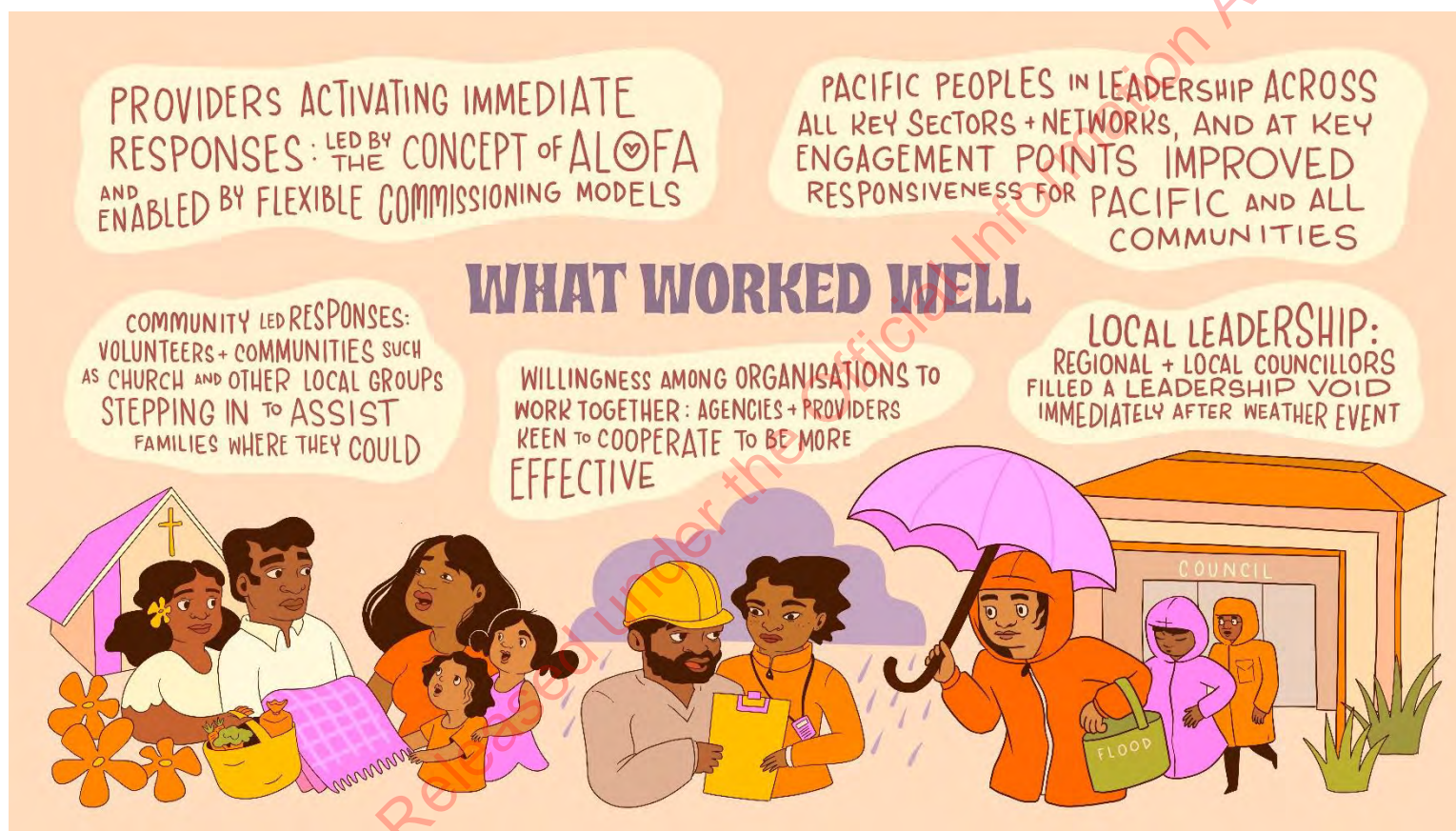
Moana Connect will work with Te Whatu Ora to identify the Pacific providers and key stakeholders to be included in the rapid insights work and opportunities for engaging with key informants in the coming week.

An update report will be submitted by Friday 10 March 2023 and a final report will be submitted by Friday 17 March 2023.

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3 SUMMARY

3.1 WHAT WORKED WELL?



3.2 WHAT CAN BE IMPROVED?



3.3 WHAT CAN WE DO TO BE BETTER PREPARED FOR AN EMERGENCY?



4 ESTABLISHMENT OF EMERGENCY RESPONSE

4.1 LOCAL LEADERSHIP IS KEY

In the aftermath of the Auckland Anniversary Weekend flooding there was a period of navigating the 'unknown' for Auckland as it faced an unprecedented weather situation with scenes never witnessed before. While Northland and Coromandel have experienced flooding in recent years, their ability to respond to emergencies is also reliant on support from Auckland. Within the 24-hour period following the floods, all eyes were on regional and national leadership to provide advice and guidance. Locally, community leaders were taking it upon themselves to mobilise and in many areas, it was Pacific peoples who stepped into leadership and coordination spaces to expedite assistance to affected families. In Auckland, having Regional Council and Local Board leaders who happened to be of Pacific ethnicity, not to mention the Deputy Prime Minister who assisted in standing up the Kelston Evacuation Centre, was a significant factor in ensuring relevant and responsive support and services were available to families. These Pacific leaders were well connected with local services and their already established connections with community groups was a strong enabling factor.

Much of the feedback from stakeholders about this early period is the need to establish a leadership group for Pacific emergency responses that can be activated within hours of an emergency taking place. This group could be facilitated by a national organisation such as the Ministry for Pacific peoples that has partnerships across all government agencies and can be expanded by building connections with key organisations such as Civil Defence, National Emergency Management and NIWA (National Institute of Water and Atmospheric Research).

Closed door meetings by regional and national emergency management teams were unhelpful for the Pacific response and much of the knowledge and expertise that can make a significant difference in expediting an effective response is kept out of the early decision-making stages. Finding a way to improve lines of communication and transparency across key leadership and coordination groups would help to facilitate what's needed by families and damaged areas.

Drawing on leadership models established during the COVID-19 response was also suggested. The Te Whatu Ora Pacific health team received glowing praise from the Auckland regional and local councillors for reaching out to them immediately after, within 24 hours of, the flooding and for activating the COVID-19 established NRHCC (Northern Regional Health Coordination Centre) Pacific network and system of Pacific services across Auckland and Northland. Furthermore, the Pacific Medical Association and Pasifika Futures groups stepped in after Cyclone Gabrielle to deploy much needed support outside of Auckland in heavily affected areas such as Hawkes Bay, Gisborne and Northland. PMA provides scalability of response that can deploy, health staff, resources and appropriate community services (e.g., Aotearoa Tongan Health Workers Association and Sia Ola were able to assist with translation and appropriate care to Tongan seasonal workers in Hawkes Bay), as well as deploy anywhere in the country (including overseas), thereby acknowledging the role of Pacific's largest commissioning body in the Cyclone Gabrielle response.

Understanding lines of leadership, both official and unofficial, was deemed an important factor in activating an effective emergency response both locally, regionally and nationally where relevant.

4.2 EFFECTIVE COORDINATION

Despite efforts to fill a leadership vacuum there was a strong sense that there were many lessons that can be taken forward to be better coordinated for the next response – and there is a strong sentiment that there will be a next time. Working together from the ‘get-go’ to understand the needs of different demographics and communities utilising the range of intel across agencies and local communities affected.

While the evacuation shelters were deemed a relative success, not all those affected went to an evacuation centre for various reasons. Families began arriving at the evacuation centre after extensive promotions by those involved in the first couple of days and encouragement by trusted leaders to access the support available. Outreach and doorknocking was undertaken by local groups and providers to find affected families who did not know about the evacuation centres.

Some families who sought assistance themselves found that they were referred to several different phone numbers and still themselves unable to access the help they need. Even if families turned up to the shelter, they may not have had one or more of their specific needs met. Immediate assistance through food and medical help was greatly appreciated however for some families, their needs were related to big ticket items that weren’t available through the evacuation centres such as replacing furniture, carpet, school uniforms and cleaning up after the storm. After several days, there were several organisations available to provide food parcels, but once families had these immediate needs addressed, longer term solutions were not acknowledged or addressed.

There is a strong recommendation for agencies to work together more and to better establish a “one door system” for families to prevent them from going from one service to another. Having Pacific liaisons working within the Temporary Accommodation Service would assist with rehousing families who were impacted as their experiences of services being “impersonal” which is difficult for families who are already navigating a traumatic event.

Better promotion of evacuation shelters so people know where to go which means either these shelters are set up permanently or way better communication of their whereabouts. But so too is the need for a multi-modal approach to supporting affected communities and families.

Co-designing emergency plans and protocols to accompany a leadership system or rubric can help to improve coordination of future responses and all stakeholders that are integral to the success of emergency assistance.

4.3 COMMUNITY-DRIVEN RESPONSE

This section of the report focuses on the establishment and implementation of community-led responses to the flooding and cyclone events (rather than the service/organisation led responses). In all scenarios, community were at the forefront of emergency responses and it

was identified that situations where community were empowered to lead – with the state¹ and outside services following them, joining them in their efforts rather than seeking to lead their own – that were the most effective. Communities in all three affected areas mobilised quickly and undertook a wide variety of roles from visiting or sitting with distressed families, to supporting with the navigation of services, to feeding and housing each other. While the following chapters (from [Section 5](#) onwards) will focus on the response from services/community organisations² and will summarise what was done well, what might be improved, and how we might prepare for future emergencies *across* all three affected regions, the reflections shared below will instead highlight the efforts of the community and will be presented region-by-region, with insights being shared by the researchers who attended each region and engaged in talanoa with community representatives, in their own words. This has been done with the hope of providing as grounded and authentic a representation of the community response as possible.

“There needs to be some sort of commendation of our Pasifika community.” – Local Board Member, Auckland

Auckland community response

In addition to Regional and Local Councillors stepping up to take the reins during the Auckland flood response, many local volunteers turned up to assist, not in their official or professional capacity, but rather from a sense of service and ‘aloha’ and led by a rationale that “I’m from this community, so how can I help?”. As a result, volunteers came from local organisations such as I Am Mangere, The Aunties, Community Leisure Management and many from local church and sports groups. Councillors emphasised the importance of availability beyond the 10am to 3pm timeframes first promoted by Auckland Emergency Management on Day 1 of the response.

Pacific health staff themselves were affected – if not directly, then family members, church or other community groups may have been impacted. However, the extent of the damage still maintained a level of staffing that could sustain the surge response. The long weekend also meant that volunteers were available. It is important to note however that if damage was severe to the point where most of the region were impacted, the ability of local workers to respond may be much more limited and the need to mobilise surge capacity from outside the region may should be planned for to prepare for future scenarios.

Hawkes Bay/ Gisborne response

The Hawkes Bay Pacific Community response was coordinated and well led by local Pacific Community Leaders. The ‘close knit’ relationship enjoyed by the Pacific community within the region saw communications and mobilisation of help to those displaced and needing provisions happen quickly. The coordinated Pacific Community effort in vaccinations against COVID19 created a way of organisation that was also effective in the responding to Cyclone Gabrielle. The Pacific Community’s relationship with Maori Iwi and agencies, such as One

¹ The state is referred to here and throughout – rather than specific state departments such as te Whatu Ora or the Ministry for Social Development – as it recognised that many of the needs identified and responses suggested will require action across a number of sectors rather than simply by one department.

² It should be noted that churches and church leaders will be discussed in terms of both community and provider responses, as many churches function as both (non-organisational) communities and as community organisations/service providers.

Voice, saw a multi-ethnic collaboration in supplying provisions for the Pacific Communities affected.

From Pacific agencies and Churches involved in housing, feeding and caring for Pacific peoples displaced by the flooding, those most affected are reported to be the RSE Workers. Ethnic specific Pacific agencies able to converse with traumatised RSE Workers in their language, heard stories of them having to wait over ten hours to be rescued. While waiting, they would see emergency responders pass them by, compounding their traumatic experience having lost their belongings, money and gifts for their families back in their Pacific homeland.

The local Pacific Community who provided shelter included the Cook Island Community who availed their hall for those whose accommodation had been damaged by flood waters. The local churches were also instrumental with EFKS Hastings and Kings House Church Napier amongst those able to offer shelter. The EFKS Hastings housed over 100 RSE Workers at the worst of the crisis, with 52 remaining for three weeks. The trauma that the RSE Workers had faced motivated the EFKS Hastings Church leaders to house them for that length of time. As their Church is not equipped to accommodate 50 to 100 people over an extended period.

The Aotearoa Tongan Response Group and Siaola were amongst the non-local agencies that responded. They both have connections with local Tongan Churches allowing for efficiency in where they made their “immediate short-term response” contribution. This came in the form of material needs in provision of food, clothes, shoes and personal hygiene products, along with attending to mental health concerns through counselling and pastoral care.

The feedback from Pacific Community leaders, locally and outside the region, was of the RSE Workers being the worst affected. The treatment of the RSE Workers has been a long-standing concern for the Pacific Community in Hawkes Bay, and the crisis has highlighted again, the abject conditions many are forced to live and work in.

Siaola reported of RSE Workers “telling us that they were going to the farms barefoot, because they had no footwear. There were apples that still needed to be picked. It got to the point when the RSE workers were saying we need boots, farmers were saying to go buy your own boots – the RSE worker said shouldn’t you pay for it its part of your insurance, the farmer got upset – so Siaola took 263 steel cap sole gumboots to Hawkes Bay (Tongan RSE workers).” With the threat of being fired and sent back to their Pacific homeland without remuneration for their work, many are not willing to report their mistreatment by their employers. Many Pacific families rely on orchards for employment and income. Jeopardising their livelihood, is not a risk or stressor they should have to face. However, finding a sustainable, mutually beneficial solution needs to be prioritised. Particularly as up to 5000 RSE Workers are employed in Hawkes Bay during harvest season.

Northland response

The Northland Pacific Community response was largely driven by Pacific communities having good relationships with the Te Tai Tokerau Fale Pasifika which in turn enabled local and ethnic specific led responses. Northland has 2% of the total Pacific population in New Zealand. While the majority are in Whangarei, there are small pockets in Dargaville, Kerikeri and Kaitaia, with several more located rurally. One of the most notable challenges was the geographical spread of Pacific communities throughout the Northland region and making sure they were able to access resources and information.

Several Pacific community informants noted that Northland flooded often, and that most people knew how to respond during an event. It was also noted that those who had established community leaders were able to coordinate themselves better during the flood

response. Since these areas were not new to the region, having a core leadership group who were known and trusted by the community was instrumental. Some of the immediate ethnic specific and local responses and mobilisations included:

- Managing and updating the online community pages with status reports and relevant updates.
- Utilising social media communications to reach communities, mirroring communications shared on community pages.
- Activating the community responses which had been planned before this event.
- Co-ordinating dissemination and collection of information and communications to all group leaders based across the Northland region.
- Working closely with Fale Pasifika team for support, information, updates and emergency service resources to pass on to our communities.
- Co-ordinating families who were able to house other families impacted by the floods.
- Pacific peoples' homes becoming a mini response hub

Community informants acknowledged working in partnership with Fale Pasifika, who were able to send and receive real time updates and knowledge of affected families/groups, their location, and their immediate needs. While the main sources of information and leadership came from Fale Pasifika, local iwi and marae, as well as local Pacific community chairs. The Cook Island's community had a direct link to CIDANZ (Cook Islands Development Agency NZ). They were able to provide CIDANZ with a direct update of Cook Island communities in Northland that were affected and those who required support. CIDANZ also provided another avenue of available resources and support as an organisation.

As noted above, local iwi and marae had an important role supporting Pacific communities in Northland. By working in partnership with Te Tai Tokerau Fale Pasifika, they were able to support Pacific communities in Northland. Many Pacific ethnic specific groups already had established relationships with local iwi and marae. Maraes were highly praised by community informants and noted that they were not just places for shelter and food, but also provided a space for comfort, healing, and uplifting community spirit.

4.4 ROLE OF IWI/TĀNGATA MĀORI

In the absence of regional Pacific hubs, many marae, whānau, hapū and iwi became an important hub of support for Pacific communities. This was evident particularly in the Northland region which only has one Pacific provider serving a large geographical area.

The role of marae, whānau, hapū and iwi are not new when responding to public health responses. Iwi became a critical stakeholder, facilitating key local support and volunteers for displaced families. A critical success factor for Pacific communities working alongside iwi and mana whenua were the established and existing relationships which have been built over time. As a result, several hapū and iwi were able to mobilise quickly, providing an immediate response for Pacific families, in turn strengthening the management of the floods at a community level. While hapū and iwi were able to provide a physical space (marae) for families who lost their homes, families were also provided with meaningful spiritual support, acknowledging the wider wellbeing benefits of working alongside iwi. Because each iwi and hapū differ across the region, a 'unitary' approach cannot be applied. Instead, a localised approach is necessary.

5 PACIFIC PROVIDER RESPONSE

5.1 ACTIVATING RESPONSE IMMEDIATELY

One of the most frequently identified strengths of the BP4P (by Pacific, For Pacific) response to the flooding and cyclone was the immediacy with which the response was activated.

Contributing providers described a number of factors that had worked well for them in terms of supporting them to activate such an immediate response and mobilise to support their communities. For example, some of those speaking from Northland reflected on the strong working relationships between the Fale Pasifika (as a service provider and as a group who undertook coordination of various community responses as noted) and Pasifika Futures (as a funding and contracting body). Because such strong relationships had been built and maintained over time, these organisations were able to operate with a high level of trust, thus ensuring that needs could be communicated up and funding distributed down in a timely manner. Being able to access funding quickly and to a level that reflected actual community needs, conveyed in real time helped Fale Pasifika to ensure that they were able to respond to the situation as it presented and evolved. The experiences of Fale Pasifika and Pasifika Futures highlights the importance of funding and contracting bodies working to build and maintain strong, trusting, and mutually respectful relationships with the services they engage, as such relationships allow for risk-averse mindsets and practices to put aside, facilitating speed and flexibility when it is needed.

In other situations, where services were attempting to operate without a clear pathway to immediate additional funding, the providers generally empowered themselves to move quickly by taking the risk upon themselves. Hoping that funding would eventually be made available to them as part of a structured flood-response, and that funding and contracting bodies would be lenient in terms of the impacts on other contracts, these services and community organisations (and their staff), in addition to local branches of the EFKS and other churches – driven by alofa, by love and care for their communities - dug into whatever funding they had available (including both funding for other contracts and their own, personal resources) in order to meet the urgent and substantial needs of those around them. While both admirable and a vital contributor to their speed and flexibility, such approaches do put BP4P services and community organisations into an awkward and potentially existence-threatening position, should their funding be decimated, or their hopes of leniency be misplaced. It should also be noted that those funding and contracting bodies - like Pasifika Futures – that were immediately responsive and able to distribute funds to providers straight away have worked hard to ensure that they have built emergency funding and surge capacity into their operating models; while they were quick to respond and disseminate funding, they were not disseminating emergency response funding provided to them by the state. As such, participants identified a need for emergency response funding and the development and maintenance of surge capacity to be built into BP4P health and social service provider contracts, and for emergency response funding to be more easily accessed by church and community groups. The former could, for example, be achieved by adding a clause to all provider contracts that identifies conditions under which funds might be appropriated for use in emergency response, or by having a percentage of each contract set aside as an emergency

or surge capacity fund, with this incorporated as a legitimate overhead expense. The latter might take the form of a community emergency fund administered by the local council or a local health or social service provider that has both good relationships with local community groups and the capacity to act as a funding administrator. It was also noted that churches and community groups could perhaps be supported through improvements to their sites such as support with installing high-capacity Wi-Fi and air conditioning, and through the allocation of equipment such as bedding, shelters, and generators that could be stored on site in church and community halls in case of future emergencies.

Services throughout the motu also reflected on how responding to COVID-19 had helped prepare them to respond more flexibly in the face of unexpected and rapidly evolving crises. For example, the BP4P services and churches who contributed from the Hawke's Bay had worked together during COVID-19 to develop what they referred to as the "CDEM" (Civil Defence Emergency Management) model, a model that was used to coordinate and improve communication between Pacific Church leaders, service providers, community representatives, funders and industry/business leaders in order to deliver COVID-19 vaccinations. The model was used again to support with the response to the cyclone and was so effective that those involved wish to formally document it and share it for use in other regions. Such experiences highlight the value of supporting organisations to reflect on and codify what they learned about emergency response through COVID and to develop this into a response framework that is grounded in what they know works for them and the communities that they serve. Other providers in Auckland and Northland reflected on how they had built strong, positive working relationships with the community both through their business-as-usual and throughout their COVID response; one Auckland provider described COVID as a "weird blessing" by virtue of the strengthened networks and communication practices that it had nurtured, and the immediacy of the response facilitated by this.

It was noted by contributors that communications between community leaders, Pacific councillors, community organisations, and BP4P providers were clear, timely, and supportive, reflecting the good relationships that had been built up amongst Pacific communities over time. Contributions regarding communications with/from the state were somewhat more mixed; where some had experiences that reflected a clear commitment to supporting community-led, on the ground efforts and a high level of trust in the community to get the work done, others reported that information was incomplete, slow to trickle through, and did not always reflect an accurate picture of what was happening on the ground. Some contributors reflected on the lack of awareness and understanding of the scope of work undertaken by different BP4P services, and expressed that this lack of understanding and appreciation had contributed to both duplication and disrespect. There was a clear need for better communication channels to be established between the state, Pacific providers, and the communities that they serve and for the work of said providers to be better understood and recognised amongst state services. The communication channels made available to the community were also discussed, and it was shared that families had felt disheartened when reaching out to civil defence and other central bodies as they had simply been given a list of other numbers to call rather than being provided with any direct assistance. While it is recognised that Civil Defence is – at most times – a coordinating body rather than a very limited operational staff, s9(2)(g)(i)

[REDACTED]

[REDACTED]

[REDACTED]

5.2 WORKFORCE

The alofa, strength, energy, and hard work of the Pacific health and social service workforce shone throughout the responses gathered. Service providers reflected on how staff had actively sought to be deployed to the front lines, seeking permission to step out of their usual roles so that they might be able to offer assistance to the communities that they care so deeply about. Stories were shared that reflected a deep sense of compassion and selflessness. For example, one provider shared about a nurse spending a week staying at one of the evacuation centres, away from family, in order to ensure that someone was always on site to support those in distress. Such generosity and care were provided even when members of the workforce had been adversely impacted themselves, despite the difficulties they were facing.

Despite the community-mindedness and passion of the workforce, providers highlighted a range of challenges faced as they sought to care for their communities and detailed numerous actions that could be taken to help ensure better preparedness and a more effective response next time disaster strikes. In both Northland and the Hawkes' Bay, the small number and limited capacity of Pacific providers in the areas was highlighted as a challenge; not only were there few staff available to support families in distress, but, as noted above, many of these staff were in distress themselves and were providing care and support whilst needing time, space, and resources to care for their own families. Some were – on top of their work and family roles – also acting as community representatives, thus adding even more to their already significant physical, cognitive, and emotional load. This situation – wherein distressed staff are needed to provide support for distressed families at the expense of their own families and wellbeing – underlines the fundamental importance of growing the size and capacity of BP4P services in regions in the regions, as well as emphasising the need to intensify current efforts to grow and develop the Pacific health and social services workforce. Contributors suggested that, further to this, policies and processes should be developed to enable health and social service staff from other branches or other providers to be deployed into affected regions from non-affected regions as a short-term mechanism for increasing the workforce and alleviating the pressure on (often adversely impacted) local staff.

In addition to these longer-term measures, contributors also suggested a range of more immediate actions that could be taken to support the BP4P services, community organisations, and staff who are currently working on the frontlines. Services highlighted the very real need for a pool of funding to facilitate reimbursement to services and to church/community groups, recognising that employees and community leaders were often purchasing items and supplies for families out of their own pockets. It was highlighted that this pool of funding would need to be offered in a spirit of trust and high faith, as, due to the pressures of responding to families in crisis, financial record keeping, and the documentation of purchases has not always been consistent. It was also suggested that services be supported to provide counselling/supervision to their employees and to provide paid leave to their employees, allowing them time to both address the impacts of the flooding and cyclones on themselves and their families, and to seek respite/spend time recovering from their experiences on the frontlines. The need for BP4P services to be supported to sustainably offer permanent roles to their staff - both now and as an ongoing/general feature of their service contracts - was also raised; staff who had been negatively impacted by flooding and cyclones had their distress compounded not only through constant exposure to others in distress, but also by uncertainty around their generally short, fixed-term employment contracts in the midst of an environment where widespread, long-term unemployment is expected.

Beyond growing and supporting the Pacific health and social services workforce, contributors recognised a need for more Pacific peoples to be employed by both local councils and emergency response providers (including Civil Defence). Echoing what was discussed in [Section 4.1](#), Pacific community leaders play a crucial role in connecting with and mobilising Pacific communities, both in terms of evacuation and crisis response. It was self-evident to many that ensuring Pacific community leaders are identified and sought out for roles in local councils, civil defence, and emergency response providers would have a number of benefits in the event of future natural disasters, as they would help to ensure that planned responses were appropriate for and relevant to Pacific communities; they would help to ensure that relationships with Pacific communities were maintained and that messaging could be quickly and efficiently passed on to those best equipped to act; and - particularly in the case of emergency response providers - they would help to ensure that a familiar and approachable Pacific face was present to and for families in distress, thus helping minimise what was identified as a significant barrier to seeking information and support.

Relevant to this last facet, contributors also spoke to the need for mainstream providers to address their unconscious biases and to increase the cultural competency of their Non-Māori-Non-Pacific-Staff. The negative impacts of cultural biases were particularly evident in stories from RSE workers, with those who engaged in counselling them sharing about how workers had been passed by for rescue while standing on top of rooves or floating on mattresses. The impact of being ignored/overlooked in this way compounded their trauma and has had significant adverse impacts on their mental health. Others shared about families feeling “interrogated” on arrival at evacuation sites, as they were interviewed by multiple agencies about their situation, and sometimes by more than one staff member. Such intense, in-depth, and repeated questioning contributed to their already significantly distress, and left many feeling as though they were being judged or were not trusted by the agencies ostensibly there to support them. Subtler issues were also present, with contributors drawing attention to the fact that many families found it difficult to reach out to agencies for support, inhibited by shyness, lack of awareness of services, mistrust of services, language difficulties, and a host of other factors. In following it was identified that a long-term and proactive approach was needed. It was recognised that service providers needed to build and maintain strong, positive relationships with local Pacific leaders and their communities - through presence, engagement, and demonstrations of integrity – so that, in the event of another natural disaster, these relationships could be drawn on to help identify families in need and to purposefully reach out to them (rather than waiting for them to reach out). Contributors also reflected on the need for more translators/interpreters and to be made available as a part of any disaster response, recognising not only a baseline need for this support to help overcome general communication barriers, but acknowledging the impacts of distress on communication and the risk of family separation (with its attendant impact on access to family members who might usually fill this role). Recognising the challenges of finding translators/interpreters for some of the smaller ethnic communities, the ensuring the availability of printed information in Pacific languages is also recommended to help address this issue. The need for increases to the Pacific health and social services workforce was also highlighted through talanoa on this topic.

5.3 MAINTAINING BUSINESS AS USUAL (BAU)

Contributors repeatedly drew attention to the impossibility of maintaining normal operations whilst simultaneously both experiencing and responding to an emergency. For some health and social services, disruption to BAU took the form of staff being cut off from workplaces, damage to facilities and equipment, and power and communication outages. Few suggestions were made regarding what could have been done better in this regard, or about actions that could be taken to prepare. Where state services such as te Whatu Ora and the Ministry for Social Development have hubs with education facilities, training rooms or other similar spaces, protocol for sharing said spaces with displaced health and social service providers in emergency situations could be developed (assuming, of course, that said hubs remain undamaged). It is expected that strengthening people's capacity to work remotely, strengthening internal and external infrastructure related to this, and taking action to increase the comfort of the public in engaging with remote health and social service provision may also be useful, as such actions may help to ensure that health and social services can continue to be provided, albeit it at a reduced capacity/in a less-than-ideal form. Consideration could also be given to state-funded emergency leave, as noted above, and to ensuring that contracts with service providers can be paused/extended without financial or relational penalty in recognition the fact that delivery has been disrupted.

This last point regarding the need to pause/extend contracts without consequences was also raised by those whose delivery of BAU was impacted by their willingness to pivot and their desire to provide immediate and wraparound support to the community. While the swiftness, comprehensiveness, and collaborative nature of the community provider response was widely applauded, some contributors expressed that this attitude of appreciation had not necessarily filtered up; some funders and contract managers still expected services in all three regions to submit projects and reports according to existing deadlines, and to continue achieving their agreed deliverables. In some cases, this was because said funders and contract managers did not believe that the services were a "necessary" part of the response, ignoring their embeddedness in, commitment to, and relationships with the community as well as the emotional impact of "standing by" while said community struggled. Contributors also discussed that some services – primarily mainstream – had prioritised BAU over sending support. Pacific staff had requested to be able to attend evacuation sites, or to be deployed as a part of the organisations' response, but had had these requests declined, which was distressing for them. It is vital that processes be put in place to support health and social services – and their Pacific staff - when they take, proactive, community-minded, and supportive action in an emergency. As already noted, this may look like pausing/extending contracts without penalty, ensuring providers have easy access to emergency funds, and providing additional staff from outside of the affected region. Further to this, it may include supporting staff to attend and volunteer, particularly when they have connections to a region where more hands are needed.

Contributing providers also shared that the challenges they faced in terms of trying to maintain BAU compounded the longer they stayed in a state of emergency response. Services in affected regions saw regular appointments getting pushed further and further back and deadlines stacking up as they worked to meet the needs of their communities, with staff becoming more fatigued, overwhelmed, and in need of recovery time as things progressed.

Services outside of affected regions experienced similar difficulties in terms of compounding challenges whilst trying to maintain BAU; for example, a E Tū in Mt. Wellington deployed a significant proportion of their clinical staff to the Hawke's Bay and Gisborne, and, as a result, have been struggling to meet their deliverables and maintain BAU despite not being immediately impacted by the flooding themselves. Such experiences highlight the complexities that accompany strategies such as providing additional staff from outside of the affected region, particularly when the limited number of Pacific providers throughout the country are being relied on to provide these additional staff and when said providers have not been funded/supported to develop surge capacity. Some of these complexities may be addressed through a wider call for organisations to share staff, through higher-level coordination of who shares how many staff and for how long, and by - in the longer term - continuing to grow the capacity (incl. surge capacity) of Pacific providers and to grow the wider Pacific health and social service workforce throughout both BP4P and mainstream services.

The only other suggestion for how things might be improved in future is inferred from contributors noting that Civil Defence were not particularly visible on the ground in Northland or the Hawke's Bay, and that the response from national organisations such as the police and the armed forces was slower and smaller than desirable. Contributors who has been supporting in the Hawke's Bay made remarks such as "It was all locals, where is the army? Where is the help?". While the limited operational capacity of Civil Defence - and the need for action to address this - has been noted, recognising that the military in particular has large numbers of readily deployable hands and ensuring that they are made available to support may be one means of reducing the strain on local services and supporting them to *assist* with the emergency whilst still maintaining as much of their usual operations as possible.

5.4 ADDRESSING LONG-TERM IMPACTS

While immediate needs such as medical treatment, access to food and shelter and the need for replacement clothing were able to be addressed through the short-term response (barring issues with panic-buying and disrupted routes), providers and communities expressed concerns about how they would meet the longer term needs of impacted families (in addition to the longer term impacts on their organisation and staff highlighted throughout the [previous section](#)).

Temporary accommodation had been found for many displaced families and individuals, through emergency shelters, homestay arrangements, and the use of hotel and motel facilities. Unfortunately, however, many of these solutions will not be feasible longer term; for example, one church in the Hawke's Bay was still housing 52 people when researchers visited, with these people sleeping on mattresses on the floor in a church hall and being served out of a church hall kitchen equipped with only domestic cooking equipment/capabilities. This church group has also had to deal with managing an active COVID case and finding ways to isolate and care for the individual in order to prevent an outbreak amongst the already vulnerable community staying with them. RSE workers in this region are also particularly at risk at present, with worker housing having been damaged and "spare" places with other RSE employers already having been committed to incoming workers. Further to this, providers noted that S9(2)(g)(i)

[REDACTED] not only are many enduring substandard accommodation, there have also been reports from Pacific providers of RSE workers arriving at

evacuation centres with boils, pneumonia, and gout; of employers restricting access to healthcare services under threat of docked wages and of sending people to work in the orchards with no footwear, inadequate clothing etc. as all had been lost in the floods. The situation for this vulnerable group is truly urgent.

Housing stock available for rentals etc. is expected to have been severely depleted by the impacts of the flooding and the cyclone. There is a very real need to both gather accurate information about current needs and develop some medium-long term emergency housing solutions for families who have been displaced, particularly as winter approaches. There may be value in working with hotel and motel facilities that effectively provided isolation facilities during COVID in order to offer longer term housing. Consideration might also be given to using municipal land to establish medium-to-long-term Portacom based housing complexes (or similar). Separate from but related to this issue is the capacity of both the forestry and the building, electrical, and plumbing workforce as the coming months will see a demand for both materials and labour as people seek to restore and rebuild.

There was also widespread awareness amongst providers of the impact these recent emergencies would have on both the livelihood of local farming communities, and of those who depend on these communities for employment (such as RSE workers), as well as the impact on employment and workforce participation in general, with many businesses having been damaged to the point of inoperability. Recognising that Pacific peoples in New Zealand experience significant income inequality as well as a range of other poorer socioeconomic outcomes, this was of particular concern as it was anticipated that those who are already vulnerable are likely to become more vulnerable still. Contributing providers acknowledged that these impacts on employment would impact not only the incomes of Pacific families, but also their mental and physical health through the creation of additional stress, further barriers to accessing healthcare, and reduced access to things like nutritious food and participation in leisure activities. While suggestions were not made regarding how this could be addressed, it is clear that job creation, readily accessible income support, and reduced costs for health care, food, and participation in leisure activities will likely help to offset some of the potential harm. With regards to job creation, it may worth considering opportunities relevant to the recovery effort itself, the greening of local industries, and the desire to see more Pacific peoples in council, civil defence, and emergency response roles as potential pathways.

Mental health, addiction, and family violence were of particular concern amongst providers and there were clear requests for focused and intensive long-term support to be provided. Northland communities listed financial stress and mental health as two of their biggest concerns moving forward and reflected that not only were people already in distress but that, with winter and flooding season coming, anxiety about/fear of additional damage and loss would continue to be extremely high. Those in the Hawke's Bay noted that they were dealing with thousands of traumatised people and were already receiving higher-than-usual reports of Family Violence, both issues that they expected to get worse over the coming months. Auckland providers also expressed strong concerns about the impacts of the flooding on mental health and expressed a need for long-term mental health support to be provided. These concerns are borne out by research into the mental health impacts of the Canterbury earthquakes, which found persistent increases in anxiety disorders *up to seven years after the natural disaster*, as well as increased rates of PTSD, nicotine dependence, and total number of

disorders over all³. In light of higher prevalence of mental distress and lower rates of mental health service access amongst Pacific peoples⁴, it is clear that a carefully designed, well-funded, and long-term approach to supporting mental wellbeing amongst the Pacific families affected by the floods and cyclones needs to be developed. Managing anger, anxiety, and coping with post-traumatic stress are likely to be valuable foci for this support, however – reflecting the dual concerns of Northland communities - it will also need to be accompanied by comprehensive interventions geared toward addressing socioeconomic challenges as a key source of stress.

5.5 SUSTAINING EFFECTIVE APPROACHES

While contributors faced enormous challenges in responding to the floods and cyclone, they also identified a wide range of things that had gone well and that they wished to sustain moving forward. Some noted that, under a state of emergency, the “red tape” - the barriers to getting things done and working collaboratively - “suddenly goes away.” While it was recognised that some of these “barriers” are important checks and balances to help ensure safety and quality, situations such as this provide an opportunity to review which are necessary to maintaining safety and quality and which can hamper responsive, community-led practice. Further consideration needs to be given to which efficiencies might be sustained and how, with the devolution of funding from state to NGO, integration of emergency response/surge capacity development into standard contracts, growing capacity for and coordinating secondments and the sharing of staff across organisations and regions, and the provision of holistic care, all emerging as priority areas that would support the long-term streamlining of both every day and emergency processes.

Conversely, it was noted that there needs to be clarity around what red tape *can* be cut through in an emergency and what absolutely *cannot*. We have already noted that some providers were *hoping* for leniency around their use of funding from other projects but were not certain they would receive it. It was generally felt that all services involved in delivering an emergency response needed to know what they could and couldn’t do in an emergency and needed reassurance that decisions made with the clear intent of saving lives and caring for the vulnerable would be supported. Unfortunately, hearing reports of - for example - pilots losing their licenses for flying too low over suburban areas whilst trying to undertake rescues has resulted in increased uncertainty, fear, and risk aversion that will impede effective future responses.

³ Beaglehole, Ben et al. “The long-term impacts of the Canterbury earthquakes on the mental health of the Christchurch Health and Development Study cohort.” *The Australian and New Zealand journal of psychiatry*, 48674221138499. 29 Nov. 2022, doi:10.1177/00048674221138499

⁴ Ataera-Minster, J. and H. Trowland. “Te Kaveinga - Mental Health and Wellbeing of Pacific Peoples. Results from the New Zealand Health Monitor & Health and Lifestyles Survey.” Health Promotion Agency, 2018, pp. 1-52.

Foliaki, Siale et al. “Twelve-Month and Lifetime Prevalences Of Mental Disorders and Treatment Contact among Pacific People in Te Rau Hinengaro: The New Zealand Mental Health Survey.” *Australian and New Zealand Journal of Psychiatry*, vol. 40, no. 10, 2006, pp. 924-34.

Foliaki, Siale et al. “Chapter 10: Pacific People.” *Te Rau Hinengaro - the New Zealand Mental Health Survey*, edited by Mark A Oakley Browne et al., Ministry of Health, 2006, pp. 179-208.

6 PREPARING FOR FUTURE EMERGENCIES

6.1 ACKNOWLEDGE AND ENGAGE WITH COMMUNITY AS KEY PART OF THE SYSTEM

If anything is clear from the responses gathered for this report, it is that the community – Pacific families, church groups, local iwi and so on - and community-based organisations and services were the beating heart of the emergency response. They knew *who* was in need. They knew *what* was needed. They knew *where* it was needed. They took action to meet those needs and had a strong response in place almost immediately, and, in many cases, while government decision makers were still debating what to do. As such, there is a very real need, moving forward, for the community to be considered and treated as a key part of the system, rather than as something separate that the system acts on, around, and for. Recognising that community relationships have been a key strength of the Pacific response (and that the lack of these has been a significant shortcoming in terms of the state response), this means being present to and building/maintaining relationships with Pacific community groups and organisations as an absolute priority, and as a central part of any project undertaken (in this area or in others). This may be supported through the development of community liaison roles, through more open house events, more presence in person at community events, and/or the commitment of a percentage of each FTE to relationship building, with associated KPIs. Such relationships need to be established prior to emergencies and nurtured over time, reflecting a genuine interest in, trust of, and commitment to the wellbeing of Pacific communities and not simply the need for a point of contact when something has gone wrong.

It was highlighted that acknowledging and engaging with the community as a key part of the system would also mean engaging in community development and easing the way for communities to more readily engage with and participate in the system. Contributors shared that there is a need for community development, for community groups and organisations to be supported with the knowledge and skills to formally establish themselves as entities. Were the state to offer training and support for things like preparing RFPs and applying for funding, financial record keeping, reporting, and governance – and to offer this in ways that reflect the needs and preference of the communities (e.g. delivering in person, to groups, at their locations, at a time that suits them rather than via zoom in business hours) - this would help to facilitate the engagement of community groups with the system. It would also support the state to have a better understanding of who is present and what is happening in the community, thus better informing their own communications, approaches, and responses. This would in turn enable them to more effectively support and direct funds toward community-led responses – both to emergencies and to everyday community issues - instead of standing up their own ideas/duplicating the community's efforts.

Relationships between Pacific communities and iwi were also noted as being particularly important, especially in Northland and in the Hawke's Bay/Gisborne. Iwi and iwi providers were appreciated for welcoming and supporting Pacific families, and – where present – BP4P services. A strong spirit of collaboration, mutual respect, and reciprocity amongst Pacific communities and iwi Māori was present and was celebrated by contributors. These reflections – alongside the recognition that there is significant overlap between Māori and Pacific communities in terms of both whakapapa and paradigm - highlight the important of the state developing and maintaining stronger relationships with tāngata whenua as a necessary component of ensuring good relationships with and support for Pacific communities. It also

indicates that efforts to nurture the relationships between Pacific and Māori communities should be considered, as well as efforts to avoid creating unnecessary competition for funding and resource.

6.2 NATIONAL AND LOCAL PACIFIC EMERGENCY RESPONSE FRAMEWORK

Contributors were unanimous in their request that a national Pacific emergency framework, with a range of local Pacific emergency frameworks underneath it be developed. It was hoped that the development of such a plan would both provide guidance for Pacific providers during emergencies and would help to address issues around leadership and communication through the delineation of roles and key contacts. Contributors were clear that this would need to be co-designed through a process that involved state services, local council, representatives from emergency response organisations such as Civil Defence and emergency services, BP4P services, and community leaders/representatives from community organisations such as churches. It was expected that key component of these national and local frameworks would be a leadership rubric. In an emergency there are many key players and decision-makers for various parts of the response. A leadership rubric that moves from the state and ministry level to national services, to regional, to local and that outlines roles and responsibilities and who can activate parts of the emergency system was considered to be an important component of an emergency response framework, supporting improved communication and streamlined decision making processes by helping to ensure that all parties involved knew who to approach with regards to different aspects of the response. This framework would include roles and responsibilities not only for state services, Pacific providers, and emergency services but would also include designated Pacific emergency representatives and community leaders as such people are absolutely vital to the efficacy of any response. This rubric would be accompanied by a phone directory, including contact details for local providers and services, community groups, Pacific emergency representative, local councillors, and representatives of state services that have built relationships with the community and are positioned to support their response. Consideration for reviewing and maintaining this will need to be given. Echoing an issue highlighted in [Section 5.5](#), it was also hoped that such plan would contain clear protocol to support decision making in an emergency and to assist with identifying which pieces of “red tape” could be cut, and which *must* remain in-tact, thus alleviating fear and uncertainty amongst parties involved in the response.

A number of other suggestions were made to support the utility of such frameworks. The need for a dedicated communications plan to be included into the framework was highlighted; while the rubric and phone directory constitute a part of this, public communications were also noted as important and it was requested that a centralised Pacific emergency communications channel be established. This would include visibility on all major social media channels, as well as radio and televisual presence, and would help to ensure accurate and consistent messaging. This reflects strongly on the learnings from COVID and the importance of Prepare Pacific. It was also hoped that a national Pacific emergency framework, and the local Pacific emergency frameworks beneath it would extend their scope beyond the logistical and material and would include responses designed to help support the broader wellbeing of both the communities impacted by the emergency and the staff involved in delivering the emergency response, with consideration given to the morale, mental health, and spiritual wellbeing of all those involved. It was suggested that the existence of these frameworks could be supported by the funding and development of a Pacific branch of NZMAT – or, more ideally, of a separate BP4P entity

that operates like NZMAT – to help ensure that a body of diverse and experienced Pacific clinicians and supporting staff is ready to be deployed to support Pacific communities in the case of an emergency. The development of such a body has both domestic and international benefits given the significant involvement of New Zealand in disaster relief throughout the wider Pacific. Contributors also noted that further support for the implementation of emergency frameworks could be provided by ensuring that a number of Pacific emergency hubs are identified and stocked up/equipped in advance so that they are equipped to act as shelter, facilitate access to a range support services and generally act as a one stop shop. This echoes the suggestion provided in [Section 5.1](#) regarding equipping church and community halls with improved facilities and emergency supplies.

The development of a national Pacific emergency framework, with a range of local Pacific emergency frameworks underneath it is urgently needed; Northland communities in particular, as well as those in Auckland and the Hawke's Bay/Gisborne, are aware of winter's arrival and with it, the risk of more flooding. Acting now while there is both strong motivation and recent memory of what has worked well would be prudent.

6.3 TRAINING IN AND FUNDING FOR EMERGENCY MANAGEMENT AND RESPONSE

It is apparent that there are shortcomings in emergency training for most staff working in Pacific provider settings and that investment into this would support both the implementation of a national Pacific emergency framework (and local Pacific emergency frameworks) and the efficacy of the Pacific community response in the event of future emergencies. BP4P services and community organisations expressed a desire for support and development to assist them in the creation of emergency management plans for their services/organisations, including but not limited to the preparation of volunteer induction materials and manual data collection. Ideally, their plans would be both informed by and aligned with national and local frameworks and would be accompanied by changes to their contracts that include funding for emergency/surge capacity (as a means of ensuring their ability to implement their plans).

Funded training in emergency management at foundation, intermediate, and leadership levels was also requested, along with a range of related skills, such as first aid and vaccination delivery (e.g., for tetanus, COVID). As above, requests came from both services and community organisations. The cost of emergency management and first aid training is prohibitive for many small services and community organisations and many of those outside clinical services and (clinical roles within those) are precluded from participation in vaccination training. Consideration should be given to providing a pool of funding to support upskilling in emergency management and first aid (potentially administered by local council or by a health and social service provider in the region that has good community relationships). In addition to this there may be value in exploring the development of an emergency vaccinator certificate or similar in order to empower smaller groups to access and distribute vaccines in emergency situations.

6.4 DATA SHARING AND COLLECTION

Several contributors noted that both data sharing and collection had both posed significant challenges during the in order to be prepared for future emergencies. Several providers commented on the lack of/poor availability of Pacific population data and data regarding RSE workers, reflecting that this impeded their ability to determine who might be at risk and to ensure the safety and wellbeing of the Pacific communities in their region. Consideration needs to be given to how thoroughly and how frequently data is collected about Pacific populations by a range of state services as well as mechanisms for quickly and safely making that data available to providers in an emergency. Ensuring that data is collected completely and regularly outside of emergency times and that clear protocol are in place making that data available will help to ensure that families can be accounted for more rapidly and that active outreach is more achievable. Another issue regarding the sharing of data emerged, this being that state services and providers are unable to share data. It was noted that this meant families were required to tell their stories over and over again, reliving trauma and exacerbating their fatigue each time. While this is a persistent issue across many aspects of health and social service provision, the flooding and cyclones highlighted how the limitations of the current data infrastructure can directly add to the harm and distress experienced by families in emergencies. As such, consideration must also be given to how patient/client information is gathered, managed, and shared across and between services in order to ensure that confidentiality is maintained but that repetition and duplication is minimised, and families can receive more consistent and coordinated care.

It was also noted that thorough financial record keeping was an almost impossible task throughout the emergency response; where services are busy seeking basic food and clothing, dealing with major damage to facilities and infrastructure, restricted access to devices, information management systems, and internet, in distress and supporting those in distress, keeping and logging receipts ends up somewhat lower down the priority list than it might otherwise be. Factors such as tracking who has been given a food parcel or who accessed clothing donations is similarly challenging, with some evacuation centres responding to thousands of people daily through a primarily volunteer staff. While volunteer induction protocol and other aspects of an emergency management plan may help to address some of these issues in the event of a future emergency, mechanisms for quickly and easily logging financial (and other) information in emergencies do need to be explored and consideration needs to be given to how the state might demonstrate flexibility and leniency in its approach to reimbursing expenditure in cases where record keeping has been justifiably minimal.

7 PRIORITIES FOR ACTION

7.1 IMMEDIATE PRIORITIES

- Commence co-design of a national Pacific emergency response framework (and local frameworks) including a leadership rubric and communications plan
- Acknowledge Pacific and local communities as part of the formal system in emergency response frameworks
- Take action to address the needs of RSE workers in terms of accommodation, food, clothing, and employment relationships
- Incorporate surge capacity funding into ongoing, business-as-usual contracts for providers
- Establish an accessible pool of funding to support both providers and community organisations to recoup costs incurred by supporting families
- Establish an emergency leave fund accessible to providers to enable them to offer leave to staff who have been directly or indirectly impacted
- Implement an immediate freeze on/extension of business-as-usual contract deadlines for funded providers throughout the impacted regions
- Commence development of a medium-long term mental health strategy for the affected regions
- Commence development of a medium-long term housing strategy for the affected regions
- Commence development of a medium-long term job creation and employment strategy for the affected regions
- Develop a new contract clause to include emergency response and surge capacity development for providers and amend contracts/implement in contracts moving forward

7.2 LONGER-TERM PRIORITIES

- Develop strategies and/or roles focussed on building and maintaining strong, meaningful relationships with Pacific providers and communities and strengthening ties between Pacific communities and tāngata Māori
- Sustain and strengthen efforts to build the Pacific health and social service workforce and ensure emergency management training for all staff
- Sustain and strengthen efforts to build cultural competency amongst the non-Pacific health and social service workforce
- Explore options for a pool/pools of rapid access discretionary funding in the event of an emergency
- Explore options for increasing Pacific participation in local councils, civil defence, and emergency response roles
- Explore options for collecting, managing, and sharing patient/client information across services
- Explore options for sharing/redeploying staff across organisations and regions (and for managing the impacts of this on BAU)
- Explore options for a BP4P organisation similar to NZMAT - acknowledge PacMAT as a readily available deployment organisation.
- Explore options for improving community centre and church facilities and resourcing them as stand-by emergency hubs

- Explore options for emergency management and first aid training for providers and community organisations
- Explore options for emergency vaccinator certification
- Explore options for supporting community organisations to be officially recognised and access funding streams
- Undertake review of RSE scheme in terms of both health and safety and human rights issues
- Develop guidelines for use of non-emergency funding and other emergency contingencies recognising that such contingencies are necessary
- Consider a collaborative review of barriers to collaboration and to accessing funding in order to support the streamlining of current processes

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