

COVID-19 Impact Insights Paper #7

Pacific connectedness and wellbeing in the pandemic

June 2023

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

Te Hiringa Mahara wishes to recognise the valuable contributions of Pesio Ah-Honi (CEO, Mapu Maia,), Tevita Funaki (CEO, The Fono, Auckland), Malia Hamani (CEO, TOA Pacific, Auckland), Danny Mareko (Manager Communities and Strategy, He Whānau Manaaki o Tararua, Porirua), Kathleen Tuai-Ta'ufo'ou (CE, SAIOLA, Vahefonua Tonga Methodist Mission Charitable Trust) to the content and preparation of this report. We also want to thank Kathleen Tuai-Ta'ufo'ou and Pesio Ah-Honi for reviewing the report.

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ISBN: 978-1-99-117926-5 (pdf)

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

For more information, please visit our website: <https://www.mhwc.govt.nz/>

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

Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission (2023)
Pacific connectedness and wellbeing in the pandemic. Wellington: New Zealand.

Summary

Being connected and valued is important to wellbeing. Connectedness, to aiga, fanau, famili, whānau, family, community, faith and culture, is particularly inherent in the key values, beliefs and practices that shape Pacific peoples experience of wellbeing.

Connectedness manifests as a focus on collective consensus, practices, needs and outcomes and is driven by clear expectations about respect, reciprocity and love and a sense of responsibility to self, others, environment and cultural protocols and practices. (Thomsen et al., 2023).

This paper¹ explores the impacts of the COVID-19 pandemic on Pacific wellbeing, with a focus on how connectedness was both impacted by the pandemic, and a key feature in Pacific communities' responses that served to protect families and helped mitigate the challenges faced.

Pacific peoples in Aotearoa are a thriving, connected and culturally rich people despite the structural inequities and barriers to wellbeing they face.

Pacific populations are diverse, young, growing, primarily urban and increasingly born in Aotearoa. Each Pacific Island culture is unique and Pacific communities are a diverse group of people, encompassing a range of backgrounds and experiences, as well as ethnic, spiritual, religious and gender identities.

In Aotearoa, Pacific peoples experience some of the worst inequities in social determinants of health, evident in education, employment, housing and health outcomes. Despite these challenges, Pacific peoples report high levels of wellbeing and survey data shows Pacific people hold stronger community connections, bonds of trust and religious identity than the population as a whole.

“We believe our collective nature is not only what we do but an integral part of who we are.” (Enari & Fa’aea, 2020), p.79)

¹ This paper is the seventh in a series of eight short, focused insights reports that highlight key elements of the wellbeing impacts of the pandemic in Aotearoa, available at: <https://www.mhwc.govt.nz/our-work/covid-19-insights/>

The COVID-19 pandemic completely disrupted the way of being for Pacific peoples.

Pre-existing inequities were magnified by COVID-19, and challenges for Pacific communities further entrenched. Families experienced increased stress and anxiety from fear of COVID-19, reduced income, food insecurity and caring for vulnerable family members. They were unable to access their usual sources of support within the community, including extended families and church; and it was not possible to return to Pacific homelands or see relatives who live overseas.

In the face of these threats to wellbeing, families and communities drew on the values innate to Pacific culture and met challenges with the collective strength of Pacific relationships and connections.

“As people who cherish collective lifestyles, regularly gather in large groups, and entertain deep-seated interconnections with friends and family, our way of being has been completely disrupted by COVID-19” (Enari & Fa’aea, 2020, p.78).

Pacific communities, churches and providers used connections and networks to rapidly meet the needs of Pacific families and developed new ways of maintaining connectedness. This agility and innovation were seen throughout the pandemic and provides lessons for ways in which Pacific wellbeing can be supported, both during a crisis and more generally.

The pandemic highlighted the importance of connection, as families and communities engaged in opportunities to improve wellbeing for themselves and others

During lockdown, the importance of family vā (relationships) and being part of a collective was reconfirmed, with a renewed appreciation for life and more time for relationships with family, friends and with God. Pacific people, along with Māori, reported higher life satisfaction and family wellbeing in 2021, than in 2018.

The connectedness of Pacific communities enabled them to come together to both receive and provide support to one another and remain strong during times of social distancing and physical isolation.

“For Pacific peoples, wellbeing is holistic, and in times of crisis, the needs of others are just as important as one’s own needs: when every person is well, the entire

community thrives.” (Ministry for Pacific Peoples, 2021, p. 20)

Understanding and supporting pan-Pacific approaches is valuable, given shared values, common interests, and cultural similarities. In the regions, and other locations where the Pacific population is lower, this is particularly helpful. However, each Pacific community is different, and where they can identify their own needs and are supported to respond appropriately, wellbeing is even better supported.

Churches and Pacific service providers had a pivotal role in supporting Pacific families and communities during the pandemic.

Faith and spirituality are key components of Pacific wellbeing, and communities are connected through faith-based networks. Church leaders supported the work of government agencies during the pandemic and were key partners in ensuring community resilience and recovery after the first lockdown.

Many churches were well prepared to respond, and lockdown provided an opportunity to transform how they did things to further support families, such as adapting digital platforms for service delivery. From the outset of the lockdowns, church, community and social events swiftly moved to online platforms, enabling people to stay connected.

“The impact of the pandemic throughout the last three years has highlighted the strength and resilience of Pacific communities and families. The ability of the Pacific community to consistently utilise local resources to respond to external threats, such as that posed by the pandemic, demonstrated a high degree of resilience, innovation and responsiveness across all communities at both regional and national levels.” (Thomsen et al., 2023, 48)

Pacific health service providers played an integral role in supporting communities throughout the pandemic, communicating with families, providing information and social, emotional and practical support.

Innovation among providers flourished as Pacific providers worked collaboratively with agencies, DHBs and public health units. Pacific providers’ level of preparedness prior to COVID-19 taking hold in Aotearoa and the factors inherent within Pacific organisations, created the conditions to respond to community needs quickly, effectively and holistically.

“Pacific health providers are unique in that they are both trusted by their communities and deliver the full spectrum of outbreak management activities.” (Ministry of Health, 2021a, p.4)

Pacific providers became a bridge between the community and government agencies. High trust models enabled providers to establish flexible, adaptive responses that allowed them to better meet the needs of their communities.

We should learn from the experience of Pacific communities, to support wellbeing

Pacific communities are well connected, flexible and supportive. The pandemic highlighted that connectedness, to culture and community, is critical to Pacific wellbeing, and should be recognised and supported. As well as its intrinsic value, connectedness is an important strength of Pacific communities and is key to supporting health and wellbeing and addressing inequitable wellbeing outcomes experienced by Pacific peoples and communities in Aotearoa.

Pacific peoples need to be involved in decision-making that affects them. Pacific communities used the knowledge, resources and networks available to them to support their own wellbeing through the pandemic. Communities of belonging need to make their own choices, have resources, and be trusted to develop solutions for themselves.

It is important that government agencies recognise this, and learn from it, in designing future policies and responses. This will mean ensuring the Pacific communities and expertise are better involved in government decision-making.

Trusting and supporting Pacific organisations who know their communities will support wellbeing. Pacific peoples trust the Pacific providers that are embedded in their communities – and this trust is key to providing support.

During the pandemic, we saw how a high-trust model worked, including to support households with necessities and food, digital technology to enable connectivity, and accommodation. These high-trust models will work outside of the pandemic too, enabling communities and providers to spend more time and energy supporting local wellbeing, in a way that works for them.

More research and data is needed to better understand wellbeing. We need a comprehensive understanding of Pacific wellbeing to better inform policy, including collecting social survey data with greater granularity to understand and reflect different experiences of unique cultural and ethnic Pacific populations.

Further exploring the wellbeing impacts of the pandemic for Pacific peoples will be necessary to support ongoing wellbeing now, and to plan for future challenges to wellbeing.

Introduction

This report looks at the impact of the COVID-19 pandemic on the wellbeing of Pacific peoples in Aotearoa. Specifically, it focuses on connectedness, a core aspect of wellbeing for Pacific peoples, and how connectedness was both impacted by the pandemic and a key feature in the Pacific communities' responses that served to protect families and helped mitigate the challenges.

Faced with serious and very real concerns posed by the pandemic, Pacific peoples in Aotearoa drew on their families, communities and faith, for support and to provide support to others. The pandemic highlighted the strength of connectedness to culture and community, and the value of connectedness to maintaining Pacific communities' health and wellbeing. This report draws on experiences of Pacific peoples, accessed through a rapid literature review and talanoa with Pacific providers and community leaders, to look at connectedness and wellbeing during the COVID-19 pandemic in Aotearoa.

Pacific peoples in Aotearoa

There is no one single Pacific community in Aotearoa. Rather, 'Pacific peoples' is a collective term that describes a diverse population, from distinct ethnic groups, languages and cultures (Ryan et al., 2019). Collectively, Pacific ethnic groups comprise the fourth largest ethnic grouping and a significant proportion of the population in Aotearoa. Census data from 2018 indicates that nearly 400,000 Pacific people were living in Aotearoa at that time, making up just over 8% of the total population (Stats NZ, 2023).

Pacific populations are "diverse, young, growing, primarily urban and increasingly born in New Zealand" (Health Quality & Safety Commission, 2021, p.17). In Aotearoa, Pacific communities include people who migrated from Polynesian, Melanesian and Micronesian countries (Ministry for Pacific Peoples, 2021b) and those born in Aotearoa. Approximately two thirds (66.4% in 2018) of the Pacific population in Aotearoa were born in Aotearoa, and there is a growing population of people who identify with more than one ethnic group, around 40% of Pacific peoples in 2018 (Stats NZ, 2023).

Each Pacific Island culture is unique. Pacific communities are a diverse group of people, encompassing a range of backgrounds and experiences, as well as ethnic, spiritual, religious and gender identities. Young people make up over half of the Pacific population in Aotearoa, with a median age of 23.4 years, compared with 37.4 years for the total population (Stats NZ, 2023). For Pacific young people, home is related to a diasporic experience connected to their Pacific homelands as well their sense of belonging in Aotearoa, with culture, identity and belonging closely interlinked (Stubbing et al., 2023, p.26).

Census data indicates that nearly two thirds (64%) of the Pacific population lived in the Auckland region in 2018 (Stats NZ, 2020a) making up 16% of the Auckland population (Stats NZ, 2020b). Most Pacific migrants are ‘absorbed’ into family and communities on arrival, and consider Aotearoa home, reflecting family and community support and networks (Thomsen et al., 2023). While predominantly urban, the regional and rural Pacific population is growing rapidly for multiple reasons, including families moving out of cities to have a ‘good life’ (Luyten, 2021), the affordability and availability of housing, work opportunities and visa conditions for some new Pacific migrants, such as those employed temporarily under the Recognised Seasonal Employer scheme (Ministry of Business, Innovation & Employment, 2018). This has challenges, particularly for people who have recently arrived in Aotearoa and can feel socially isolated in the regions. Community leaders told us that for new migrants who have no family in Aotearoa, they gravitate toward the church for community.

Findings from the 2016/2017 New Zealand Health Survey suggest that Pacific people have higher rates of generalised psychological distress, but lower rates of specific psychiatric diagnoses (such as anxiety, depression) than the general population (Mulder et al., 2020). There may also be differences in the mental health of recent Pacific migrants and people born in Aotearoa who identify with a Pacific ethnic group. The 2003/2004 Te Rau Hinengaro national epidemiological survey found that the 12-month prevalence rate of any mental illness for Aotearoa-born Pacific people was twice that of those who had migrated after the age of 18 years (32% versus 16%) (Mulder et al., 2020). There is high stigma surrounding mental health issues among Pacific peoples and some do not know where to get help for mental distress (Ataera-Minster & Trowland, 2018).

In Aotearoa, Pacific peoples experience some of the worst inequities in social determinants of health, evident in education, employment, housing and health outcomes (Ratuva et al., 2021). Census data shows that, compared to all other ethnic groups, Pacific people are more likely to live in neighbourhoods of high deprivation, have the lowest median household incomes, higher unemployment rates, the lowest rates of home ownership, and the highest rates of household crowding (Ryan et al., 2019). Despite these challenges, there are wellbeing benefits for inter-generational families living in the same household (Stats NZ, 2023), and Pacific peoples report high levels of wellbeing (Ryan et al., 2019). Survey data reveals that, in the face of ongoing structural disadvantage, “Pacific peoples have maintained stronger community connections, bonds of trust and religious identity than the population as a whole, while holding on to enduring cultural values, highlighting the important strengths and resiliencies in Pacific communities” (Health Quality & Safety Commission, 2021, p.12).

Pacific peoples' wellbeing

Connectedness is a key element of wellbeing for all populations, as described in the Te Hiringa Mahara He Ara Oranga wellbeing outcomes framework (see Appendix 1), achieved when:

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

Connectedness, to family, community, faith and culture, is particularly important in the key values, beliefs and practices that shape Pacific peoples experience of wellbeing. This includes:

- a strong emphasis on cultural identity and the role of families and communities
 - the central role of spirituality and religion in communal and family life
 - a focus on collective consensus, practices, needs and outcomes
 - clear expectations about respect, reciprocity and love and a sense of responsibility to self, others, environment and cultural protocols and practices.
- (Thomsen et al., 2023, p.14)

The value of connectedness and culture for Pacific peoples' wellbeing in Aotearoa is highlighted in policy, Lalanga Fou, and in academic and evidence-based literature (Ataera-Minster & Trowland, 2018; Ratuva et al., 2021; Thomsen et al., 2018). It is threaded through the four goals of Lalanga Fou (Ministry for Pacific Peoples, 2018) to achieve the vision for Pacific Aotearoa, namely:

- 1) Thriving Pacific languages, culture and identities,
- 2) Prosperous Pacific communities,
- 3) Resilient and healthy Pacific communities, and
- 4) Confident, thriving and resilient Pacific young people.

It is evident, too, in the fonofale model of health, which expresses Pacific concepts of wellbeing and wellness, highlighting family as the foundation for all Pacific peoples, with cultural values and beliefs being the overarching shelter (Ministry of Health, 2008). The fonofale model "highlights the key influence that culture plays across Pacific peoples' social cohesion, human capabilities and financial and physical capital" (Thomsen et al., 2023, p.21).

Cultural and community connections support resilience in times of mental distress (Ataera-Minster & Trowland, 2018), with research also indicating that cultural identity and family connectedness in Pacific young people is important to cultivating wellbeing (Stubbing et al., 2023) and may help protect against developing anxiety or

depression (Siegert et al., 2022). Pacific communal capital, which shapes resilience and cultural identity, and can be mobilised as part of a response in times of crisis, is evident in “kinship-based social networks, reciprocal goods exchange, collective labour, group land-ownership, cosmological connections, and common ethical principles and shared intellectual property” (Ratuva et al., 2021, p.10).

Faith and spirituality are key components of Pacific wellbeing, and Pacific churches play an important role in realising the Lalanga Fou goals (Ministry for Pacific Peoples, 2021a). Talanoa with Pacific communities across Aotearoa on the All-of-Government Pacific Wellbeing Strategy found that a significant majority of Pacific peoples wanted religious faith and the role of churches recognised as a valuable cultural, social and economic resource for Pacific communities (Thomsen et al., 2023). Pacific churches in Aotearoa bring people together, sometimes from diverse island communities and villages. “They are places where social connections and networks are fostered and maintained, cultural practices and language are encouraged and reinforced and community cohesion and identity are created, reinforced and sustained” (Thomsen et al., 2023, p. 15).

Prior to the COVID-19 pandemic, Pacific people in Aotearoa reported high levels of general wellbeing and family wellbeing, were well connected socially with their families and friends, and for the most part, retained strong connections to their Pacific culture in Aotearoa (Ataera-Minster & Trowland, 2018). This was also evident for Pacific young people in Aotearoa, who reported comparatively strong connections to their culture, and their religious and spiritual beliefs (Ministry of Social Development, 2022).

However, Pacific peoples are a diverse group, and as our previous reports have highlighted, not everyone experiences the same benefits of connection or wellbeing in any population. As well as race and ethnicity, gender, sexual orientation, gender identity, disability and socio-economic background can all contribute to systemic inequities and/or impact on people’s experiences. Pacific young people who also identify as part of the rainbow community, for example, reported greater difficulties with their families pre-pandemic than non-rainbow Pacific young people (Stubbing et al., 2023).

Methodology

The aim of this research project was to gain insights and understanding into the impacts of COVID-19 on the wellbeing of Pacific peoples in Aotearoa, with a particular focus on connectedness. To understand the impacts of COVID-19 on Pacific peoples’ wellbeing, the following questions were addressed:

- How has the COVID-19 pandemic impacted the connectedness of Pacific peoples in Aotearoa with family, wider community and church, including challenges and positive outcomes?
- How has the connectedness of Pacific peoples in Aotearoa supported wellbeing during the COVID-19 pandemic?
- What can we learn from the COVID-19 pandemic about ways of better supporting the wellbeing of Pacific communities in Aotearoa?

The methodology involved a two-pronged approach (see Appendix 2 for details):

1. Literature review – a rapid review of the literature was undertaken to address the research questions. Electronic database and online searches identified research publications, reports and ‘grey’ literature that met the inclusion criteria. Following a screening process, 16 journal articles and 37 other items from Aotearoa were included in the review. A thematic analysis was conducted, whereby the documents were coded and analysed to identify key themes. Details of the methods used to map, code and analyse the literature are included in Appendix 2.
2. Community engagement – a critical component of the project was engagement with community and advocacy groups to ensure that Pacific peoples’ voices and views were included, and to ground the report in the personal experiences of Pacific communities in Aotearoa. Information was sourced from online meetings and email communication, with Pacific community and church-based service providers and community leaders.

The themes emerging from these sources were analysed and the final stage involved writing these up in this report.

Impact of COVID-19 on Pacific peoples’ connections

At the outset of the pandemic Pacific peoples were considered a vulnerable community by Government, due to being at greater risk of experiencing adverse health, social or economic outcomes (Ministry of Health, 2020). Contemporary and historical knowledge of poor health outcomes, persisting health and social inequities, and previous pandemics, suggested that Pacific people would experience an inequitable burden of disease and more significant long-term consequences (Smith et al., 2021). Evidence from other countries, such as the USA, pointed to a disproportionately and alarmingly higher rate of COVID-19 cases and deaths for Pacific peoples there, compared with other populations (Cha et al., 2022). In the USA, inequitable social determinants not only contributed to the underlying medical conditions that increased risk, but also to the disproportionate spread of the virus through the Pacific communities (Cha et al., 2022). During COVID-19 outbreaks in

Aotearoa, the Pacific communities were concerned about similar health impacts in the communities here (Tukuitonga, 2020b).

Themes emerged from engagement with Pacific community organisations and analysis of the literature around the wellbeing impacts of COVID-19 on Pacific peoples. The themes cover the challenges to connectedness faced by Pacific families and the wider communities, as well as the strengths evident in their pandemic responses, including the critically important role of church and community leaders, Pacific service providers and community organisations.

The pandemic created challenges for Pacific families.

Given the collective nature of Pacific communities, COVID-19 posed immediate challenges to individual and communal wellbeing, during lockdown and periods when Alert Levels placed limitations on travel and gatherings. The challenges were experienced through the impact of being confined to home and limited to bubbles, with restricted contact with others and less direct access to sources of support.

Pacific peoples often live in intergenerational and communal groups, and home can mean several households or sites (Ioane et al., 2021; Smith et al., 2021; Stats NZ, 2023). Pacific people have a responsibility to family members in other households to provide regular care and interact with them (Ioane et al., 2021), which was challenged by the lockdown instruction to stay home.

Prior to the pandemic, around a quarter of Pacific peoples lived in an extended family, with most of those consisting of three or more generations (Stats NZ, 2023). With larger families and almost half of Pacific peoples living in three-bedroom dwellings, Pacific people were more likely to live in crowded houses (40% lived in dwellings without enough bedrooms) (NZ Stats, 2023). Inter-generational Pacific families living in the same household present benefits for language, culture and caring (Stats NZ, 2023). However, the difficulties of self-isolating or social distancing with more people in the house are obvious, and particularly concerning when, in 2020, 71% of Pacific employees worked in industries at high risk from COVID-19 (compared with 60% in the overall population) (Te Pou, 2020). Pacific communities had concerns early on in the pandemic that crowded and overcrowded housing could contribute to fuelling a rapid spread of the COVID-19 virus among Pacific peoples, with the high prevalence of non-communicable diseases, such as diabetes and heart disease, increasing the risk of infection and death from the virus (Andersen et al., 2020; Tukuitonga, 2020b). This fear appeared to be justified in the second wave and lockdown (Tukuitonga, 2020a), August to September 2020, when Pacific peoples made up the vast majority of confirmed cases (59%), with incidence rates of 48 per 100,000 for Pacific peoples, as compared with 21 per 100,000 for Māori and 3 per 100,000 for European and other New Zealanders (Health Quality & Safety Commission, 2021).

While the mantra of ‘the team of five million’ directly resonated with Pacific peoples’ cultural beliefs (Fa’alii-Fidow, 2020), it also implied a team of 5 million individuals, not a distributed network of connected groups with responsibilities to family and community.

"I think if one of us gets coronavirus what will we do? In my mind, if one of us gets it then it’s all of us ... If one person got it, we are not able to isolate into one room. We can’t do that as you know, the Tongan family ... When it happens if my mum got coronavirus then I would go in the room with her. I don’t see another way." (Tongan participant, in Luyten, 2021).

A significant proportion of the Pacific population, over a third of Pacific employees, worked in essential and frontline services, in 2020 (Te Pou, 2020). Essential workers sacrificed their own safety and their families’ wellbeing to serve the community, with this service underpinned by Pacific cultural values of caring and alofa (love) (Ministry of Health, 2021c). However, they carried multiple burdens, including worry about potentially contracting COVID-19 and then bringing it home to infect family members, with particular concerns about elderly family members (Luyten, 2021; Ministry of Health, 2021c). Essential workers also carried the burden of hearing many sad and distressing stories from other Pacific families about the impact of the pandemic on their mental health and wellbeing, with inequalities in housing, income and health system evident (Ministry of Health, 2021c). Community organisations told us of the stress placed on essential workers involved in supporting families, who ‘all just got on with it’. Frontline workers were going into unsafe situations, where they risked contracting the virus, when they had their own families to worry about. All of the service providers we engaged with told us of their concern, some losing sleep at night, about sending workers out into unsafe frontline situations.

“Essential workers were heroes. In beginning of the lockdowns, at one stage our team delivered 500 food parcels within 48 hours, into the evening, ever so mindful not to deliver on a Sunday, when many of our community committed to church services online ... Our learnings include: How can we ensure the wellbeing of workers, while we do what we need to do? How do I tell staff to do a 12 or 14 hour shift, when they have a family at home?” (Chief Executive, faith-based social service provider)

Pacific community organisations and service providers told us that people were very fearful in the early days of the pandemic, with a major fear being that they would lose their jobs, lose their income and not have enough food on the table. Some of the industries hardest hit by the COVID-19 restrictions were those in which Pacific people are most concentrated, such as manufacturing, construction, healthcare and social assistance (Thomsen et al., 2023). For many in Auckland, reduced work hours and reduced income was a reality, which made it hard to buy food and increased demand on service providers (The Cause Collective, 2021). These kinds of economic stressors went hand in hand with mental distress, with Te Hiringa Hauora (2020) surveys finding experiences of depression and anxiety were twice as common for people without enough money to meet their everyday needs, than those with enough money (Nicolson & Flett, 2020). They also found that while 14% reported not having enough money during and immediately post the first lockdown, this rose to 22% for Pacific people, who had a higher loss of income than others ethnic groups.

The impact of the lockdown on particular groups such as older people, widows, single women, single parents, children, and youth was evident (Ministry for Pacific Peoples, 2021a). As a consequence of economic stress, some young Pacific people left school to work, or increased their workloads, to help support their families (The Cause Collective, 2021; Tonumaip'e'a et al., 2022).

“Mum had to pick up extra hours at work just to TRY and stay on top of our bills (mortgage being her main priority). It was gut wrenching seeing her tired all the time. I quit university to work full time just to help out at home. Even then, we were barely just getting by. Some days we would only have bread and butter to eat (thank God for the food banks in the community), the kids didn't get new clothes and shoes for a whole year (they are young boys still growing), everyone was arguing frequently and sometimes, it felt difficult to even breathe.” (South Auckland youth, in The Cause Collective, 2021)

“Trying to balance my school work and being an essential worker because I am the only one providing for my family and it's so I don't want to see my mum struggle ever again.” (South Auckland student, in The Cause Collective, 2021)

Many Pacific young people found the lockdown stressful. In one study with Pacific young people aged 19 to 21 years old, almost 40% indicated that they found the first

lockdown very stressful and 55% noted that some members of their family found it stressful (Siegert et al., 2022). The pandemic-related issues that Pacific young people worried about most (in descending order) were losing someone they loved, small companies running out of business, economic recession, restricted access to food supplies, becoming unemployed, the health system being overloaded, and schools being closed for a long time. Of the young people participating, 40% had clinically significant symptoms of depression, and 25% had moderate to severe anxiety (Siegert et al., 2022).

Feelings of loneliness increased substantially for Pacific peoples during the first year of the pandemic, who (along with Māori in Auckland) had the largest increase for all groups (Webber et al., 2022)

“Large community gatherings are an integral part of our being. Practices such as hugging, kissing, and physically embracing one another are deeply embedded in Pasifika peoples’ modes of engagement. Isolation restrictions made many people in my community feel lonely and longing to remain connected with others.” (Lefaoali’i Dion Enari, in Enari & Fa’aea, 2020)

In a Ministry of Health study with participants who had contracted COVID-19 prior to 1 December 2021, a third of Pacific participants reported anxiety or depression, with 18% reporting that they got some help or mental health support, and a further 33% reporting that they did not get any mental health support but felt that it would have been useful (Russell et al., 2023). A key concern for Pacific peoples was protecting family and community (Russell et al., 2023; The Cause Collective, 2021). Other concerns that negatively impacted wellbeing included anticipation of catching COVID-19 and spreading it, uncertainty about how COVID-19 would affect families, social restrictions and non-disclosure that led to loneliness (Russell et al., 2023).

The pandemic also presented challenges for Pacific communities’ connections.

Pre-existing inequities were magnified by COVID-19 (Lambie, 2020) and challenges for Pacific communities further entrenched (Ministry for Pacific Peoples, 2020). Families experienced increased stress and anxiety, from fear of COVID-19, reduced income, food insecurities and caring for vulnerable family members (The Cause Collective, 2021), but were unable to access their usual sources of support in the community.

The arrival of COVID-19 in Aotearoa completely disrupted the way of being for Pacific peoples. Not being able to gather in large groups meant that visiting families nearby or attending church was not possible, impacting the wellbeing of many Pacific people

(Enari & Fa'aea, 2020; Ioane et al., 2021; Russell et al., 2023). Church is a major influence and support for many Pacific families and communities and coping with the stressors of the pandemic without attending church was challenging (Ioane et al., 2021; Ministry for Pacific Peoples, 2021a). Nor was it possible to return to Pacific homelands or see relatives who live overseas (Enari & Fa'aea, 2020).

“As people who cherish collective lifestyles, regularly gather in large groups, and entertain deep-seated interconnections with friends and family, our way of being has been completely disrupted by COVID-19” (Enari & Fa'aea, 2020, p.78).

A particularly painful impact of the limitations on people gathering, which was acknowledged by Government, was not being able to attend funerals of loved ones (Enari & Rangiwai 2021). This severely compromised people's capacity to provide, receive, and reciprocate care and support (Long et al., 2022). Funerals are an important and cherished time, drawing on customary practices and contributing to a sense of cultural identity. For example, Samoan funerary rituals (falelauasiga) typically combine a church service and funeral feast (fa'aafe), with a week of visits, prayers, and vigils in the family home where the body lies in state, and visitors can pay their respects, offer the grieving family support, and give gifts such as money, food, and ceremonial mats (Long et al., 2022, p.3). The international border restrictions also impacted grieving, preventing families from traveling to and from overseas to attend funerals. Funerals were held online, using the digital space to remain connected and pay respects (Enari & Rangiwai 2021; Russell et al., 2023), although this was not the same as being in person.

“Funerals – attending Zoom, we had friends who lost family members and they could only attend via Zoom. Imagine that. I would smash the Zoom if that was me.” (Pacific young person, in Education Review Office, 2022)

Pacific communities' connection to wider Aotearoa during the pandemic

Pacific peoples continue to have strong connections to both Aotearoa and ancestral Pacific homelands. Data from General Social Survey indicate that Pacific peoples had a strong sense of belonging to New Zealand in 2021, but also to another country and their ethnic group (Stats NZ, 2023).

However, Pacific peoples in Aotearoa also continue to experience discrimination and racism, with reports of this increasing during the pandemic. Pacific, Māori, Asian, disabled, and older people reported increases in discrimination (Jaung et al., 2022; Nielsen, 2021; Webber et al., 2022), with the largest increases reported among Pacific

peoples early in the pandemic in June 2020, compared to 2018 (Webber et al., 2022). Pacific communities experienced racist comments through social media when a Samoan church was at the centre of one of the COVID-19 Delta clusters in 2021 (Smith et al., 2021). By 30 Sept 2021, 65% of reported cases were Pacific (Smith et al., 2021). Pacific people felt judged and discriminated against by media publicity and reporting of COVID-19 (Russell et al., 2023; Tonumaipē'a et al., 2022).

“Racism also reared its ugly head during the second wave with baseless, odious accusations and commentary on social media about how the virus was initially spread. To reiterate, racism wasn't caused or exacerbated by Covid-19, Covid-19 just reminded us that it is still prevalent within our society. Not that it made a difference to our response as the resilience of our people has always provided a level of protection against racism levelled at Pacific peoples in New Zealand.” (Fa'alii-Fidow, 2020, p.352)

There is a sense too, gained from the literature and talanoa with community organisations, of Pacific peoples continuing to 'fly under the radar' during the pandemic. Many Pacific people in Aotearoa are reluctant to seek support when needed, with stigma, shame and pride contributing to this, and experiences of discrimination further consolidating this response. While the public health messaging encouraged a united response, with Government using the well-known whakataukī *He waka eke noa*, meaning, *We are all in this canoe together*, it is clear that not everybody made it safely into that waka and, as one community leader suggested, may have “taught us there are many waka that needed to be roped together”.

“After the lockdown had finished there was a great sense in the media that we were celebrating, we were healing, and we were moving on. But for me and my peers that wasn't necessarily the case. A lot of the struggles we had faced during Covid were not reflected and so there was almost a sense or feeling that we were being forgotten.” (Aigagalefili Fepulea'i-Tapua'l, Head girl of Aorere College, in Fa'alii-Fidow, 2020, p.352)

The Government response aligned with Pacific communities' collective values

Key messages from Government, promoting togetherness and encouraging people to 'be kind' to each other, were well aligned with Pacific cultural and spiritual values of

collectivism and collective responsibility (Fa'alii-Fidow, 2020; Ministry of Health, 2021c). Research studies indicate that many Pacific people were appreciative of, and trusted, the government's handling and management of COVID-19 (Ministry of Health, 2021c; Su'a-Tavila et al., 2020). The trust of Pacific families was gained through the collective action expressed by the Government and the unity expressed in the tagline 'Unite against COVID-19', along with the inclusive communication styles of the Prime Minister and the Director-General of Health, and their leadership and service which aligned with Pacific values, of working for the greater good (Ministry of Health, 2021c).

In recognition of the potential impact of COVID-19 on Pacific peoples, the Pacific COVID-19 Response Team was established by the Ministry of Health on 17 March, 2020. This team had "multidisciplinary expertise involving technical, clinical, cultural and community leadership and networks were engaged to ensure that at every level of the national response, both known and emerging needs of Pacific communities could be addressed through tailored and evidence-informed strategies and operations" (Health Quality & Safety Commission, 2021, p.86). This strategic and integrated approach continued, with a cross-government team led by Pacific health providers, the Ministry of Health and Ministry for Pacific Peoples, and senior Pacific health leaders working directly with Pacific communities, for example, to establish ethnic specific relationships with church and community leaders during the outbreak of the Delta variant in August 2021 (Ministry of Health, 2021a).

Pacific families and communities' responses to COVID-19

Despite the challenges posed by the pandemic, Pacific communities reported many positive aspects of lockdown. Family and community networks were a source of support and comfort (Nicolson & Flett, 2020; Tonumaip'e'a et al 2022), with increased time together and strengthening of family relationships, as parents supported children's learning and provided care for older people, and children supported parent's technology use.

Family connectedness

During lockdown, the importance of family vā (relationships) and being part of a collective was reconfirmed (Ministry for Pacific Peoples, 2021a, 2021b), with a renewed appreciation for life and more time for relationships with family, friends and with God (Ministry for Pacific Peoples, 2021a; Nicolson & Flett, 2020). Pacific people, along with Māori, reported higher life satisfaction and family wellbeing in 2021, than in 2018 (Webber et al., 2022).

Lockdown provided an opportunity for families to spend more time together, sharing meals and strengthening relationships and connections within family bubbles, as well as with extended families via online platforms such as Zoom (Ministry of Health,

2021b; Su'a-Tavila et al., 2020; Tonumaip'e'a et al., 2022). Children taught parents and grandparents how to use technology, such as mobile phones, to connect with overseas families and church services (Su'a-Tavila et al., 2020). Community organisations told us of a whole world opening up for some older people, who were able to connect with families overseas, and see and share photos of family on Facebook.

As well as family being a source of support for Pacific people, including supporting family members when they had COVID-19 (Russell et al., 2023), many people also increased social support for others inside and outside the home. More than half of the 2,500 participants in one survey reported increased caregiving for older people, providing administrative support or serving as a cultural leader, during the first lockdown in 2020 (Ministry for Pacific Peoples, 2021c).

Over the course of the pandemic, Pacific peoples' relationships with family remained strong, with 73% reporting face to face contact with family at least once a week in the 2021 General Social Survey (Thomsen et al., 2023). This was consistent with the 2016 survey findings (74%) and much higher than the average for the total population (63% in 2021). The proportion of Pacific peoples having contact with friends in 2021 was 70%, the same frequency as the rest of the population, however this was a significant decrease for Pacific people, of whom 81% had contact with friends in pre-pandemic 2018 (Thomsen et al., 2023).

Pacific parents supported children's learning at home as schools closed, though access to computers or the internet was initially a barrier for some Pacific families (Ioane et al., 2021). Pacific children and young people reported there was someone at home who could help them, with many feeling that someone at home had become more interested in their learning in late 2020 (Education Review Office, 2022). The increase in support and interest following the first lockdown and in the subsequent Auckland lockdown was greater for Pacific learners than the general population.

“We heard from Pacific learners that they valued being at home with their parents and families during higher Alert Levels because in normal times their parents would have been away working. Some Pacific families had multiple generations or extended families join their bubbles for lockdown. This provided an opportunity for great bonding with family members and, in some cases, provided learners with more people who could help with their schoolwork.”
(Education Review Office, 2022, p.21)

Wider family responsibilities for many Pacific peoples involves sending remittances, money earned in Aotearoa, to relatives in their home communities in the Pacific

Islands. “It can be seen as a modern expression of the economic reciprocity and community care obligations common among traditional Pacific communities” (Thomsen et al., 2023, p.16), and forms a significant part of the income of some Pacific nations. With the onset of the pandemic, the responsibilities of sending remittances added extra strain on some, as they strived to balance supporting the wellbeing of their immediate family in Aotearoa and that of their relatives in the home communities (Ratuva et al., 2021). For some, active provision of financial support was a challenge and paused under lockdown, as families struggled with job and income loss, the cost of living or insecurity about ongoing employment and what would happen financially (Luyten, 2021; Nicolson & Flett, 2020; Ratuva et al., 2021).

Similarly, the practice of gifting, such as making donations to church, was paused by some families. Like remittances, gifting also reflects reciprocity and obligation, and is commonly practised in Aotearoa, playing a key role in strengthening social cohesion and reinforcing family relationships both here and in Pacific Island communities (Thomsen et al., 2023). The pandemic meant that some families were not able to fulfil gifting obligations. For some Pacific people there was some financial relief in not gifting (Russell et al., 2023) and reduced spending in some areas during lockdown, such as work and school transport costs, as well as less shopping and faalavelave (customary obligations) (Su’a-Tevila et al., 2020). However, practices of remittances and gifting are a fundamental part of belonging and wellbeing for Pacific peoples that was interrupted by COVID-19.

Community connectedness

Pacific communities responded quickly to the challenges posed by the pandemic, with Pacific health care and social service providers, communication agencies and church leaders organising multiple forums for sharing information and providing support (Tukuitonga, 2020b). The connectedness within Pacific communities enabled them to come together, to both receive and provide support to one another, and remain connected during times of social distancing and physical isolation (Education Review Office, 2022; Enari & Fa’aea, 2020).

“We believe our collective nature is not only what we do but an integral part of who we are.” (Enari & Fa’aea, 2020, p.79)

“For Pacific peoples, wellbeing is holistic, and in times of crisis, the needs of others are just as important as one’s own needs: when every person is well, the entire community thrives.” (Ministry for Pacific Peoples, 2021, p. 20)

The communication of timely and accessible information was an essential part of the Pacific response.

The Ministry for Pacific Peoples website had COVID-19 information translated into nine languages. Information, news bulletins and posters were delivered in the languages of Cook Islands Maori, Niue, Tokelau, Tuvalu, Samoa, Tonga, Fiji, Rotuma, and Kiribatis, and distributed through the Pasifika Education Centre, the Ministry for Pacific Peoples and community networks (Enari & Fa'aea, 2020; Ministry of Pacific Peoples 2020). Churches, too had a role in providing accurate information, translated into Pacific languages (Ministry of Social Development, 2021). Media channels for Pacific language information included videos and daily radio broadcasts on Pacific radio, as well as social media (Instagram, Twitter, Facebook), and community organisations and institutions portals (Health Quality & Safety Commission, 2021). The radio broadcasts in Pacific ethnic languages were important in providing accessible, up to date information for those without access or less accustomed to using online technology. Community leaders highlighted the importance of having information available in different languages, particularly for conveying information to older people and those who were mistrustful of the vaccination.

Innovative communication approaches included the Ministry for Pacific Peoples engagement of a range of prominent Pacific peoples, including Dame Valerie Adams DNZM, Dave Letele (the 'Brown Buttbean'), Diamond Langi, Faumuina To'aletai, David Tua ONZM, Patrick Tuipulotu and Lesina Nakhid-Schuster (Health Quality & Safety Commission, 2021). In another example, Anahila Kanongata'a-Suisuiki the Tongan-born Labour List MP based in Papakura, recorded her COVID-19 updates in Tongan (Luyten, 2021).

The Pacific approach to communication was effective. During the first wave of COVID-19 Pacific peoples had low case numbers, and as the alert levels escalated, consistently had the highest rates of testing for COVID-19 (Health Quality & Safety Commission, 2021). For Pacific families who contracted COVID-19, support came from across the community, with help received from family, public health and contact tracing staff, employers, foodbanks, local communities, neighbours and friends, and Pacific health and social services providers (Russell et al., 2023).

Churches and community leaders maintained, strengthened, and drew on connections.

Pacific leaders from churches and religious communities, non-government organisations, youth groups, sporting bodies and rainbow communities had a critical role in responding quickly to the needs of their people and the wider community (Cook et al, 2020). Community and church leaders were highly influential in directing and supporting communities' responses to the pandemic (Ministry for Pacific Peoples, 2021; Ratuva et al., 2021).

With faith and spirituality as key components of Pacific wellbeing, and communities being connected through faith-based networks, churches had a pivotal role in supporting Pacific families and enhancing family wellbeing (Ministry for Pacific Peoples, 2021a; Smith et al, 2021). Church leaders supported the work of government agencies (Tukuitonga, 2020b), with churches often using their own resources to support families (Ministry for Pacific Peoples, 2021a) and were key partners in ensuring community resilience and recovery after the first lockdown (Thomsen et al., 2023). They encouraged and supported government messages on preventive measures to limit spread of COVID-19 in their communities. At times, this included quite practical support as Pacific elders used their language skills to translate resources (Ministry for Pacific Peoples, 2020).

Faith and religious beliefs were common factors to Pacific peoples 'getting through' COVID-19, providing support for mental and spiritual wellbeing (Su'a-Tavila et al., 2020; Tonumaip'e'a et al., 2022). Church leaders conveyed messages of safety and support (Fa'alii-Fidow, 2020) and were the "voice of comfort" (Ratuva et al., 2021, p.11). They provided reassurance of God's love and grace, at a time of increased anxiety, stress and uncertainty, helping people to rise above the stress and see it as an opportunity to grow closer to God or improve their lives (Ministry for Pacific Peoples, 2021a). For some people, the crisis strengthened their faith (Ministry for Pacific Peoples, 2021a).

Churches also played an important role in accessing government support for Pacific communities (Ministry for Pacific Peoples, 2021a). Churches worked with government agencies to help connect health providers to families, provide access to face masks and hand sanitiser, food and care packages, and help find accommodation (Ministry of Social Development, 2021; Thomsen et al., 2023).

Churches worked with government agencies to promote connectedness through digital connectivity, and address digital exclusion for Pacific people, who have the lowest level of internet access at home compared with other groups (Ratuva et al 2021; Tonumaip'e'a et al 2022). In addition to a lack of access to devices and data plans, public libraries often the only source of free wifi, were shut during lockdowns (Andersen et al., 2020; Lambie, 2020; Ioane et al 2021). Limited access to technology meant limited access to communication and essential needs, such as banking, telehealth and remote access to health and social care (Andersen et al., 2020; Ministry for Pacific Peoples, 2021c). However, Pacific community leaders and service providers told us of the support from Government agencies in equipping communities with the necessary technology for digital connectivity. For example, SIAOLA Vahefonua Tonga Methodist Mission, worked with government agencies to ensure that all families they were in contact with had access to laptops and/or smart phones in their homes to connect people to their families, churches, communities and society.

Many churches were well prepared to respond, and lockdown provided an opportunity to transform how they did things to further support families, such as adapting digital platforms for service delivery (Ministry for Pacific Peoples, 2021a). From the outset of the lockdowns, church, community and social events swiftly moved to online platforms, enabling people to stay connected (Andersen et al., 2020; Luyten, 2021; Ministry for Pacific Peoples, 2021a). For example, the Tongan Methodist Church in Auckland already had an online presence and was able to hold services online the first Sunday of the first lockdown.

Moving church services online was the most positive impact of the lockdown according to church leaders (Ministry for Pacific Peoples, 2021a), allowing people to connect, pray, and grieve, and helping mitigate negative emotional effects of lockdowns (Ministry of Health, 2021a). Children and young people were key to providing technological support and knowledge of social media to churches and family members, to rapidly set up online language, culture networks and church services (Ministry for Pacific Peoples, 2020, 2021a). As well as providing opportunities for church and faith-based connection, the online space also allowed for social connection, using Pacific language, stories, chants, and providing new online forums for dialogue and sharing knowledge (Enari & Fa'aea, 2020).

Churches had a role in helping limit the spread of COVID-19, supporting testing and vaccination efforts (Thomsen et al., 2023). Some organised pop-up virus testing stations, which helped with some Pacific peoples' distrust of officials (Ma'ia'i, 2020). Church leaders were role models for vaccination, getting vaccinated first and encouraging their communities to also do so (Thomsen et al., 2023). The support from the church leaders likely played a part in Pacific communities leading all ethnic groups in testing rates (Ratuva et al., 2021).

Government departments and agencies continue to work with churches and Pacific providers to support families and communities. During the most recent Omicron response, the Ministry of Pacific Peoples approved 247 funding applications (unpublished data from Ministry of Pacific Peoples, 2023). This included funding for 112 churches and religious groups, with 81 churches funded to deliver digital readiness and connectivity. Many initiatives focused on health and wellbeing, with funding approved for churches, social service providers, non-government organisations and youth providers to provide 76 community initiatives focused on wellbeing.

Pacific providers built on their connections to support wellbeing.

Pacific providers, including ethnic specific providers, played an integral role in supporting communities throughout the pandemic, communicating with families, providing information and social, emotional and practical support, as well as carrying out COVID-19 testing and vaccinations (Ministry of Health, 2021b). They were successful in meeting community needs through the establishment of trust-based

relationships and their flexible, adaptive response (Ministry of Health, 2021a), underpinned by local knowledge and good understanding of the people they were supporting, which meant that they knew what access and provision was appropriate (Education Review Office, 2022; Health Quality & Safety Commission, 2021). Local networks and connections were key in the response of Pacific communities to the ongoing effect of the pandemic.

“The COVID-19 response for Pacific communities in New Zealand has highlighted the positive results of systematic and robust leadership, resourcing and inter-agency collaboration around a specific issue. It has also highlighted the strengths, resiliencies and innovations within Pacific communities, providers and organisations.” (Health Quality & Safety Commission, 2021, p.12)

Pacific providers told us their preparedness, prior to COVID-19 taking hold in Aotearoa, and the factors inherent within Pacific organisations contributed to creating the conditions to respond to community needs quickly, effectively and holistically. For example, the family and Pacific-centred approach of The Fono, an Auckland and Northland based health and social service provider, underpinned their success in setting up vaccination sites. While a pan-Pacific organisation, a strength of The Fono’s work in setting up sites was the provision of ethnic-specific services, and areas specifically set up for different Pacific communities, decorated with art from those cultures and with staff on site who spoke their language, to help people feel safe and supported. The Fono worked with communities, for example, having a multi-ethnic youth panel, who helped plan out events specifically aimed at informing and encouraging young people to be vaccinated.

Innovation among providers flourished as Pacific primary care providers worked collaboratively with DHBs and public health units to tailor contact tracing and testing services for Pacific communities (Health Quality & Safety Commission, 2021). The Pacific worldview underpins the holistic approach taken by service providers, in which a service such as contact tracing and testing became an opportunity for doing a social check and providing food and essential items.

“Taking the mobile testing to homes, meant we could do opportunistic testing, of close contacts and neighbours, and connect people into the system. A social worker worked alongside to check if people needed food or support. It took a little while for the system to accept it, but contact tracing was an opportunity to do a social check.” (CEO, Pacific health and social service provider)

All the Pacific organisations we had talanoa with described the need for swift action and agility, as they pivoted and transformed their work to meet needs as they arose. Funding was repurposed to meet the needs of the communities, connecting with people became a priority and many community-based organisations and service providers became engaged in advocacy and actions that were not explicitly their core business. For example, Mapu Maia, Pacific mental health and addiction service, became involved in mobilising communities to be vaccinated and acted as a conduit for other services people needed. Having gained trust and already being engaged with families, many service providers found themselves supporting them across a range of concerns.

“Can’t patronise them further by referring them to strangers” (CEO, service provider for older people)

Media platforms and direct telephone contacts amongst neighbours and friends and families during the height of the pandemic enabled support services to identify and direct their support efforts to those who those who needed it the most (Ministry for Pacific Peoples, 2020a). Community organisations described using their existing connections to reach out to people and ensure they had what they needed, and to check in and support their wellbeing. For example, a service provider working with older Pacific adults, described using phone networks to “let them know we don’t forget them, and we care about them”.

Providers adapted service delivery to ensure safety and physical distancing between people, moving from face-to-face interactions to online or phone, while continuing to maintain connections. For example, a Pacific mobile community nurse with Tangata Atumotu Trust in Christchurch, had to swap his car for a phone, moving to make phone calls to check on peoples’ wellbeing, include a singalong hymn and finishing the phone consult with a prayer (Cassie 2020).

The importance of building trust to engage with Pacific peoples cannot be overstated.

“We needed to be nimble, agile and trustworthy to our community. We needed to build that trust first.” (CEO, Pacific mental health and addictions service).

All community service providers and leaders we had talanoa with emphasised the importance of building trust, telling us that many Pacific people will not ask for help, because of the associated stigma and shame. They spoke of Pacific peoples having a distrust of officials and government institutions, a legacy of the impacts of both colonisation and the treatment of Pacific peoples in Aotearoa, for example the Dawn Raids.

“The impacts of colonisation linger in the collective consciousness of contemporary Māori and Pacific whānau and communities, contributing to both communities’ fragile level of trust in government institutions.” (Cook et al., 2020, p.37).

In the early days of the pandemic, fear of COVID-19 was high in Pacific communities. Community leaders point to the devastating consequences of the 2019 measles epidemic in Samoa and the spread of myths and misinformation in communities, as contributing to the fear and anxiety, and people not knowing who to trust. Considering this and the distrust of officials, Pacific providers had an important role to play (Tukuitonga, in Ma’ia’i, 2020). We heard how Pacific providers and community workers responded to the fear with a sense of calm, establishing trust with families to provide information that would be heard and override the misinformation.

Pacific providers became a bridge between the community and government agencies.

Community leaders all told us about people who had no idea how to navigate the system to ask for help, having never needed help before, or having not wanted to ask. Pacific providers encouraged families to access services when needed and reassured families not to let cultural pride or embarrassment be a barrier (Ministry of Health, 2021b). The establishment of the government-funded ‘Community Connector’ role, described by one leader as “one of the best things to ever come out of MSD”, provided immediate assistance to help families navigate their way through government agencies and ensure that they received the assistance they needed.

Support from Pacific providers included help with groceries or errands, collecting and delivering medical prescriptions, providing food and care parcels tailored to meet families needs, facemasks and hand sanitiser, and assistance getting to vaccination sites, as well as mobile testing clinics (Fa’alii-Fidow, 2020; Russell et al., 2023).

Service providers adapted swiftly to meet community needs. For example, Pacific provider, He Whānau Manaaki o Tararua, which operates across the Central Plateau, Whanganui, Horowhenua, Wairarapa and Wellington regions, received funding quickly at the start of the first lockdown from Pasifika Futures, the Whānau Ora Commissioning Agency, and from the Ministry of Social Development. This enabled them to respond rapidly to communities needs, with MSD providing funding for food boxes and cooked meals, and Pasifika Futures funding used to support families with \$300 supermarket vouchers, enabling them to tailor the spending to what they needed. Vouchers were mostly distributed within 24 hours, always within 48 hours. Funding was also used to support families through providing laptops and support with rent, power and internet payments. Similarly, during the second national

lockdown, Pasifika Futures funding was used by He Whānau Manaaki to provide supermarket vouchers and further support families. The response was successful, with well over 3,000 families supported, because He Whānau Manaaki were able to mobilise quickly. Using all the resources at their disposal, including funding, staff, volunteers and vehicles, they were able to be responsive in meeting the needs of the community and get support out to where it was needed.

“When COVID came it was a crash course in how to be flexible and how to be responsive ... Walking into their house, you need to be there to help, not there to say ‘hello’... Its about being responsive to the needs of communities.” (Manager, Pacific social service provider)

Flexibility of provider response contributed to building trust. Some organisations in South Auckland delivered food parcels to everyone, which allowed people to receive them as gifts, without needing to ask for help (Lambie, 2020). Approaches such as this help to relieve any burden of shame or stigma, and counter the thoughts sometimes expressed by Pacific people that other families were likely to have greater need of support than they themselves did (Russell et al., 2023).

Community leaders told us about the importance of engaging properly to establish vā (described as relational space, by Refiti et al., 2020):

“Once vā is established, then you know how to act and interact. If its not done properly, there is a risk of people feeling disrespected.” (CEO, Pacific mental health and addictions service)

While Pacific community organisations are independent, they can also be part of the community, with employees from the community, who have families in the community and are culturally attached to the community (Ratuva et al., 2022). Health and social service providers who proactively worked in Pacific communities, with Pacific staff and those who spoke Pacific languages, tended to engage successfully with Pacific families (Russell et al., 2023), with community leaders highlighting the success of ethnic-specific providers for meeting the needs of their communities. Using Pacific languages and culturally safe models of communication improves understanding and enables community engagement (Smith et al., 2021).

“Pacific health providers are unique in that they are both trusted by their communities and deliver the full spectrum of outbreak management activities.” (Ministry of Health, 2021a, p.4)

“A success factor was that Pacific providers came together and capitalized on their collective knowledge.” (CEO, Pacific health and social service provider)

Pacific providers moved into a high-trust model of working together with Government agencies to support families and communities. Funding was made quickly available to organisations who provided contracted services to agencies such as the Ministry of Social Development, Ministry of Education and Whanau Ora. The Ministry for Pacific Peoples worked in collaboration with Pacific service providers and churches to support households with necessities and food, digital technology to enable connectivity, and accommodation support for stranded migrants and desperate families (Ministry for Pacific Peoples, 2020). Pacific community-based organisations described feeling supported and enabled to reach families swiftly and effectively, with high trust funding that was not “policed” or “micro-managed”. As one provider succinctly put it, “we are better off for it”. Organisations described to us feeling that they had proven themselves, jumped through enough hoops and now there was more trust and more of an equal partnership, which meant they could then serve more people.

“Have never seen government and communities work so well together. We needed each other. It’s the closest we’ve been to forming a genuine partnership with Government.” (Chief Executive, faith-based social service provider)

“Government working with NGOs was the silver lining. People at NGOs have been supported. Supported and enabled, through high trust funding model.” (CEO, service provider for older people)

The communication between providers and government, which already existed, “shifted to a higher gear”, as government relied extensively on community-based organisations and the knowledge, services and intel that they could provide. Organisations had to work fast and relay information to government as fast as possible, so that government could then respond swiftly. One provider noted that the coordination with government agencies at the top was excellent, but on the frontline, it was sometimes hard to figure out who was doing what.

“COVID brought us together, in partnership with Government agencies and Pacific not for profit organisations. COVID exacerbated what was already there ... and there was a lack of insight from the grass roots. We could directly express to

Government what was happening.” (CEO, Pacific health and social service provider).

“There was constant communication with Government. Big learnings were, one, that the high trust model had to kick in quickly, and two, that communication barriers between government and community had come down to allow for intel from community to flow quickly to government, and for key health and wellbeing messaging to reach the community in a timely and appropriate manner. These changes allowed government to make informed decisions and opened the door for organisations and agencies to respond immediately to vulnerable families to address their needs.” (Chief Executive, faith-based social service provider)

A consequence of Pacific providers working more effectively with government agencies was that an increased number of people needing support came into contact and engaged with organisations. We heard from providers how vulnerable people who do not trust government and whose pride would previously not allow them to ask for help, because of the stigma attached, were now engaged.

“Covid has allowed bridges to be built to government. Covid has opened doors for vulnerable people, to ask for help.” (CE, faith-based social service provider)

The services that Pacific organisations provide and how they engage with people varies depending on the groups involved and the location.

“There are differences depending on locations, age groups, Aotearoa born or Island born. One size does not fit all for service design or delivery with Pacific peoples.” (CEO, Pacific mental health and addictions service)

We were told that ethnic specific approaches are important working with Pacific peoples in Auckland, whereas in other parts of Aotearoa, such as Christchurch, a more pan-Pacific approach is appropriate with smaller Pacific populations and many Pacific peoples being second or third generation, and of mixed ethnicity. Pacific providers we had talanoa with described meeting the needs of anyone in the community who needed support, including non-Pacific peoples.

For Pacific peoples living outside of Auckland, in regional and rural areas, there were particular challenges, including lack of familial or community cultural support, and lack of Pacific health and social service providers (Health Quality & Safety

Commission, 2021). Providers supporting Pacific peoples in rural areas mobilised quickly in an effort to identify and support families. Those who were not registered with health providers or not engaged with churches missed out on the flow of information about COVID-19 and community organisations worked hard to find them. For example, Mapu Maia, a Pacific mental health and addictions service, took to door knocking in regional areas in an effort to find Pacific families and ensure they were informed and supported.

“Many of these smaller communities of Pacific peoples, such as those in Wairarapa and Whanganui, felt invisible or ‘forgotten’ in the COVID-19 response and relied on mainstream or Whānau Ora services as stretched Pacific providers dealt with the needs of larger communities. In this way, COVID-19 exposed inequities of a system that is systematically limited in its geographical reach despite clear need.” (Health Quality & Safety Commission, 2021, p.85).

The pandemic has shone a light on what works well, and where more work is needed

The pandemic highlighted that connectedness, to culture and community, is an important strength of Pacific communities and key to supporting health and wellbeing. It is critically important, therefore, to create and strengthen sustainable conditions that uphold and support connectedness for Pacific peoples.

Pacific people are not a homogenous group and we know that negotiating multiple and intersecting identities can contribute to systemic inequities and increase challenges. However, we also know that having many aspects of identity can also be a source of strength and celebration, and fundamental to who we are (Roy et al., 2021).

Pacific communities are well connected, flexible and supportive.

Strong structures and high levels of connectedness built around leaders, elders and the church are an important asset in mitigating negative social and psychosocial impacts during times of crisis. Pacific organisations, churches and community leaders worked together through the pandemic to support their communities, with elders, young people and members of the community rising to meet the challenges together. Pacific communities mobilised swiftly, repurposing funding and resources, and pivoting to proactively deal with concerns and needs in their communities.

“The impact of the pandemic throughout the last three years has highlighted the strength and resilience of Pacific communities and families. The ability of the Pacific community to consistently utilise local resources to respond to external threats, such as that posed by the pandemic, demonstrated a high degree of resilience, innovation and responsiveness across all communities at both regional and national levels.” (Thomsen et al., 2023, p.48)

The lessons from COVID-19 are already being applied in new contexts, such as the flooding and Cyclone recovery in Auckland, as communities know exactly where and who to turn to when facing new challenges and threats to wellbeing.

Pacific peoples need to be involved in decision-making that affects them.

Pacific communities used the knowledge, resources and networks available to them to support their own wellbeing through the pandemic. During the early pandemic response, Government acknowledged that communities know what their own communities need and worked alongside them to deal with the issues. It is important that government agencies recognise this, and learn from it, in designing future policies and responses. This will mean ensuring that Pacific communities and expertise are better involved in government decision-making. Working with Pacific leaders and organisations to communicate important information, provide support and meet communities’ needs, was a success of the pandemic response. However, there is concern amongst some that this approach may cease as things ‘return to normal’. This would be to the detriment of the wellbeing of those communities.

Alternately, it is likely that some of the less-successful elements of the pandemic response could have been improved by greater understanding of the realities of life, wellbeing, and connectedness in Pacific communities. This includes for the development of public health measures and advice, and their delivery in highly connected communities, with strong social obligations and intergenerational housing arrangements.

“Pacific communities have shown strength and resilience during COVID-19. This re-confirms the shift clearly set out in Lalanga Fou, to an approach of working collaboratively with Pacific communities as owners of Pacific wellbeing and culture to enable them to take leadership roles in

decision that affect their lives. This will ensure that the COVID-19 recovery response goes beyond dealing with the symptoms but also builds long term resilience in line with a productive, sustainable and inclusive economy.” (Ministry for Pacific Peoples, 2020, p.10)

Government agencies need to trust and support Pacific leaders and organisations, who know and are trusted by their own communities

Pacific peoples trust the Pacific providers that are embedded in their communities – and this trust is key to providing support. On the other hand, there is often distrust of officials. Therefore, Pacific providers and community organisations are essential to supporting Pacific peoples, and to making the best use of the resources of government to support wellbeing.

For government, and for those outside the Pacific communities of Aotearoa, the concerns of those communities are often less visible than for the rest of the population. Collective cultural norms, the impact of colonisation and historical experiences in Aotearoa, institutional discrimination and inequity, stigma, shame and pride, all converge to keep encouraging Pacific peoples to ‘keep their heads down’. It is not uncommon to hear of Pacific peoples not asking for help, even in times of serious need.

In response to these observations, government needs to trust Pacific organisations who know their communities – and reflect this in the way it engages providers to deliver services and supports. During the pandemic, we saw how a high-trust model worked, including to support households with necessities and food, digital technology to enable connectivity, and accommodation. These high-trust models will work outside of the pandemic too, enabling communities and providers to spend more time and energy supporting local wellbeing, in a way that works for them. The pandemic may have been unprecedented, but there will be further crises in the future. Preparedness at community level, embedded into risk management and included at procurement level, is essential. Communities of belonging need to make their own choices, have resources, and be trusted to develop solutions for themselves.

More research and data is needed to better understand Pacific wellbeing

Pacific peoples tend to ‘fly under the radar’ for a number of reasons, including historical and ongoing experiences of racism and discrimination, and are more likely to avoid contact with the state. As a result, documented exploration of Pacific communities’ wellbeing in Aotearoa has been somewhat limited. Recently, steps have

been taken to address this, with the publication of reports drawing on Pacific voices and experiences (including from the Health Promotion Agency: Ataera-Minster & Trowland, 2018; Ministry of Health 2021c; Ministry for Pacific Peoples, 2021a; and the Treasury's Thomsen et al., 2018, 2023). Much of what we do know, however, is from a pan-Pacific, rather than ethnic perspective. This has value but being able to understand and reflect different experiences of unique cultural and ethnic Pacific populations is essential to recognise and support their wellbeing in Aotearoa.

We need a comprehensive understanding of Pacific wellbeing to better inform policy, including collecting social survey data with greater granularity. With regard to COVID-19, further exploring the wellbeing impacts of the pandemic for Pacific peoples, and from Pacific perspectives, will be necessary to support ongoing wellbeing now, and to plan for future wellbeing threats.

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Appendix 1: He Ara Oranga wellbeing outcomes framework



He Ara Oranga wellbeing outcomes framework

Our Vision: “Tū tangata mauri ora, thriving together.”

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

Wellbeing from a te ao Māori perspective:

Tino rangatiratanga me te mana motuhake

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

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

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

Upholding whānau rights is recognised as beneficial to Aotearoa.

Whanaungatanga me te arohātanga

Whānau flourish in environments of arohātanga and manaaki.

Kaupapa and whakapapa whānau collectively flourish intergenerationally.

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

Kotahitanga is realised.

Whakaora, whakatipu kia manawaroa

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

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

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

Wairuatanga me te manawaroa

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

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

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

Whakapuāwaitanga me te pae ora

Thriving whānau and equitable wellbeing is the norm.

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

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

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

Tūmanako me te ngākaupai

Whānau are hopeful.

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

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

Wellbeing from a shared perspective:

Being safe and nurtured

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

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

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

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

Healing, growth and being resilient

People and families experience emotional wellbeing.

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

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

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

Having what is needed

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

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

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

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

Being connected and valued

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

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

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

Having one’s rights and dignity fully realised

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

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

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

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

Having hope and purpose

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

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

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

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

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

The overall aim of this research project was to gain insights and understanding into the impacts of COVID-19 on the wellbeing of Pacific peoples in Aotearoa, with a particular focus on connectedness. To understand the impacts of COVID-19 on Pacific peoples' wellbeing, the following questions were addressed:

- How has the COVID-19 pandemic impacted the connectedness of Pacific peoples in Aotearoa with family, wider community and church, including challenges and positive outcomes?
- How has the connectedness of Pacific peoples in Aotearoa supported wellbeing during the COVID-19 pandemic?
- What can we learn from the COVID-19 pandemic about ways of better supporting the wellbeing of Pacific communities in Aotearoa?

The methodology involved a two-pronged approach of rapid literature review and talanoa with Pacific community organisations and leaders.

Rapid literature review

The rapid review was undertaken to identify and review research literature that was relevant to the questions being addressed in this project and could thereby contribute to the development of evidence-informed actionable insights. The rapid review was conducted over a two-month period (from 8 March to 15 May 2023) using the following methods.

1.1 Literature searching and selection

Literature was selected using the following inclusion criteria:

- Focus on impact of the COVID-19 pandemic on wellbeing AND/OR connection OR connectedness; AND
- Focus on the experiences of Pacific peoples in Aotearoa; AND
- Evidence based studies, reports, briefing papers.

A comprehensive search was conducted of electronic databases: APA PsycInfo <2002 to February Week 3 2023>, adapted for Medline, Scopus, Index New Zealand, NZ Research. The websites Google and Google Scholar were also searched.

Search strategy: Database searches were conducted 8 March 2023, with supplementary searches (drawing on reference lists, government department websites) conducted in April and May 2023. Searches were conducted using combinations of the following keywords.

("pacific islander*" or "pacific people*" or pasifik* or samoa* or tonga* or fiji* or cook island* or Niue* or polynesian* or micronesia* or melanesia* or Kiribati* or Tokelau*); (zealand or aotearoa); ("2019-ncov" or "ncov19" or "ncov-19" or "2019-novel CoV" or "sars-cov2" or "sars-cov-2" or ("sarscov2" or "sarscov-2" or "Sars-cORonavirus2" or "Sars-cORonavirus-2" or "SARS-like cORonavirus*" or "cORonavirus-19" or "covid19" or

"covid-19" or "covid 2019" or "novel coronavirus" or omicron). The electronic searches produced 61 results. The search was inclusive of grey literature, with unpublished studies and reports also captured through the electronic search processes. In addition, a form of snowballing took place, whereby further references were identified from reference lists and searched for.

1.2 Screening, mapping and coding

Following the searches, the abstracts were screened according to the selection criteria. The full text of any potentially relevant papers were then retrieved for closer examination. Following screening, 53 papers from Aotearoa were included in the review: 16 journal articles and 37 other reports, briefings etc. The papers were collated in a comprehensive Excel database, which included mapping information such as title, author, date, type of document (journal article, briefing paper etc), methods used in the study, sample description and keywords.

1.3 Data analysis

A thematic analysis was undertaken which involved a) generating initial codes into a coding framework, by identifying recurring factors, b) recording data (text from the papers) to each code, c) collating codes into potential themes, and d) reviewing and refining themes through iterative analysis. While the methodology involved a thorough search and analysis, there were several limitations. The searches were limited to documents available in the English language, published since 2015. While the search process followed a well-defined, structured process there may be relevant documents that have been missed or were not available in the period these were collected.

Talanoa with Pacific leaders

A critical component of the report was talanoa with Pacific service providers and community leaders, to ensure that Pacific people's voices and views were included, that the findings from the literature review resonated with experiences of Pacific communities, and to ground the report in lived experience. Information was sourced from online meetings and email communication, with Pacific community and church-based service providers and community leaders.

Report writing

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