

**Urban Water Decision Making Project:
Learning From the Stories of Nga Puna Wai o Hokianga**

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1. EXECUTIVE SUMMARY

This document provides a description and analysis of the factors that contributed to the Whirinaki community installing and managing their own community water supply by participating in the Ministry of Health's sponsored pilot project Nga Puna Wai o Hokianga ('safe-drinking water in the Hokianga'). This pilot was developed in collaboration with the Ministry of Health (MoH), Northland Health and Hokianga Health Enterprises Trust (HHET) after the 1999 Hokianga floods, in response to contaminated drinking water at marae and Maori communities in the Hokianga. The findings are sourced from 27 interviews with various parties involved in the pilot.

The MoH sponsored Nga Puna Wai o Hokianga pilot is a useful illustration of how Government initiatives to address health disparities between non-Maori and Maori can be achieved. The Whirinaki community's participation in the pilot led to the establishment of a community owned and managed water supply. The Whirinaki community's accomplishment is a working example of what can be achieved when the determination of a Maori community to take control of their community's future meets with government agencies and departments working together to provide a positive result for the community. The Whirinaki experience highlights a number of factors contributing to successful hapu development: subsidiarity, partnership, devolution, ownership and community participation.

While the main players in the pilot were varied, in respect to the Whirinaki community owned water supply, the report focuses on the Ministry of Health (MoH), Hokianga Health Enterprises Trust (HHET), Whirinaki Maori Committee, participating engineers and funders. The report also gives details on the Far North District Council's decision not to become involved and how this impacted on the pilot.

1.1 Contributing factors to the success of the pilot and the Whirinaki community water supply

Political Climate

Since the mid 1980s, governments have given much greater attention to the Treaty of Waitangi and renewed the quest for partnership with Maori. One sign of this has been the attempt of governments

to address the health disparities between non-Maori and Maori. If the Nga Puna Wai o Hokianga pilot project had been proposed twenty years before government had started to address these disparities, then the pilot may not have been funded. Therefore the timing for the project was favourable because it was aiming to pilot a project that could assist closing a health disparity between poor Maori rural communities and urban New Zealanders by providing safe drinking water to marae and communities in the Hokianga.

Consultation and Liaison

During the fourth Labour government, Labour implemented policy to make public agencies more responsive to Maori needs (Te Urupare Rangapu 1988). One of the aims in the policy was to ensure that Maori clients had more of a sense of ‘ownership’, and had an opportunity to participate in the design and delivery of public services. Therefore, by the time of the floods in 1999, the policy was well entrenched in government departments.

As a result, the Ministry of Health approached Hokianga Health Enterprise Trust - a community owned health trust - to lead the pilot and to interface between the Ministry and the community. HHET went further and acknowledged that they would also need to employ people to be that interface between the Trust and the community. Through HHET’s long experience of working in the Hokianga they appreciated that the success of the pilot project depended on advocates whom the community knew, trusted and respected within their own cultural world. HHET employed two kaiwhakakokiri (negotiator) who not only had te reo Maori (Maori language) and tikanga Maori (Maori customs) but who also understood the whakapapa (history/relationships) of the area. In addition, these two kaiwhakakokiri had some technical ability so they could also liaise between the communities and the engineers. It was their ability to operate in both the Maori as well as the Pakeha world that made the consultation and liaison a success factor in the pilot.

Community Ownership

HHET was funded by the MoH to manage the engineering contract for the Nga Puna Wai o Hokianga pilot. However, when it came to installing the community water supply for the Whirinaki community, the Whirinaki Maori Committee wanted to manage the contract for their own community. HHET has a guiding principle of the concept of subsidiarity, that is that the power and ownership belongs to the community, and therefore when the Committee requested to manage the contract for their community water supply the HHET's CEO gave his consent. HHET's robust relationship with the community also aided the CEO's decision; he was confident that the community knew their capabilities. In addition, the Whirinaki Maori Committee's ownership over the project meant that their mana was on the line and this made them accountable to themselves and their community, a driving force to make the project successful.

The Committee also had another agenda that drove them to manage their own contract: managing the water supply successfully would enable them to obtain a track record, so that they could then take on other contracts for the betterment of their community. In combination, the level of knowledge and trust between HHET and the Whirinaki community, and the primary and secondary objectives provided a powerful synergy that could not have occurred had an organisation outside the locality managed the MoH contract.

WMC's Project Management

Whirinaki Maori Committee brought skills gained from previous employment in urban life back with them to their rural community. In addition, the Committee was assisted by a non-Maori landowner in the Whirinaki Valley who has strong whanaungatanga (relationship) with the community, and assisted the Committee in the engineering design of the water supply. Each member of this team had a clear role and defined expertise. Committee members said that without their previous work experience and the expertise gained they would not have been able to undertake the contract successfully. They tackled obstacles by working and planning together as a team and focusing on the community water supply as their goal. When barriers and obstacles arose they did not become fixated on the problem but were solution orientated.

WMC negotiating 'Kanohi ki te Kanohi' (face to face)

The process the Whirinaki Maori Committee employed to negotiate with the parties involved in the community water supply was based on the tikanga Maori principle of kanohi ki te kanohi (face to face). By employing this process of negotiation the Committee were able to build up relationships

of trust and an understanding with each party that they were committed to establishing a community water supply. Had they not met face to face it may have been easier for the negotiating parties to dismiss the Committee's requests. In addition, negotiating was mostly carried out on the marae, enabling the Committee to maintain control over the negotiating process. As a result outside players could not capture and take control of the process, and the project was managed on Maori terms, rather than Maori having to engage on non-Maori terms. This was important in achieving a successful project outcome.

1.2 Opportunity knocks

Each party involved in the Nga Puna Wai o Hokianga pilot viewed the pilot as an opportunity to gain something further than just supplying marae and Maori communities in the Hokianga with safe drinking water. Each party used the pilot as leverage for other objectives.

- *Northland Health:* The pilot was viewed as an opportunity to pilot a safe drinking-water project that if successful, may then be implemented in the rest of the Far North marae with contaminated water supplies.
- *The Ministry of Health:* The pilot was viewed as an opportunity to start up a project that may have other positive health spin offs for the communities involved.
- *HHET:* The pilot was viewed as an opportunity to further develop their relationships within the hapu communities in their catchment area. *HHET* also viewed the pilot as an opportunity to address environmental health issues like water that affected Maori health and to use the pilot to develop a model for community development that could then be applied to other issues important to the community such as failing on-site septic tanks.
- *The Whirinaki Maori Committee:* The pilot was viewed as an opportunity to attain not only safe drinking water for their community but also employment for their community members. In addition, they viewed the pilot as an opportunity to gain a track record that they could build upon to obtain other contract work to continue employment opportunities for their community
- *Engineers:* The pilot was viewed as an opportunity to work with a unique niche market in water supply, that being marae. Additionally, designing the water supplies would be a challenging and innovative experience for them.
- *Funders:* The pilot was viewed as an opportunity to gain access to Maori communities who could benefit from their funding in their catchment area.

1.3 Positive spin offs from pilot

As well as the pilot providing safe drinking water for marae and Maori communities in the Hokianga numerous other benefits and spin-offs have emerged from the Nga Puna Wai o Hokianga project.

- *Applying for funding:* HHET had to look elsewhere for additional funding so as to enable all 36 marae to be able to participate in the pilot. This led to HHET contacting the ASB Trust for individual hapu to apply for further funding. Most marae committees applied and gained the additional benefit of marae upgrades to kitchens and ablution blocks etc enabling kaumatua and kuia to be able to stay longer at marae because of improved facilities. Now that this network has been established between ASB Trust and marae in the Hokianga, every year each marae applies for further funding for different projects. Additionally the community development unit at Hauora Hokianga are always seeking other funding networks the hapu can utilise to support hapu aspirations, such as te reo and whakapapa classes on the marae.
- *Employment and project management skills:* By the Whirinaki Maori Committee taking over the management contract from HHET for their own community water supply, they were able to employ community members to undertake the contract work. This helped them to develop and build on valuable project management skills, obtain a track record and financial creditability, which they are able to apply to other projects to further self-determination for their community. The pilot has also meant improved project management skills for all participating hapu in the pilot, so they are also able to undertake further projects whether they be capital works/educational/health, so as to benefit the hapu.
- *Reciprocity:* Another added benefit that has arisen from the Nga Puna Wai o Hokianga pilot is that since it has been such a success, the parties involved are keen to help other organisations and communities with similar schemes. They would like to see the pilot rolled out to other areas and be a resource (experience and advice), for other parties contemplating marae or community water supplies.
- *Cultural:* An initial idea of establishing safe drinking water at marae was that it would be easy for houses to connect up to safe water via the marae. However since the completion of the treatment plants at the marae no one yet has connected their house up to the water plant. This is because people physically going to the marae for safe drinking water has brought a healthy vitality back to the marae. Additionally, the cultural aspect of kaitiakitanga has been

revisited through the pilot. When the kaiwhakakokiri went and consulted with the communities in the Hokianga one of the questions the kaiwhakakokiri always asked was, 'Why is the river in their community polluted?' For them the project was also about kaitiakitanga, about reminding their communities about the responsibility of being kaitiaki of their rivers. Therefore the pilot was a platform from which they could express this initiative. The pilot has also strengthened relationships between Hauora Hokianga and hapu to undertake further public health initiatives such as, smoke-free marae, fire safety and food safety. Also the educational projects of te reo and whakapapa, that are now being undertaken regularly at marae, are building and reinforcing cultural identity.

Summary

There are several contributing factors which played a part in the pilot being a success, such as the enabling political climate, consultation and liaison, community ownership, project management and the employment of kanohi ki te kanohi as a negotiating and relationship building tool. However the fact that every party involved viewed the pilot as an opportunity for other objectives was the trigger to drive the pilot and make it a success. Each party had one or two people within each group with a broader vision than that of just providing safe drinking water to marae and Maori communities in the Hokianga. They took advantage of the opportunity as it presented itself and utilized the pilot to meet their wider aspirations while still attaining the purpose of the pilot to provide safe drinking water.

The principal contribution of the present document, in describing the project, the processes, and identifying the success factors, is that it offers a model of a successful relationship between a Maori community, on the one hand, and a multiplicity of government and non-government non-Maori agencies, on the other, that was initiated for the benefit of the Maori community. The analysis illustrates the effectiveness in such Maori community development initiatives of community control over the project. While the purpose of the initiative was successful, as important were the attainment of skills, experiences and track records along the way, as well as the secondary objectives. For the Whirinaki Community, the outcome was greater than the water scheme alone. For government and non-government agencies, the purpose of the initiative was successfully attained, and a step to addressing a health disparity, between rural Maori and non-Maori, accomplished.

2. INTRODUCTION

This section introduces the principal agencies involved in the Whirinaki community water supply.

2.1 Whirinaki Maori Committee (WMC)

The Whirinaki community is a small settlement of approximately 200 people in the Hokianga in the Far North. The community consists of three marae, 60 plus houses, a kohanga reo, a kura kaupapa Maori school, 3 churches, and a sports complex. Whirinaki was badly affected by the 1999 Hokianga floods, with 13 houses damaged, silting of septic tanks and compromising the drinking water. The Whirinaki community is governed by the Whirinaki Maori Committee, established under the Maori community development Act 1962. After the floods, and in response to the Nga Puna Wai o Hokianga pilot, the WMC negotiated with Hokianga Health Enterprises Trust about a community water supply. After the Whirinaki water supply project was completed, the Whirinaki Water Board was established to manage the community water supply. However, the board was not established until after the project because of the length of time to get a structural entity into place. Therefore for the purposes of this report the Whirinaki Water Board will be referred to as the Whirinaki Maori Committee.

2.2 Hokianga Health Enterprise Trust (HHET)

The Hokianga Health Enterprise Trust is a charitable health trust formed in April 1992, under the Charitable Trusts Act 1957. The health service is an integrated extended primary health care service, operating within the boundaries of the former Hokianga County Council. It was established as a Special Area in 1947 to serve an isolated rural area with a population of low socio-economic status and with a large Maori population. These conditions still exist. HHET continues to provide health services to the people of Hokianga at no cost to the patient. Contracted health and disability services include, health promotion, community support and community development. The Nga Puna Wai o Hokianga (safe drinking-water in Hokianga pilot project) extended the scope of traditional hospital and health services into community development.

2.3 Ministry of Health/Northland Health

The Ministry of Health sponsored and provided the initial 1.5 million funding for the 'Nga Puna Wai o Hokianga Pilot (safe drinking water pilot)' in the Hokianga. Northland Health provided the technical water monitoring expertise and training to HHET staff.

2.4 Engineers

There were two engineering firms involved in the pilot. A local engineering firm in Whangarei was awarded the engineering contract and they sub-contracted another firm in Auckland to create designs and specifications for the filtration treatment plants.

2.5 Funders

The pilot had fixed funds from the Ministry of Health (1.5 million). So to ensure water supplies for all the marae and for two communities, outside funding was sought to fund the shortfall. In the case of Whirinaki community water supply they obtained funding from ASB Trust, Maori Land Court, Internal Affairs/Lotteries, Community Employment Group (CEGS) and Te Puni Kokiri.

3. METHODOLOGY

This report is based on data gathered from a collaborative cross-cultural research project ‘Learning from the stories of Nga Puna Wai o Hokianga’, undertaken by Environmental Science and Research (ESR), Hokianga Health Enterprises Trust (HHET) and the Whirinaki Maori Committee (WMC). This research is part of a larger ESR research project funded by the Foundation for Research, Science and Technology that aims to develop and trial tools to assist decision makers and communities reach robust decisions about the management of drinking and waste water treatment systems (see Foote et al., 2002; Gregor et al., 2002; Baker 2004., in press). ESR was interested in documenting a good example of what can be achieved *if* Maori communities are meaningfully involved in the decision-making processes for urban water management and how these processes can be initiated and supported. Another purpose of this case study was to examine how a Crown Research Institute (ESR) could conduct collaborative research with Maori (WMC & HHET) by employing kaupapa Maori values along with systems thinking tools.

Our collaborative research has followed a cross-cultural collaborative model (Bishop, 1996; Gibbs, 2001).¹ In contrast to research driven by ‘experts’, WMC, HHET and ESR have jointly set the research agenda and undertaken the research *kanohi ki te kanohi* (face-to-face). Six planning, data collection and analysis hui (meetings) were held over an 18-month period. The exact number of hui is not important but rather the sufficient time was allowed for trust to be built between ESR, HHET and WMC.

Hui held in 2002 sought to determine the project brief to ensure that the research was meaningful to HHET and WMC and that it was in line with ESR’s interest in the improvement of urban water decision making. These hui centred around a shared interest in *kaitiakitanga* (guardianship), and understanding how the WMC (as the main contractor) worked with both central and local government agencies and private companies to complete Whirinaki’s community water supply². After a project proposal was collaboratively written, a hui was held on the Pa Te Aroha Marae to request permission from Whirinaki’s *kaumatua* and *kuia* to begin the research. Once permission was received a hui was held to discuss how the data would be collected. Case study protocols were also developed to ensure that the research was culturally and ethically appropriate³.

¹ A paper has been written on the collaborative cross cultural methodology employed in the ‘Learning from the Stories of Nga Puna Wai o Hokianga’ see Jellie et al., 2004 in preparation.

² The project proposal was depicted as a rich picture “Te Waka o Whirinaki”, which visually represented the journey the WMC had undertaken, and how the community had negotiated various icebergs (unexpected problems) and identified *taniwha* (supportive individuals and institutions) who guided and helped them travel from a state of ‘polluted water’ from the 1999 floods to the ‘safe water’ in 2002. For a discussion on the use of rich pictures see Checkland and Scholes (1990).

³ Potential concerns about intellectual property rights and the community control over how the research findings would be presented were discussed.

To explore the principles of kaitiakitanga, HHET, with assistance from the WMC, conducted 28 video interviews with Whirinaki's kaumatua and kuia exploring how their tupuna (ancestors) managed the Whirinaki River (the community's traditional water supply). These videos aimed to bring back knowledge about kaitiakitanga to the community and in particular to the young people. The videos were 90% in te reo Maori and so had the added benefit of documenting and archiving te reo o Hokianga (the Maori language specific to the Hokianga) for the future generations before the kaumatua and kuia passed on.

ESR's role was to document the challenges faced by the WMC in managing a complex project involving various central and local agencies and private companies. In total, ESR interviewed 26 stakeholders from central government (7), local government (6), private companies (5), HHET (4) and the WMC (4), about their involvement in the Whirinaki community water scheme and Hokianga pilot in general. The interviews lasted between 45 minutes to three hours and were tape-recorded for later transcription and thematic analysis (Easterby-Smith et al., 1995). It is from these interviews that information has been sourced to inform this report.

A hui was held on June 2003 to analyse the data using tools such as Checkland and Scholes' (1990) rich picture. Drawing on the rationale for undertaking the kaumatua and kuia interviews⁴ as well as the thematic analysis from the ESR interviews, the research findings were jointly interpreted by WMC, HHET and ESR. In particular, the role that community participation played in the successful implementation of the Whirinaki community water scheme was debated and included in this report.

⁴ As this knowledge is considered tapu (restricted) only the HHET co-researcher who conducted the video interview was privy to the accounts about kaitiakitanga. The original video recording was returned to the kaumatua or kuia interviewed during a second hui at the Pa Te Aroha. In addition, a master copy of each video tape was made for safe keeping by the WMC who will ensure that this knowledge is preserved for future generations.

4. BACKGROUND

4.1 Establishing the pilot

In 1998, the year before the Hokianga floods, Northland Health was piloting a project by the name of Waiora, which tested water at marae for contamination and was set up to educate the local population about safe water supplies. Through this project Northland Health found that there was a high level of contamination of water at marae. Furthermore, in the same year, there was a *Hepatitis A* outbreak at one of the marae in the Hokianga. Lack of funds meant that Northland Health were able to remedy the situation.

After the Hokianga floods in January 1999, Alamein Kopu, Member of Parliament, made an enquiry to Roger Sowry the Minister of Social Services, Work and Income, regarding the quality of drinking-water in the Hokianga. This enquiry was forwarded to Wyatt Creech the Minister of Health who then asked Michael Taylor senior advisor (Environment Team) of the Ministry of Health to investigate and to write a report on the state of drinking water quality in the Hokianga. The investigation found that the water presented a public health risk through faecal contamination, although this could not be attributed to the floods because records from the Waiora project had shown that some of the supplies were persistently contaminated by faecal material. After understanding the extent of the problem, the Minister agreed to pilot a safe-drinking water project in the whole of the Hokianga by the name of ‘Nga Puna Wai o Hokianga (safe drinking-water pilot)’. The idea was that in most Maori communities the houses and the school would be close to the marae and if a source of safe water was put in at the marae, which was the focus of the community, it would be left to the initiative to the community to get water from the marae to the houses.

The Ministry of Health held discussions with Northland Health concerning the Nga Puna Wai o Hokianga pilot. Through these discussions it became quite clear that the pilot needed to be community driven and it could not be fronted by a crown entity like Northland Health.

Most of these communities have been surveyed to death with people coming up and asking them for information. It’s a black hole situation. They never see it again. Nothing ever happens. We were trying to set up a situation where we were going to survey them, we were going to ask them [about establishing safe drinking water supplies], but there would be a guaranteed return at the end for them. It was largely convincing them that something was

going to happen, [that it was] not just another set of documents gathering dust on someone's shelves (MoH).

The local government, the Far North District Council, chose not to become involved with the pilot because marae were viewed as private water supplies and hence not their responsibility. Although section 378 of the Local Government Act (1974) gives the council control of all water courses, streams, lakes and other sources of water supply within its district for the purposes of providing water supplies, the Act states only that the council may provide such a supply; it does not require a supply.

What happens with maraes is that they're private systems. It's like at your house. If you stick a tank under your roof and take water, the last thing you want is the Council sort of being involved in it. It's your private concern and you want big bureaucracy sort of kept away (FNDC).

Northland Health and the Ministry of Health then approached HHET, which is a community owned health trust to undertake the contract and be the interface between the Ministry and the community.

We are seen as community and a community owned organisation. The community knows [us] well because of the politics that were involved with the formation of Hokianga Health.⁵ The community is pretty much aware that this is their organisation... they see us as an interface between government and the community. And we manage that interface (HHET).

HHET became responsible for 3 of the 4 contracts, the engineering design, the engineering manufacture costs and the management contract. Beca Carter Hollings & Ferner Ltd in association with ESR carried out the evaluation contract. The pilot's catchment area included 36 marae and it up to each marae/marae area to choose whether they wanted a water supply at the marae or for their whole community.

⁵ The Hokianga district is one of 12 'special medical areas' in which general practitioners are salaried and health care is provided free of charge to local residents. Late in 1992 changes to the health system threatened the "no charge at point of need" policy. The Trust began preparations to take over running Hokianga Health Services as an independent organisation. This independence was formalised on 1st July 1993 with the signing of an agreement with the Government and Northland Health.

4.2 Employment of two kaiwhakakokiri (negotiators)

At the beginning of the pilot HHET advertised for two iwi liaison (kaiwhakakokiri) positions and set up an interview panel that included HHET trustees, HHET management and community to select the two people. It was acknowledged by HHET that employing the right people for these positions would be critical to gaining buy-in from the communities involved. The applicants needed to have some technical background so that they could convey to the communities the engineering involved, however the technical skills were less important than that of having the trust of the community.

...knowing that the relationship with the community was so important, [this is what] we were specifically looking for [and] they had to have very good tikanga Maori and really good te reo Maori. What we were really keen on [were] their community connections, and their knowledge of community was paramount really. We figured that with any of the engineering skills that we needed them to know we could train them, and Northland Health had offered that ...And that happened very early on that they went off to do training on water quality and water systems management. A whole range of things. The water testing, the law (HHET).

The two kaiwhakakokiri workers joined the HHET health promotions manager to form the project team, who set about organising the consultation hui. In order to organise the hui they saw the kaumatua from each marae area to ask them they should go and see about the pilot project, and once agreed, they went and saw that person. Initially they had two major hui, one in the North Hokianga and one in the South. At these two hui they included the engineers as well as a health protection officer from Northland Health, and they introduced the subject of water treatment at marae. From there they were able to gauge which marae were interested so they could then go to the next stage and visit those marae for further consultation. At these hui people were able to raise their concerns regarding the project.

We had a round of consultation hui so we went out and we had one launch over at Panguru where a number of people came and they started to raise what they saw as their major issues. Some of them were around tikanga practice and the notion of wairua [spirit] attached to waiora [health]. So we had a discussion around those different concepts and what that would mean. We also had some discussion around treatment options so what would be the water treatment options available to them. And quite clearly they started to say there are some things they would not want and one of them is chlorinated water (HHET).

While the consultation hui were happening, HHET put the engineering contract out for tender. Part of the tender brief was that they wanted the engineers to work with the communities, that it was not to be a design from afar. They wanted the engineers to go to the marae and work with each community. HHET awarded a local engineering firm in Whangarei the contract who then subcontracted another engineering firm in Auckland to create designs and specifications for the filtration treatment plants. HHET awarded the engineering firm the contract because their proposal was receptive to not having a fixed idea about how things would happen.

[The engineer from Auckland] right from the beginning he actually came and showed us some quite innovative approaches that [their engineering firm] had used over a number of years. He talked about examples like setting up a water treatment system for a small community in Fiji. He had lots of ideas and lots of experience working from the community base. (HHET)

At one stage the engineers said that were not able to do all 36 marae (this included two community water treatment schemes) because of money constraints, and that HHET would have to choose which marae were going to have water treatment and which were not. However this invoked a strong reaction from the two kaiwhakakokiri workers.

I had a certain talk with the engineers themselves and they were not going to service the whole lot, well we were not going to deal with it. There were 3 or 4 times when we were going to give our resignations in because it wasn't going to service everyone...No one in their right mind would say 'well we will service [so and so's] areas [and] so and so's marae and not others. So it was either service all the marae or get someone else to do the job. It doesn't matter where you go we have connections to each single marae (Kaiwhakakokiri).

Because of the strong politics among Maori communities it was important to each of the kaiwhakakokiri that their marae was done last. This meant to get buy-in from all the marae, it was crucial to get buy-in first from the most influential marae, so that the other marae were more likely to follow.

Both [of us kaiwhakakokiri] said if we cannot cater for every single marae, then of course my marae was the last marae to get done, if it wasn't going to get done, then it wasn't going to get done. As long as everyone else got done, that was the most important. The whole concept was that people could see that we were the last people to [be] done in the iwi. Once

you knock the main marae over you are pretty sure that the others will fall into line, that sort of thing (HHET).

It was sensed by HHET at the beginning of the pilot that there would be variable attitudes in accepting the pilot from the various marae and this was indeed the case. The reaction from the communities to the water treatment at the different marae varied from communities being positive about the pilot to communities being unsure and uneasy about the pilot. Therefore the employment of the two kaiwhakakokiri in the early stages of establishing the pilot was important in making the consultation phase of the pilot a success. Without their invaluable knowledge about tikanga Maori, te reo Maori, te ao Maori and the intricate internal local marae politics of the Hokianga, it is unlikely the pilot would have had the successful uptake from all of the marae.

4.3 Whirinaki community water supply

4.3.1 Whirinaki's decision to participate in the pilot

The Whirinaki community, which encompassed 3 marae, was one of the communities that was unsure about the marae water treatment plant project. At first they were not agreed that they needed any treatment, and some of the kaumatua felt insulted that the authorities were trying to tell them that their water was paru (polluted) when they had been drinking this water all their lives, and were fit and healthy.

[They were saying] at the community meeting, our water is polluted and all this. I suppose they're just trying to explain things I suppose. But our people took it...some took it the wrong way. [Interviewer: Was it an insult to them?] Well to them we had drunk this water all these years and they're all still alive, elderly you know, and to them well, 'why is it polluted now', you know. And that's how they saw it (WMC).

They eventually agreed that they wanted treated water for their marae for the sake of their manuhiri, visiting whanau, and mokopuna from the cities who may not have built up the same immunity to the water that the locals had. However they could not decide on whether to have water treatment at just the 3 marae or for the whole community. The main issue was that the kaumatua thought they should go with 3 marae treatment plants; however the kaimahi, the WMC and local workers from Whirinaki, wanted to go for the whole community water scheme because they could see there was an employment opportunity and that safe filtered water for every household was

important for the health of the community. In addition Whirinaki were content to wait and gain extra knowledge and learn from mistakes of other communities.

I mean the reason they weren't sure [was] because some of the community was saying, 'Oh no we are going to go with this option we are going to do this'. And other elements of the community were saying, 'Let's try and be a little more innovative around this if we are going to have this, let's try and think broader than having the treatment plant' (WMC).

Each marae received a certain amount of money for a water treatment plant. Because Whirinaki had 3 marae that meant that they would get three times the amount. The WMC had previously been involved in other funding projects and so they knew they could make the money they were to receive from HHET via the Ministry of Health, grow. Once they had generated funds of around \$250,000 they decided to go with a community scheme with the idea of it creating employment for the community already in mind.

The ASB came to the party and then they had \$250,000 to play with so they decided to go with the community scheme. They still had to talk to the old people about it but once the old people heard the amount of money of course they said go for it. They were looking at their kids; they were looking at employment (HHET).

At a hui regarding the tendering process for the community water scheme, the Whirinaki Maori Committee put to the HHET's CEO and the kaiwhakakokiri, that the Whirinaki Maori Committee wanted to become the main contractors for the community water scheme.

Well actually we had a meeting here with our 5 people plus, [the HHET CEO] and [a HHET Kaiwhakakokiri] and at that stage we were sorting out the tender process. Processes of the costing etc., a whole lot of issues we had to sort out. So during that meeting I actually asked [the CEO], straight out...straight up front.... just said, "now the way I see it, just in our terms", I said, 'Hauora or the Health Authority front up with [an amount of money]'...and at that stage we'd got another 238,000 that we had actually generated. And I just said to him, 'well, we've generated this amount of money, which is 2/3 of what your organisation put in', and I said, 'I feel because of that issue, we should have a say in the tender process and likewise with the contract as well'. So that is basically how that came about, [the CEO] agreed to it. And of course that meant that he was putting his neck out because their money was going to be used, you know.

From there it was decided that the community would do the construction work which included the construction of the treatment plant, the digging and laying of the 21 kms of pipes and the connecting up to the houses. As the main contractor it was the Whirinaki Maori Committee's job to negotiate and transact business with the engineers, government departments, and suppliers, although HHET stayed on in a support role in various ways. They supported through making resources available and through their already established contacts with government agencies, funders and suppliers. Because the community had never taken on a job as big as this before, HHET's support gave legitimacy to the community until they had built up their own relationships and established their own track record.

It came down to what [the CEO of HHET] was saying, 'you take full responsibility for what's going to happen. We will be always be behind you no matter what happens, we'll always be behind you.' When things happened, straightaway we were out there trying to just make sure that they knew that the hospital is still there. And the engineers themselves also wanted a guarantee the hospital was still there (HHET).

One of the local guys (from the Whirinaki Maori Committee) was willing to take on those things and make those contacts and follow through with discussions with various people. All I did was contact these organisations and say, 'they would be contacted by such and such from Whirinaki for this purpose'. He took over the process of all that. Sometimes you can be blocked from information. I could give the context of the whole project so when someone rang from the small Whirinaki community to Transit New Zealand saying, 'we want to put a reticulation line across state highway 12', they had context to the discussion (HHET).

4.3.2 Cultural issues to establishing Whirinaki's water supply

Establishing the community water supply was not all smooth sailing, and there were various culturally specific obstacles the WMC had to overcome; for instance a criterion of one of the funders nearly put a stop to the whole project - applying for resource consent. However the community felt that as tangata whenua they should not have to apply for resource consent, considering it was their and their ancestors' river and always had been. At a hui there was a discussion that they should take the issue to parliament but in the end they decided that may not be productive. They decided to put it aside for the moment and submit to the rules so that they could go forward with the project.

Well at the end of the day, you know, if we wanted to go the Maori way to do exactly what you said, then where is it going to get us? Three years from now we'd still be battling away waving our flag or whatever. And that's the reality (WMC).

There was not only the difficulty of being a small unknown community in negotiating with government agencies, industry providers and engineers etc, there was the added difficulty that they were a small unknown 'Maori' community, and hence they were negotiating with people whose cultural world was different to theirs. Issues of tikanga arose when they were deciding where the source water should come from.

The community chose the source because of cultural reasons. We wanted the treatment plant closer [however] we worked with the risks and benefits with the community. You need to let go of your expertise, it would not have gone ahead if you lay down the law. You need an engineering consultant to be able to let go and listen to the community (Engineer).

Furthermore because Whirinaki Water Board followed Maori tikanga and made decisions communally with the whole community, consultation and decision-making took longer than it does when an engineering company is working with a mainstream contractor.

I took a technician up for 1 and a half days work but it took three because of the consultation. Mutual respect is important. A lot of time went on decision-making; you should allow 2-3 months for this.... The project (Nga Puna Wai o Hokianga) put a bit of strain on us in the first year, first it was hard but with time you learnt diplomacy and tact helps once the ball got rolling. (Supplier)

4.3.3 Overcoming cultural barriers

The WMC managed cultural differences by employing the tikanga Maori practice of negotiating *kanohi ki te kanohi* (face-to-face) with the external organisations. This helped to develop relationships and build cultural understanding between the two groups.

Moreover it was important that the external organisations had all gone to the community at the marae in Whirinaki. This ensured that the community retained control of the process because they were in their own cultural realm, which meant the external organisations could not hijack the proceedings.

The marae really, in many ways, is the last kind of thing where Maori people can stand and rightly have ownership and control. So you know you have to make sure you maintain that (HHET).

...it's that kind of levelling up sort of stuff. If you have that strength there (at the marae) then you tend to be up here rather than down there. Certainly when you go onto the marae you know, you can feel that strength that's there in that community. You know you're coming onto that ground (DoC).

4.3.4 Factors that aided WMC in applying for funding

The Whirinaki Maori Committee also found that having the Department of Labour's, Community Employment Group (CEG)⁶, come and see them and fill out their application with them a great benefit. They thought this was an area where other agencies could improve and it would ensure that other communities (and not only Maori communities) in search of funding, would not fail with the first hurdle of paper work.

The CEG lady at the time, she came out right at the outset and sat down with us down at the old school there. There was us three and, she pulled out the application, and wrote it all up there on the spot, on the laptop, typed it all up and finished it all off the same day. You know, now this is what the other funding agencies lack. They lack that skill to be able to do that. To physically put it together on the spot. I mean she's sitting there, on her laptop, and says, 'that doesn't sound right I'll change this', you know and away she goes, you know, alter it a wee bit here and there, whatever to make it fit the criteria. Now that's what all these agencies should be doing. And what I'm saying though is for other people who are just kicking off, and getting going, it's hard to sort all this paper work out when they just dump it on your table you know (WMC).

Since the WMC had been involved in other community projects since the 1999 floods, they had already built up and established some key relationships with different agencies. It seems that having these relationships already in place has also greatly assisted the committee in gaining funding.

⁶ The Government in September 2004 disbanded the Community Employment Group (CEG).

WMC: And then of course we're lucky also because we knew the people involved like with the Lotto from previous, from the flooding you see, we had dealings with them early in the piece. And CEG as well, they came in. So they've actually been with us since '99, since the flooding.

Interviewer: So do you talk to the same people each time?

WMC: Yes fortunately they're in the same jobs, you know.

Interviewer: So you already had that relationship going?

WMC: Yes. And that's what's really assisted us because it's people we already know, you know. And it's been a key issue for us. It's made it easier for us. Just adding to that. They actually came down to meet us. Talk with us, like what we should do next. They come here. Always come here. And they would know that if we...whatever we said, or were going for, it was...you know...genuine.

Interviewer: What do you mean by genuine?

WMC: Well sometimes people will say um, they need it for something and it's not...it's not that, you know used for that purpose. It's just like me ringing someone in Wellington and saying we're going to do this and they just take your word for it. That sort of thing but because they're actually on site, 'this is what we're going to do', [they can see we are genuine]

4.3.5 Overcoming budget constraints

As the project progressed the budget constantly increased because of unforeseen circumstances, or from the underestimation of costs of designing a water treatment plant that was situated up a very steep inaccessible mountain. The raw water for the water treatment plant is abstracted from the Kiripapa Stream, which joins the Whirinaki River about 1.5km upstream of the community. Access to the intake is by a farm track that initially rises gently, but for the last few hundred metres the track becomes extremely steep (too steep even for horses), and all construction materials were

carried in by hand. The quickest and cheapest route for the pipes to get the water to the community below was via a landowner's property on the hill above the Whirinaki settlement.

One such unforeseen circumstance was when a landowner decided that he did not want the pipes going through his property. This meant that the engineers and the Committee had to go back to the drawing board and re-route the pipes. This added another 3 kilometres or so onto the proposed plan and therefore added an unforeseen cost. What has impressed many of the people that worked with the Committee is that they did not let obstacles like this interfere with their goal of a community owned water supply. Each time an obstacle arose they would not dwell upon it but see it as a challenge to overcome.

Because every time we came to a hurdle [we said] "how do we get over it? What do we do next? What's the next step?" And just carried on battling. Just commitment really (WMC).

The people at Whirinaki have been extremely professional. They didn't let the Pakeha landowner get to them, they just rerouted the pipeline and I found that even now they don't even talk [in a] derogatory [way] about him (FNDC).

One of the main challenges to the WMC was to secure enough funding in order to finish the project. As the budget increased they had to negotiate with the funders to increase their funding. Yet one of their main funders, ASB Trust, could not release their promised funding to the WMC until the WMC could show that they had enough money to complete the project. The Committee had applied to the Ministry of Maori Affairs (Te Puni Kokiri) for the shortfall, but the Ministry was having difficulty in finding a way to fund them. This was because their criteria for funding was to fund only capacity building and not infrastructure such as a community water supply.

Most committees would submit to defeat at this time, however for the Whirinaki Maori Committee it was just another challenge to overcome. Everyday the administrator of the Committee would ring the regional Te Puni Kokiri office to see how their application was coming along.

He (the local Te Puni Kokiri officer) said every time the phone went he'd cringe knowing it was me and I said to him, 'but I was always polite'. He said, 'yes you were'. But he admitted also that it got to the stage that he got so frustrated [that] he couldn't do anything with our application, he just left it (WMC).

Not only did the WMC administrator ring the regional Te Puni Kokiri office everyday, every Friday she would ring up the national Te Puni Kokiri office in Wellington.

WMC member: On the Friday afternoon she'd ring Wellington, 'how's our funding coming along?' But you've got to have somebody like that, you know, to be able to push, you know. And don't be frightened of what sort of reply you're going to get.

Interviewer: What type of reply did you get?

WMC administrator: No, they were all very, very good with me. They really were, because I didn't argue. You know, I was always very polite because I felt that if I was going to argue I was going to get nowhere anyway. I was just putting my case each time and saying to them, "well.... you know...hey do something". And then I invited them (the Prime Minister and Minister of Maori affairs) to come up here and have a look at our project. I already had letters coming back from Horomia (Minister of Maori Affairs) saying they'd do their best and they, you know, they would try and find the money somewhere. But there was nothing concrete about it, so we decided, well we would invite them, best to send a letter, invite them up, [to] have a look at what we're doing. So that's what we did. We sent an invitation to come up and actually have a look at our project, but of course, how much the shortfall was, was always mentioned in this correspondence.

Interviewer: Were you surprised when the Prime Minister sent a letter to say, 'Oh yes we'll come and see you'?

WMC member: No I wasn't surprised actually. I expected her to come. We all did. We just expected it.

This optimism and commitment was carried right through the project. While they were waiting on Te Puni Kokiri to find a way to come up with the extra money, their money from the ASB was frozen, however the project continued even though they had no extra funds.

Interviewer: So you just continued the work even though your funding was frozen?

WMC: Yes we did. That's right we just carried on working...So whether we're getting paid or not, or if the funding hadn't come through, we just wanted to carry on and see it

through. Yeah at the end of the day, the water line...the whole system which belonged to the three marae, that's the ownership.

The WMC showed considerable initiative contacting suppliers to obtain the best deals, borrowing materials and equipment, and 'jiggling' project budgets to minimise the impact of the funding shortfall. They said they were able to do this because they were the main contractor, and had they not been the main contractor they would not have been able to do this and the project would not have been successful.

Yeah whatever you get, you know, you really got to know what you're doing when you're jiggling the money around and you're working out which bills to pay and which ones can wait. But you know...oh, it comes back to this being the main contractor (WMC).

But before ASB did come to the party, they released the money about 6 months down the track, in the meantime we had sent off \$10,000 (for the tanks) out of our own funds to just say to them (the tank suppliers) well here's \$10,000 [for] good faith. And when they (the funders) pay you the 20,000 just give back our 10,000, and they (the tank suppliers) were quite happy with that (WMC).

The Committee also ensured that the community would not be left with debt if the project failed, they were always very careful with their money and they always made sure that on the off chance that they could not secure the funds to finish the project that they would not be left in debt.

I was always on the safety side as far as the figures were concerned. I always had a chat to her (Committee administrator) and said, 'well we need to make sure that we pay this bill off,' or whatever you know what I mean. To make sure that everything was still in control even if we didn't get the funding through so we didn't owe any money...And we didn't even hitch up the tanks because we thought they might have to take them back because it was all of 6 months before we paid for them, so they were marvellous in letting us have them. And (one of the Committees members) made sure they weren't hooked up so if they came to take them away well you know, they were there. But we had the money, but of course it was sitting in ASB (WMC).

When asked what they would do differently had they a second chance, they said that they would make sure they had all the funding before they started. However on reflection they realised that if

they had not already started the project, they may not have received all the funding they eventually acquired and hence it was a 'catch 22' situation.

Interviewer: If you did the project all over again would you have done anything differently?

WMC: [We would] make sure we had all the funding. Yeah, before you start. That's what somebody did say to us, we shouldn't have started until we had all the funding.

Interviewer: Do you think you would have got all the funding if you had not started?

WMC: I don't think so. If we hadn't started they would have said 'oh...they're not going to do it'.

WMC had discovered during the process of the project that if people such as the funding organisations came to them and saw what they were doing, they were more likely to get that funding. Hence the reason, that while WMC were still seeking the money for the shortfall, they invited Helen Clark the Prime Minister to Whirinaki, so that they could show her with her own eyes how much the community had accomplished. They hoped that a visit from the Prime Minister would ensure that Parliament would find a way to come up with the funding short-fall from the Wellington coffers. Good timing prevailed, and during this time the Prime Minister was due for a prime ministerial visit to the Te Puni Kokiri regional office and part of the visit was visiting projects around the district. Since the WMC administrator had been ringing the local Te Puni Kokiri regional office everyday, asking how their application for extra funding was coming along, when it came time for the regional office to arrange a project site visit, Whirinaki was on the list.

...this was during her prime ministerial visit, and they usually ask the local offices are there any particular areas you would like us to visit...the regional office thought that Whirinaki would be a good area to visit and so they got to visit that area (TPK).

We invited Helen Clark to come up to a meeting, and she came! And we took her 2/3 the way up the bumpy old mountain road to look at the filter plant that was in the process of being put in at the time. And she came to one of our hui's [afterwards] and she said, 'I'll make sure you get funding made available.' And so from there, it was then still a matter of can we have this in writing from somebody and ...now who's going to be doing this? What we were doing, as far as TPK were concerned we didn't fit inside their criteria and so that's

why at their level they had to be very careful and why they were so slow in pulling their weight. If it [had] fit inside their criteria they would have been able to do it, yeah. But the criteria...I don't know what their criteria are, but we didn't fit the criteria. And so they had to sort that out at a political level in Wellington (WMC).

Te Puni Kokiri only fund capacity building and hence the funding short-fall fell into a grey area for them. However, after the Prime Ministers visit with the Maori Affairs Minister, it was arranged for Te Puni Kokiri to ask for special permission from the Maori affairs Minister to allow money to be released for the funding shortfall, which was granted. This though, was a one-off transaction and was granted under unique circumstances. Eleven months after the community had lodged their funding application to Te Puni Kokiri, funding for the shortfall was received, which meant that the ASB money could be released, and the community water supply project was successfully completed.

5. CONTRIBUTING FACTORS TO THE SUCCESS OF THE PILOT

There have been many factors that have helped to make the Nga Puna Wai o Hokianga pilot a success. We have pulled out the key success factors and discussed these in the discussion below.

5.1 Political climate

Since the mid 1980s, successive New Zealand governments have given much greater attention to the Treaty of Waitangi and renewed the quest for partnership between government (representing the Crown) and Maori. One sign of this has been the attempt of governments since the mid 1980s to address the health disparities between non-Maori and Maori.

Other governmental policies that have aided the Nga Puna Wai o Hokianga pilot is that consultation with local communities has grown in the last 10 years through advocates of participative models of decision-making, pushing for institutional arrangements that empower citizens, enhance local accountability, and ensure that public services be more responsive to the needs of particular communities and cultural groups. Governments have responded to this challenge and it is reflected in more recent policy.

This work of consultation has grown in a general sense. Government agencies now have to respond to their community and that's [a] foreign language... Like police is a good

example. Ten years ago they wouldn't think of consulting with their local community. But in the last 10 years the police will work with the councils, with local groups to make sure that they deliver the service, in inverted commas, for that community. So it's been a general New Zealand change that Government agencies have tried to respond to local needs. (FNDC)

Tangata whenua have benefited from government recognising that tangata whenua have a special relationship with the Crown that stems from the Treaty of Waitangi. The Department of Conservation (DoC) is one such government department that has undertaken to respond to tangata whenua need and this was expressed in an interview with a Hokianga DoC worker.

We put a lot more attention into that side of our business. In the last few years it's fair to say we have a set of outcomes which are aligned with the government's general sort of strategies which is called our Statement of Intent. It is improving relationships with tangata whenua so that's starting to get into the Treaty of Waitangi stuff. In section 4 in the Conservation Act which requires us to give effect to the principles of the Treaty and the fifth one is increasing the involvement of communities in the work that we do. So those [are the] two main steps that we're supposed to be taking or two outcomes is where a lot of this balancing and relationship building comes into our work. So DoC's putting quite a bit of training effort into those areas. The staff are being trained up into how to engage with communities and how to get conservation outcomes as a result. That's what the engagement is ultimately for. Building relationships and then getting communities to own these sorts of things.

Changes in government policy for Maori has meant that part of Nga Puna Wai o Hokianga project's success can be attributed to policy change since the mid 1980s. Policy change has been driven by government attempting to address the economic and social disparities between Maori and non-Maori, through a greater understanding of their obligation to fulfil Treaty promises. Therefore projects that can help address Maori health like Nga Puna Wai o Hokianga are looked on favourably to gain funding. Had the floods happened 30 years prior to 1999, there is a likelihood that the pilot may not have obtained funding because disparities between Maori and non-Maori were not so much of a government priority as they are today.

5.2 Consultation and Liaison with participating hapu

Effective consultation and liaison has been an important contributing factor to the pilot being a success and therefore this section elaborates on the process of consultation and liaison in the Nga Puna Wai o Hokianga pilot. Organisations often have difficulty in knowing what is best practice for consulting with Maori, iwi and hapu, and the present project and its evaluation highlighted some processes of best practice when consulting and liaising with Maori, iwi and hapu.

This section however, initially starts with a comparison of consultation between the FNDC and the Whirinaki Maori Committee (WMC) during the flood protection works after the 1999 floods compared to how HHET consulted with the WMC during the drinking water pilot. The reason for this is to demonstrate the differences between the two organisations when consulting with a Maori community. The FNDC has a traditional top-down approach where authority belongs to them. They do not recognise Maori self-determination over their community including acknowledging the resources belonging to that community such as the Whirinaki River. In contrast HHET has a guiding principle of the concept of subsidiarity, where authority and self-determination belongs to the community.

5.2.1 Far North District Council's non-involvement in the pilot

After the Hokianga floods of 1999, central government provided money for the Council to undertake the flood protection works in the flood-affected communities, including the community of Whirinaki. Consultation and flood protection works went smoothly with all the flood affected communities except Whirinaki. WMC considered that since the money came from central government for flood protection for their community then they should receive the money to do the work themselves. They believed that local government should not be the one to profit from the government flood money by doing the flood protection works; it should be the community itself since it was their flood. As it was their river, the WMC wanted to undertake the work themselves, seeing flood protection works as an opportunity for self-determination and to create employment for their community. This sentiment is expressed in the following quote where the committee talk about how government agencies like Northland Health and the local council get a cut of government money through administrative work for their community but the community does not benefit apart from the work done. They would like the money to come straight to them so that they can benefit from it by providing work for their community members.

Go back to the flooding...there's Panguru, Waihou, Pawarenga, Whirinaki, Pakanae and other little communities that were, well, devastated by the flooding. So here was an opportunity for the Northland Health Board to put a package together saying that our water wasn't fit for human consumption. That's the way I see it. And they used Whirinaki, our little community Whirinaki, to get that funding as part of this package if you like, to get all this money. Well as you know like everything else, their cut, if you like to call it of 1.5 million is \$200, 000, from one of the meetings we went to. And that's a bit on the annoying side, you give them full marks for doing that, and then when it came back to the community, to tell our kaumatua and kuia that our water was polluted well... well we don't swear in Maori but you know, it wasn't true eh, you know. That was sort of the down side of things but however, looking on the brighter side of things I mean once the flooding was over, well they came back with so much money by going [for a] community [water supply instead of just for the marae itself]. And that was the beginning I guess. Yeah. And 1.5 [million] or whatever it was, [once] administration was taken out we were left with what...700...just over \$700,000 to get filtered water to the marae areas. So out of one and a half million dollars 800,000 just got swallowed up, it got dispersed. Swallowed up in admin, more than half of it. Well it's just the same as work done by Council you know. It's the same thing. Funding that goes to Councils from central government, same thing (WMC).

The council's process of consulting with the community was a traditional top-down approach by designing the flood protection prior to any consultation (assuming that the authority belongs to the council and the engineering experts) and then taking the flood protection scheme to the community to tell them what the council were going to do.

We obviously wanted to put in a scheme that was going to have benefit to the community. The number one criteria was to mitigate the risk to human life, secondly to mitigate the risk to property, buildings and structures. We went into the project with that in mind ... and our network managers at the time designed a scheme, a flood protection scheme for each of those areas. We went to the communities with those schemes and consulted with them (FNDC).

The council understood that Whirinaki saw the flood protection work as an opportunity for employment for their community by undertaking the work themselves; however they felt they could not take the risk with the community doing the work. In their eyes it was government money

and they were responsible for utilising the money to best advantage, and allocating the money to the community to do the work was not seen as utilising the money responsibly.

I was under the impression through a lot of our discussions that they saw a commercial gain out of this whole scheme but really that wasn't what it was all about. It was about providing them [with] flood protection and I think that was fundamental to things not going well. They also indicated quite early on in the process that they would be keen to undertake the work themselves. We said that's fine but you have to prove to us that you can do the work. We are spending ratepayer's money or if you like regional council money or government money here. It's money we have been given to utilise to its best ability. We have to be sure when we spend it we are spending it wisely, we are maximising it (FNDC).

The Council and the Whirinaki Maori Committee have not yet resolved this issue and at present the flood protection money for the Whirinaki community is still sitting in the council's coffers. In contrast, HHET started off consultation with the Whirinaki community by talking about the pilot. Once the community agreed that they wanted a community water scheme HHET then set about consulting with the community about what the design should be like, what suited the community and their needs. When the WMC asked HHET's CEO if they could have the contract for the community water supply, he agreed because he viewed his responsibility as enabling a successful outcome. In order to get a successful outcome the work had to be completed, and for HHET's CEO this meant recognition and trust by him of the community's competence to manage a complex project, and the right to ownership and control as tangata whenua of their resources.

The thing for me that I found very interesting at the hui I went to which Dover Samuels came to facilitate, was that FNDC's CEO was saying things like –'The responsibility stops with me. You know I have to make sure this project is done correctly and I have to go by what the engineers are saying,' In other words he was saying, 'I can't trust you. I have to take the responsibility'. But then when I heard that, I saw myself in exactly the same position, I'm in no different position to him and I have to take the responsibility. But part of what I saw as responsibility was a successful outcome of the project and the only way to do that was to trust the community (HHET).

Trust between the WMC and HHET had been built through HHET developing a relationship with the people of Whirinaki, and this relationship was built upon HHET's understanding of subsidiarity: authority belonging to the community rather than to central government. Hence when HHET liaised with the community about the pilot, it was in order to understand what HHET needed

to do, as a community trust to support the community in their decision to participate or not, in the pilot. From this position, when the WMC asked if they could manage the community water supply contract, HHET agreed because of the recognition that this is what the community wanted from HHET.

Another important factor was that the ongoing relationship between HHET and the Whirinaki community was already established before the floods, whereas the Council did not have this. Consequently the Council were not in a position to have trust in the community's abilities unlike HHET. As a result, when the Whirinaki community asked FNDC if they could undertake the flood protection work, the request was turned down.

This lack of an on-going relationship and trust between the FNDC and the Whirinaki community has meant that there has not been a successful outcome to the flood protection works. Instead government money is being 'utilised to its best ability' in the council's coffers and the community is still at risk of a 1 in 50-year flood.

When a FNDC council officer was asked if he could see a resolution to the flood protection works, he replied:

[consultation about the flood protection works] went on for so long and involved so many meetings and so much discussion. It really is a reasonably small project given everything [else] that is happening around [here]. So yeah you would have thought we could have got some resolution but we didn't. I think it's unfortunate the river committee is probably still of the opinion that they are right, but whether they will stand up when they do flood in the 1 in 50 year flood and be accountable is another question. Which will probably come back, and the Council will get the blame for not doing any of the work (FNDC).

5.2.2 Hokianga Health Enterprise Trust undertaking the Pilot's management contract

The HHET is a community owned trust and had the connections and relationships with and within the community that the Ministry of Health were looking for to lead the pilot. While HHET were designing the pilot strategy with the Ministry and Northland Health, HHET recognised that they would have to do extensive consulting with the community because of the community's scepticism of government initiated projects.

It came from Northland Health via the Ministry. So the evidence wasn't produced out of their (the Maori community of Hokianga) own knowledge. It was produced outside their knowledge. [As a result] there wasn't going to be the level of trust and integrity in the process. So there would always be, "So this is an organisation coming and doing this to us". [Therefore] it was important to make sure we recruited the right people so when people asked us questions like, "So you are going to impose [this]? Is this going to be something imposed on us?" We had to keep on reinstating that, "No, no this is up for you to decide whether you will or will not participate. We will not come and put a treatment plant on your marae without the invitation to do so"(HHET).

People who work and live with Maori are aware that trust is an important aspect of operating within the Maori world, and this is reflected in this quote from a Pakeha community member in the Hokianga.

You need the right person to work with Maori. If they don't trust you, you don't have a show. There is no turning back after you shit in your own nest (Hokianga community member).

HHET recognised that consultation and liaison is on-going and it should not be seen as happening only at the start of a project. Therefore HHET felt it was important that a lot of time and effort went into the consultation and liaison at the start, and that it was just as important to maintain and build upon relationships throughout the project.

We argued quite strongly that one of the key things was about consultation with the community. What they were asking us to do was to be the go between for the Ministry, [to be] an interface for the community. And we understood that that was our role...we didn't know what the uptake was going to be from our community or what reaction there was going to be. Taking a public health issue to the marae we thought well you know, scepticism would be one of the key things we'd come up against. 'Why are you interested in this?', distrust was [going to be] one of the things. But we also knew that we did have a lot of respect from the community for our health services [and] the fact that we were a community organisation and that we already had fairly good links with the community (HHET).

Since HHET is an organisation that works in a predominantly Maori district, it appreciated through experience from working amongst the Maori communities, that trust was going to be a key aspect

to the pilot being a success. Therefore they told the communities involved that they would always be there at what ever time or day to be available to talk and consult with over the pilot so as to build trust of the pilot within the community.

[The consultation] was quite varied from marae to marae and community and community. Some of it was about understanding. So in some cases you went and had one hui on the marae and people came. You had the korero and everything was okay. And in other cases you were called back time and time again. Sometimes, often, you were then asked to go and speak to specific people who had issues, to talk through the issues specifically with them. That might be after a church meeting, or a family hui, if a tap was going to be put on whanau land or whatever. So it was any time of day and any day of the week. If you were asked to come and meet and address an issue that's what we did. It wasn't quite a 9 to 5 job. But we expected that. That's again the way in which community process works. Right up front we said we would be open to discussion whenever, however (HHET).

Even though HHET had already established a good relationship with the Hokianga community through their free health services, they knew they would still need to employ people from the community to consult with each marae over the pilot. They recognised that they would need people who understood the people of the community and since they were dealing with Maori communities they appreciated they would need people with te reo Maori, with tikanga Maori and most importantly people who knew the whakapapa (history/relationships) of the area. Therefore Maori not from the area would have been inappropriate for the job because they would not have the knowledge of the Maori politics of the area, which stemmed from the whakapapa (history/relationships) of the area.

It was key that the fact that we were going to be going out to the community, we were going to be going to the marae and [so we were] particularly looking for skills in tikanga Maori and te reo Maori. And in fact we wanted te reo Maori as a key driver because we wanted to be able to enunciate the issues in Maori (HHET).

One of the things that actually gave credibility to HHET was the appointment of two men who could korero Maori clearly and understood the tikanga of Hokianga. So it wasn't just the fact that they could korero they had to be [able to] whakapapa back, know the history. They [had to] know how Uncle Bill was related to Uncle Bob (HHET).

Although it was recognised that the two people would need some technical skills so that they could convey the engineering aspects over to the communities, this was always seen of less importance and could be taught, however the reo, tikanga and whakapapa could not.

Just as Maori knowledge was important for consulting with the Maori communities, the technical knowledge of the kaiwhakakokiri was much appreciated by the suppliers and engineers. It was stated many a time that the consultation within the project was such a success because of the kaiwhakakokiri's ability to be able to operate in both the Maori world as well as the Pakeha world.

I found [the kaiwhakakokiri] pretty good at cracking the whip when it came to saying we need this and that by then. "You said you would do this by then, [so] where is it?" So from that point of view he talks the Pakeha talk pretty well too. (Engineer)

There were no hiccoughs because of [the kaiwhakakokiri], they were an important mediator and go-between. (Engineer)

5.3 Community Ownership

Having community ownership over the water supplies has been noted as a key contributing factor to the success of the pilot. Community ownership initially occurred through the Ministry of Health and Northland Health recognising that for the pilot to be a success it had to be community driven. The devolution of MoH funding to the local health provider HHET resulted in HHET being able to put the principle of subsidiarity into place. By doing this, the communities involved in the pilot were able to have control over their participation in the pilot on their own terms, with HHET's support.

6. CONTRIBUTING SUCCESS FACTORS TO THE WHIRINAKI COMMUNITY WATER SUPPLY

The contributing success factors to the overall Nga Puna Wai o Hokianga pilot have been discussed in the previous section. This section discusses the contributing success factors specifically to the Whirinaki community water supply.

6.1 HHET's support of community ownership

HHET had built up relationships within the various Maori communities over their district, including the Whirinaki Maori Committee. This relationship enabled the CEO of Hokianga Health to take a carefully considered gamble on the Whirinaki Maori Committee, to allow them to manage the contract for their own community water supply. The CEO knew the people involved, and the extent of their skills, and believed they were capable of undertaking the project.

The moment he (CEO of HHET) said 'yes' (to being the main contractor) that means we had the right to get the sub-contractors in at whatever rate we think is right. You know. Which is a big thing. Like we can do the wheeling and dealing directly with the sub-contractor (WMC).

In order for the Whirinaki Maori Committee to take over as the main contractor HHET thought that it was important that HHET continued to lend their support until the Committee had established their own relationships with the various players, and were confident they could take over fully from HHET.

I [gave] them the invitation for them to take it over and they [took] it over.... [I] didn't [want to] be with them, but be at the back of them. That's the concept. So the last month they practically did everything and I've just gone out there and just had a cup of tea with them, [to] see what's going on and I have said 'good on you fellas, do what you want to do' and so and so. I mean the key for us is to make ourselves redundant from that, from that project and go on to the next project, you know. Because now they can do it. You were just there initially [to] help them and then the more they can do it themselves the more you step back (HHET).

Because the community had never taken on a job as big as this before, HHET's support also gave legitimacy to the community until they had built up their own relationships and established their own track record especially with the engineers.

Hokianga Health played another supportive role for the committee with making infrastructure available that the committee did not have.

Some of the infrastructure [has] been brilliant to use. Just you know, things like, we've had to go off and look at a filter plant somewhere or whatever and [the kaiwhakakokiri] said 'I've got the van lets go'. You know what I mean. Just simple things like that. And so that's eased the costs...the burden to the local community in the way of actual outgoing costs allowed us to concentrate on, on the issues that we're doing (WMC).

6.2 Self-determination

With the Whirinaki Maori Committee managing the main contract it made them responsible for the success of the project. For WMC, this provided the motivation to complete the project as their mana was 'on the line'. This was despite hidden costs and delays, and a funding shortfall, which threatened to derail the community water supply project. Indeed, the WMC showed considerable initiative in contacting suppliers to obtain the best deals, borrowing materials and equipment, 'jiggling' project budgets to minimise the impact of the funding shortfall, and ensuring that the community would not be left with debt if the project failed.

Together we just, you know, we just kept on. We weren't going to be beaten. We just decided no, we can do this, we can get around it. That's how dedicated the workers from the community have been and still are. You know it's ours (WMC).

Once you start you can't give up. We wanted to prove it to ourselves and to other people. You get tarred with the same brush from other Maori organisations doing badly (WMC).

It was also important to them that the project was a success so that they could obtain a track record in order to do other projects to provide further employment for their community.

So for us now getting credibility or getting a track record by laying this pipeline, we'll have that behind us. They will want to know who we are, [and now] we have something to fall back on (WMC).

6.3 WMC's Project Management

Project management by the WMC was a key factor to the success of the implementation of the Whirinaki community water supply. The WMC is made up of four people who each possess a skill

set acquired from previous employment in urban life and had brought these skills back with them to their rural community. In addition, a non-Maori landowner in the Whirinaki Valley who had an on-going relationship with the community, assisted the WMC in engineering design of the water supply. Each member of this team kept within their boundary of their expertise and would stick to their respective area of expertise. They would not advise someone in a different area of expertise from their own, which lessened the chance of conflict and undermining of the project.

Like we're fortunate that we know our boundaries, you know what I mean. And that's probably another key thing with this community. Like you know your area of what you specialise in, each one of us have different areas that we're good at. Well those are the areas obviously we should concentrate on. Never mind advising the other guy who's telling you how to nail a hunk of timber up on the wall or something, you know what I mean (WMC).

Whirinaki is very organised, very professional, Maryanne, Boyda etc they had a good working body...The community all brought their own different expertise to the project (Supplier).

The committee also stated that it was important to already have that expertise within the community so that you are able to carry out being the main contractor.

The fact that we can do it ourselves, we can cut the rates down. But you know, unless you know how those things work...you know like obviously you need to have been a contractor or having been down that line before (have some experience) to know how to go about it (WMC).

Furthermore, it was crucial that when they did disagree on some aspects of the project that they were able to sit down and discuss it as a team, and work out a plan together in how to overcome the barrier. This approach also overflowed to the larger teams working within the community.

It is about how this project has brought about healthy working together, physically working together, working out patterns, working out plans, designing, instead of just sitting there and saying 'We can't do it because it won't happen like that. Or we can't do it because, 'kei te he' [it is wrong] or 'tino nui nga moni' [it is too much money]. Instead they went around that and they found a way to make it happen. They found an alternative to make the project happen. It wasn't just one person, there is no king in here. There is this team and they all work together. Even the kuia and kaumatua are a team. The cooks are a team, the road people are a team (HHET).

The Whirinaki Maori Committee did not let obstacles interfere with their goal of a community owned water supply. Each time an obstacle arose they would not dwell upon it but see it as a challenge to overcome and they stayed focused and committed to their end goal of a community owned water supply.

Actually we hit stumbling blocks two or three times where nobody knew where we were going and we just [said]... “Ok, they said we need this. Ok, lets go and find out where we find this” you know. And with this I think, really the structure and commitment are really important to actually making that happen (WMC).

6.4 WMC negotiating ‘Kanohi ki te Kanohi’ (face to face)

The process the Whirinaki Maori Committee employed to negotiate with the parties involved in the community water supply was based on the tikanga Maori principle of kanohi ki te kanohi (face to face). By employing this process of negotiation the Committee were able to build up relationships of trust and an understanding with each party that they were committed to establishing a community water supply. Had they not met face to face it may have been easier for the negotiating parties to dismiss the WMC’s requests. Some government organisations have recognised that this method of negotiating is important:

Often it’s personal face to face things. You have to get a relationship with somebody and you’ve actually got to sit down across a table or you know in a one on one situation. You can’t build a relationship by writing letters to people. You’ve got to go and meet them on their own ground and you’ve got to build trust [with] people and you do that by meeting them and being reasonable. And again you’ve got to be professional (DoC).

Another negotiating tool the Committee employed, was to bring all players in the project like the engineers, different government agencies and funders etc. together to strategise as one, instead of trying to deal with them separately. Right from the beginning they brought them all together to the marae to map out a strategy.

If we were going to put this thing together then let’s get it right. You know, we actually asked to get all these people there together. Which is a good idea. It really sorted a whole lot of things. And we actually already had two shots at it. We came back and pulled it all apart again and re-done the whole thing again. That is one of the key things, getting everyone

around the table like we are doing now, so you make progress, you know, to get a better understanding (WMC).

It's like this is the service need here and wrapping all the relevant services round that one take [issue]. It's not this person having to go out there and find out something but they've brought them in to service the one, like a wrap around service of council, DoC, the engineers, the community, the work force, WINZ [Work and Income New Zealand], bringing all those services to service that one take [issue] (HHET).

It was also important to the success of the project that this negotiation was done on the marae, that it was done on familiar territory and within familiar tikanga (customs). This ensured that the Whirinaki community was comfortable with the negotiation process and the negotiation was done on a level where the outside players to the project could not capture and take control of the negotiation process.

7. OPPORTUNITY KNOCKS

There are several contributing factors which played a part to the pilot and the Whirinaki community water supply being a success, such as the timing and the political climate, consultation and liaison, community ownership, project management and the employment of *kanohi ki te kanohi* as a negotiating and relationship building tool. However the fact that every party involved viewed the pilot as an opportunity for other objectives was the leverage that drove the pilot and which made it a success. Each party had one or two people within each group with a broader vision than simply providing safe drinking water to marae and Maori communities in the Hokianga. The different players took advantage of the opportunity as it presented itself and utilized the pilot to meet their wider aspirations while still attaining the purpose of the pilot of providing safe drinking water.

Below, the WMC expresses this sentiment that the parties involved in the pilot had not only achieved their goal of participating in supplying marae and Maori communities in the Hokianga with safe drinking water, but their other objectives had also been attained through the *opportunity* of participating in the pilot.

Everyone's happy at the end of the day too. Who's happy? The Health Department? Yes. The local people? Yes. Everyone's happy. [They] don't all have to have the same reason. But that's the interesting thing about it. Everyone has all these different interests, [and] it's created this sort of opportunity for everyone to do their bit and you know everyone's happy (WMC).

7.1 Northland Health

Prior to the floods Northland Health had been working on the Waiora project, which was seeking to discover if water at marae in the Far North were contaminated. The project did discover that the water was contaminated at marae, however they had no further funding to resolve the problem. Northland Health therefore saw the Nga Puna Wai o Hokianga pilot as an opportunity to gain funding to pilot a safe drinking water project in the Hokianga in the hope that the pilot would then be implemented in the rest of the Far North for other marae areas with contaminated water supplies.

7.2 Ministry of Health

As well as improving water quality, an advisor from MoH saw the Nga Puna Wai o Hokianga pilot as an opportunity to create positive health spin offs for the communities acting as the ‘thin edge of the wedge’:

It was quite interesting when I went up there [to the Hokianga]. The Health Protection Officer with Northland Health was somewhat antagonistic to someone coming up from Wellington. Anyway he made it very clear to me he didn’t expect anything to happen, nothing ever did happen out of Wellington, which is probably the way it looks. He also pointed out to me that I was doing all the wrong things, which is quite right again from his point of view. Essentially he was saying the problems in this area, in order, are first poverty, second housing, third sewage and fourth water and you are dealing with water, which is the bottom of the list. He said, “Why are you dealing with water?” I had to try and explain to him the way that government works is when there is an opportunity you have to seize the opportunity and try and use it as a ‘thin end of the wedge’. [You] establish a precedent and then widen the precedent. I pointed out that we had an opportunity to do something about water, in doing that, we would then do what ever we could to draw attention to the other problems. If I went back to ... [the Minister for Health] and said, “There is a problem up there with housing”, that would have been the end of the story (MoH).

A specific spin off that the Ministry of Health hoped for from ‘widening the wedge’ was employment, addressed through engaging local people to look after the new water drinking supplies.

I floated the idea [that] there would be ongoing employment for some. You could get people going around, instead of each individual hapu maintaining its own supply, someone would go around for them. It would be very difficult to raise that level of skill in so many different places at once. You just have a small skill resource. Those people would go around monitoring and checking everything was working, tightening all the nuts that needed to be tighten and changing the lamps that needed to be changed (MoH).

7.3 Hokianga Health Enterprises Trust

Hokianga Health viewed the Nga Puna Wai o Hokianga pilot as a chance to foster and develop their relationships within the Maori communities in their district. Furthermore HHET viewed the pilot as an opportunity to address environmental health issues like contaminated water that affected

Maori health and to use the pilot to develop a model for community development. This model could then be applied to other community development initiatives.

It's certainly improved our relationship with our community. And you know when you are looking at a wider public health... we're quite keen on looking at other kind of environmental projects and this is a really good foundation to build upon. The New Zealand health strategy is now looking at health from a much broader perspective. We're talking in terms of environmental health as well as just health service delivery, and we've been talking about this for some time. But the New Zealand health strategy has actually given us a language now to be describing, defining in terms of population based power and environmental issues. You know, before health promotion was about, you know...going on to various people about 'you should stop smoking' or 'you should get a better healthy life style', 'you should get better food' and now the focus is on community development and community action. The community's taking responsibility collectively by looking at all sorts of causes of ill health, and working on ways of collectively dealing with that. So this water project has been the beginning of that phase for us now. We can see that this is the foundation that we can build upon other things. There's also an issue about employment...can we get involved with creating you know encouraging employment opportunities and that kind of thing (HHET).

7.4 Whirinaki Maori Committee

The Whirinaki Maori Committee viewed the Nga Puna Wai o Hokianga pilot as an opportunity to attain not only safe drinking water for their community but also an opportunity for self determination by having management and control over their water supply. Most importantly however they could see that if they did the main contract themselves then they could then acquire a track record in which they could then build upon to obtain other contract work to continue employment opportunities for their community and to further the aspiration of community self-determination.

Well I think the water was part of it. But we were just looking at the project as a whole like we knew straight away it was going to be a big project you know, and if we could get the funds, we felt quite capable that we could actually do the job. We were quite confident [of] that part of it. Doing the job was the easy bit. It was getting the funds. Like that's from our point of it. I don't know if it would be the same in any other community but like we felt we

could do the job. You know which we have. And that would then give us a track record to do other things also (WMC).

Whirinaki see this community development as a means of finding work. And they saw also the flood relief as a means for providing work. So they wanted to take the contract. So part of what was going on was they wanted to do the work and you know they were arguing strongly. We know our community best. We know what to do.... I don't think they saw [the water supply project] from a pure health perspective as we do. They would see it as community development, as an opportunity for their community (HHET).

7.5 Engineers

The pilot was viewed by the engineers as an opportunity to work with a unique niche market in water supply, that being marae. Northland has a significant Maori population with many marae, the pilot therefore was an opportunity for the local engineering firm to tap into a new client base. Additionally designing the water supplies was a challenging and innovative experience for them to be involved in.

8. POSITIVE SPIN OFFS FROM PILOT

As well as the pilot providing safe drinking water for marae and Maori communities in the Hokianga there have been numerous other benefits and spin-offs that have transpired from the Nga Puna Wai o Hokianga project.

8.1 Applying for Funding

The Hokianga is a Maori stronghold and iwi affiliations are complex and steeped in history. Consequently marae politics in the Hokianga are deep-seated and can be volatile. Hence HHET viewed it as essential that all marae and Maori communities that wanted to participate in the Nga Puna Wai o Hokianga pilot would be funded. However if Hokianga Health was going to fund all 36 marae and some communities for safe drinking water supplies, then the 1.5 million funding from the MoH was not going to be sufficient, and therefore HHET had to look for an additional source of funding. This led to HHET applying to the ASB Trust for further funding. Although ASB Trust is not in the business of funding drinking water supplies they are, however, interested in funding upgrades of marae. Therefore through the Puna Wai o Hokianga pilot, many marae that were involved in the pilot, applied for additional funding for marae upgrades such as ablution blocks or spouting from the ASB Trust.

We actually made an application to the ASB trust and said ‘look we have 1.5 million dollars for this project, which is you know going towards these treatment plants. Here’s a summary for how much we are going to give to each marae in each community in the area’. Under the ASB trust application we said, ‘that was 50% of the overall upgrade of the marae’ so if they contributed the other 50%, the project would then be able to improve things like their spouting, improve things like their ablution blocks or their kitchen facilities. So when we treated at the treatment plant, we were sure that when it (the water) went into the building facilities, everything was still at that same hygienic level (HHET).

Not every marae, but pretty much 80 % of the maraes, had additional ASB project money [that] went in looking at kitchen and toilet facilities [upgrades]. I don’t know the exact figure [but] about 3.5 million dollars worth. That part of the project became bigger than, in terms of money, than the initial project to start with (HHET).

Another additional benefit from the ASB funding is that now all the marae committees know how to apply for further funding every year, to further upgrade their marae buildings.

So that has been a wonderful offshoot, eh, from the water at the marae, [they] have continuously planned for their next project each year so they can have another bite of the ASB funding. I mean their kitchen, ablution blocks, dining rooms, they're pretty flash now. So that's been a really good spin off for our communities. It has been true experiential learning for them (HHET).

An example of a marae committee building upon previous experience of applying for funding is when the Whirinaki Maori Committee applied for their own funding from ASB for their water supply. The deadline for HHET support for applying for ASB funding came and went for Whirinaki because at the time they had still not decided on whether they were going to have a water supply at each of their three marae or whether that were going to have a water supply for their whole community. Missing the deadline did not worry them because they already had experience with ASB with the flood in 1999, and knew they could do it themselves without HHET support.

From the flooding you see we had dealings with them early in the piece. So they've actually been with us since '99. Yes fortunately [these people have been] in the same jobs, you know... and that's what's really assisted us because it's people we already know (WMC).

8.2 Employment and project management skills

The pilot has improved project management skills for all participating hapu, they are more equipped now with the skills to undertake further projects whether they be capital works/educational/health, so as to benefit the hapu.

For the Whirinaki community especially, the pilot has had the added benefit of uplifting the Whirinaki community through self-determination by managing the contract and providing employment for their community members. This meant they were able to have control over the design and processes of the project and they were also able to utilize the skills already in their community. In addition, they have learnt valuable project management skills, obtained a track record and financial creditability, which they can apply to other projects to further their self-determination.

Employment has been nil in this area for many, many years and employment for this project has lifted this community. They have never had it before and the fact that they can do it from their own backyard instead of having to go to Auckland and now [they are] looking at

what other projects they can put their hands together and do together and keep on moving (HHET).

What made the employment especially uplifting was that it was meaningful employment in that it was on their own land, for their community and they had ownership and control over the employment.

For me I was really clear that the people who were digging the drain wouldn't be X contractor with a digger, it would be the men on the marae because I had lived in that community for a long time and I was aware of some of the loss of self esteem of some who had not worked for long periods of time.... I had connections already with WINZ so we could talk about subsidised employment. From [my] experience of living and breathing in that community for a long, long time I recognised that some of the direct health disparities are related to things like employment (HHET).

The pilot has given the communities involved confidence to do other projects and the pilot has strengthened the relationship ties between the HHET and the communities, to do community projects together utilising all the resources in the community.

Oh I think for communities like Pakanae and Whirinaki it has given them a lot of confidence about their abilities to be able to deal with a range of things. I think they have realised that they have got the skills in the community and they've got the knowledge and they are capable of solving not just this problem but other environmental health issues, community issues on a scale like this. And the proof of that really was the meeting that was held on Monday in Whirinaki with Housing New Zealand. They're saying... "Oh give us the resources, we can co-ordinate the rest, we can identify needs. Even down to we can build the houses. Then the community was saying, ' yes and Hokianga Health could actually help co-ordinate the Housing New Zealand response'. So you know first of all if the community is confident they can actually do it and they're also confident in our ability to be able to co-ordinate it (HHET).

8.3 Reciprocity

Another added benefit that has arisen from the Nga Puna Wai o Hokianga pilot is that since it has been such a success, the parties involved are keen to help other organisations and communities with such a scheme. They would like to see the pilot rolled out to other areas and be a resource of experience and advice for other parties contemplating marae or community water supplies.

So right now we're looking at Whangaroa Health Trust. They're working with Te Runanga o Whangaroa to form a PHO, Primary Health Organisation. And, and we see that as a natural extension, the next stage to move to Whangaroa and to put some of these water schemes into the marae in Whangaroa. So we're quite keen on the model being replicated further and you know, we're prepared to put the time, quality time into working on that, giving some advice to those other groups and extending it out. It might give it some sort of recognition to Northland Health. They want to see these projects extended out further and because they supported us in this we're prepared to support them (HHET).

Whirinaki themselves, they would help anyone in the same position, they would do it for some cost, a little bit of money, compared to how much people were paid, but they would do it, that's how good they are. See with every marae you could do the same to help someone else in the same situation. Like there will be no hefty fee or whatever. It just comes down to communication, exactly who gets that information and what they do with it in regards to other areas, how they [are] needed. So you know the Ministry of Health really, as far as I'm concerned, they should have a lot of people coming out at the moment learning what has happened on this community, so when they go to the marae areas which they do all the time, they don't just go and make reports and say all this crap [like] 'don't drink the water', but [instead they should be saying], 'you should be doing this' (HHET).

8.4 Cultural

The Nga Puna Wai o Hokianga pilot has also lead to many healthy outcomes, such as healthy culture, and healthy spirituality that cannot be quantified.

When the marae water plants were designed, the senior Environmental Health advisor of the Ministry of Health had the idea that since marae are usually the centre of Maori communities, that if they could establish safe drinking water at the marae then it would be easy for houses to connect up to safe water via the marae. However since the completion of the treatment plants at the marae no one yet has connected their house up to the water plant. It has been said that the reason for this is because with people physically going to the marae for safe drinking water, it has brought a healthy vitality back to the marae with the presence of more people there.

I made some specifications as what should be done about the water treatment, minimum ones as possible. The first one was that the water had to meet the drinking water standards.

The second one was what ever type of treatment plant they put in they had to put a manifold on the end of it so you could actually draw off it, so if the local Maori wanted to put their pipes on to it, there would be plenty of places they could hook the pipes on to, [therefore each community could hook up to the tank at the marae to get their water for each house]...[later on] I asked, ‘how many houses did they connect up.’ The [kaiwhakakokiri] replied, ‘none we won’t let them’. I had a double take. [But] what has happen is people have come to the marae, taking their buckets and pitchers and all of a sudden the social life of the marae has gone back to pre-Pakeha. It’s completely revitalised the life of the marae. His welfare outcome is different from the one I was trying to put in, but who is to say which one is right? (MoH)

When the kaiwhakakokiri went and consulted with the communities in the Hokianga one of the questions the kaiwhakakokiri always asked was, ‘Why is the river in their community polluted?’ For them the project was also about kaitiakitanga, about reminding their communities about the responsibility of being kaitiaki of their rivers. Therefore the pilot was a platform from which they could express this initiative.

Is the awa [river] alive or is it dead? If they say there is nothing wrong with the river, then is there the same kai still in there? If not, then they need to use the same scheme to get the kai back in the awa like they have with the water (HHET).

The HHET kaiwhakakokiri could see it was imperative that they capture the ideas and cultural philosophy of kaitiakitanga of the Whirinaki River from the kuia and kaumatua before they passed away. In this way the kuia and kaumatua of the community became involved in the pilot through making sure that the cultural aspects of water and kaitiakitanga were not lost with the implementation of the new water treatment plant. HHET captured this knowledge later on after the pilot during the collaborative research with ESR ‘Learning from the stories of Nga Puna Wai’, by videoing the kuia and kaumatua of the community talking about the river and aspects of kaitiakitanga. The videos were 98% in te reo Maori and therefore they are not only a resource and taonga of the tikanga of kaitiakitanga but they are also a taonga for the mokopuna of Whirinaki of the reo of the kuia and kaumatua of Hokianga.

These old fellas they have the right and should be saying it, “Ok now it is time for you fullas to hear how you want to look after the river.... well lets talk about the whole creek itself, about the waterway let’s talk about history of why that side of Te Ramaroa [the

mountain from which the water supply is sourced] is giving us water, and why can we not get water from the other side?" (HHET)

9. SUMMARY

As already mentioned there are several contributing factors which played a part in the pilot project, and the establishment of the Whirinaki Community water supply, such as the enabling political climate, consultation and liaison, community ownership, project management and the employment of *kanohi ki te kanohi* as a negotiating and relationship building tool. Additionally the leverage that drove the pilot, and the establishment of the Whirinaki Community water supply, was the way that every party involved, viewed the project(s) as an opportunity for other objectives. Each party had one or two people within each group with a broader vision, than that of just providing safe drinking water to marae and Maori communities in the Hokianga. They took advantage of the opportunity as it presented itself, and utilized the pilot to meet their wider aspirations while still attaining the purpose of the pilot of providing safe drinking water.

Besides the factors above that have been discussed extensively in the main body of the report, we have also pulled out three broader themes from the research that are appear to be critical factors to put into practice when undertaking work with Maori communities.

9.1 Decentralising the pilot to the local

Since the signing of the Treaty of Waitangi in 1840, Tangata Whenua mistrust of the Crown and Central Government has developed through the Crown dishonouring the Treaty a number of times. Therefore from the initial onset, central government represented here as the Ministry of Health and Northland Health, recognised that the pilot would not be successful if central government representatives such as themselves drove the pilot because of Maori suspicion and mistrust. To overcome this barrier it was thought better to contract the local trust health provider, Hokianga Health Enterprises Trust who had a positive relationship with the local tangata whenua. This decentralised the pilot from central government and allowed the management of the pilot to have a locally trusted face.

9.2 Local knowledge of community culture

Over many years HHET has established an on-going relationship with their community and understands the culture of how the Maori communities in their catchment operate. As a result of this they knew they would not be able to take a ‘top down’ approach but instead they would have to

acknowledge the autonomy of the many marae areas in their catchment. They achieved this by employing two kaiwhakakokiri (negotiators) who were respected members from the marae areas to act as an interface between, (a) HHET and the marae areas; and (b) the engineers and the marae areas. By employing two respected community members, it not only acknowledged their autonomy but it also enabled community ownership over the pilot, this was recognised by HHET as a critical factor if they were going to get community buy-in to the pilot project. Additionally through HHET's local knowledge of the culture of the communities they ensured one kaiwhakakokiri was from the North and one from the South Hokianga so as not to cause tensions between the north and south hapu. This intricate local knowledge was a critical factor to the pilot being a success and had a non-local agency been contracted to undertake the pilot contract, there is a great chance that the pilot would not have been successful.

HHET's local knowledge and relationship with the marae communities involved in the pilot followed through in other aspects of the management of the pilot contract. HHET subcontracted engineers and suppliers who demonstrated in proposals that they were able to work with hapu. The engineers understood that the sub-contract would be different to other mainstream sub-contracts, in that the sub-contract involved working with a different culture and therefore different processes such as extensive consultation would be involved.

9.3 Acknowledgement of autonomy of papakainga

Sub-sequentially this local knowledge of the culture of the tangata whenua in HHET's catchment enabled the CEO to say 'yes' to the Whirinaki Maori Committee when they asked if they could take over the management contract for their community water supply. The CEO of HHET held that for the pilot to be successful the work had to be completed, for this reason, if the WMC wanted to undertake the management contract for their own community water supply then they should be able to, this acknowledged their autonomy over their papakainga. If their autonomy had not been acknowledged, there would have been a chance the community would not cooperate fully with outside contractors and hence the work would not be completed and the community water supply would not have been successful. This decision was supported firstly by HHET's guiding principle of subsidiarity that the power and ownership belongs to the community, and secondly by the CEO's relationship with the committee; he knew of the individual members skills' and believed that the members were capable of undertaking the contract.

The acknowledgement of self-determination for tangata whenua by hapu participating in the design and the control in the consultation process of pilot was an overall critical factor to the pilot being a success.

10. EPILOGUE

While this report was being written, members of the Whirinaki Maori Committee who were the driving force behind the establishment of the Whirinaki community water supply, set up their own company by the name of BHR Contractors Ltd. (Better Housing Repair Contractors Ltd.) They are now undertaking repair work in their area for the Rural Housing Program, administered by Housing New Zealand Corporation. In talking to the Committee, they have said that it was due to the track record they attained through the Nga Puna Wai o Hokianga pilot that gave Housing New Zealand the confidence that they were capable of undertaking the sub-contracts for renovation/repair work.

Furthermore as the 'Learning from the Stories of Nga Puna Wai' research project was concluding the staff from the Community Development Unit at Hauora Hokianga invited the ESR research team to apply a similar community development model that emerged from the Nga Puna Wai o Hokianga pilot, to address failing marae septic tanks. From this invitation the ESR research team (in association with Auckland University and Tipa and Associates) worked with the Community Development Unit and consulted with hapu and iwi in developing a Health Research Council bid to look at refining the community development model in order to apply it to environmental health problems such as failing septic tanks. This bid was successful in May 2004 and in November 2005 the research began.

This research aims to examine regulatory, institutional, cultural and community interactions to improve community-based sewage treatment and disposal. Research findings will be used to help build a Māori community development model to manage environmental health issues with intersectoral initiatives. The project also aims to grow Māori community research capacity, to support Hokianga iwi and other Māori communities addressing significant environmental health issues.

11. GLOSSARY

11.1 Maori words

Hapu	Sub-tribe
Hui	A meeting of people
Iwi	Tribe
Kaiwhakakokiri	Negotiator
Kaitiakitanga	Guardianship/caretaker
Kanohi ki te kanohi	Face to face
Kaumatua	Elders/elder man/men
Kuia	Elder woman/women
Manuhiri	Guests
Maori	Indigenous people of New Zealand
Marae	A marae is the focal area of a Maori village and consists of a large meetinghouse and dining area and ablution block.
Mokopuna	Grandchild/children and future generations
Nga Puna Wai o Hokianga	The Ministry of Health's pilot project for safe drinking water at marae in the Hokianga
Papakainga	Original home/home base
Paru	Dirty/polluted
Reo	Language
Tangata Whenua	Indigenous people of New Zealand Translates as People of the land
Taonga	Treasure/property
Te ao Maori	The Maori world
Te reo Maori	The Maori language
Whakapapa	Genealogy
Whanau	Members of a family and extended family
Whanaungatanga	Relationship

11.2 Acronyms

ASB Trust	Auckland Savings Bank Community Trust
DoC	Department of Conservation
ESR	The Institute of Environmental Science and Research Limited (a Crown Research Institute)
CEGS	Community Employment Group
FNDC	Far North District Council
HHET	Hokianga Health Enterprises Trust
MoH	Ministry of Health
TPK	Te Puni Kokiri (Ministry of Maori Affairs)
WINZ	Work and Income New Zealand (Social Welfare)
WMC	Whirinaki Maori Committee. A committee made up of elected members who belong to the three marae in Whirinaki