Embedding the Code of expectations in the Whiri model of care

Whiri focuses on addressing health priorities for those with the greatest unmet and most complex needs—particularly for Māori, Pacific peoples, disabled people and those living rurally. These groups too often face long waits, limited or no access to care, racism (Talamaivao et al 2020; Harris et al 2018, 2015, 2013) and fragmented services. Rather than leaving individuals and their whānau to navigate a disconnected system, Whiri brings services together, centres the whole person and their whānau and reimagines care to deliver timely, culturally and clinically safe, coordinated support.

Since 2020, the multidisciplinary, Kaupapa Māori Whiri model of care has supported more than 4,000 patients and whānau with initiatives across the Waikato and Hauraki districts.

Driven by the Code of expectations, Whiri aims to place people and their lived experiences at the heart of health care and system change.

This model is led by Māori, grounded in te ao Māori values and delivered by a team of support staff and health professionals working together. From the outset, patients and their whānau have helped shape Whiri, guided by He Pikinga Waiora, a Māori implementation science framework that places lived experience at the centre of health service design (Healthier Lives National Science Challenge 2021).

The Whiri model of care was developed by a dedicated rōpū (collective) and supported by a diverse network united in their commitment to equity and system transformation. This group includes Māori and non-Māori community members, clinicians and professionals, such as nurses and doctors working across community, hospital and policy settings, alongside public health physicians, researchers, and health service managers. Grounded in te ao Māori values, members bring both lived experience and extensive professional expertise from across health services in the Waikato region. More recently, the Whiri team has expanded to include partners in Tāmaki Makaurau Auckland and within the national cancer sector.

The Whiri rōpū is committed to improving whānau wellbeing and shaping a more responsive and equitable health system. Over the past six years, the team has met regularly and led the co-design of funding and research proposals, as well as supporting their implementation. This has enabled Whiri to grow in ways that continue to enhance wellbeing for those with the greatest need. The Whiri rōpū ensures that Whiri remains grounded in Kaupapa Māori values, informed by whānau voice, research, evidence, and accountable to Māori communities.

Since 2018, seven Health Research Council of New Zealand funded Whiri rangahau (research projects) have developed a Whiri model or supported systems change for a range of patient cohorts, including: paediatrics, early cancer care pathways, long-term conditions, wāhine hapu/pregnancy and early childhood, tuberculosis, breast cancer and dietetics. These projects also include supporting Māori students and staff, including summer studentships or internships (6), Masters theses (4) and PhDs (3). The rangahau team is committed to Māori workforce development and, over the course of these projects, have employed 20 Māori research staff (past and present).

Unique and important mahi

The Whiri model of care emerged during the COVID-19 lockdowns in 2020, initially focusing on kaumātua, particularly Māori and Pacific elders living with long-term health conditions and their whānau. The roots of the model can be traced back to an earlier programme that supported hospitalised children and their whānau, which led to the development of the health assessment tool that Whiri continues to use today (HRC 2020). The Whiri approach is also strongly influenced by the Whānau Ora model of care, which emphasises whānau-centred, Māori-based approaches and holistic wellbeing. The Whiri team is guided by the He Pikinga Waiora

framework and the Meihana Model (Pitama et al. 2014), which is grounded in Te Whare Tapa Whā, a well-established Māori framework of health that conceptualises wellbeing as encompassing four key dimensions: tinana (body), hinengaro (mind), wairua (spirit) and whānau.

At the heart of the Whiri model is a tightly connected team: health navigators working alongside a core clinical group and a wider systems team. Navigators play a pivotal, hands-on role, walking alongside individuals and whānau to identify unmet needs and ensure they are addressed. This often means helping people find their way through a complex health system, ensuring appointments are attended and connecting whānau with the right services at the right time.

Supporting this work is a thoughtfully designed electronic wellbeing assessment. More than just a checklist, it uses carefully developed screening questions and follow-up protocols to surface hidden needs and link whānau to available supports. When more complex issues arise, clear clinical escalation pathways ensure timely input from health professionals.

Behind the scenes, navigators are backed by a Whiri nurse-led clinical team, including a GP, who come together in regular multidisciplinary 'huddles'. These sessions, adapted to suit each Whiri initiative, bring together the right mix of expertise to problem-solve and plan care in real time.

One of the model's standout strengths lies in access. Unlike most community-based services, the Whiri nurse can directly access hospital systems, including appointment records. This means they can quickly see whether a patient is on a specialist pathway and step in were needed to support access. Instead of advising people to 'go back to your GP and request a referral', the Whiri infrastructure enables teams to actively accelerate access to hard-to-reach hospital services.

For many whānau, and staff, this is transformative. It removes the layers of delay, frustration and uncertainty that so often characterise traditional health pathways, freeing people from a process that can be time consuming, discouraging and, often, unsuccessful. In its place, Whiri offers something far more responsive: a system that works with whānau, not against them.

Connected care in action: the expanding reach of Whiri

Over five years and across multiple sites, the Whiri model has shown that integrated, equity-focused care is not only achievable, it is transformative, delivering outcomes traditional health services have struggled to reach (Scott et al. 2024).

Whiri has extended its reach across a wide range of priority areas, with research initiatives spanning areas of highest unmet need, such as; cancer care, maternity, long-term conditions and infectious diseases. Alongside these research programmes, Whiri approaches have also been embedded into business-as-usual operations, demonstrating their adaptability and sustained impact in real-world health care settings.

One expression of this is Whiri Hapori, launched by Health New Zealand | Te Whatu Ora Waikato in April 2023 to address persistent inequities. Delivered through a hub-based model, Whiri Hapori brought together clinical and non-clinical teams across 12 sites, including hubs led by iwi and Pacific, and refugee-focused hubs. to proactively engage whānau. Workstreams such as COVID-19 case management, immunisation and Whānau Hauora Assessments improved access to services and rebuilt trust with underserved communities.

Alongside this, hospital-based Whiri approaches highlight the power of navigator-led, multidisciplinary care to seamlessly connect hospital, community and primary services. Particularly in planned care and outpatient settings, these approaches support whānau with complex needs, reducing fragmentation and strengthening continuity, ensuring care is experienced as a connected journey rather than a series of disconnected encounters.

What whānau told the Whiri team

Throughout the development and delivery of Whiri services, consumers and their whānau have shared their stories and experiences. What they said fell into five clear themes, each of which shaped the model and continues to drive its improvement.

Services do not always reach those who need them most

Many consumers and their whānau shared they had never experienced a service that actually worked for them. Transport, health service costs, housing problems, fragmented referrals and experiences of racism in health settings all got in the way of accessing care when it was needed. People with multimorbidity experience poorer outcomes and gaps in best-practice care in New Zealand (Stanley et al 2018; Millar et al 2018a, 2018b). Further, consumers with multiple health conditions report they are often poorly served by the usual health system, with referrals falling between agencies and no one taking responsibility for continuity of care.

The Whiri team responded by working with consumers and their whānau to determine a meeting place that worked for them, meeting them at home and in their communities rather than just waiting for them to come to the service.

> 'We prioritised our Whānau Hauora Assessment (WHA) to meet them anywhere, at any time. "OK, I understand that you had whatever happened, or you have no vehicle. That's kei te pai. We can work around it." Then they still get seen, and they still get their needs met. They're not used to services working with them'. (Whiri kaimahi)

Care does not reflect the realities of whānau lives

Many felt the usual health system did not understand their lives. Getting to appointments without support was hard. Information was not always given in a clear or culturally safe or relevant way. Services did not consistently take into account financial hardship, whānau circumstances or cultural practices when providing advice or planning care.

When the team developed Cancer Whiri, they set up a leadership group of consumers and whānau to guide how the service would be designed. The Whiri team listened and valued what consumers and whānau had to say, building trust and ensuring the service reflected what people needed.

> 'I found it really valuable to have some of the whānau say, "Don't start with that question, this is what's important." That was a really good steer.' (Whiri kaimahi)

There is a heavy burden when the system fails

Consumers and whānau described what happens when health services do not communicate or follow through: needs go unmet, referrals get lost and promised support never arrives. For those already managing complex health and life circumstances, these failures cause real harm.

A 59-year-old woman with several health conditions was referred to Whiri more than 6 months after she had had a below-knee amputation. She was in pain, exhausted, unable to move around easily and becoming increasingly depressed. She had received no physiotherapy, occupational therapy (OT) or home support. The Whiri team found that her care had been passed between ACC and Disability Support Services (DSS) after a hospital re-admission, with no communication between the two agencies despite multiple referrals being on record. The Whiri team swiftly coordinated with both agencies, clarified responsibility, ensured home support was in place and directly supported the woman's other wellbeing needs.

> 'She'd had referrals sent for physio and OT, but it got confused because ACC was meant to take over, then she was readmitted and DSS was meant to take over. There was no communication between the two. It's catching those unfortunate things.' (Whiri kaimahi)

Culturally safe, relational care makes a real difference

Consumers and whānau consistently report that they felt supported, listened to and respected when working with the Whiri team. Trust was developed through culturally safe practice, continuity of relationships and care delivered in accessible settings.

> 'It wasn't just about my illness. They cared about my whole life.' (Consumer)
>
> 'Thanks for all the help and support. I wouldn't have gone to my appointments if the Whiri nurse didn't come with me, and I would never have known I needed this surgery. I really appreciated it.' (Consumer)

There is a strong desire for care that includes whānau and is flexible

Consumers expressed a clear need for services that adapt to their everyday circumstances, including support with transport to appointments, clear and accessible information about available services, and genuine involvement of their whānau in care.

Key features of Whiri that enabled enhanced access included home visits, phone-based support and flexible appointment times and places. Accessibility and flexibility were consistently identified as essential aspects of the service. Offering both face-to-face and telephone interactions allows Whiri teams to better support whānau in ways that fit their daily lives. This approach is particularly valuable for those living in rural or remote areas, as well as individuals with busy schedules.

> 'I definitely feel more supported knowing what options are available. You made it easy to share.' (Consumer)
>
> 'We kept developing the assessment. If you had a new service, it was like, "Good. Add it into the tool[kit]".' (Whiri kaimahi)
>
> 'Sometimes the person who we were contacting, the patient, would be fine, but they would ask the kaimahi if they could help their whānau. By offering and being able to provide care for entire whānau, we can maximise wellbeing gain from our small team. Having the electronic wellbeing assessment, and a clinical team who has direct access into the hospital space really helps there' (Whiri kaimahi)

Alignment with the Code of expectations

The Whiri model of care enacts the Code of expectations by:

- strengthening participation through authentic partnerships with consumers, whānau and community
- shared planning and decision-making that is transparent to consumers, whānau and community
- ensuring culturally safe engagement at every point of contact
- committing to service improvement grounded in lived experience
- facilitating genuine partnerships between clinicians, health professionals and consumers, whānau and community representatives.

Lifting the system, not just the individual

What sets the Whiri model of care apart is that its commitment doesn't stop at the individual or whānau; it extends into the system itself.

In many health settings, complex problems that fall outside immediate clinical care can quietly slip into the 'too hard basket'. Whiri takes a different approach. When an issue cannot be resolved at the frontline, it doesn't disappear, it is elevated. The model actively captures these challenges and works to address them at a systems level, no matter how complex or long-term they may be.

At its heart is a simple but powerful principle: whānau voices matter. Even when a solution isn't immediate or possible in the moment, the concern is acknowledged, taken seriously and pursued for the benefit of others. In this way, no experience is wasted, and no barrier is ignored.

Many of these issues emerge directly from conversations between Whiri navigators and the whānau they walk alongside. They reveal the often-hidden realities of navigating the health system: families of hospitalised children going without food, patients undergoing chemotherapy being required to remove head coverings for licence photos or eligible individuals unable to access sickness benefits. Others face the daily burden of small but significant costs, such as prescription fees, or barriers to essential services, like podiatry. At times, whānau report experiences of care that are dismissive, racist or unhelpful.

Rather than treating these as isolated incidents, Whiri sees them as signals of deeper system gaps.

One striking example came when Māori health providers, consumers and communities raised concerns about limited access to foot care and a troubling rise in amputations among Māori. In response, the Whiri team undertook further investigation, engaging directly with podiatrists across the Waikato region. What they uncovered were systemic barriers, insufficient funding, constrained referral pathways and limited service availability (Uerata et al. 2025).

These insights did not sit on a shelf. They were shared with decision-makers, presented at conferences and are now being prepared for publication, ensuring that lived experience informs policy and planning.

A similar story emerged in dietetics. Concerns raised through Whiri's long-term conditions work highlighted gaps in how nutrition services were delivered. By listening to both whānau and practitioners, the team identified opportunities for change. This led to the successful securing of research funding to develop a new model of dietetic care, one grounded in kaupapa Māori approaches and better aligned with the needs of whānau.

These examples illustrate a defining strength of Whiri: its ability to connect lived experience with system change.

By reaching beyond traditional service boundaries, the model creates space for continuous learning and improvement. It ensures that the challenges faced by individuals today can shape a better system for tomorrow.

In doing so, Whiri doesn't just support whānau to navigate the system, it quietly, persistently works to make the system easier to navigate for everyone. In this way, Whiri functions as both a care model and a mechanism for ongoing system learning and transformation.

What worked well

- Respectful, culturally safe and appropriate engagement and whanaungatanga built strong trust with whānau. Navigator-led care, supported by the Whiri Whānau Hauora Assessment tool, enabled identification and response to wellbeing needs.
- Nurse-led case management and an agile clinical team ensured effective coordination and rapid escalation when required. Close collaboration between navigators, nurses, GPs and hospitals created seamless, joined-up care.
- A strong culture of listening, elevating whānau voices and feeding insights back into both service delivery and wider systems has kept the Whiri service responsive and grounded.

Where to next

The next chapter for Whiri focuses on scaling what works while staying grounded in its founding principles. Developed through collaboration between whānau, clinicians, providers and leaders, Whiri is a model designed in Aotearoa and shaped by real health system experiences.

The Whiri rōpū see an opportunity to embed Whiri across the wider health system by strengthening shared governance, deepening partnerships with whānau and continuing co-design. This includes investing in workforce capability and expanding into high-need areas, such as cancer care, maternity, long-term conditions and infectious diseases. The rōpū call on decision-makers to support national scale-up, integrate community–hospital pathways and enable multidisciplinary teams to build a more equitable and responsive health system.

The development of the national Enhanced Access | Te Ara Ora cancer service demonstrates this potential, providing a platform to scale Whiri through adaptable, continuously improving programmes. The vision is a connected system where community, primary health, Whānau Ora and hospital services work together, supported by navigators and multidisciplinary teams to ensure seamless care for whānau.

References

Harris RB, Cormack DM, Stanley J. 2013. The relationship between socially-assigned ethnicity, health and experience of racial discrimination for Māori: analysis of the 2006/07 New Zealand Health Survey. *BMC Public Health*. Sep 13; 13:844. PMID: 24028091. DOI: https://doi.org/10.1186/1471-2458-13-844 (accessed 29 June 2026).

Harris RB, Cormack D, Stanley J, et al. 2015. Investigating the relationship between ethnic consciousness, racial discrimination and self-rated health in New Zealand. PLoS One. 23 Feb 23;10(2): e0117343. eCollection 2015.PMID: 25706560. DOI: https://doi.org/10.1371/journal.pone.0117343 (accessed 29 June 2026).

Harris RB, Stanley J, Cormack DM. 2018. Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. PLoS One. 3 May; 13(5):e0196476. eCollection 2018.PMID: 29723240. DOI: https://doi.org/10.1371/journal.pone.0196476 (accessed 29 June 2026).

Healthier Lives National Science Challenge. 2021. He Pikinga Waiora Implementation Framework. He Pikinga Waiora Framework in action. URL: healthierlives.co.nz/he-pikinga-waiora-framework-in-action (accessed 19 May 2026).

HRC. 2020. WHIRI: Pandemic system redesign to maximise Māori health gains. Auckland: Health Research Council of New Zealand (HRC). URL: hrc.govt.nz/resources/research-repository/whiri-pandemic-system-redesign-maximise-maori-health-gains (accessed 19 May 2026).

Millar E, Dowell A, Lawrenson R, et al. 2018a. Clinical guidelines: what happens when people have multiple conditions? *N Z Med J.*;131(1472). URL: nzmj.org.nz/media/pages/journal/vol-131-no-1472/clinical-guidelines-what-happens-when-people-have-multiple-conditions/3a9443e3e8-1696475520/clinical-guidelines-what-happens-when-people-have-multiple-conditions.pdf (accessed 29 June 2026).

Millar E, Stanley J, Gurney J, et al. 2018b. Effect of multimorbidity on health service utilisation and health care experiences. *J Prim Health Care*;10(1):44–53. DOI: 10.1071/HC17074 (accessed 29 June 2026).

Pitama S, Huria T, et al. 2014. Improving Māori health through clinical assessment: Waikare o te whānau: The Meihana Model. *New Zealand Medical Journal, 127*(1393).

Scott N, Jones A, et al. 2024. WHIRI for long-term conditions: A culturally safe model enhancing healthcare. Pacific Region Indigenous Doctors Congress, Adelaide.

Stanley J, Semper K, Millar E, et al. 2018. Epidemiology of multimorbidity in New Zealand: a cross-sectional study using national-level hospital and pharmaceutical data. *BMJ Open*; 8:e021689. DOI:10.1136/ bmjopen-2018-021689.

Talamaivao N, Harris R, Cormack D, et al. 2020. Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. *N Z Med J.*;133(1521):55–68.

Uerata L, Scott N, et al. 2025. 'Look below the crotch': Provider-perceived systemic barriers to podiatry care in the Waikato region, Aotearoa New Zealand. Proceedings of the Waikato Clinical Campus Research Seminar, Hamilton, New Zealand, March 12. *New Zealand Medical Journal, 138*(1614).

Related resources

HQSC. 2022, reprinted 2023. Code of expectations for health entities' engagement with consumers and whānau. Wellington: Health Quality and Safety Commission Te Tāhū Hauora (HQSC). URL: hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau (accessed 19 May 2026).

HQSC. 2023. Code of expectations implementation guide. Wellington: Health Quality and Safety Commission Te Tāhū Hauora (HQSC). URL: hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/implementing-the-code (accessed 19 May 2026).

HQSC. Consumer and whānau engagement support, understanding, responding and evaluating (SURE) framework. Consumer and whānau engagement quality and safety marker. Wellington: Health Quality and Safety Commission Te Tāhū Hauora (HQSC). URL: hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker (accessed 19 May 2026).

Jones, A. An exploration of the impacts of WHIRI: A holistic, whānau inclusive, culturally safe model used to support Māori and Pacific peoples in the Waikato. Waikato Medical Research Foundation. URL: wmrf.org.nz/projects/an-exploration-of-the-impacts-of-whiri (accessed 19 May 2026).

Jones A, Lawrenson R, et al. 2025. Whiri wāhine hapū: A holistic, culturally safe model enhancing care for pregnant Māori women. *New Zealand Medical Journal, 138*(1626).

Scott N, Ruka M, et al. 2022. Cancer WHIRI research: Improving the early cancer pathway for indigenous NZ peoples. *Cancer Research, 82*(12_Supplement), 5,278.

Uerata L, Lawrenson R, et al. 2024. WHIRI: a culturally safe approach to supporting Māori with chronic conditions. *New Zealand Medical Journal, 137*(1607), 104.