

Herenga Tāngata

Whānau Ora Response to COVID-19 Delta and Omicron



Whiria te taura tāngata

The title of this report 'Herenga Tāngata' means to weave together the strands of the people. It symbolises our connection to one another through pepeha and whakapapa and acknowledges the importance of whānau, hapū and social groups as a source of strength and resilience.

The title also acknowledges the efforts of the Whānau Ora Commissioning Agency, its partners and their kaimahi through the COVID-19 pandemic in creating protective, respectful and connected communities. The whakataukī 'Whiria te taura tāngata' that accompanies this report serves as a reminder that the greatest kaupapa is our people.



Kotahitanga – Whānau Ora Batallion supporting WOCA providers in Te Tai Tokerau.

Herenga Tāngata

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Foreword

You are about to read the second report in a series of four that outlines our exemplary collective response to COVID-19, in particular the newest strains of Delta and Omicron.

What we knew is these strains were putting more of our people at risk. By then our response was automatic and immediate. In April 2021 we redeployed our people to the frontline throughout the North Island, working long hours and days on our mobile and fixed COVID-19 testing stations. Our distribution centres were quickly re-established to ensure whānau could easily access kai and hygiene packs. Our kaimahi ensured whānau were communicated with and supported. Our response elevated from elimination of COVID-19 into protection mode through vaccination.

With the arrival of these new strains into our communities our case numbers with Māori were increasing rapidly and it became apparent we needed to create our own defence strategy. And we did. Our staff became highly trained vaccinators, we established temporary clinics everywhere from marae to large stadiums. We also challenged the Government, and won the right to access data that enabled us to reach our most vulnerable and isolated people. We shifted and demonstrated our agility to ensure rangatahi were being protected by training our own rangatahi vaccinators; we went mobile and took vaccinations to the people in their own neighbourhoods including a cohort who ventured to the Far North. Once again we exceeded all expectations, outshining other similar agencies and protecting our people.

This journal encapsulates these incredible moments of time through the experiences and words of our people and is a consequence of the need to track outcomes achieved by the Whānau Ora Commissioning Agency and its partners across Te Ika-a-Māui. It outlines the successes we have had as a collective in reaching and supporting whānau wellbeing. Our extraordinary response is highlighted alongside the sacrifices made to insulate and care for our people, and proof that Whānau Ora works.

Nāku noa, nā

John Tamihere

Chief Executive Officer
Whānau Ora Commissioning Agency



Acknowledgements

The research team would like to thank those kaimahi who generously shared their time and experiences of the Whānau Ora Commissioning Agency (WOCA) COVID-19 Delta/Omicron response with us. Their openness and insights have been encouraging and inspirational. When writing this report we have been able to reflect on their remarkable commitment to their communities.

Once again, WOCA partners have been at the forefront of the COVID-19 response. This report is built on the tireless efforts of their kaimahi in reaching and caring for their communities. While we only spoke to a small number of the much wider workforce, it is important for us to acknowledge all our kaimahi who give so much of their time to support their communities.

We also want to acknowledge all those within the community and the sacrifices they have made and continue to make to improve whānau outcomes.

The research team would also like to thank WOCA for their invaluable support and our reviewers for their assistance and guidance in producing this report.

Mauri ora,

The Research Team

Cover Design by Zion Tipene

The design with the diamond was made with Report 2: “Herenga Tāngata Whānau Ora Response to COVID-19 Delta and Omicron” in mind. The central waharua shape containing tāniko is representative of all the different people we as a Māori organisation were called upon to support during COVID-19 times. The outer kowhaiwhai patterns represent the time and thought that this mahi required.

The design as a whole describes the idea that to overcome a pandemic would require not just a massive effort, but the synergy that comes from working in unity.

“Whiria te taura tāngata”

Executive Summary

When the New Zealand Government first implemented a lockdown in March 2020 as part of its response to COVID-19, the Whānau Ora Commissioning Agency (WOCA) had already begun developing a plan to support the needs of those most vulnerable to the disease. While the Government focused its response on the general population, kaupapa Māori health and social service providers, armed with an understanding of their communities, were developing innovative strategies to protect whānau Māori against COVID-19. These early strategies included support packages that reached whānau on an unprecedented scale, resulting in lower infection rates for Māori when compared with other New Zealanders. McMeeking and Savage (2020), among others, drew attention to the fact that, for the first time in living memory, Māori had defied a historical trend with fewer infections of COVID-19 and better social outcomes than non-Māori. Yet as the pandemic became established within Aotearoa following the arrival of the Delta and Omicron variants, the successes of the initial response had eroded to the point where Māori were once again disproportionately affected by the impact of a communicable disease (Jacobs, 2021a).

Over the past two years, we have seen a shift from the national strategy of elimination to one of mitigation where those most vulnerable are protected and where the health system retains its ability to care for those most affected. Many of the control measures, including severe restrictions on social gatherings and distancing, have been removed as Aotearoa has shifted into its next phase of responsiveness. The shift to a mitigation strategy was supported by the relatively high, although at times highly uneven, vaccination coverage across the country. Lower vaccination rates among Māori have again highlighted systemic failures and persistent inequities in the Government's public health strategy.

WOCA's response was to identify access pathways for whānau to engage with providers and health services. These pathways were framed in te ao Māori, which resonated and were appreciated by the Māori communities they served. However, having identified pathways, Māori providers were thereafter impeded by a lack of data and the resources to affect a targeted approach. When data was released and funding arrived, it was too little and came too late. COVID-19 fatigue, compounded by misinformation and an intergenerational distrust in government institutions, had set in.

By December 2021, Māori made up over 50% of cases in the Delta outbreak, despite making up only 16% of the population (Waitangi Tribunal, 2021). Lack of access to Government vaccination data, funding, intergenerational distrust in Government institutions, and vaccine misinformation, would also impede WOCA's response efforts. The Alert Level system, designed to protect the population while vaccination rates increased, was lifted and replaced with the COVID-19 Protection Framework (widely known as the 'traffic light' system). The transition disadvantaged Māori whose vaccination rates lagged behind non-Māori. As Delta and then Omicron emerged, WOCA and its partners shifted focus to mobilise vaccination services into the community to halt the alarming rise of cases within whānau Māori. Ensuring the protection of whānau and whakapapa by increasing Māori vaccination rates became the organisation's priority.

This second report builds upon the first Herenga Waka Whānau Ora Response to COVID-19 and Local Case Study (WOCA, 2022a), a study that covered the emergence of COVID-19 as a global pandemic and looked to provide some understanding of how and why WOCA responded to what was then an unknown threat to Māori communities. It drew attention to the key components and drivers of their response and the organisation's ability to reorganise its internal structure and funding streams to deliver a culturally responsive model of care. The study provided "a window into the value of the Whānau Ora policy 'at scale', and how commissioning was a key enabler in the mobilisation and actualisation of that policy" (WOCA, 2022a, p. 9).

In this report, we describe how WOCA and its partners responded to the emergence of both the Delta and Omicron variants of COVID-19. We draw attention to the collective efforts involving iwi, Māori communities and Māori health networks, and the key innovations and initiatives that were undertaken to support the delivery of positive outcomes for Māori. It is imperative that these efforts are maintained. This research was commissioned by WOCA with a view towards understanding the response to the Delta and Omicron variants and to provide a snapshot of what was achieved throughout this period. We have also included the perspectives of kaimahi who were integral to the effectiveness of the WOCA response. The reporting period (August 2021 to March 2022) coincides with the emergence of the Delta variant within Aotearoa in August 2021 followed by the more transmissible Omicron variant in December 2021.

This research seeks to:

- Describe the response of WOCA and its partner network to the COVID-19 variants.
- Document the key motivations and aspirations underpinning the WOCA response.
- Capture the thoughts and perspectives of WOCA kaimahi who have contributed to the response.
- Document how the response supports mana motuhake and self-determination. This will ensure that Māori are key decision-makers in the delivery of health and social services for Māori in the future.

This current study re-emphasises the value of Māori-led, whānau-centred and culturally informed initiatives and highlights the ability of WOCA and its partners to reorient their efforts to where the need is most compelling. Accordingly, core Māori values informed the ways in which WOCA and its networks interacted during this phase of the response and has provided an example of the inherent strengths of Māori communities when caring for and protecting others. The WOCA response resulted in a number of key innovations in how services were delivered to whānau. These innovations have the potential to profoundly transform service delivery within Aotearoa's social and health sectors.

Unsurprisingly, key whānau wellbeing and protective factors identified in a previous study (WOCA, 2022a) also emerged as integral during this next phase of WOCA's COVID-19 response. These include:

- **Whanaungatanga** - Whānau have supportive relationships and connections
- **Mātauranga** - Whānau are knowledgeable and informed
- **Tikanga** - Whānau are culturally connected
- **Manaakitanga** - Whānau are able to care for themselves and their communities
- **Oranga** - Whānau are healthy and well
- **Rangatiratanga** - Whānau are empowered and self-managing
- **Ōhanga** - Whānau are financially secure

The WOCA response has been exemplary in delivering a range of initiatives for whānau Māori and in supporting the wider national response. Through the emergence of the Delta and Omicron outbreaks, WOCA initiatives have:

- Operationalised tikanga Māori, values and processes to provide a framework for working with community and whānau.
- Created pathways for whānau to access information, resources and healthcare services, particularly those facing systemic barriers.
- Developed and strengthened relationships at the whānau, provider, regional and national levels to improve engagement and the coordinated delivery of wraparound services.
- Highlighted the importance of local approaches and the ability of Whānau Ora providers to reach their communities, both Māori and non-Māori, despite funding and data-sharing constraints.
- Focused on providing Māori/community-led initiatives that affirm local leadership, Māori identity and mana whānau.
- Promoted the strengths of Māori communities.
- Engaged hapori through social media campaigns that reflected a Māori audience who were looking for guidance and leadership.
- Expanded and developed the Māori health and social services workforce through the re-deployment of kaimahi and initiatives for volunteer groups with a key focus on rangatahi.

This report charts the efforts of WOCA in protecting and supporting whānau. Findings will support policy development and system change as well as cross-sectorial partnerships between Māori providers, hapū, iwi, and Government. While the emphasis is on WOCA's efforts to protect Māori, we also want to draw attention to the fact that WOCA's initiatives have also reached thousands of non-Māori in need.



Frontline kaimahi bring positive mauri to their mahi through karakia.

The report is divided into five sections:

Section One begins by discussing the vaccination rollout and establishing the context and emergence of both the Delta and Omicron variants. It provides a wider global context for the Government's key decisions in its response to the threat of the disease with particular emphasis on its vaccine strategy and traffic light system. The focus then shifts to WOCA and its ability to support and advocate for whānau Māori. This section concludes with a snapshot of WOCA deliverables and a brief discussion on funding and how funding was used to further enhance the WOCA response.

Section Two discusses the different initiatives undertaken by WOCA and its partners in order to support whānau through lockdown, COVID-19 restrictions and isolation. Kaimahi were redeployed in order to build testing, vaccinating and wraparound support capacity. The kaupapa discussed within this section exemplify the abilities of Whānau Ora providers to support and engage whānau. These examples reaffirm findings by WOCA (2022a) that Māori providers are best placed to support Māori communities.

Section Three identifies how WOCA provided a platform for a collective Māori voice throughout their Delta and Omicron response. The successes of the 'Proud to be Māori' and 'Fight For Your Whakapapa' campaigns showcased Māori values in the decision-making processes of both whānau and providers. These values are unapologetically Māori and have provided a familiar point of reference through the pandemic for whānau and Whānau Ora providers.

Section Four identifies the key facilitators that were integral to the success of WOCA's Delta and Omicron response. The WOCA response was an assertion of rangatiratanga and the organisation's capacity to be autonomous in supporting and protecting whānau Māori. Advocacy, manaakitanga and whanaungatanga enabled WOCA to whakamana Māori. The underlying features of WOCA's Delta and Omicron response include:

- **Advocating for the Whānau Ora Approach and Mana Motuhake**
 - The efforts of WOCA were built on a programme of sustained advocacy for Māori at local, regional and national levels. Among WOCA's key foci was the need to ensure that Māori had equitable access to healthcare and every opportunity to receive the vaccination. In doing so, WOCA led culturally responsive initiatives that have enabled Māori to maintain their own mana when accessing and providing COVID-19 resources. Celebrating success within the community acknowledged and propelled the collective efforts of kaimahi and whānau in delivering culturally safe, familiar and appropriate care.
- **Manaakitanga**
 - The WOCA response has highlighted the cultural values and structures that underpin Māori understandings of wellbeing. The response to community needs has highlighted the value of manaakitanga as an effective mechanism for reaching and engaging whānau. But much more than that, manaakitanga guided kaimahi in dealings with whānau and each other in the giving and receiving of care.
- **Whakawhanaungatanga**
 - Whakawhanaungatanga was key in facilitating healthcare access and indicates the importance of building trusting relationships within the community. The ways in which whānau responded within the community provides a template for the design of services that are effective for Māori.

Section Five presents our conclusion and recommendations. As we recover from the disruptive impact of the pandemic socially, economically, and culturally we are provided with the opportunity to reflect, prepare and build a better future.

The **Appendix** outlines our methodological approach. The first stage of the research involved a review of the literature around the Māori response to COVID-19 and the efforts of WOCA, hapori, iwi and Māori providers in mitigating the impact of the disease. The second stage involved an analysis of WOCA's social media content and review of user comments. Social media platforms provide an important form of communication and point of contact within the community, and consequently supplied a rich source of data. The third stage involved interviewing kaimahi across the WOCA network regarding their experiences of the WOCA response. The interviews were transcribed and we applied a rapid analysis technique to summarise the interviews and generate themes for inclusion within the report.

Timeline of COVID-19 Delta and Omicron Outbreak Response in Aotearoa

| | | |
|-------------|----------------------|---|
| 2021 | February | The Government's vaccination rollout begins with MIQ and border workers followed by frontline healthcare workers. |
| | Early May | WHO identifies Delta as a Variant of Concern (VOC). |
| | May | The vaccine is made available for those aged over 65 years and those with underlying health conditions or disabilities. |
| | 17 June | The Government provides a timeline for the age-based vaccination rollout for the remaining population. |
| | 28 July | The vaccine is made available for those over 60 years. |
| | 11 August | The vaccine is made available for those over 55 years. |
| | 17 August | First Delta case detected in Aotearoa. Aotearoa enters Alert Level 4 lockdown. |
| | Late August | The vaccine is made available for those over 45 years. |
| | Mid-Late Sept | The vaccine is made available for those over 35 years. |
| | October | The vaccine is made available for the rest of the population. |
| | 26 November | WHO identifies Omicron as a VOC. |
| | 2 December | Aotearoa shifts from COVID-19 Alert Level System to the new traffic light system with orange and red settings implemented in different regions. |
| | 16 December | First case of Omicron detected in Aotearoa. |
| 2022 | 23 January | Due to increased cases of Omicron in the community, Aotearoa shifts to the red setting of the traffic light system (no lockdowns but restrictions were in place to slow the spread of the virus). |
| | 25 March | Changes to the traffic light system's red setting begins with lifting of restrictions. |



Kaimahi worked tirelessly to manage and distribute vaccination supplies.

Section One:

Background



Frontline kaimahi providing mobile vaccination services to local whānau at Terere Pā, Ōpōtiki.

COVID-19 Pandemic

Through the first 18 months of the pandemic, Aotearoa focused on a strategy of elimination. That strategy provided time for a greater understanding of protective mechanisms for whānau and for the widespread delivery of vaccinations. Through the first year at least, Māori unexpectedly experienced lower infection rates than other New Zealanders. This unlikely outcome was widely celebrated globally as a success and demonstrated how effectively iwi, Māori health and social service providers and communities collectively mobilised to combat a health crisis (Farrer, 2020; Te One & Clifford, 2021; WOCA, 2022a; McKeeking & Savage 2020). McKeeking and Savage (2020) highlighted the successes and suggested that the capabilities of Māori organisations and communities “should encourage reflection on the policy settings that both enable and constrained the Māori response” (p.40).

However, the early successes have been eroded by the emergence of new variants and by deficiencies in the Government’s response outlined by the Waitangi Tribunal that found the Government had failed to sufficiently include Māori in its pandemic decision-making process (Waitangi Tribunal, 2021).

The COVID-19 Vaccine

In Aotearoa, the delivery of the Pfizer vaccine began at the start of 2021. The vaccine is intended to protect people from becoming infected with the virus and to reduce the severity of the disease and risk of hospitalisation if COVID-19 is contracted (Ministry of Health, 2022a). The Pfizer vaccine involves three doses, a first and second shot at a minimum of three weeks apart, followed by a third booster dose (Ministry of Health, 2022a). Since November 2021, the New Zealand Government has supplemented the Pfizer vaccine with the AstraZeneca and Novavax vaccines; the Pfizer paediatric vaccine for children aged 5 to 11 became available from 17 January 2022 (Ministry of Health, 2022a).

The Vaccine Strategy

The Government initially published the COVID-19 Māori Vaccine and Immunisation Plan as a supplement to the Māori COVID-19 Response Action Plan, and was designed, in alignment with the health and disability system “to ensure that the COVID-19 Vaccine and Immunisation Programme addresses its obligations under Te Tiriti o Waitangi and supports Māori health and equity” (Ministry of Health, 2021a, p.3). The Ministry of Health (MoH) provided the organisational framework, while District Health Boards (DHBs) were to provide the operational delivery of the vaccination programme, alongside community-based care providers (Waitangi Tribunal, 2021).

The COVID-19 vaccination programme was sequenced with an initial focus on high-risk groups, including frontline border and health workers, managed isolation and quarantine staff and their households (Unite Against Covid, 2021). The rollout of the vaccine to the general population was to be extended by age group, beginning in late July 2021 for those aged over 60 years. Those over 55 were to follow in mid-August; those over 45 in late August; those over 35 in mid-late September; followed by everyone else from October 2021 (Beehive, 2021a). While Aotearoa benefited from low infection and mortality rates due to the Government’s initial response to COVID-19, the vaccination strategy was quickly criticised as being fundamentally inequitable. The failure to recognise factors that contributed to the increased risk of transmission and severity of disease among Māori, left Māori vulnerable to the disease and health providers inadequately prepared to respond.

Health experts drew attention to a number of factors that contribute to a greater burden of adverse health outcomes for Māori. Among the key arguments against the rollout strategy was that Māori are a structurally young population, and as such, a larger proportion of Māori would be unable to access the vaccine until much later in the rollout (Whitehead et al., 2022). Not only are Māori a structurally younger population, but they are also more likely to experience health conditions 10–20 years earlier than other New Zealanders (Ministry of Health, 2011). The severity of COVID-19 is also greater among those with underlying health conditions, such as cardiovascular and pulmonary disease (Wang et al., 2020). The high prevalence of comorbidities among Māori indicated that Māori were therefore more likely to experience the greater burden of COVID-19 on health and mortality (Steyn et al., 2020). Critics also drew attention to the ease of household transmission, driven by poor quality and overcrowded housing and the disproportionate effect this would have on Māori (Sinclair et al., 2021).

Further criticism focused on the slow inclusion of Māori providers and funding that would support the delivery of the vaccine. The role of Māori providers in delivering an effective community-based rollout has been a major driver in the increased vaccination rates within Māori communities. The glaring omission of Māori health providers from the design and delivery of the rollout and the rejection of advice to adopt an age adjustment for Māori resulted in highly uneven vaccination coverage, despite offers from WOCA to deliver a Māori-focused vaccination programme from as early as February 2021 (Courts of New Zealand, 2021). The delayed vaccine rollout also meant that Māori were more vulnerable to misinformation and disinformation (Kukutai et al., 2021; Cardwell, 2022), creating an even greater barrier for Māori health providers in reaching whānau (Thaker & Floyd, 2021).

In response, the New Zealand Māori Council and other Māori leaders led an application for an urgent hearing of the Waitangi Tribunal into the Government's handling of the COVID-19 pandemic for Māori. The request was granted, given the national significance of the issue, and the Tribunal met to investigate whether the Crown's COVID-19 vaccination strategy and COVID-19 Protection Framework were consistent with Te Tiriti o Waitangi (Waitangi Tribunal, 2021).

The Waitangi Tribunal (2021) identified two key findings, both of which are relevant to the Government's vaccination strategy. The Tribunal found that:

- The Government's decision "to reject advice from its own officials to adopt an age adjustment for Māori in the vaccine rollout breached the Treaty principles of active protection and equity" (p. xvii).
- While the transition to the traffic light system was necessary, it "happened faster than the Crown's officials and experts recommended and without the original vaccination thresholds for each district health board being met, did not adequately account for Māori health needs" (para. 3).

The Tribunal heard from Māori health providers of being ignored and underfunded, with the result that by mid-December 2021, only 79% of Māori were fully vaccinated compared to 91% of other New Zealanders (Ministry of Health, 2021b). The Tribunal was heavily critical in its response to Government:

As at 13 December 2021, although Māori comprised 15.6 percent of the population, Māori comprised over 50 percent of the Delta cases, 38.6 percent of Delta hospitalisations, and 45 percent of associated deaths. The statistics speak for themselves. (Waitangi Tribunal, 2021, p. xviii)

Despite the growing evidence of health disparities, the Government rejected calls for an age adjustment that would mitigate the range of risk factors for Māori (Waitangi Tribunal, 2021). The evidence placed before the Tribunal clearly indicated the Government ignored Māori health expertise and prioritised a generalised approach to the detriment of Māori in breach of the principle of partnership. The Tribunal concluded that the "outcomes we see now seem to reflect that, in many instances, 'consideration' is where the Crown determined its Treaty obligations ended" (Waitangi Tribunal, 2021, p.91).

The Emergence of COVID-19 Variants

All viruses change over time. The World Health Organisation (WHO) has been monitoring and assessing the evolution of SARS-CoV-2, the virus that causes COVID-19, since January 2020 (WHO, 2022). The emergence of variants that pose an increased risk to public health have been designated Variants of Interest (VOI) and Variants of Concern (VOC), in order to prioritise monitoring and global responsiveness. WHO (2022) have identified the Delta and Omicron variants as VOCs due to the:

- increase in transmissibility or detrimental change in COVID-19 epidemiology; or
- increase in virulence or change in clinical disease presentation; or
- decrease in the effectiveness of public health and social measures or available diagnostics, vaccines and therapeutics.

Mutations of the virus will continue to occur as long as the virus circulates within the community (WHO, 2022).

The Delta Variant

Delta initially emerged as the ‘fastest and fittest’ COVID-19 variant (Alexander et al., 2021). The MoH (2021c) stated that Delta posed a greater threat to the health of whānau in the following ways:

- Delta is highly infectious; without vaccination, one person infects five to six others on average.
- The variant is more virulent than previous strains, meaning it can produce more severe illness in unvaccinated people resulting in hospitalisation.
- People infected with Delta appear to carry a greater viral load for a longer period of time.
- Delta has a shorter incubation period and those infected are more likely to spread the disease before developing symptoms.
- Those vaccinated can still be infected with Delta and can spread the virus to others.

The Delta Outbreak in Aotearoa

When the Delta variant first appeared it took time to realise that it presented an even greater threat than the original virus. The ease of transmission and severity of the disease, coupled with lagging Māori vaccination rates, had serious implications for Māori social and health providers who sought to mitigate the severity of impact. The first positive case was confirmed in Aotearoa on 17 August 2021. The Government immediately implemented a nationwide Level Four lockdown at 11.59pm on 17 August 2021 to prevent further transmission. The lockdown came after several months of no community transmission, with all cases restricted to the managed isolation system. Māori health providers turned their attention to providing further protection for whānau Māori from the potential harm of contracting Delta, reducing the risk of community transmission, and supporting the health and disability system’s readiness and resilience for any subsequent outbreaks (Te One & Clifford, 2021).

Transmission of Delta within Māori Communities

By November 2021, the successes Māori achieved against the emergence of the first variants of the virus in March 2020 were eroded, with Māori shouldering the disproportionate burden of Delta. As of 21 November 2021, Māori accounted for 43% of all Delta cases, 31.8% of hospitalisations and 42.9% of deaths (Taonui, 2021). Steyn et al (2021) have identified that Māori are 50% more likely to be infected with COVID-19 than non-Māori, and have a higher mortality rate. A number of factors, as identified by Netzler (2021), contributed to the spread of the Delta variant and its impact on Māori:

- Māori have a disproportionately lower vaccination rate than non-Māori due to an age-based rollout of the vaccine.
- Barriers to vaccine access, such as geographical, financial, and logistical.
- Occupancy rates within Māori households are higher than non-Māori, making for increased transmission.
- Māori experience higher rates of underlying comorbidities, and thus face greater risk of severe illness, hospitalisation, and death when infected with COVID-19.



Turanga Health in Te Tai Rāwhiti hit the streets!

The Omicron Variant

As transmission of the Delta variant appeared contained, and as vaccination rates slowly improved through 2021, there were hopes that the worst of the disease might be over. Then in November 2021, researchers in Botswana and South Africa identified what has come to be known as the Omicron variant, the now dominant variant of COVID-19 (Torjesen, 2021).

The MoH (2021d) states that Omicron poses greater risk to the health of whānau in the following ways:

- It is more contagious than previous variants and can double case numbers every two to four days.
- Protection against Omicron provided by the Pfizer vaccine wanes over time, as it does for Delta. However, a booster shot following initial doses provides greater protection against infection and severe outcomes of Omicron.
- While Omicron can still cause severe illness, there is a lower chance of hospitalisation when compared with earlier variants. However, due to its highly contagious nature, a higher rate of hospitalisation is experienced during outbreaks.

The COVID-19 Protection Framework

When it became clear in late 2021 that Delta, and the emerging Omicron variant, were going to prove difficult to eliminate from the community, the Government designed the COVID-19 Protection Framework. This framework moved away from elimination of COVID-19, to a ‘minimise and protect’ approach that aimed to reduce the spread of the virus and protect those most vulnerable (Unite Against COVID-19, 2022).

By mid-December, Aotearoa had been phased into the traffic light system. The introduction of the traffic light system marked the end of nationwide lockdowns. Restrictions on movement were lifted, although a range of regulations including social distancing, mask use and vaccination passes remained (Unite Against COVID-19, 2022). Movement between levels depends on pressures placed upon the health system and risk to vulnerable communities (Unite Against COVID-19, 2022).

The National Iwi Chairs forum unanimously rejected the Government’s proposal to transition into the traffic light system, arguing that the relaxed regulations would place Māori at higher risk of infection as vaccination rates continued to lag (Hall, 2021). The National Iwi Chairs Forum stated that the relaxed regulations would see an increase in cases and would hinder the already pressured capacity of Māori and Pasifika providers to support whānau in isolation (Hall, 2021). They argued that once again Māori were not consulted in the development of the strategy (Hall, 2021).

In mid-December, once the traffic light system had been implemented, the Waitangi Tribunal asserted that the Government’s decision to swiftly move into the new framework breached Te Tiriti o Waitangi (Waitangi Tribunal, 2021). The transition put Māori disproportionately at risk of COVID-19, as well as increasing pressure on Whānau Ora and hauora providers to support whānau (Waitangi Tribunal, 2021).



Kaimahi providing Rapid Antigen Tests to whānau, Tāmaki Makaurau.

Whānau Ora Commissioning Agency

WOCA was launched in 2014 to coordinate a network of kaupapa Māori health and social service providers across Aotearoa. WOCA uses a culturally-grounded, holistic approach to improving whānau outcomes. Providers work with a whānau-centred, rather than an individual-centred or fragmented approach, knowing that “Whānau Ora puts whānau and families in control of services they need to work together build on their strengths and achieve their aspirations” (Te Puni Kōkiri, 2021, para. 1).

Funding is delivered to WOCA on behalf of the Government through Te Puni Kōkiri to three commissioning agencies across Aotearoa: WOCA, formerly Te Pou Matakana (delivering contracts across Te Ika-a-Māui); Te Putahitanga o Te Waipounamu; and Pasifika Futures (across Aotearoa). The three organisations are responsible for investing funds in local providers to deliver programmes that focus on developing whānau capability and capacity. Funding for the commissioning agencies allows for one-off support costs for whānau, operating costs, and commissioning funds.

The COVID-19 outbreak from March–May 2020 activated a rapid and unified response by WOCA, iwi and hapori, influenced in part by a collective memory of epidemics and crises that have devastated Māori communities (Te One & Clifford, 2021; Cram, 2021). While the disparities in Māori mortality rates compared with Pākehā have narrowed over the past century, persistent and unconscionable inequities persist (Waitangi Tribunal, 2019; New Zealand Health and Disability System Review, 2020). Inequities in health outcomes have clearly and repeatedly signalled the need for interventions that reduce known risk factors for Māori and Pasifika peoples (Reid & Robson, 2006).

WOCA coordinates care for whānau Māori by ensuring services address their needs. While there may be commonalities found across the motu in relation to whānau needs, there are also significant geographically-determined differences. Local approaches value community-based collective ties and recognise the ability of communities to mobilise resources. The approach prioritises the building, maintaining and strengthening of relationships at multiple levels (i.e. whānau, provider, regional collectives and national level) and across multiple communities, organisations and agencies.

As outlined in a previous study (WOCA, 2020) the effectiveness and reach of WOCA’s COVID-19 response is attributable to their commissioning model which:

- is Māori-led, kaupapa driven (i.e. collective philosophy), whānau centred and culturally grounded.
- is based on a high trust model that recognises and upholds the mana of partners and local leadership thus allowing for rapid, locally specific decision-making.
- supports continuous learning, communication and innovation across all layers of the organisation enabled by data-driven insights and a focus on Collective Impact.¹

¹ Collective Impact is a WOCA approach that “utilises indigenous knowledge and cultural frames to facilitate collaboration across multiple sectors and to ensure that services and support are comprehensive, integrated, and designed to promote the best possible outcomes for whānau” (Kaiwai, 2017, p. 59)

The Whānau Ora Approach

By design, the Whānau Ora framework is shaped by Māori ways of being, by te taiao, and tikanga Māori. Providing care in biomedical or clinical terms has left health systems poorly equipped to address the wider determinants of hauora and have failed to address inequities in health outcomes. The Whānau Ora approach is strengths-based and grounded in holistic understandings of wellbeing. The wellbeing of whānau is not only dependent upon social and economic security, but also strongly linked to Māori cultural values (Te Puni Kōkiri, 2015). While tribal organisations and initiatives have encouraged the development of Māori identity, not all Māori have shared in those initiatives. This separation in outcomes has led to cultural dissonance for many (Levack et al. 2016; Rolleston, 2015), but more optimistically the Whānau Ora framework seeks to provide access pathways to te ao Māori and to Māori health and social services. Tikanga provides the framework for whānau to live according to Māori values and traditions, and as outlined in a previous study (WOCA, 2021a), is the foundation on which the WOCA response to the COVID-19 pandemic is built. Tikanga empowers whānau through their cultural identity, creating a sense of connection with others and te ao Māori while also enhancing their capacity for self-determination. When whānau observe tikanga in action and then put it into action for themselves, feel it, understand it, and accept it, the journey of their lived experience is empowering (Mead, 2003).

Time and again kaimahi referenced a shared understanding and common agenda for working towards improved whānau outcomes:

... tikanga Māori was embedded throughout the whole thing. My team and I are very fortunate that we have grown up with tikanga and te ao Māori worldview ... So I think we implement tikanga without really recognising [that] it is tikanga because it comes naturally.
(Communications Lead)

Kaimahi described how the values embedded within the Whānau Ora approach, guided their response throughout COVID-19 experience: “That is the foundation of how we operate and if something doesn’t work within that, then we find a way it will work, or we won’t do it really”. (Communications Lead)

One participant specifically referenced the guiding principles of the Te Kauhau Ora o Waipareira (Te Whānau o Waipareira, 2018) framework:

With our Kaiārahi, they are bound, well not bound by, but they live and work by Te Kauhau o Whānau Ora. There’s actually a framework as to how they deliver their service, and how they live their life and they engage with people ... I mean Te Kauhau Ora underpins everything that our Kaiārahi do, that we do. It’s a philosophy of how we work in general. But I suppose, in a broader sense, it’s just the nature of being Māori and working with Māori as well. (Relationship Manager)

The WOCA Response to the Delta and Omicron Outbreaks

WOCA was instrumental in increasing vaccination levels among Māori. In coordination with its partners, WOCA designed a vaccination programme that reflected community needs. The vaccination campaign was characterised by:

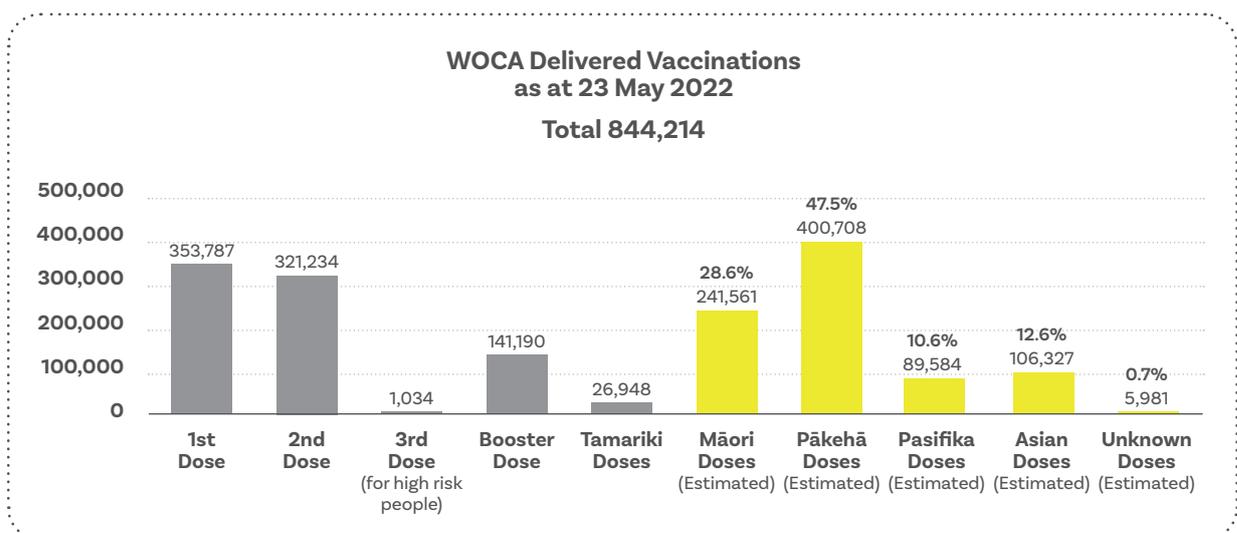
- A ‘by Māori, for Māori’ approach.
- A communication strategy that amplified the Māori voice.
- Improved access to COVID-19 vaccination and testing.
- The provision of Whānau Ora wraparound services.
- Localised vaccination events supported by community volunteers, businesses and non-profit groups.
- Trusted sources of health information relevant to whānau Māori.
- An expanded workforce of vaccinators to support clinical staff that included the training of rangatahi and redeployed kaimahi as lay vaccinators.
- The development of a rangatahi workforce to provide a targeted response to their peers.

While the gap in levels of vaccination have reduced, it is abundantly clear that kaupapa Māori designed initiatives have a greater potential to reach not only Māori communities, but areas underserved by health providers, including rural and areas of social deprivation. Māori vaccination rates increased by 132,000 between mid-September 2021 and the beginning of November 2021 (Xia, 2021). This uptake was 47% higher than any other ethnicity group (Xia, 2021), illustrating the effectiveness of Māori providers’ vaccination efforts to increase Māori rates of vaccination. The effectiveness of a Māori-led response underlines the need for an independent Māori Health Authority to design and deliver health services for Māori.

The snapshot below provides an overview of the WOCA COVID-19 Delta and Omicron response for whānau and communities across Te Ika-a-Māui. It highlights WOCA’s presence on the national stage advocating for Māori and their continued response efforts providing whānau with COVID-19 health services and resources to reach deeper into hapori. This is the period when WOCA were able to deliver an even stronger response due to their lessons from the original COVID-19 outbreak.

Snapshot of WOCA Deliverables

1. Across Te Ika-a-Māui Whānau Ora provided a range of both mobile and static vaccination services across 200 sites. These included:
 - a. The establishment of large-scale vaccination centres.
 - b. Clinic-based appointments and walk-in services for vaccinations at existing healthcare clinics.
 - c. Mobile vaccination units to provide close-to-home and at-home vaccination services.
2. As of 23 May 2022, WOCA has delivered a total of 844,214 vaccinations across the motu with 241,561 to Māori. 28.6% of vaccinations were administered to Māori, and 71.4% non-Māori – with an estimated 47.5% being administered to Pākehā, 12.6% to Asian peoples and 10.6% to Pasifika peoples.



3. Testing services, including PCR (Reverse Transcription Polymerase Reaction) tests, RATs (Rapid Antigen Tests) and saliva tests, were provided across the motu by WOCA partners.
4. Processes and protocols, developed through previous nationwide lockdowns, were adapted to respond to the immediate needs of whānau.
5. 0800 Helplines across the motu were established to provide alternative access to wraparound services. Services included financial support, wellbeing and health support, COVID-19 vaccination and testing, kai and hygiene packs, transport, housing and isolation support.
6. WOCA created the 'Fight For Your Whakapapa' website that provided whānau with access to trusted vaccine information and resources, an interactive map to locate nearby vaccination centres and access to wraparound services via a Live Chat.
7. WOCA provided homecare and wraparound support to whānau isolating with COVID-19.
8. A social media strategy communicated not only essential information, but the strength and value of a kaupapa Māori response.
9. WOCA was a constant political presence on the national stage advocating for equitable outcomes for Māori.
10. WOCA successfully sought judicial review against the MoH's decision to withhold Māori health data.
11. Alongside the COVID-19 response, WOCA partners have continued to deliver regular health and social services programmes, such as Ngā Tini Whetū, Quit Smoking, Rangatahi Education programmes, and Te Reo Matahiapo.

Funding for the WOCA Delta and Omicron Response

To address the disproportionate effects of the Delta outbreak, the Whānau Ora Minister, Peeni Henare, announced on 2 September 2021 a funding boost of \$20.032m to support the Whānau Ora Commissioning Agencies' response to the Delta variant (Waitangi Tribunal, 2021). A proportion of the funding, \$8.861m, went to the three commissioning agencies, while the remaining \$14.216m went towards long-term needs on needs-based criteria (Beehive, 2021b). On 3 and 10 September 2021, two tranches of \$4.4m were commissioned by WOCA and distributed across the motu (WOCA, 2021a). Three aims were identified as priorities (WOCA, 2021a):

1. Increase vaccination rates among Māori and Pasifika.
2. Provide support to the immediate needs of whānau and hapori.
3. Support WOCA providers in their COVID-19 response through the provision of resource.

On 2 November 2021, \$5m of funding was announced for WOCA and its partners to support the vaccination rollout, the provision of pastoral care, and to encourage whānau, rangatahi and hapori into vaccination (Beehive, 2021c). On 18 November 2022, a total of \$46.75m was approved to accelerate Māori vaccination rates across the motu. \$5m of this was distributed to WOCA to continue to support their efforts to increase Māori vaccination rates (Beehive, 2021d). By 22 February 2022, Omicron had entered the community and further funding was provided to the Māori and Pasifika response efforts. \$29.6m was to be distributed across the three commissioning agencies to support ongoing community care and home isolation (Beehive, 2022; Ministry of Health, 2022b).



Māori Leaders attend the Omicron Māori Response Fund Announcement at Ngā Whare Waatea Marae, Tāmaki Makaurau.



*Ruakawa Charitable Trust COVID-19 testing team
managing a pop-up drive through in Tokoroa.*

Section Two: ***Herenga Tāngata*** ***Collaborating for Impact***



Future-proofing the next generation of the WOCA workforce,
rangatahi lay vaccinators.

This section details the activities that WOCA and its partners undertook to respond to the needs of whānau, with a particular focus on the emergence of the Delta and Omicron variants in Aotearoa. A key activity during this time was the establishment of vaccination initiatives across the Whānau Ora network. These initiatives included a number of vaccination drives which saw WOCA partners ‘collaborating for impact’ through the sharing of kaimahi and resources. The vaccination drives were a key success in Whānau Ora’s response to the COVID-19 variants in terms of their reach and effectiveness. Rangatahi were also a key feature of the Whānau Ora response workforce taking up roles as vaccinators and other support roles.

In addition to providing vaccinations, vaccination centres acted as hubs for Whānau Ora services, providing information and support on a range of topics. Other activities undertaken by WOCA during this time included whānau wellbeing checks, which were home visits conducted by Whānau Ora Navigators. These visits provided an opportunity to engage whānau, assess their wellbeing and connect them with services if needed. Whānau Ora Navigators also delivered food parcels and other essential items to whānau during this time.



Kaimahi, John Ormsby ready to administer vaccinations for whānau, Tāmaki Makaurau.

Developing the Workforce

Whānau Ora aspire to develop a culturally proficient and technically skilled workforce that supports whānau in achieving their aspirations (Te Puni Kōkiri, 2015). Fundamental to achieving this is the provision of a safe workforce ecosystem that pursues collective goals whilst further developing, sustaining and increasing the capacity of the Māori health workforce (Te Pae Herenga, 2022). Kaimahi and volunteers across WOCA continued to develop new skills increasing their ability and capacity to respond quickly to the changing needs of their hapori:

With an increase in demand for COVID testing, a few of our kaimahi from our Tāmaki Vaccination clinic put their hands up to learn how to conduct COVID-19 swabbing and were redeployed to the local pop-up COVID testing centre. The team have been working tirelessly to get through queues of people and have completed over 2,000 swabs since opening last Friday. (Ngāti Whātua Ōrākei - Whai Māia, 2021)

It was shared by interview participants how the development of the Whānau Ora workforce allowed partners to efficiently respond and adapt to what was needed in the community:

With the click of some fingers they were out there and vaccinating. There were people who had no medical backgrounds whatsoever, out there putting jabs in people's arms, just because that's what we needed to do to help our community. Yeah I think, it's not something you see very often in organisations. (Relationship Manager)

Throughout the response, WOCA actively established and developed the community health capabilities of rangatahi, kaumātua and volunteer workforces. Several interview participants commented on the development of the rangatahi workforce: "some of the rangatahi, some of the kids of our kaimahi became vaccinators. There were a couple of like 16, 17-year-olds who managed to get qualified as vaccinators" (Relationship Manager).

Practical, community-based job training inspired kaimahi and school leavers to become health professionals, and provided easy access to upskilling (Te Pae Herenga, 2022). One of the youngest Lay Vaccinators in Aotearoa, trained by Waipareira, described how their training motivated them to become a doctor, "Being in the medical field was always in the back of my head but I wasn't too sure, so being around it and seeing it happen every day and then actually getting to do it, actually helped a lot" (Warhurst, 2022).

Volunteers from the community joined the workforce to assist in supporting whānau:

#ThankyouThankyou 🙏 #Volunteers 🙏 On behalf of our Fabulous Waipareira HR Bubble & all of us at Whānau Waipareira we would like to thank everyone who came forward to volunteer their time ... ✨ Our volunteers ... from offering 1 hour to offering 5 hours a week, every offer we have received we deeply appreciate ... ✨ Some lovely stories coming from those putting their hand up to volunteer. Including a delightful story from a wonderful woman in Tauranga who has been watching our FB page and offering to spend Fridays and her weekends with us. How cool is that! ... (Te Whānau o Waipareira, 2022a)

Workforce development and innovative kaupapa that took place at Waipareira inspired partners across the motu. Two participants described how WOCA partners would incorporate strategies from Waipareira into their response activities:

They [Waipareira] tend to be the drivers of a lot of things, aye. The innovative thinking often happens up there, and then a lot of our partners will adopt that and then they'll adapt it to what they need for their region. But they're even talking now about some of those PCR testing labs and stuff that John [Tamihere] got organised up in Auckland. They are looking to try and mobilise them down here ... Waipareira led that sort of thing. (Relationship Manager)

WOCA partners were also inspired by John Tamihere's 'CEO Talks' live-streamed on Facebook (Relationship Managers). Participants highlighted kaupapa such as saliva testing and mobile vaccination clinics as a viable undertaking for partners through the role modelling of Waipareira.

The redeployment and development of kaimahi during COVID-19 has not come without costs to kaimahi wellbeing. Interview participants empathised with the impact the response had on some kaimahi. One shared that many became burnt out and were not able to rest over Christmas as the vaccination campaign was at its peak. One participant noted the efforts of providers to support kaimahi despite resource constraints:

Yeah I know partners they do their best in terms of trying to, maybe not incentivise, but make the workplace as comfortable as possible and that sort of thing. There's always kai and there's always different things that make the workplace a bit more comfortable. (Relationship Manager)

Partners tried to remunerate kaimahi but this was particularly challenging given limited funding and a lack of pay parity between Whānau Ora and DHB clinicians. One participant emphasised their concerns about the inequitable pay disparity that Whānau Ora kaimahi have experienced during the pandemic:

Some of them were doing huge hours for not a huge amount of money. You know, our partners did their best to try and remunerate where they could but it wasn't, you know, if you consider what a DHB nurse is being paid to provide those same resources and as we've seen, probably not at the same, or the same service, but not at the level some of our Māori providers were doing. Yeah and they were getting paid so much more for it. (Relationship Manager)

Another participant shared how they would like to see pay disparities addressed: "... more funding for Whānau Ora so they can at least, their kaimahi be paid on a par with other kaimahi ... who don't get redeployed like ours do." (Relationship Manager).

The development and redeployment of WOCA kaimahi have not only supported Māori, but entire communities:

They serviced the whole area, and even like Fielding, Palmerston North, people came up from Wellington even though they weren't meant to be travelling ... So they used their money to do those things, but ... it covers a lot more than Māori. (Relationship Manager)

While this manaakitanga was of great benefit to wider communities, the funding for Māori providers was consequently diluted: "the funding that's been given to them has been based on Māori populations, but they're never gonna turn anyone else away from the door" (Relationship Manager).

Redeployment of Kaimahi

When Delta reached the community, WOCA redeployed its kaimahi from business as usual (BAU) to directly support whānau. The delivery of kai and hygiene packs, together with increased community testing, was initially prioritised until the capacity to deliver vaccination services on scale was developed through redeployment. The redeployment and development of kaimahi from BAU demonstrated time and again WOCA's ability to reorient itself to the changing needs and priorities of whānau. WOCA leadership established an expectation that partners would redeploy their kaimahi in ways that best meet the needs of whānau:

John [Tamihere, CEO, Waipareira] is pushing ... “go and help your whānau, do whatever you need to be able to help them” ... there’s an expectation almost that our money and our resource would be used to go and help whānau in that way. (Relationship Manager)

Ray Hall, Chair of Te Whānau o Waipareira Trust, affirmed this on 'The Project':

I may be the Chair of the Trust but my role here is the same as everyone else, doing whatever needs to be done. Akin to working on marae, everyone rolls up their sleeves and gets in and has a dig. (The Project, 2021a)

The same participant discussed the flexibility of WOCA funding that enabled WOCA partners to respond effectively to whānau:

WOCA money tends to be the most flexible and the most, yeah agile I suppose, for our partners to use to support COVID responses. So Kaiārahi, it's easy for our partners to pull Kaiārahi out and send them out to deliver manaaki packs or to go out and help with vaccination and swabbing and that sort of thing. (Relationship Manager)

One participant described how their experience as a redeployed vaccinator positively benefited their BAU role by enhancing their clinical knowledge and strengthening relationships with regional partners:

It was good for our relationship building. We were really able to solidify relationships, relationships that were a little bit unsteady to start with or needed more efforts to refine ... often in conversations where we could provide really in-depth advice around setting up [vaccination services] did help to reconfirm some of those relationships.

We were lucky. We had six weeks' hindsight and ability to refine our processes and to pick out all the things that went really well and to offer those as gems to partners, rather than keeping it in-house ... advice around the training: how to build your own vaccinators – what it took. So supporting them with vaccination pathways, who the contact people are, [and] how you go about doing that as an example. Providing ideas and solutions around setting up your own vax stations – what you should or what you might consider in doing that and flow – there are practicalities around flow. (Manager)

Improving Access to Vaccination

As Delta cases increased in the community, emphasis was placed on increasing Māori and Pasifika vaccination rates. In September 2021, WOCA removed vaccination booking requirements. The ‘no-appointment’ approach was widely promoted across partners’ social media platforms. Waipareira (2021a) posted: “You and your whānau are now able to walk-in to either Catherine St or Trusts Stadium Vaccination Centres and you’re prioritised for a vaccination. No booking needed!”

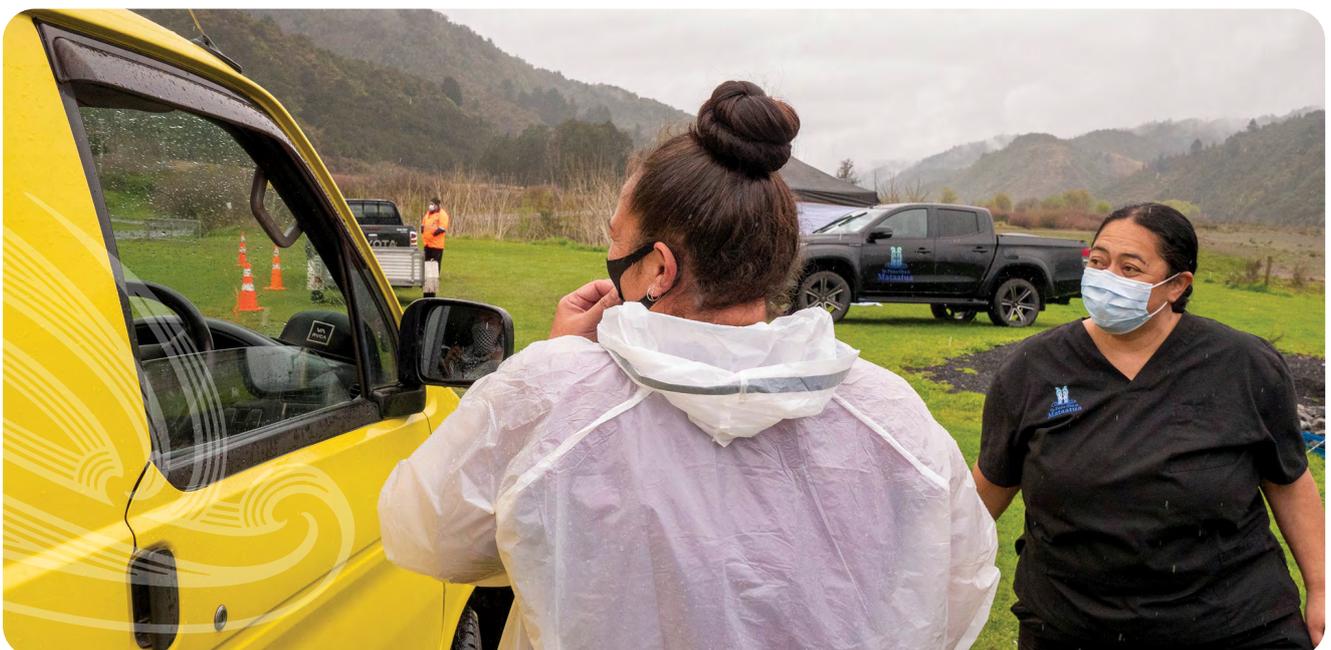
Alongside the ‘no-booking approach’ free transport options were offered to whānau to ensure accessibility to vaccination services: “... Free transport - drop us a PM ...” (Papakura Marae, 2021a).

John Tamihere emphasised the importance of a ‘no-booking’ approach for Māori and Pasifika:

We need to ensure equality of access. The only way to achieve that is to have a no booking approach for Māori and Pasifika Peoples. All vaccination centres have excess capacity to cater for this demand if it eventuates ... For example, Tāmaki Makaurau Whānau Ora Partner - Te Whānau o Waipareira. As at today’s date we have vaccinated 57,401 Kiwis. Out of that number, we have vaccinated less than 3,000 Māori ... We are delighted to have served all other communities over this difficult time, but I am sure those communities will now accept that their fellow Māori citizens should not have any impediments in being vaccinated on an ‘as and when required basis’. (Te Pae Herenga, 2021a)

One participant shared the success of the no-booking approach:

So for a lot of Māori, within my partners groups, they just don’t like making appointments. So if somebody says “jump in your car and come down now.” They’ll jump in their car and pick up their Grandmother and come down now. And that’s a system that obviously works for them, but obviously it’s worked for everybody else as well. That’s their strengths, is that our partners know their communities, they know their people. (Relationship Manager)



Frontline kaimahi providing COVID-19 pop-up hauora services, Ruatoki Valley.

Taking the Vaccine into Communities

WOCA partners have provided opportunities for whānau to access vaccination and other hauora services through mobile, temporary and stationary vaccination clinics. Mobile vaccination clinics proved an effective means of reaching whānau in more rurally isolated or hard-to-reach communities, and in doing so provided the opportunity for partners to build relationships with those communities (Harriman, 2021a).

Mobile vaccination clinics consisted of vehicle fleets including cars, pahi and campervans, equipped with speakers, flags, music and mahi toi to encourage whānau to come and get vaccinated (Te Wake, 2021). One participant spoke of the atmosphere that was created within the community: “whānau [were] saying ‘this is an awesome experience. I am gonna go down and get my kids, I am gonna go get my brother’” (Management Lead).

Geographical distance, lack of transport, limited access to healthcare, and work and whānau commitments created barriers to vaccination. While very labour and resource intensive, the mobile clinics provided an access pathway to vaccination and efforts were often coordinated with local community health-care providers, businesses and community-based organisations.

Mobile clinics enabled partners to intensify their vaccination campaigns within their hapori:

#SouthAuckland Our most Southern Whānau Ora Partner – Huakina Development Trust, super proud to say they have just received their Whānau Ora Mobile Van ... yes theirs for life. Now they can get on and do the vaxxing mahi deeper in our communities. #whānauora. (Te Pae Herenga, 2021b)

Temporary vaccination clinics were set up in schools, workplaces, car parks and streets in the neighbourhood to reach as wide a proportion of the community as possible. Participants noted the ease of access provided to whānau: “getting tested or getting vaccinated from a Whānau Ora partner is just easy” (Relationship Manager). Ngāti Whātua Ōrākei Whai Māia established an all-night vaccination clinic to support shift workers: “#LateNight- Vaccinations Ngāti Whātua Ōrākei – Whai Māia run vax centre is open all night from 8 am Fri – 6.30 am Sat this weekend whānau!” (Te Pae Herenga, 2021c).

One participant noted the positive impact of mobile vaccination clinics and how they benefited whānau and local providers: “We know we reached whānau that would have never ever got vaccinated, you know, and I was really glad to support our partners up there [Te Tai Tokerau]. That was a big success too” (Management Lead). Another interview participant emphasised the success of the mobile clinics, noting opportunities that the mobile fleets offer for future hapori outreach:

We bought all ten vehicles because when COVIDs finished we’re gonna go and do normal vaccinations, and normal diabetes checks, and normal health checks, and normal cancer screening, and diabetes screening. Because we think, we have now proven that going to whānau or sitting in a park where your kids are playing is more likely to get you engaged in the healthcare system. So why would we go back to the system before COVID? (Executive Leader)

Mobile clinics were promoted across social media platforms and regular posts kept whānau informed on the time and place they would be in their neighbourhoods. Manurewa Marae shared a Facebook post of a kuia who was able to hīkoi from her whare to the ‘Shot Cuzz’ pahi to receive her vaccination: “Our kuia walked from her whare to get vaccinated at James Cook High School this mōrena. Thanks to the tumuaki for taking her home with kai packs.” (Manurewa Marae, 2021a).

Tautoko for the mobile clinics was immense on social media. A whānau member shared a comment with Waipareira, illustrating the accessibility of the vaccination pahi:

Flicked a msg to my mother about the Shot Bro bus being close to one of her clients she's taking care of today. She popped in during her break & managed to get her 2nd dose of Pfizer. The vaccinator was so lovely & gentle, she didn't feel a thing. Thanks @WaipareiraTrust ❤️. (Redacted, 2021a)

Provision of kaupapa Māori services ensured that Māori had choice in the services available to them. Kaupapa Māori is the foundation that WOCA partners grow trusting relationships upon and are key to connecting with hapori. Many Māori providers showed an incredible commitment to ensuring whānau felt connected and cared for, providing resources and tools to maintain hauora, beyond what mainstream providers were capable of delivering.

Karakia were regularly shared on various social media platforms to provide a point of spiritual connection, belonging and continuity:

*Ruia, ruia, opea, opea, tahia, tahia
Ko te tīmata o te rangi nei ka tika*

After a beautiful karakia and whakatau we have come together by way of hongī wairua ktk and we are now in groups throughout the wāhi of Kaitiāia. (Te Whānau o Waipareira, 2021b)

Turuki Health Care posted weekly updates for their free 'Turuki Health Care Aronui Wellness Online Calendar of programmes' which included traditional hauora practises such as karakia, maramataka, māramatanga and orokoroa to support whānau wellbeing (Turuki Health Care, 2021).

Ngāti Whātua Ōrākei promoted the availability of free vegetables for whānau grown in accordance with maramataka principles at their māra kai, Pourewa Hub (Ngāti Whātua Ōrākei, 2022a).

Te Kaha O Te Rangatahi supported māmā in their Hapūtanga Wānanga programme to still be able to make their lpu whenua safely from home "Look at these beautiful lpu whenua made by our māmā doing the Hapūtanga Wānanga! The materials were dropped off to them (through contactless delivery) and they were guided on how to make them via Zoom!" (Te Kaha O Te Rangatahi, 2021)



Manukau Urban Māori Authority kaimahi vaccinates whānau in the comfort of their car.

Working with Partners and Local Organisations

Key to the response was the whanaungatanga between WOCA and local providers. Vaccine kaupapa provided opportunities to work together and deliver coordinated and collaborative responses. The collaboration between partners was premised on a shared sense of purpose:

We partnered up with a local Māori provider who had a van and he said “Oh nah, we will taxi you there and back if need be”, so we all had a common interest. How do we get as many of our people vaccinated, with a secondary goal as how do we get as many of our people educated who are anti-vax but with huge respect on all of that? (Executive Leader)

Waipareira provided the back-bone support for WOCA and was key to facilitating collaboration between Tāmaki Makaurau providers:

Whānau Waipareira alongside our fellow Te Pae Herenga o Tāmaki Whānau Ora Partners now embark on a scaled-up campaign for the next 3 months, ‘FIGHT FOR YOUR WHAKAPAPA’. Reaching deeper into vaccinating our communities over the next three months. (Te Whānau o Waipareira, 2021c)

Te Puna Hauora and Waipareira together mobilised a number of vaccination clinics in an intensive vaccination drive across the North Shore. Waipareira supported Manurewa Marae by relieving their kaimahi and managing the vaccination drive for a weekend (Manurewa Marae, 202b), while their data teams collaborated to create a targeted vaccination kaupapa for local whānau (Manurewa Marae, 2021c).

One participant spoke movingly of the response of WOCA partners who had been struggling to meet the demand for vaccination and testing until Waipareira provided them with support:

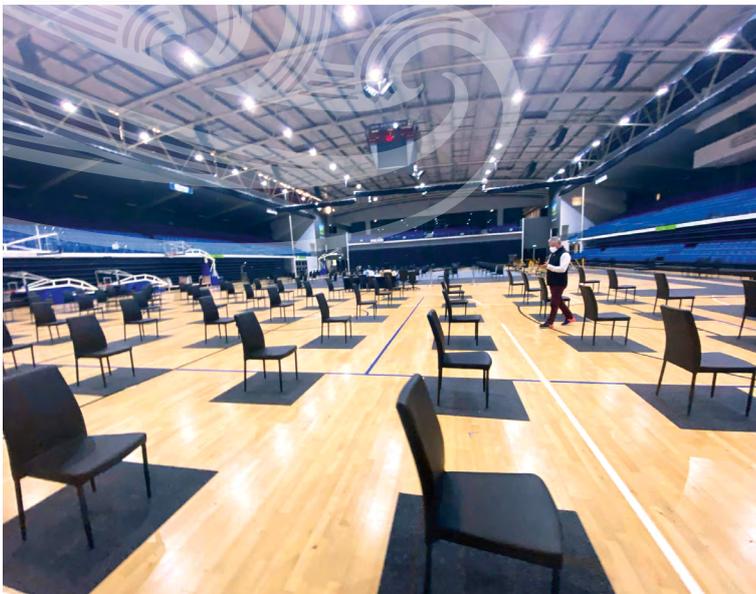
We went up to South Auckland – we went to Papakura Marae I think was the first one we did. And they were blown away ’cause they had ten people to vax and then we rocked up with 20 or 30 vehicles. They’re all branded, they’re all Waipareira branded 80 staff and the tears, the tears. Actually when we went to, when we went to Ōmāpere, when they’re doing the mihi or the pōwhiri for us. The tears on all the front bench were like we can’t believe you left a train wreck called West Auckland – because West Auckland was a train wreck or still is a train wreck called COVID – to come and help us. (Executive Leader)

Local businesses and community-based organisations supported WOCA’s response. Collaboration has taken place with churches, sports clubs and community centres to establish pop-up vaccination clinics in order to target specific communities across the motu. WOCA provided a hub around which whānau and businesses aligned.

SaMāori Coffee and Et Tu Bistro, food vendors in Tāmaki Makaurau, gave out free coffee to whānau getting vaccinated at Whānau Ora mobile clinics. MaiFM supported Manurewa Marae in giving out vouchers to whānau coming out and getting vaccinated on the vax bus (Te Pae Herenga, 2021d). Pak’nSave also partnered to tautoko the mahi, donating kai vouchers to Ruapōtaka Marae for kai manaaki packs (Ruapōtaka Marae, 2021).

MUMA (2021a) posted a mihi to Moana New Zealand online for their āwhina:

Thanks so much Moana New Zealand for the ready to eat kai!!! We’ve been able to distribute to our whānau 14,000 ready-made Moana Meal packs to our whānau from the Taumata Kōrero distribution hub based here at our Marae Ngā Whare Waatea based in Māngere. We’re forever grateful to our partners, and those who donate, in helping us serve our hapori during these difficult times. He waka eke noa! We’re all in this together!



Trusts Arena Vaccination Centre in Tāmaki Makaurau.

Establishing the Trusts Arena Vaccination Centre

WOCA partners established large-scale stationary vaccination clinics in order to increase vaccination rates. Waipareira, together with the National Hauora Coalition and the Northern Region Health Coordination Centre, created Auckland's second drive-thru vaccination centre at the Trusts Arena in Henderson. The centre opened on 25 August 2021 and was designed to vaccinate up to 1,500 people per day during Alert Level Four. Priority was given to Māori, Pasifika, essential workers and anyone unable to attend booking-only appointments (Scoop, 2021a).

The centre was designed to create a culturally welcoming space specifically for Māori and Pasifika as stated by John Tamihere: “We really want to make this a welcoming space for our Māori and Pacific communities. We’re encouraging them to bring along their whānau so that we can help to protect our old and young people alike” (Scoop, 2021a). Dr Rawiri Jansen, Clinical Director at the National Hauora Coalition, also shared this goal: “We’ve worked really closely together to design this site in a way that works well for whānau so that we can ensure they have a good experience, and can encourage others to come along” (Martin, 2021).

Kaimahi described the difference in services offered to whānau at the Trusts Centre in comparison to mainstream. Waipareira ensured Māori and Pasifika were prioritised:

I think there was that real sense of advocacy, where for voices that might not have been heard before were heard, and that Māori were being prioritised through our vax centre ... If you were Māori you were going to be pushed to the front of the line. You weren't going to have to wait in line like you might have had to wait at other places. You were never going to have to beg as Māori or Pasifika. (Manager)

Waipareira managed the centre until the closing date on 28 September 2021 delivering 35,000 vaccinations in 37 days (Martin, 2021). A participant described the extensive reach of the centre: “That was a huge operation that could service a huge West Auckland population, as well as people, were coming from almost as far as Dargaville to come down for a vaccination” (Relationship Manager).

The success of the Trusts Arena Vaccination Centre demonstrated Waipareira's ability to not only collaborate effectively with other health organisations but also to reach out and support the hauora of whānau from a diverse range of ethnicities. A Tweet by Apna TV networks (whose main audience consists of Indian, Fijian, Bangladeshi, Pakistani and Punjabi ethnicities within Aotearoa) praised Waipareira and its co-partners for their outstanding organisation and services (Te Whānau o Waipareira, 2021d).

Whānau praised the success of the centre, sharing their gratitude on social media platforms: “Tautoko your mahi TWOW ❤️👊 Fa’afetai lava. Vinaka vaka levu for all you’re doing for our community, especially our Māori and Pacific communities” (Te Whānau o Waipareira, 2021e). A whānau member who was vaccinated at the centre commented: “Wow - that’s amazing results..! I got both my shots here (along with my household bubble) was such an amazing experience, positive vibe and friendly service throughout. Appreciate all ur work - blessings to everyone involved xo” (Te Whānau o Waipareira, 2021f).

Supporting the National Super Saturday Vaxathon 2021

Super Saturday provided another opportunity for Māori providers to manaaki whānau and demonstrate the effectiveness of a 'by Māori for Māori approach'. WOCA and its partners supported the national vaxathon initiative, conceptualised by Tamati Shepherd-Wipiti, a Māori Health consultant on secondment to the MoH (Giovannetti, 2021). Marketed as 'Super Saturday', the event took place on 16 October 2021 and across the motu 130,002 doses were collectively administered. The intention was to increase vaccination rates significantly across Aotearoa with a focus on Māori, Pasifika and the young (Howie, 2021).

WOCA and its partners created a fun atmosphere with waiata, kanikani and kai, encouraging whānau to come and get vaccinated and enjoy a variety of giveaways such as:

- 800 free hāngi meals; the first 2,850 vaccinated were lucky enough to enjoy a free bag of mussels (Howie, 2021).
- Te Hā Oranga offered whānau vouchers for petrol, Rebel Sport, Stirling Sports, The Warehouse, and Hunting and Fishing (Te Hā Oranga, 2021).
- Papakura Marae gave away spot prizes, free kai including real fruit ice cream, vouchers from Hunting and Fishing, PB Technology, The Warehouse and plenty of 'good vibes' (Papakura Marae, 2021b).

Whānau who attended Super Saturday responded with gratitude to WOCA and its partners as seen in comments posted on social media "Matua [Redacted], that kai was off the hook. Tūmeke rawa atu! Ngā mihi rangatira. Manaakitanga was 🤝 EPIC!" (Te Whānau o Waipareira, 2021g).

In a Beehive press release dated 17 October 2021, Hon. Peeni Henare acknowledged and applauded the successful end result:

It was absolutely outstanding that 21,702 Māori got vaccinated on this one day alone with 10,825 people getting their first doses and 10,877 people getting fully vaccinated with their second doses. This is an awesome achievement and I want to thank everyone who took up this opportunity. (Henare, 2021, para. 2).

He praised Māori health providers for the success of Super Saturday and their 'by Māori, for Māori' approach built on reciprocity and trust. Henare (2021) also emphasised the importance of kotahitanga, Māori working together as health providers and whānau to increase vaccination rates:

We must now build on the collective mahi being led by Māori providers and communities across Aotearoa to ensure we are protected from the virus. We have a way to go to raise the vaccine uptake rate, but I know with our collective will, and by continuing our whānau-centred approach, we can do this. (para. 7)

Reaching Rangatahi

Despite the MoH's assertion that their vaccination rollout was whānau-centred (Waitangi Tribunal, 2021), it was not until 1 September 2021 that those aged 16 to 30 could receive their vaccinations (Ministry of Health, 2021e). By late September, rangatahi Māori (16–24 years) had the lowest vaccination rates in the country (Jacobs, 2021b). Māori health providers responded by mobilising rangatahi vaccination kaupapa across the motu (Jacobs, 2021b; Trafford, 2021).



Rangatahi volunteers at the Waipareira Youngatira Event, Tāmaki Makaurau.

The rangatahi workforce at Waipareira, together with the senior leadership team, designed and delivered their own ‘Youngatira’ event (Jacobs, 2021b). The peer-led response was designed to connect with Māori and Pasifika aged 16–24 (Jacobs, 2021b) and proved to be one of the most successful rangatahi vaccination events run by Waipareira:

The real cool thing about them recognising the youth rates were real low in Auckland we ended up having a vaccination day that they made themselves, called Youngatira. And I think that was one of our highest vaccination events we [Waipareira] have ever had, at least top two, which was cool with rangatahi. (Communications Lead)

The day involved music, giveaways, kai, and the youngest vaccinators in the country.

We are as proud as their tūpuna to announce that amongst this bunch of #Youngatira, we have the youngest Māori and Pasifika Vaccinators in the whole country. Forged from the past and wired for the future. Ka pū te ruha, ka hao te rangatahi. (Te Whānau o Waipareira, 2021h)

Participants shared their enthusiasm for the ‘for rangatahi, by rangatahi’ event:

I imagine it would be amazing to be a rangatahi and go in there and see someone who’s my age, can talk to me exactly how I would talk to them out in the street, and them giving me my job. (Relationship Manager)

Kōkiri Marae kaimahi created a hākinakina inspired event in Naenae, Lower Hutt to encourage vaccination among local rangatahi. Rangatahi aged 12–18 years were invited to attend and play a ‘3v3’ basketball competition called ‘2 Shots for Summer’. The event included free entry, spot prizes, free kai and a shoot out competition. A shout-out was posted on their Facebook ad for the event: “This is for our Rangatahi I repeat RANGATAHI!! 12YRS-18YRS!! ... Woop! See use all soon”. (Kōkiri Marae Naenae Hub, 2021)



Ohaeawai Rugby Club working with Te Hauora o Ngāpuhi and the WOCA Battalion, Te Tai Tokerau.

The Whānau Ora Battalion Hīkoi

Te Tai Tokerau

Across the motu, partners came together from different rohe to target areas that needed greater support in vaccinating their hapori. Te Tai Tokerau was identified as a high priority rohe due to comparatively lower access to vaccination services and lower vaccination rates (Whitehead et al., 2022). In response, Waipareira along with its regional partners established the 'Whānau Ora Battalion'. Seventy Waipareira staff and four mobile clinics were mobilised to tautoko WOCA partners and whānau in the north:

A massive week ahead for our Whānau Ora Battalion. A vax intensive campaign across Te Taitokerau goes live this coming week. Over 200 Whānau Ora Soldiers on the ground vaxing. Te Taitokerau Whānau Ora Partners joined by @WaipareiraTrust who have an army of 70 coming to support! (WOCA, 2021b)

The time spent in Te Tai Tokerau was underpinned by kotahitanga, aroha and kaha:

We've been in the Hokianga, Kaikohe & Ohaeawai for the last 2 days. An honour to work alongside Hokianga Health, Te Rarawa & Ngā Puhī. One of our 4 vax teams has been based at Mangamuka. Sharing the ♥ from Waipareira, Te Rarawa & Hokianga Health based there. (Te Whānau o Waipareira, 2021i)

A participant shared that Te Tai Tokerau providers struggled to reach whānau through a lack of resourcing. The Whānau Ora Battalion was able to provide needed impetus:

We've been working hard down in Auckland but we've got so much more resource than they do. So to see the different moments in time, all of us, I think we took 27 different vehicles up, you know branded 27 vehicles travelling together, flags out, and they see nothing but smiles on our faces. That was one of the biggest things we said to our kaimahi - we know you're tired ... John [Tamihere] said something beautiful, he said, "this is day three for you, but to them this is day one. So we need to show the same energy we showed on day one." (Management Lead)

The Whānau Ora Battalion created a fun atmosphere with kanikani, waiata, and prizes for whānau, encouraging vaccination. TikToks were popular, sharing the Whānau Ora Battalion kanikani and waiata, gaining hundreds of likes, shares and comments (Te Whānau o Waipareira, 2021i). Some of the comments included tautoko from hapori: "Thank you lovely people for all your hard work", "Now this is what I want [the] media to focus on please, all the amazing mahi being done. Surely good news is a good thing!", "Great moves and great mahi! Thank you team", and "THANK YOU for your Mahi - amazing people rise to the top during tough times. Respect" (Te Whānau o Waipareira, 2021i).

One participant shared how the TikToks made by kaimahi during the hīkoi helped remove vaccination anxiety: "it took away some of the anxiety of going into those places as well. Oh look they're out there with needles but they are still having fun" (Relationship Manager). The fun environments created spaces where whānau could build trust kano ki te kano. Pio Terei, a popular Māori comedian, actor and singer, was a part of the campaign, enhancing the sense of trust, safety and familiarity for whānau.

Across the week the Whānau Ora Battalion supported 3,000 whānau in getting vaccinated: 60% were first doses, 40% second, and 80% of the overall total were whānau Māori (WOCA, 2021c). WOCA celebrated the initiative on Twitter, but emphasised the urgent need for greater access to Māori vaccination data:

This was a great result. At the heart is Whānau Ora Partners continuing to work together with solutions that we know work on the ground our way. But, it's a race against time and we know if we had the data we would have without a doubt doubled this figure last week. (WOCA, 2021c)

One participant described the emotion felt when crossing the border into Te Tai Tokerau:

They were quite proud that we were going up 'cause you know they thought jeepers we're leaving chaos to go to chaos and to help our whānau. But you know so there was quite a bit of emotion at the [border] crossing. (Executive Lead)

Local police were supportive of the initiative too, facilitating movement from Tāmaki Makaurau, which was under strict travel restrictions:

... they [the Police] were like "wow whatever you need and you could have stayed home to look after your own families but you've chosen to take a week out and come up here to and vaccinate"... every time we got to a border and we, actually half the Police were Māori on the border - they were like "Nah, nah, mean respect, if you guys need a Police escort you're all good". (Management Lead)

South Auckland

Following the hīkoi to Te Tai Tokerau, the Whānau Ora Battalion turned their sights to manaaki South Auckland. WOCA recognised that unvaccinated whānau were at risk with the Tāmaki Makaurau borders opening prior to Kirihimete. Two intensive vaccination drives were undertaken in South Auckland in late-November and mid-December 2021. The first took place across three days, and involved Whānau Ora providers in South Auckland such as Manurewa Marae (Waatea, 2021). The second hīkoi saw 120 West Auckland kaimahi working alongside 120 South Auckland kaimahi targeting suburbs with low vaccination rates (Scoop, 2021b). These areas were identified through the data released by the MoH. This hīkoi took place over two days and involved multiple hāpori partners across South Auckland, including Turuki Health Care, Manukau Urban Māori Authority, and South Seas Healthcare.

Both South Auckland hīkoi were shared across social media platforms, promoting the times and locations of vaccination services and celebrating the kotahitanga and mahi undertaken by kaimahi and whānau. As shared in a post by Waipareira:

Another big week that started with a 3-day Whānau Ora Battalion campaign in South Akl - Manurewa, Papakura, Pukekohe & Tuakau. Ending with the launch of our 4 mobile street soldier teams in the West!! Sharing the from some of our Waipareira naati's [Ngāti Porou] on the Vax frontline! (Te Whānau o Waipareira, 2021j)

Interview participants spoke of the support Waipareira was able to provide South Auckland partners:

So when we went to Papakura Marae there was some huge mutual respect on both ways to say "you know we're just here to help you for the day but you've done this mahi for 100 days. You know we're just here to give you a bit of respite. Your team want to cruise for today, it's all good". (Executive Leader)



Whānau Ora Battalion, MUMA and South Seas join forces to increase access to vaccination for South Auckland whānau.

The same participant spoke of kotahitanga with providers beyond Te Pae Herenga to create greater accessibility for Māori and Pasifika communities:

So we partnered up with South Seas who's the largest Pacific provider and the logic there was 40 percent of the people that live out South are Māori and 40 percent Pacific and some are blended. So let's pool our resources and we just hit, we just hit Ōtara, Manurewa and Māngere and all those places and just the same thing, and blitzed 6 different locations. And that was good like they were all like "man it's just so cool to see you guys." (Executive leader)

A manager involved in the South Auckland hīkoi, shared the effectiveness of using data to target areas with lower vaccination rates:

One of the key learnings for them was that they weren't hitting the streets. So, whereas, we've got a static [vaccination] site but also hit the streets. But also when we applied the data it was telling us exactly where a lot of unvaccinated families were. And so we were virtually hitting their streets so it was really targeted. And I think that's probably one of the differences. A lot of first wins as well. (Manager)

The South Auckland hīkoi was determined successful by a participant: "I think how we mobilised our team was epic. I think that was a big success" (Communications Lead). Another participant spoke of the importance of having local connections and knowledge in the vaccination drives:

You can't treat every area the same. West Auckland is not like South Auckland; Auckland is not like Te Tai Tokerau. So it was a wise move when we went up to Te Tai Tokerau to take kaimahi who actually whakapapa back there and that are actually from there. It was a very wise decision. And then we went out to South Auckland and took kaimahi with us from South Auckland. And a lot of our Westies would be like "oh you know it's just another part of Auckland" and they would come to South Auckland and be like "wow I didn't know it was like that." And I said I've been trying to tell you guys you know, I've been trying to tell you it ain't the same. (Management Lead)

The same participant highlighted the importance of localising manaaki to the whānau they were reaching:

I said to our team when we were planning to come out South, "okay when we go to Māngere, Ōtara, Ōtāhuhu we need our Pacific speakers, people that can speak Sāmoan Tongan and Cook Islands [Māori] language and Niuean language, we need these people" ... When they see that the vaccinator has a moko kauae on, and a "kia ora", oh cool this is one of my own you know what I mean? When you're in South Auckland and in Ōtara, when you hear a "Talofa" that's so simple, but it's so effective. (Management Lead)

Popular music was chosen to reflect preferences within each community and played through the loudspeakers of vans, cars and pahi. One participant noted "that was my whanaungatanga, [it] was through music" (Executive Leader), and another highlighted the importance of localising music to each community:

... you can't play the Herbs in Māngere. You know we love that, they don't. We gotta play the DJ Noiz, you know like, and I was rattling off, and like "this was the music, I'm from here I hear this on sirens all around my house." I know that this is how our people roll, so play Pacific music, play music with a Pacific flare. Likewise, if you go to Manurewa, make sure you play music that the whānau there love. You know, pull out your 1814s or your Katchafire, pull out all that stuff, cause whānau like that. (Management Lead)

Providing Wraparound Services to Whānau

Manaakitanga, as a first principle in the response, provided a means of opening engagement with whānau and extending wraparound support. Whānau Ora wraparound support is a kaupapa Māori and holistic approach to care that is tailored to whānau and supports their physical, mental, cultural, spiritual, financial and whānau wellbeing. Alongside COVID-19 specific response services, WOCA provided whānau with vouchers, kai and hygiene packs, financial support, and physical and mental health support to ensure all elements of whānau wellbeing were cared for.

Interview participants discussed vaccination as an opportunity to manaaki whānau with wraparound support:

... you might be going in to get your vaccination, but if you're going in there, with I don't know, symptoms or something else, it may not be a formal examination, but they'll give you advice as to how you should approach that. You're getting some health literacy, you're getting a manaaki, you're getting quite a lot through just one appointment ... (Relationship Manager)

The same participant shared that WOCA's wraparound approach worked for both Māori and non-Māori:

If it's good for Māori generally it's good for everybody. And you can see it when our Pākehā whānau turn up and they're happy to have a hāngī when they get their jab as well, you know. It's better than the biscuit and the get out the door when you go to the hospital I suppose. (Relationship Manager)

The success of the wraparound approach was reflected in the number of non-Māori that were vaccinated by WOCA partners:

Trust that Māori for Māori works but Māori for everyone works. If we can jab 600,000 in the arm, and 90% were non-Māori arms, then non-Māori have actively chosen to go to our crew. They weren't forced to go there, they opted to go there. So you know of course, we're pro-Māori. We're not anti-anyone. It's what's good for anyone. So trust us, include us earlier in the decision-making process. (Executive Leader)

Kai and petrol vouchers were often given to whānau getting vaccinated. Vouchers provided whānau with financial resources and provided kaimahi with an opportunity to engage with whānau and socialise information around vaccination. Whānau could ask questions and seek clarification around any concerns they had:

... the most important thing we could be doing now was providing kai and education and vaccinating our people because we knew, we knew [the] 1918 Spanish Flu wiped us out seven to one and, was it in 2015 or 2019 when SARS came out first, that [it] was predicted to wipe us out five to one. And we knew that the COVID evidence from offshore wasn't good for brown people. It's never good for brown people. (Executive Leader)

Kaimahi used vouchers to ease financial stress and support whānau with the cost of living, without conditions. As a participant discussed: "We're never gonna say oh you can't buy cigarettes or alcohol. Of course we don't want them to but why would we put another restriction on a whānau?" (Executive Leader).

In some instances, partners offered vouchers to whānau who had decided against vaccination. It was identified by kaimahi as an opportunity to manaaki whānau in the community and build a relationship, regardless of vaccination outcome: “if you get whānau who are not wanting to get vaccinated, but just need something, just come in and talk to me and we’ll make a decision about whether or not.” (Management Lead). This manaaki was significant at a time when unvaccinated whānau were feeling increasingly isolated due to vaccine mandates.

Kai and hygiene packs were also supplied to whānau by WOCA partners. These essentials were made accessible alongside other services, such as vaccination and testing, and created a ‘one-stop’ shop for whānau that met multiple needs:

It’s that time of year again!!!! 🎄📢The Ngā Whare Waatea ‘7 Days of Christmas Food Bank Event’ is back on!! In partnership with Auckland City Mission and Ministry of Social Development NZ, we are happy to announce we will resume our annual event hoping to help make this Christmas a little brighter for everyone 😊... We are also proud to announce vaccinations will be available for your convenience onsite as well! (MUMA, 2021b)

A participant shared the importance of providing whānau with hygiene packs as a means of improving access to essential needs:

... we took a massive truck up, full of hygiene packs so that it had masks, gloves, hand sanitiser, sanitary products, soap, toilet paper I think. And then we took up about 2,000 boxes almost ‘cause we realised that if, if you have to wear a mask to get into a supermarket, but you can’t buy a mask because you can’t afford one, or you can’t get to the supermarket - that’s a barrier. So you could give to whānau, any whānau you didn’t have to get a vaccination to get it. It was just, just to help out. (Executive Leader)

When access to Māori vaccination data was finally provided by MoH, it allowed WOCA partners to identify the different supports whānau required:

We can now see street, household, number of people in the whānau, potentially other health issues or challenges they may have and therefore we can have a targeted approach. Hey actually we get it, no one’s helped you out on your WINZ payment or your ACC claim. We’ll help you out on that, at the same time can we just jab ya and then solve more than one initiative at the same time. (Executive Leader)

As leaders in the Māori response to COVID-19, WOCA is now coordinating an initiative to deliver 120,000 (equal to 1.5m health products) Whānau Ora winter packs across Te Ika-a-Māui in early June 2022 (WOCA, 2022b). The packs will be distributed to their Whānau Ora partners as a public health jolt, reminding whānau to stay vigilant and allowing local providers to support their hapori with hygiene and health products during winter to combat COVID-19 (WOCA 2022b).

Supporting Whānau Isolating at Home

As COVID-19 spread in their hāpori and case numbers increased, WOCA and its partners restructured their priorities to support whānau isolating at home. The Waipareira home isolation support programme started in mid-October 2021. Kōrure Whānau Director, Iri Mako, confirmed they were providing for 40 to 80 whānau that included positive cases and isolating close contacts, with an expectation that these numbers would continue to rise (Franks, 2021).

Mako raised concerns that the Government-issued guidelines for home isolation may not be achievable for whānau who do not have the types of homes for which the guidelines were developed, and who faced barriers impeding their ability to self-manage, including:

- Large whānau living in overcrowded homes, sharing bathrooms and kitchens.
- Loss of income due to time-off work leading to increased stress levels.
- No access to online shopping or someone to shop for them (Franks, 2021).

On 17 November 2021, Waipareira redeployed two of their four vaccine buses to provide support to whānau in home isolation (Franks, 2021). The vans provided transportation for the mobile nursing team who delivered immediate clinical support for whānau. This included advice on testing and contacting a GP or public health team if required (Harriman, 2021b).

Through the redeployment of kaimahi, Waipareira have been able to provide (Franks, 2021):

- Kai to whānau isolating at home.
- Contact-tracing support.
- An 0800 helpline to identify the needs of whānau.
- Regular in-person medical support with the clinical team.
- Supplementing a lack of or conflicting Information from Government agencies. A number of solo parents isolating at home with their children reported a lack of contact from the DHB, sometimes for periods up to 36-hours.



Home Isolation packs for whānau included traditional rongoa.

Awerangi Tamihere described the benefits of wraparound services provided for whānau isolating at home:

It's a different assessment for every whānau because its needs are different. But broadly speaking ... at least, you know, they've got food every day, they can isolate properly with their whānau, and they can have a regular testing regime, and regular medical support wrapped around them intensively 24-hours. (Harriman, 2021b, para. 7-8)

Manurewa Marae reached out to whānau through Facebook, offering isolation support: “Are you in self-isolation or POSITIVE cases for COVID in your household? Do you need assistance during this time? We have a COVID response team, who can assist with deliveries of food, care packages, rapid test etc” (Manurewa Marae, 2022).

Providing whānau with home isolation support gave partners a further opportunity to support whānau with other needs. One participant said:

'Cause we really wanna encourage them to stay home yeah and we don't want them to have to go out because no one is able to do it for them. So that's probably the best part, to get our whānau to stay home, “we got you, we've got the resources now, we have got the funding to help you with other things”. So it's not just kai that we do - we've got discretionary funding to pay for people's rent arrears, 'cause you know due to COVID, due to not being able to leave, can't go to work, can't pay the bills. So we are paying utilities, paying for education packs, paying for you know fridges and stuff like that. Things that they need to just stay at home. (Management Lead)

Ngāti Whātua Ōrākei supported whānau isolating at home with their Whitiki Whātua COVID Support team. Through social media they advised whānau of the support available to them and how to reach them with an “0800 WE GOT THIS” contact number (Ngāti Whātua Ōrākei, 2022b).

Funding delays, often months in length, hindered the ability of some providers across Tāmaki Makaurau to continue with the level of services required to support whānau isolating at home. Papakura Marae and Turuki Health Care supported an urgent call from Auckland Health officials at the end of 2021 to assist with welfare and clinical services. Both providers started to deliver this support in their communities before contracts were signed – a common occurrence in these situations. They utilised their staffing and financial resources with the understanding that the funding would soon be delivered. But by mid-February 2022 they were still waiting and had received no notice of when they would be reimbursed. Te Paea Winiata of Turuki Health Care described this delay in funding as “appalling” and highlighted the fact that it left small providers unable to assist: “A lot of Māori providers would love to participate, but they can't carry the cost of increasing their staff without any confidence that we're going to get paid for the work” (Pearse, 2022).

In March 2022, Waipareira provided further support for whānau isolating in West Auckland with the Waipareira Community Connect Service. The Waipareira Clinical Lead, Tracy Peterson, and the Team Leader of Waipareira's Community Connect Service, Jazzmin Mita, both advised whānau in a Facebook video that welfare support was available and this could include hauora packs with traditional rongoā teas and oils, standard pain relief tablets and throat lozenges (Te Whānau o Waipareira, 2022b, 0:20).

Deploying Saliva Testing to Support Kaimahi and Hapori Wellbeing

Motivated by the necessity to improve and streamline COVID-19 testing services, Waipareira formed a partnership with an Aotearoa-owned business, Rako Science, in August 2021 to deploy a diagnostically validated and cost-effective saliva testing kit across their workplace and hapori. Their aim was to protect and support their kaimahi and vulnerable communities within Aotearoa through world-leading science. Saliva testing of kaimahi commenced shortly after Aotearoa went into Level Four lockdown on 17 August 2021.

Multiple factors informed the decision to use saliva testing (Kowhai, 2022):

- categoric test results (especially effective for testing asymptomatic people)
- cost-effectiveness
- less invasive than nasal swabbing, encouraging higher compliance among whānau (especially vulnerable groups e.g. kaumātua, tamariki, whānau with health disabilities)
- efficient testing performance and processing time for results compared to PCR testing
- validated by the MoH in July 2021 to be at least as accurate as PCR tests.



Kaimahi processing saliva tests at Te Whānau o Waipareira in-house testing lab, Tāmaki Makaurau.

In a Press Release made on 25 August 2021, John Tamihere advised the future direction for Waipareira saliva testing: “Once we have completed a pilot, this Saliva Testing Service, will run alongside and complement our Vaccination and Nasal Swabbing centres” (Te Whānau o Waipareira, 2021k). Saliva testing began exclusively with Waipareira kaimahi but then extended to whānau within their households. One participant described how it was important to “Keep kaimahi safe at mahi in a potentially high-risk environment”, and to prevent the transmission of COVID-19, “We don’t want you to catch this at work and take it home to your whānau” (Executive Leader). When kaimahi tested positive they received support from a newly created team of Waipareira nurses. The team provided daily check-in calls to monitor health and wellbeing, free kai packs, hauora packs and COVID-19 tests.

The reliability of the saliva testing provided confidence when deciding if kaimahi were able to safely return to work:

Why, why would I put someone knowingly with COVID back into our workforce? I spend half of my job trying not to have COVID why would I actively put someone positive back in the building? That doesn’t make sense ... (Executive Leader)

Saliva testing was then made available in the community with plans to rollout the testing to WOCA’s 83 health providers. The capability to deliver saliva testing was acknowledged by Dr Stephen Grice of Rako Science: “Waipareira have the connections to the communities and all ethnicities, they have the experience and the talent to deploy our saliva test” (Te Whānau o Waipareira, 2021k).

Lance Norman described the ability of Māori providers to deliver services within the community:

We have the ability to go out to community locations, community centres, marae, kura, kōhanga [reo], test kaimahi, test whānau at those centres. I’m reducing the choke point and I’m going to you rather than 10,000 people come to me. (Kowhai, 2022)

Through saliva testing kaimahi were able to respond to whānau who may have felt excluded from wider support networks and mainstream care provision:

We had whānau with disabilities. They had to do a day-age test to leave the house. They couldn’t leave their house because they didn’t have a vehicle and no one was willing to come. And so they were stuck in a sort of groundhog day, so I said under PPE I sent out five, five kits to the whanau. They dropped them off onto the doorstep, step back. Whānau did the test with the whānau with disabilities. (Executive Leader)

A kaimahi involved in the deployment of saliva testing shared how it enabled them to support the wellbeing of whānau who were often disengaged from the mainstream health service. They noted that for many whānau, the PCR drive-thru testing was completely inaccessible:

I went to a sort of homeless camping ground and we tested a whole lot of people. Half of them had no car so it would have been impossible to drive through. Half of them had no phone, so they couldn’t register online to get a test or get their result ... (Executive Leader)

Deploying Rapid Antigen Tests (RATs)

In February 2021, WOCA asked the Government to supply RATs as a screening tool for COVID-19. International literature demonstrated that the speed with which RATs could provide diagnosis could prevent testing surges from overwhelming diagnostic PCR testing capacity. RATs thus presented health providers with the opportunity to rapidly identify those in the community with greater need whilst managing a gradual decline in transmission. Unfortunately, the request for the supply of RATs was denied. Dr Ashley Bloomfield advised in a February 2021 press conference that he was not contemplating using RATs in Aotearoa as they were deemed an unreliable testing tool (Tamihere, 2022).

One year later on 23 February 2022, a controversial directive was delivered by the MoH to cease PCR testing and introduce RATs as the main form of diagnostic testing. Demand for RATs developed quickly due to the increasing prevalence of Omicron and a shift to the Government's traffic light system. WOCA and its partners rapidly responded and developed a strategy to manage the distribution of free RATs for their whānau (WOCA, 2022c).

Awerangi Tamihere described how the provision of RATs to whānau was negatively impacted by the Government's supply mechanisms to WOCA and its partners. RATs were delivered in bulk packages that required reorganising into individual packs, a massive undertaking. Teams of kaimahi and volunteers, including kaumātua, rangatahi, sports groups and whānau of kaimahi, were required to work around the clock (Te Whānau o Waipareira, 2022c).

As noted by a participant, packing and distributing RATs to whānau has become an important and timely response activity involving support from local community:

Even now packing the RAT tests, all of our partners, all their kids come in to pack the RAT tests because for some reason, when Whānau Ora partners get the RAT tests in they're not all packaged. So they have to package them themselves ... they get the kids in, the neighbours' kids.
(Relationship Manager)

Positive messages were posted on social media acknowledging the support of volunteers: "... Many Many Thanks To Te Atatū Roosters who have volunteered again to help us with packing this weekend. #NoWords" (Te Whānau o Waipareira, 2022d). Another post demonstrated the logistics being managed by the WOCA network and its team of volunteers: "Yesterday was a big day and we distributed 10,000 Rapid Antigen Tests" (Te Whānau o Waipareira, 2022e).



Repackaging of Rapid Antigen Tests was a mammoth task for WOCA and its partners across the motu.

Section Three: ***Providing a Platform for*** ***a Collective Māori Voice***



Mobile vaccination vehicles proved successful in promoting local pop-up vaccination events.

Whakawhanaungatanga was enhanced by conveying communications and services through a Māori narrative that successfully resonated with whānau Māori in their communities. Information was framed through a te ao Māori lens and aligned with tikanga and values shared by whānau, creating a source of culturally relevant information and connection.

WOCA identified the need for a collective Māori voice to be heard at the local level and on the national stage throughout the Delta and Omicron response. It was clear that a Māori voice was lacking from the Government's mainstream communications, and that Government messaging failed to resonate with many whānau. Government messaging to the nation emphasised a collective responsibility to be vaccinated, and framed it as the 'team of five million'. This generic framing was considered incongruous by Māori health providers:

In reality [vaccination] was probably less than 20 on their list of priorities and then you're rocking into a community where you're saying I'm part of your 'team of five million' but you never got that guy to stop hitting me, you never helped me with counselling, you never helped me with getting that job. I can't pay bills, my house is falling apart, I don't have a warrant and now I'm part of your team? So that, that whole message was rubbish. (Executive Leader)

The Government's messaging, while initially effective at a national level, ignored the diversity of experience for different hāpori living through the pandemic. Blanket vaccination messaging from the Government would undermine efforts to reach vaccine-hesitant whānau. The Northland DHB research team noted that while there were structural and access issues in the uptake of the vaccine, the key issue behind vaccine hesitancy was mistrust in the Government's information around the safety and effectiveness of the vaccines. (O'Brien et al., 2021).

It was within this wider context of mistrust and disconnect that WOCA and its partners developed approaches to ensure vaccination services were responsive to whānau needs and communicated through a Māori narrative. Effective strategic communication, localised approaches and role modelling proved effective in reaching whānau with access issues and those who were potentially hesitant.

Reframing Government releases through a Māori narrative provided opportunities to connect with those who were disconnected from mainstream media and health service provision. One participant involved in the communications team at WOCA commented that it was critical that messaging "always came from a te ao Māori worldview, and did not have influence from bureaucrats, Government, and just Wellington in general" (Communications Lead).



Tino Rangatiratanga: WOCA, CEO John Tamihere advocating relentlessly for whānau Māori.

Fight for Your Whakapapa Campaign

Following the award-winning success of the ‘Proud To Be Māori’ campaign in April 2021, the ‘Fight For Your Whakapapa’ campaign was launched in September 2021. The campaign was designed in response to the Delta variant, poor vaccine messaging by the Government, and the urgent need to increase Māori vaccination rates.

The campaign was launched with WOCA’s unapologetic ‘by Māori for Māori’ approach to public healthcare. The approach proved critical to the campaign’s tremendous success. A participant highlighted the importance of their media strategy that targeted whānau Māori:

The Government campaign was a very Government campaign. It was very copy and paste ... You know it’s very sterile. There’s nothing really organic about it, and you can see that. So with ‘Fight For Your Whakapapa’ we were able to cut through with a great media strategy on how to target Māori ... (Communications Lead)

The campaign placed emphasis on the importance of whakapapa and the role of being kaitiaki for our current and future generations: “Long have we fought for our people, to ensure a better future for Māori. Now, it is time to step up and keep our whānau safe from COVID-19” (Te Whānau o Waipareira, 2021). Merepeka Raukawa-Tait shared her tautoko for the campaign emphasising that: “This campaign reflects not only the communities Whānau Ora serves but the foundations Whānau Ora builds on. Only we have our own solutions. Only we can bring our own solutions” (Mayron, 2021).

John Tamihere kicked off the campaign with a call to action:

We fought for our whakapapa in the New Zealand Wars, We fought for our whakapapa in the World Wars and now we fight for our whakapapa in 2021, united under the band of Whānau Ora, our platoons and companies that make up our Whānau Ora Battalion are now on the front line together taking COVID front on. (Mayron, 2021)

At the strategic heart of the campaign was the inclusion of Māori leaders as ambassadors to champion the Māori-led response. As ambassadors at the grassroots level, they shared their motivations for getting vaccinated and voiced a call to action (Mayron, 2021). Kātene Durie-Doherty, Creative Lead at Waipareira, highlighted the importance of working with local Māori leaders in the campaign:

Working with our leadership on the ground – it is their voice, their stories, their faith and belief in their communities that see our people rise up to the call to action to vaccinate. ‘Fight for your Whakapapa’ enables our Whānau Ora communities to own it and co-design something that is truly reflective of their communities, their people, their voice. We are proud to build a platform that all brands and organisations can plug into. (Nothling-Demmer, 2021)

Participants shared that it was vital that local hapori members were involved in the kaupapa ensuring it was familiar kanoahi Māori seen:

It would be wrong for me to put people in Auckland talking about getting vaccinated in Tūranga, if none of them come from Tūranga. So I guess, so our thing was let’s go get this content, and then, anything we put out in Taranaki is reflective of Taranaki, anything we put out in Manawatū is reflective of Manawatū. (Communications Lead)



The 'Fight for Your Whakapapa' campaign reached whānau in remote places like Te Araroa, Te Tai Rāwhiti.

The inclusion of local community members strengthened the campaign: “as you’re driving along, and you see a photo of your aunty or your cousin or whoever, that would’ve been enough to sway a few people” (Relationship Manager). Another commented on how trust already existed in these relationships for whānau: “they also provided a platform for whānau to engage with, someone they know and trust, rather than someone from Auckland talking to them” (Communications Lead).

As part of the campaign’s call to action Waipareira set a target of achieving 65,000 vaccinations across Tāmaki Makaurau. The target was reached in only a few weeks with 112,000 shots administered across the region by 3 November 2021 (Mayron, 2021). The success of the vaccination efforts motivated a more expansive goal to vaccinate 80–90% of Māori across Te Ika-a-Māui by March 2022.

The creation of an online platform (fightforyourwhakapapa.co.nz) enabled whānau to communicate directly with kaimahi regarding vaccination and related health information via a live chat (Nothling-Demmer, 2021). A participant described how this benefited whānau:

... there were a lot of people who just didn't know the basics on what to do and how to do it, these real simple things, so answering simple questions, and then I guess a lot of complicated questions whānau had as well. Yeah I think that messaging system was one of the best we had ... you could correspond 24/7 in that real peak time with a real Whānau Ora Navigator or kaimahi ... if you were from Tairāwhiti ... you would immediately get referred and your contact details would be sent to the Tairāwhiti provider, or in Taranaki to Tui Ora. (Communications Lead)

Whānau could also locate nearby vaccination sites through a live interactive map available on the platform (Nothling-Demmer, 2021). A participant observed how this improved access to vaccination:

... that was some of the big feedback we had, "where's the closest to me?" That was a real common theme that was coming up just through people engaging with me. So, I guess that sort of removed a barrier to getting vaccinated. (Communications Lead)

WOCA acknowledged the importance of whakawhanaungatanga and providing whānau with a trusted source of health information on the platform:

We acknowledge the importance of having a trusted source of information in order to make an informed decision about getting vaccinated. This initiative has been created to support you and your whānau on your vaccination journey. We are guided by Māori, for Māori. We listen to the science and the health experts who are dedicated to the hauora of our communities and whānau. We are not just asking you to do what the Government tells you to. (fightforyourwhakapapa.co.nz)

Traditional forms of media were employed to reach whānau where online and digital access was limited:

We got billboards made up and sent a guy down the whole Coast and drove from Ōpōtiki to Gisborne, and put up billboards in every town. I think Te Kaha, Whangaparāoa, Te Araroa, Tikitiki, Ruatoria, Tokomaru Bay, Tolaga Bay, Gisborne. (Communications Lead)

Using Social Media Platforms to Reach and Engage Whānau

WOCA and its partners used social media platforms to provide a collective Māori voice that reached, informed and engaged whānau in a culturally familiar way throughout the COVID-19 pandemic. Through a 'by Māori, for Māori approach' WOCA have provided a network of COVID-19 information hubs that support whānau in making informed decisions about their hauora from a source they know and trust. Partners shared regular COVID-19 information via videos, images and written posts. Fun and inspiring events were shared and celebrated, such as Super Saturday Vaxathon, Psychedelic Friday and the Youngatira event.

Social media platforms allowed whānau to tautoko the mahi of WOCA providers and connect with the kaupapa. For example, whānau shared their tautoko for the WOCA Battalion hikoi to Te Tai Tokerau and South Auckland. One whānau member commented: "It was good to hear yous down our street keep up the awesome mahi 🙌🙌" (Manurewa Mara, 2021d)

Live videos from Whānau Ora leaders, such as John Tamihere, provided whānau with virtual kanohi kitea. Tamihere encouraged whānau to get vaccinated in a live video using historical examples of communicable diseases: "... vaccinations are extremely important whānau, they beat tetanus, they beat measles, they beat smallpox, they beat polio, ..." (Te Whānau o Waipareira, 2021m, 03:40)

WOCA partners prioritised and ensured their social media messaging informed whānau how to access support:

... [we] didn't really reinvent the wheel for whānau support from a comms perspective. It was communicating what our kaimahi on the frontline were already doing ... amplifying what they were doing ... I guess removing barriers to accessing services and support. (Communications Lead)

Awerangi Tamihere demonstrated Waipareira efforts on social media by regularly informing whānau of the extensive wraparound services available to them:

We continue to have in place an army of 320 staff to undertake our largest yet defence campaign against COVID:

- *Manning our 0800 helpline, 12 hours a day, 7 days a week*
- *Mobile vaccination teams & standing up our vax centre*
- *Standing up our covid testing centre and running mobile covid testing teams*
- *Having on the ground rapid response teams*
- *Managing Food Bank*
- *Whānau deliveries*
- *Online whānau programmes*
- *and now moving to support whānau with COVID isolating in their homes (Te Whānau o Waipareira, 2021n)*

Ongoing communications advertised the services available in response to the Omicron outbreak and continued management of the Delta variant such as (Te Whānau o Waipareira, 2022f):

- An extension to the Vaccination Centre hours from 6:30am to 6:30pm (Monday to Friday) for whānau 5 years old and up.
- Provision of accessible hours for shift workers.
- Continuation of their 'no booking required' policy at Waipareira.



*Kotahitanga - Te Puna Hauora o Te Raki
Paewhenua and Waipareira vaccinating
whānau together, Tāmaki Makaurau.*



Section Four:

Whakamana Māori



A strong feature of WOCA's continued response was the role of leadership in championing the needs of Māori. Whakamana Māori took many forms during this period including raising awareness of the needs of their communities, providing expert commentary to the media, and engaging with decision makers at a local and national level. Particularly important, however, was the call from WOCA and its partners to deliver vaccines to their communities as a matter of urgency, with providers offering to administer vaccines themselves. Māori providers also advocated for improved access to testing and vaccination services, as well as support for self-isolation.

Core Māori values and aspirations like whanaungatanga (relationships and connections), manaakitanga (care and protection), rangatiratanga/mana motuhake (leadership and self-determination) and kotahitanga (collective impact) were also integral in shaping how WOCA and its partners responded to the pandemic and lockdown. WOCA partners continued to provide much needed support to whānau throughout the periods of heightened alert and lockdown.

Advocating for the Whānau Ora Approach

WOCA and other hauora providers advocated for the resources and funding to be able to provide services that best support whānau through the COVID-19 pandemic. Māori health leaders challenged the Government's 'one-size-fits-all' approach, emphasising that a whānau-centred kaupapa Māori response was vital in supporting Māori and increasing vaccination rates.

Kaimahi directed funding in ways that would best support the whānau, rather than what was wanted by funders:

So part of my role here was actually to advocate for Whānau Ora in a sense. We had a big hui with funders over Zoom, with the funder and all the partners saying "actually we aren't gonna do it that way", yeah we're gonna do it a way that actually works for our whānau. And that works for us too. (Management Lead)

Tony Kake, CEO of Papakura Marae, highlighted the success of the kaupapa Māori and whānau-centered response to COVID-19, calling on the Government to devolve funding to Māori health providers:

It doesn't surprise me that some of the agencies were impressed or amazed at the excellence of the Māori response and that it has created an opportunity for providers now. But it's slightly different in the context that we don't do it for them. We do it because they hold the money, they hold the control. We do it for the whānau and we need to turn that around. We need to be more in control. We would like to be the purse holder but right now that's part of the whole inequality and inequity which the (Government) budget is slowly starting to redress. It's a good budget for Māori but it could go further. In the Tai Tokerau region less than 1 percent of the health budget goes to Māori providers, yet we represent on an equality perspective 15 percent of the population. So there's still heaps more to do, but at least the door is open. (Kake, In press)

Another participant reiterated this need for a whānau-centered approach to funding, sharing that WOCA funding was delivered through the DHBs, which he believed was the wrong mechanism because of racism within the health sector:

[The delivery of healthcare is] designed by a bunch of non-Māori people in Wellington and it doesn't work because it doesn't include us. And what works is working with our whānau for our whānau and actually asking them what do you want out of our service and then reversing it and doing it whānau up rather than policy down. (Executive Leader)

Calls for Access to Māori Vaccination Data

When the Government announced that Aotearoa would transition into the traffic light system despite low Māori vaccination rates, WOCA together with Whānau Tahī, sought to increase Māori vaccination rates through accessing data withheld by MoH. This data would allow WOCA to design and implement a targeted vaccination campaign for Māori. Only after two High Court judicial reviews and three months of negotiation did the Director-General of Health, Ashley Bloomfield, release the requested data. The timeline is outlined below:

16 September 2021

WOCA entered into discussions with the MoH in September 2021 seeking the release of data of Māori in Te-Ika-a-Māui who were unvaccinated, including personal details, contact details, vaccination status, and vaccination booking status.

6 October 2021

On 6 October 2021, the MoH confirmed it would release the data, but only of those who had previously engaged with Whānau Ora services. The decision effectively created further disadvantage for Māori, given that Māori have lower enrolment rates with primary health providers compared with non-Māori (Irurzun-Lopez et al., 2021). The MoH offered to share anonymised data that identified streets where non-vaccinated Māori lived, suggesting that WOCA go door-to-door to provide opportunities for vaccination. The suggested approach was invasive, unsustainable, and inappropriate for an already heavily burdened workforce.

17 October 2021

In response, WOCA and Whānau Tahī sought judicial review of the MoH's refusal to release the personal data of all unvaccinated Māori (Featherstone et al., 2021). Daymon Nin, the Chief Product and Consulting Officer of Whānau Tahī, presented evidence at the Judicial Review Hearing, outlining the limitations of what the MoH was releasing. WOCA requested that the MoH share the personal and contact details of unvaccinated Māori across the motu. Such information, WOCA argued, would enable a targeted approach for those who may not have had appropriate access to the vaccine (Featherstone et al., 2021).

5 November 2021

On 5 November 2021 the Court's judgement was released. Justice Gwyn ordered the Ministry to urgently retake its decision and provide the requested data within three working days. Justice Gwyn acknowledged that the disclosure of the data was necessary to prevent a serious threat to public health and safety. The judgement also acknowledged that the Government had failed to afford Māori the capacity to assert tino rangatiratanga. As stated in an official summary by Ngā Kōti o Aotearoa, Courts of New Zealand (2021), the Court upheld two grounds in favour of WOCA:

[The] Ministry incorrectly applied rule 11(2)(d) of Health Information Privacy Code 2020, in particular, it applied the wrong test as to whether disclosure of the information was necessary; and WOCA had a legitimate expectation that the Ministry's decision would be made in accordance with the principles of Te Tiriti o Waitangi, informed by tikanga, but it was not.

[The] Ministry's decision [is] set aside and [the] Ministry directed to remake [the] decision.

However, the MoH continued to withhold the data, despite the increasing urgency to improve vaccination rates before the borders opened and the transition to the traffic light system (Featherstone et al., 2021).

6 December 2021

On 6 December 2021, a second High Court decision caused the MoH to finally release the data, but with limitations:

Bloomfield has agreed to providing WOCA and Whānau Tahi with data relating to all unvaccinated Māori in Northland, Hawke's Bay, and Whanganui but a reduced amount of data on those in Wairarapa, Lakes DHB, and Bay of Plenty as some iwi in those areas oppose the release of data to WOCA or would like to enter a data-matching agreement with the Ministry. (O'Connor, 2021)

The decision of the judicial review was celebrated by WOCA: "Heard under urgency in court. Whānau Ora sought access to data held by the MoH. We've won! Going live on our FB page at 8.30pm!" (WOCA, 2021d). Once the data was handed over in December 2021, WOCA's 81 partners came together to plan the next phase of the vaccination rollout for whānau across the motu.

Merepeka Raukawa-Tait, Head Chairperson of the WOCA Board, shared her whakaaro on the delay of receiving the data:

while we won the case, we won't have time to use the data before the Auckland borders reopen next week ... Having to go to the high court twice in four weeks to win justice requires the Prime Minister and her Ministers to take back control of the Ministry of Health ... We should have had this data months ago and not have been subjected to the delaying tactics of the Ministry of Health ... All we have ever wanted is to give Māori whānau the same opportunities everyone else has. (Scoop, 2021b)

One of our participants shared their frustration at the MoH's delayed release of the data:

There were zero reasons not to give it. That's what the Court said. Bloomfield said, "no you're not getting it". So we said, "screw you, we're going to get a Court Order". We won again and he had to give it - he gave us the data on the fourteenth December 2021 and the borders opened on the fifteenth December 2021. So by then, it's too late. So we'll be taking all of this stuff to the Human Rights [Commission] because that is unfair, a breach of human rights, that's a massive breach of the Treaty. (Executive Leader)

The MoH's ongoing reluctance to provide accurate data meant that Māori providers were not equipped with an accurate understanding of how and where to target vaccination resources effectively. This decision placed an even greater strain on Māori providers and their kaimahi to respond with what limited resources they had. For many kaimahi, the emergence of Delta and Omicron within the community ushered in a period of increased workload, as they responded to the demand for support and relevant information.

John Tamihere highlighted how the reluctance of the Government reflected the unequal power relations in health governance:

It's bizarre that in 2021 Aotearoa, Māori need the courts to merely get a seat at the nation's table so to have a say on the health and wellbeing of our people. Once we have the data, we do not expect to be able to reach [the] 90 percent Māori Target by Xmas. But we will work damn hard and set our sights on the goal of 80-90 percent for March 2022. (WOCA, 2021e)

Further, in an interview with RNZ, Tamihere called out the Government for their lack of response:

If we could have got this earlier in September [2021] we would be well in advance. In the first case he [Bloomfield] argued we didn't have capacity or capability. That if we got it we would be intimidating and naughty to people and undermine the vaccine progress and a breach of privacy and the rest. He was struck down, on what we would call the Pākehātanga. (O'Connor, 2021)

The criticism of the Government was shared at the ground level. One kaimahi suggested that the Government wanted Māori vaccination rates to increase yet actively created barriers to achieve this: “They were wanting us to improve these vaccination rates and then they were hamstringing us from the start. It didn't make any sense” (Relationship Manager).

Another participant shared that the delivery of vaccination and support packages would have been more effective if it was built on data: “[data] is key, like if we have data at the initial part of a programme then it's much easier, not on the last day. Trust that Māori for Māori works but Māori for everyone works” (Executive Leader).



Lance Norman (WOCA, Director of Health) with his sons who provided continuous volunteer support throughout the WOCA response.

Rangatiratanga

Ngā Mihi Maioha – Celebrating the Collective Response

While WOCA continued to push for access to data behind the scenes, the efforts of whānau and kaimahi on the frontline were celebrated on social media platforms. Across social media, partners expressed mihi to kaumātua, pakeke, rangatahi, tamariki, volunteers and community rōpū for their support and contributions to the response. On the eve of the August 2021 lockdown John Tamihere acknowledged the dedication and reliability of kaimahi in a Facebook video: “So grateful and proud of our workforce and all of our kaimahi who, regardless of what’s happening ... they’ve always stood on the line for you and for us” (Te Whānau o Waipareira, 2021m, 06:00).

Across social media, rangatahi were acknowledged for their contribution to the response: “Here with some of our Rangatahi Crew. They have been awesome helping us on our vaccination rollout right from the start when we first went into level 4. 🤖” (Te Whānau o Waipareira, 2021o). Gratitude was expressed for their tireless mahi: “[Redacted] and his two boys ... working relentlessly all day from 8am to 8pm in our street & vans team ... undoubtedly the best dancers too!” (Te Whānau o Waipareira, 2021p).

The efforts of Manurewa Marae were similarly acknowledged and celebrated on social media:

Today our Waipareira Whānau Ora Battalion led by [redacted] move into supporting Manurewa Marae. Manurewa Marae have been phenomenal leading out their marae response, but they too have been working 24/7 and need a break. 🤖 Have a well deserved rest with your whānau today Manurewa. P.S Awesome Leadership [redacted]! ❤️. (Te Whānau o Waipareira, 2021q)

Papakura Marae (2021c) celebrated their kaimahi in a Facebook post, and in response whānau expressed their gratitude: “YOU ROCK COVID TESTER TEAM AND DOCTORS CLINIC”, “You all rock...!!!”, “You guys absolutely rock ...”, and “Tino miharo koutou ma! Papakura Marae ka rawe!!”.

A whānau member expressed their gratitude for kaimahi at Huakina Trust on Twitter: “Got my jabs through Huakina ... [Redacted] and co. do amazing mahi ... Plenty of Marae and hard to reach places along the mighty Waikato they can support now #COVID19nz” (Te Pae Herenga, 2021b).

Commenting on a Twitter video of the ‘Shot Bro’ vaccination pahi heading out to Rānui, one whānau member shared:

This came into my timeline again just now and it brought me to tears. The strength, dedication and tireless mahi of our people to protect our whakapapa and save lives is inspiring. The country owes rōpū like Waipareira endless gratitude, support and resourcing. (Redacted, 2021b)

Celebrating success and expressing gratitude was not only a means of acknowledging the collective efforts of kaimahi, whānau and volunteers at the grassroots level, but from a broader perspective, motivated ongoing whānau-centred care and wraparound support.

Empowering and Self-Managing Whānau

The initial COVID-19 outbreak in 2020 triggered a collective response from the Whānau Ora movement. Relationships and resources were mobilised with the goal of supporting whānau and their communities through the initial lockdown periods. The response “highlighted the power, strength and benefits of kotahitanga” (WOCA, 2022a, p.49). Many saw the response as an expression of mana motuhake and evidence of what could be achieved by Whānau Ora providers when sufficiently empowered to act.

Kaimahi were able to reach whānau because the systems and processes that were developed through the initial response provided the blueprint for the subsequent response to Delta and Omicron. One participant reflected on how the initial COVID-19 outbreak impacted their ability to respond effectively to Delta:

We were already in a really good position which added to how we were able to pivot so quickly the day after lockdown in August [2021] when Delta came. We just had to ramp the efforts up. I think there was a good foundation there from the lessons learned over that period.

Everyone literally dropped their tools and assumed a role that would ramp up an effort to stand up the Trusts Stadium, the vaccination centre, and to provide the support of more hygiene and kai distributions, maximising the call centre. So, everyone was redeployed where the need was. (Manager)

Another participant was also able to comment on how prepared they felt when Delta arrived:

For us, I think we're just, we are just better equipped now. The first, the first outbreak was our Beta version and then Delta was the refined version really. I guess putting all the learnings from the first outbreak and applying that to the second. 'Cause yeah it's been almost two years since the first outbreak. Way better equipped, way better resourced, and had a real clear direction of what we had to do. (Communications Lead)

While the initial distribution of kai and hygiene packs were to support the immediate needs of whānau, greater attention through the Delta response was given to building resilience in hapori and to issues around the supply of resources: “The current lockdown has emphasised whānau need for kai sovereignty and kai solutions that give them autonomy and mana over their grocery access and purchasing” (WOCA, 2021a, p. 18). Te Whānau-a-Apanui responded to this issue by establishing their own supermarket during lockdown:

Innovative solutions like mobile services and clinics have been required to minimise the need to travel during lockdown. Te Whānau-a-Apanui reestablished 'Apanui World', their take on a New World Supermarket. This meant that food, supplies and medications could be brought in. (WOCA, 2021a, p. 31)

Whānau Ora partners sought to ensure “Whānau Māori and Māori communities have improved access to resources and support in times of crisis” (WOCA, 2021a, p. 5). An emphasis was placed on resourcing whānau with accessible information around COVID-19 to empower whānau to determine their own health outcomes (WOCA, 2021a). Supporting whānau to assert their mana in vaccination was emphasised by John Tamihere:

We are not here to vilify our whānau. All our whānau have mana and we respect their decisions. However, this does mean we are now able to ensure the right of all our whānau is upheld by ensuring they all have the opportunity to be vaccinated and access to vaccinations. We need to roll in the ‘Whānau Ora Way’. Our people are solutions not problems to be solved. (WOCA, 2021f)

Participants spoke of the process involved in providing whānau with resources to inform their own health decisions:

My view of vaccination is like smoking cessation so if you’re anti-vax, or if you smoke sometimes, this is how many people stop smoking after one conversation, zero, zero people. You’ve got to have 20 to 30 conversations engaging with them, understanding their wanting to change, understanding their trigger for smoking and then over time. We had a view that if we got people vaccinated that’s awesome. If someone told us to “F-off” we had a view that maybe that person needs 20 conversations before they’ll change their mind and today we had conversation one. So even an “F-off” for us was, we treated it as a positive engagement. (Executive Leader)

Another participant affirmed this kōrero:

I don’t force it - that narrative or my prerogative on anyone else. You don’t like the vaccine, sweet as. I don’t fight for it either. This is what I believe in, this is what I’m gonna do, and I’m gonna create the opportunity for other people to make their own choice. We never, not once, did we ever force anyone to come up. (Management Lead)

Kaimahi were mindful of resistance when taking the vaccine into hapori:

If you are uncomfortable with vaccinations, because we respect your mana to self-determine, but please always ensure that you’re having valid and factual conversations with your whānau. And we respect your right to choose because that’s your mana motuhake to self-determinate but please always, please always use informed data and please always think about our babies and our nannies and our koro when you’re making that decision. (Executive Leader)

An intended outcome of the WOCA approach is to ensure “Whānau are engaged and confident in their experience and identity as Māori” (WOCA, 2021a, p.6). Te Pae Herenga, for example, focussed on ensuring whānau remained connected in times of lockdown: “Whānau Connection: Strong social media presence and phone contact have ensured whānau (especially kaumātua, kuia and single parents) are not isolated. Examples of this include karakia; whānau exercise programmes; whānau stories; mental health messaging; COVID health messaging” (WOCA, 2021a, p. 16).

WOCA partners utilised social media platforms to build community and engage whānau within te ao Māori, often sharing personal experiences of Māori leaders being vaccinated: “Our local Kapa Haka Team aka Matatini Champions, [redacted] are fully vaccinated!! An absolute pleasure & honor to support them [to] get their vaccinations. Much respect” (Te Whānau o Waipareira, 2021r).

WOCA and its partners whakamana whānau through their inherent strengths-based approach, providing whānau with pathways towards mana motuhake. Activities undertaken by WOCA seek to build whānau resilience, provide information so whānau can make informed decisions around vaccination and connect whānau to te ao Māori. Only then will Māori health equity and Whānau Ora outcomes be achieved. The basis for improving health outcomes is inextricably linked to empowering whānau and supporting the delivery of kaupapa Māori healthcare.



Generations of whānau working together was an intricate part of the WOCA response, Te Tai Tokerau.

Manaakitanga

Manaakitanga is central to WOCA's ability to reach whānau through the framing of care in specifically Māori terms. Manaakitanga is the process of giving and receiving care, respect, kindness, and generosity (Cram, 2021). Manaakitanga is at the core of Māori practices and is an integral component of the provision of health and social care among WOCA's partners. Maria Clarke of Huakina Health emphasised the prominence of manaaki as the key driver behind the Māori response:

We know our communities and use our services and connections to provide consistent support for whānau. COVID tested many New Zealanders, with agencies finally realising that Māori providers support whānau in the most difficult times because we live by our values. The Prime Minister identified that when she supported Whānau Ora [it was] because we got support to people quickly. Many people saw the strength of Māori around the country during COVID, not so much the individual provider, but what Māori can actually do when they are resourced. The Māori response has been successful because we intrinsically manaaki. Manaaki tāngata – manaaki whakapapa (caring for lineage – past, present and future) providing caring support, advocacy or guidance for a tangata (person) means you are not only supporting that person, you are supporting the aspirations their tūpuna (ancestors) had for them and the moemoeā (dreams) that tangata has for their mokopuna (grandchildren). (Clarke, In press)

It was evident in our research that the manaakitanga of WOCA partners is successful and effective in supporting both Māori and non-Māori. A participant noted: “manaaki is really important for Māori ... and that’s what our Whānau Ora partners do, their goal is manaaki, to manaaki their whole town in the end” (Relationship Manager). Participants made comparisons between the Government response and that of Whānau Ora: “There’s just a different feeling as opposed to if you go to the vaccination centre in Palmerston North and you just ‘take a seat’, and it’s just very formal”, but when accessing services through a Whānau Ora provider: “it’s manaaki. I think that’s the difference” (Relationship Manager). This understanding was shared by another participant: “Yeah it moves away from that transactional approach where you’re someone who comes and receives a service and that’s that” (Relationship Manager).

The manaakitanga of partners was celebrated, shared and acknowledged across social media. Social media provided a means of communicating a sense of responsibility and desire to support whānau, hapū, hapori and marae. Images of Whānau Ora providers working collaboratively with their communities were key in communicating the importance of supporting and sustaining the mana of whānau and hapori. The images of manaakitanga were both familiar and valued:

Thank you Whaea [redacted] and [redacted] you are one Amazing human being. Your heart for the community especially our Māori Whānau never goes unnoticed, you deserve to be praised and honoured for your generous heart and your constant love and care for others. So blessed to know you! ❤️ (Te Whānau o Waipareira, 2022g)

We are truly grateful for Te Whānau o Waipareira Trust you have helped our whānau so much over the years and we feel blessed to have you in our Community xxx Kia ora to all the many Kaimahi at Waipareira you’re all Super Stars. (Te Whānau o Waipareira, 2022h)

Manaakitanga in the Face of Delta and Omicron

On 17 August 2021 when Delta had arrived in our communities and fear was felt across Aotearoa, WOCA and its partners immediately redeployed their workforces to manaaki their communities. John Tamihere provided reassurance to whānau, emphasising the services and support networks available: “it doesn’t matter what your difficulty is, we’ll get to you” (Te Whānau o Waipareira, 2021m, 05:53). He also advised whānau how they could access support:

We don’t get funded for a 24/7 operation but we’ve now swivelled a lot of our resources across to ‘Protect our Whakapapa’ in our communities. So 0800 924 942 ... is the number if you and your whānau need any support over the next 7 days of lockdown ... Now that number is available, 8:00am–8:00pm. (Te Whānau o Waipareira, 2021m, 02:42)

Many within the community appreciated the extension of support, with one community member saying: “So grateful for you JT and your beautiful wahine toa. Thank you for being there for our people”(Te Whānau o Waipareira, 2021m).

Tamihere also discussed making vaccination services more accessible for whānau Māori:

Don’t worry about appointments, we can sort all that out. We’re here not just to support the general community, and we honour them and we respect them and they have mana. And we’re vaxing 850 people a day but our own people are waiting in queues – don’t wait in queues you just come down okay and get vaxed. (Te Whānau o Waipareira, 2021m, 04:28)



Tony Kake [CEO Papakura Marae] presents prize to the lucky winner at local vaccination event.

Whānau were reassured they could receive wraparound support kanohi ki te kanohi:

If you've got any issues, and you require support and assistance in your own whare, we have people in PPE equipment to keep you safe and them safe who are willing, ready and able to come out and visit you and that's very important. (Te Whānau o Waipareira, 2021m, 04:26)

Other providers were also prominent. The Manukau Urban Māori Authority (MUMA) reassured whānau that their support would be ongoing:

We'll be by your side for the long haul whānau mā. MUMA Health is committed to supporting you through these tough times and into the future as our people navigate the uncharted territory of dealing with Covid on a regular basis. We are here to help you now if you, or your whānau are self-isolating, currently dealing with the effects of Covid, or are still needing to receive vaccination. We can support you while you are at home with kai through our Food Bank services, mental and emotional support through our Whānau Ora services, and advocacy within the medical system should you need it. You are not on your own e te whānau, we are travelling this huarahi with you, and it is our number one priority to support you along the way. (Manukau Urban Māori Authority, 2021c)

Maria Clarke, CEO of Huakina Trust, described how coming together as a collective enabled Māori providers to manaaki whānau:

Māori providers mobilised quickly because our relationships were tight. We were always talking – as individual providers we had planned, but together our unity meant we could cover our rohe (area) with whānau support. The Kotahitanga Collective did exactly what it was established for – it brought everyone together to coordinate manaakitanga for whānau. (Clarke, In press)



Te Atatū Marae Coalition preparing hāngi for whānau at Te Atatū Baptist Church pop-up vax centre.

Whakawhanaungatanga

Whakawhanaungatanga, the process of establishing and nurturing relationships with others, has been central to creating a resilient network of support, kinship and collective ties in the face of the COVID-19 pandemic (Te One & Clifford, 2020). During the Delta and Omicron response, WOCA knew that whakawhanaungatanga was vital to increasing their ability to reach deeper into Māori communities to provide clinically relevant and responsive services.

The response efforts of WOCA and its partners were built on an understanding of the needs and characteristics of their hapori. Community-based initiatives stemmed from an understanding of those communities and provided further opportunities to build relationships with whānau who may not have been engaged with their local Whānau Ora provider. Natasha Kemp, CEO of Manurewa Marae, emphasised the importance of having relationships in their local community:

It's a long road and the hardest but it is about building trusting relationships. Relationships are everything out here in our community, you know, and if people don't see you or if they don't know who you are, they're not going to come to your clinic. (Harriman, 2021a)

Awerangi Tamihere spoke on The Hui and shared the importance of whakawhanaungatanga during crisis within local communities:

Even though this is a very difficult time when you're dealing with our own communities, you need to have trust, faith, and hope, and when our own people can come to the door just to look in their eyes, it's emotional, crying, just somebody who understands them comes in. There is somebody finally who just says, "This is us, this is where we are at, can you wrap around us to meet everything we need in our household?" (Harriman, 2021a)

Dr Lily Fraser of Turuki Healthcare emphasised how kanohi ki te kanohi worked for her community:

The focus of this kaupapa wasn't just on getting vaccinations but really, for us, we wanted to provide people the opportunity to speak with a friendly face, somebody that has good knowledge about vaccination but wasn't going to pressure people to just do it. You know, this wasn't a mandate. This was just about being available to answer people's questions. And the result was actually a lot of them decided to get vaccinated. (Harriman, 2021a)

One participant described how local knowledge aided the vaccination campaigns in remote hapori:

We always took a local community provider person with us so the lady I had in my car. We went to every single house [and] she went "Oh that house is already vaccinated", cause she already knew them, or she goes "this house will get vaccinated but just needs a bit of a kōrero." (Executive Leader)

Participants shared how mutual familiarity between partners and whānau created trust: “I’m more inclined to go there because I trust the people that are gonna put the needle in my arm. Rather than going to someone that doesn’t look like me, that doesn’t speak like me” (Relationship Manager). Trust was identified as a key aspect of the success Māori providers achieved in vaccinating Māori:

So, what we came to, the conclusion, why were we able to vaccinate so many Māori? Cause I look like you - I’ve got ink on my arm like you. You know, so when I’m rocking up I’m not a white doctor with a white coat and quite elderly and I’m a male and I already feel intimidated and I already have an access barrier. We all look like you, half of us speak te reo Māori, 80% of us are Māori, 70% of us were from the North, 50 from Hokianga, 50%. (Executive Leader)

It was highlighted by a participant that WOCA providers are held in high regard compared to some mainstream services because they know and provide what their hapori need: “Some of the Māori organisations are known to go above and beyond what you’d get from going and walking into a hospital” (Relationship Manager).

Frontline health providers consistently described how Māori within the community were more inclined to look towards Māori providers for support because they know their needs. The familiarity and knowledge of their communities, acquired over many years, and an approach underpinned by tikanga, is the foundation on which WOCA partners can effectively reach their communities and build trust-based relationships. One participant described how they saw whānau turn to Māori providers in preference to mainstream primary care:

Wairarapa is a really good example of that. When they first started getting some of their Delta positives, they had, it was actually a gang that brought it down to the Wairarapa, and so they didn’t want any intrusive services being a part of it. But they would let Whaiora through the door purely because Whaiora is a Māori organisation. They had whānau on staff and so it meant that they got relatively good care from it but it wasn’t from the DHB. (Relationship Manager)

A kaimahi shared the desire to be a place of trust and safety for whānau: “It’s nice to be the bridge in between to get the whānau to safety. Somebody who is a safe voice, who can just get them over that line” (The Project, 2021b). One participant discussed that establishing trusting relationships with whānau may be slower in the first instance, however: “Once you have that relationship, the job takes care of itself” (Relationship Manager).



Te Oranganui rangatahi organised an outdoor free movie and vaccination event for their local community, Whanganui.



Section Five: ***Conclusion and*** ***Recommendations***



Manukau Urban Māori Authority preparing
Christmas gift packs for local tamariki.

Conclusion

COVID-19 has now reached deep into our communities and presented significant challenges. Yet time and again, WOCA and its network of Māori social and health providers have demonstrated their capacity to reach whānau Māori. This research has sought to describe the response of WOCA and its partners to the Delta and Omicron variants of COVID-19. WOCA is at the forefront of hauora Māori innovation. Its role within the response to COVID-19 has shaped the national response and proven vital for both Māori and non-Māori across Te Ika-a-Māui. A focus of this research has been on documenting the key drivers that underpin the organisation and on capturing the whakaaro of kaimahi who have contributed tirelessly to the response. The findings aim to support Māori ambitions and the aspirations for mana motuhake.

WOCA has exemplified the effectiveness of Māori-led initiatives. Services delivered by WOCA partners are grounded in te ao Māori, both recognising and reflecting their communities and exemplifying the inherent strengths of Māori communities when caring for and protecting others. Its initiatives were underpinned by tikanga Māori, ensuring Māori were exposed to culturally relevant and accessible information. The response has again demonstrated the potential of the organisation and its kaimahi to respond to whānau needs particularly during times of crisis.

WOCA has continued to provide delivery of healthcare for Māori populations, advocating at a national level to ensure Māori were receiving the same access to equitable health outcomes. Throughout the response WOCA has held the MoH and Government accountable, and in doing so has given voice to Māori and influenced how health outcomes in the COVID-19 pandemic are understood and addressed. The shortcomings in the Government's response have been highlighted, notably in the Waitangi Tribunal's COVID-19 Priority Report, which has found the Government's handling of the pandemic to be in breach of Te Tiriti o Waitangi and its commitment to ensuring active protection and equity (Waitangi Tribunal, 2021). The criticisms levelled against the Government's vaccine strategy point to the important role of Māori health providers in eliminating the health disparities affecting Māori, and reinforces the urgent need for Māori communities to be involved in decision making. Not only have WOCA reached communities, but whānau Māori have indicated their preference for Māori providers. Their expertise in delivering Māori initiatives, which resonate with Māori audiences, has made a significant impact on increasing vaccination rates for Māori.

Kaimahi time and again emphasised the importance of knowing their communities and the value of whakawhanaungatanga in establishing and maintaining trust-based relationships. Manaakitanga underpinned the delivery of support to whānau and provided the opportunity to enhance mana through the giving and receiving of care. Celebrating success within the community acknowledged and propelled the collective efforts of kaimahi and whānau in delivering culturally safe, familiar and appropriate care.

Collaborative approaches to the Delta and Omicron outbreaks have highlighted a shared Māori agenda, and have created opportunities to facilitate closer working relationships between health providers and hapori. A goal of the WOCA network is to build capacity in both whānau and providers, reducing reliance on external agencies. Enhancing capacity will better enable WOCA and its partners to manaaki whānau Māori through coordinated programmes of activity that improve hauora and mauri ora, while realising their dreams and aspirations for future generations. This has the potential to create positive intergenerational health outcomes, driven and sustained by local communities.

Recommendations

The future of the COVID-19 pandemic remains unclear, even as we move into its third year. And as the pandemic continues to unfold the focus will turn to mitigating the impact of the disease on Māori. Greater attention will be required to support the long-term recovery and to ensure the health system is able to deliver equitable outcomes for Māori.

Throughout the response period WOCA advocated for change in the ways that services were delivered for Māori. Transformational change is urgently required to ensure whānau are supported by networks and service delivery models that enable confidence in overcoming systemic barriers to health and wellbeing. Through the synthesis of social media data, participant interviews, and literature reviews, our recommendations have arisen that centre on ensuring Māori are the key decision-makers in the delivery of health and social services for Māori. The recommendations are as follows:

- That WOCA continues to be resourced to provide leadership, advocacy, oversight, and guidance for its network of Whānau Ora providers and other health organisations.
- That the Māori Health Authority has the commissioning powers to assert rangatiratanga over the design and delivery of equitable health services for Māori.
- That greater resourcing is made available to the Whānau Ora network to enable the building of capacity and capability across the Māori workforce to ensure services can be delivered at scale.
- That kaimahi are supported through pay parity and workforce development to ensure longevity, wellbeing and resilience.
- That dedicated funding is invested in the Whānau Ora delivery of social and health services to resource local approaches.
- That the Māori voice is heard in determining health outcomes and that Māori expertise is made visible, through mechanisms such as WOCA.
- That Government ensures WOCA and its partners continue to be involved in decision-making at a regional and national level, in order to ensure the interests of Māori communities are fairly represented.
- That a data-sharing framework is developed between Whānau Ora and Government to deliver targeted approaches to enable appropriate planning and service delivery.
- That WOCA and its partners be supported to develop and maintain collaborative relationships with other health providers and agencies, in order to improve coordination of care and resource sharing.
- That Government agencies continue to support research and evaluation activities, in order to build the evidence base for Whānau Ora and grow the capability and capacity of Māori researchers.
- That WOCA and its partners be given the resources they need to plan and respond to future pandemics and other health emergencies.
- That Whānau Ora providers be given the opportunity to share their knowledge and expertise with other health providers, in order to contribute to the improvement of healthcare for all Aotearoa.



“ *All Māori have the same mana and every Māori counts and we should be looking at the extrapolation of resources into our own hands.* ”

John Tamihere

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Glossary and Key Terms

Aotearoa – New Zealand

aroa – love, compassion

āwhina – support, help

fa'afetai lava – Samoan language: thank you very much

haka – advocating physically

hākinakina – sport

hāngī – food cooked in an earth oven

hapori – community

hapū – sub-tribes

hapūtanga wānanga – pregnancy education programme for pregnant mothers and their families.

hauora – health

hīkoi – walk, journey

hongī – to press noses in greeting

huarahi – road, journey

hui – meeting

ipu whenua – special containers used to hold the placenta of a new born baby.

iwi – tribe/tribal

Ka pū te ruha, ka hao te rangatahi – As an old net withers a new one is made.

kaha – strength

kai – food

Kaiārahi – Whānau Ora Navigator

kaimahi – staff

kaitiaki – guardian

kanikani – dance

kanohi – face, in person

kanohi ki te kanohi – face to face

kanohi kitea – a face that is known to and seen within a community

kapa haka – Māori performing arts

karakia – prayer, recite, chant, setting intentions through prayer

kaumātua – esteemed elder man/men or woman/women

kaupapa – policy, initiative, agenda, theme, objective

kaupapa Māori – an approach grounded in Māori values and principles

kia ora – hello

Kirihimete – Christmas

kōhanga reo – Māori language pre-school

kōrero – chats, discussion, talk

koro – grandfather

kotahitanga – working together, unity

kuia – esteemed elder - woman/women, grandmother

kura – school

mahi – work

mahi toi – work of art, art work

māmā – mother/s

mana – status, authority, prestige

mana motuhake – self-determination, self-government, sovereignty

manaaki – show respect, generosity and care for others

manaakitanga – hospitality, the process of showing respect, generosity and care for others

māra kai – garden

marae – communal meeting place

maramataka – Māori lunar calendar, living by the natural rhythms set by the moon phases

māramatanga – enlightenment, insight, understanding

mātauranga – knowledge

matua – uncle

mauri ora – healthy life force, vitality, flourish

mihi – acknowledgement

mihinga – praise

moemoeā – dreams

moko kauae – Māori female chin tattoo

mokopuna – grandchildren

mōrena – morning

oranga – health

orokoroa – Māori meditation practice

pahi – bus

pakeke – elders

Pākehā – New Zealand European

pōwhiri – a traditional ritual welcoming people onto a marae, ceremony or event.

rangatahi – youth

rangatira – chief/s, high ranking, esteemed.

rangatiratanga – sovereignty

rohe – area/region

rongoā – Māori holistic healing remedy or medicine

rōpū – collective, group

talofa – Samoan greeting of hello

tamariki – children

tangata/tāngata – person/people

taonga tuku iho – heirloom, something handed down, cultural property, heritage

tautoko – support

te ao Māori – Māori worldview

te reo Māori – Māori language

te taio – nature, natural world, environment

tikanga – customs/protocol

tino rangatiratanga – sovereignty, self-government, autonomy

tika – direct, correct, straight, fairness

tūmeke rawa atu – awesome

tumuaki – chief executive, head of institution, leader

tūpuna – ancestors

vinaka vaka levu – thank you very much in Fijian language

wāhi – locality, place

wahine/wāhine – woman/women

wāhine toa – strong woman/women

waiata – song, chant

wairua – spiritual, the spiritual realm

whakaaro – plan/understanding

whakamana – empower, to give authority to, enable

whakapapa – lineage, genealogy

whakatau – formal welcome

whakataukī – proverb

whakawhanaungatanga – the process of establishing relationships and connections with others

whānau – family/families

whanaungatanga – relationships, relationship building

whare – home, house

Appendix

Mahi Tikanga Me Te Kitenga – Methods and Analytical Framework

This exploratory study draws on qualitative data, supplemented by a review of relevant national and international academic literature, policy and strategy papers, planning documents, and social and news media. The data has enabled a rich description of the successes and challenges presented by COVID-19. This research is underpinned by kaupapa Māori research approaches (Cram, 2019; Smith, 2015; 1999) and signifies our intention to evaluate an agenda determined by Māori. Specifically, this report focuses on whānau-centred design and the principles of tino rangatiratanga (self-determination) and tikanga Māori (Māori ways of being). These principles also reinforce the ways in which the researchers engage with each other, participants, and the overall research process:

Whānau-Centred Design

The Whānau Ora approach is culturally-based and focuses on the well-being of whānau as a whole by building on their strengths to realise their aspirations (Te Puni Kōkiri, 2019). This research approach prioritises the knowledge and lived experience of whānau in order to enable the innovation potential of mātauranga Māori, people and resources.

Tino Rangatiratanga

WOCA delivers research to complement iwi initiatives. We envisage a future where our community partners can exercise rangatiratanga and lead decisions that affect their cultural, environmental and economic wellbeing. The principle of tino rangatiratanga aligns to WOCA's commitment to Te Tiriti and investment in 'by Māori, with Māori, for Māori' solutions in the generation of new mātauranga, networks and the preservation of taonga tuku iho.

Tikanga Māori

Tikanga Māori refers to the undertaking and processes of research that reflects and supports the cultural realities of Māori communities. Māori customs and processes are incorporated within the design of research methods, matching the diverse cultural experiences and needs of whānau Māori.

Data Collection

Social Media and News Scan

The purpose of the social media scan was to understand how WOCA providers used their social media platforms throughout the COVID-19 pandemic. We sought to create a timeline of social media posts and engagements from Facebook, Twitter, TikTok, and Instagram to understand trends of social-media usage by partners to identify content that resonated with communities. We focused on publicly available user-generated data, such as posts and comments, which were usually accompanied by videos or images.

The social media content from WOCA provided a rich source of data on the information being shared with whānau during its Delta and Omicron response. Social media posts covered a range of topics from public health information, health and social service information, the wider political context and a celebration of being Māori.

Alongside social media data, the data-collection included radio, television and internet-based news items as much of the information around COVID-19 was delivered by news outlets.

Qualitative Interviews

Semi-structured interviews were used to record the experiences and views of kaimahi involved throughout the response period and were guided by kaupapa Māori principles (Smith, 1999) to ensure data collection and analyses were culturally relevant. This transpired through the researchers understanding the tikanga required to ensure data collection methods were fit for purpose, and that interview participants felt comfortable and willing to engage with the research material. The interview structure provided a platform on which participants could lead discussions regarding their experiences and understandings of the response. Interviews involved six WOCA kaimahi across Te-Ika-a-Māui and were conducted by Zoom due to the practicalities of COVID-19 social distancing. Those we spoke with were all engaged on the frontline and provided invaluable first-hand insights to the response. When participants are quoted within the report they are identified according to their role within WOCA or its partner organisations. Whānau names mentioned within data collection from various social media platforms have been redacted.

Te Kītenga - Data and Interview Analysis

Given the limited timeframe for interview analysis the team used a rapid analysis technique to analyse the interviews. This involved completing a template summarising each interview using headings from the interview guide. Through repeat hui the team discussed the summaries and began the process of theorising the data. From the discussion three dominant themes were chosen. The summaries were then revised to incorporate any new data under the three themes of whakamana Māori, manaakitanga, and whakawhanaungatanga. These themes have subsequently provided a broad structure for the synthesis of participant interview findings, social media data and literature. Each of the themes contain several sub-themes that have been used to organise the findings.

The research team received ethics approval on 14 March 2022.



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