



WHĀNAU VOICE INSIGHTS REPORT 2025

ORANGA WHENUA,
ORANGA WAI, ORANGA WHĀNAU



**ĀTI AWA
TOA HAUORA**
PARTNERSHIP BOARD



ĀTI AWA TOA HAUORA PARTNERSHIP BOARD



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This report affirms that whānau voice is not only critical to understanding the challenges of the health system, but also offers the pathways to solutions.



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FOREWORD

This report demonstrates the power of kapa haka in strengthening the oranga of our people. It also speaks to the ongoing inequities that shape the daily realities of local whānau Māori in our rohe. It captures their voices and experiences in engaging with kapa haka as well as their day-to-day interactions with the health system.

The insights gathered are the lived truths: stories of strength, cultural identity, unity and pride, but also of frustration with systems that too often fail to uphold equity, dignity, and respect.

Āti Awa Toa Hauora Partnership Board has approached this kaupapa with integrity, guided by kaupapa Māori principles and grounded in the voices of whānau themselves. This is not simply a report, it is a taonga. Consistent with our earlier whānau engagement, it demonstrates that whānau are the experts in their own lives, and that their perspectives must sit at the heart of any pathway toward equity and wellbeing.

These insights strengthen our drive for a future where systems are responsive to the needs, values, and aspirations of whānau Māori. Our commitment remains steadfast: to ensure that whānau voices are not only heard but acted upon. This report serves as a further catalyst for collective progress and enduring wellbeing.

Our whānau deserve nothing less than a future where they can thrive.



Hikitia Ropata,
Chair, Āti Awa Toa Hauora IMPB



ACKNOWLEDGEMENTS

Āti Awa Toa Hauora Partnership Board honours those who have passed on; the many Rangatira, advocates, and champions whose vision and commitment created the foundations on which we stand today. Their legacy continues to guide our mahi, and we honour their enduring contribution to the pursuit of wellbeing for whānau Māori. Moe mai rā.

We acknowledge and celebrate Te Matatini and the powerful platform it provides for te ao Māori. We extend our deep gratitude to the leaders, tutors, performers, and communities who uphold and advance the excellence of kapa haka at every level. It is an honour to be part of such a significant event on the Māori calendar.

We extend our sincere gratitude to the whānau who generously shared their experiences, perspectives, and aspirations throughout this kaupapa. Your voices are pivotal in shaping our work, and ensuring that future solutions reflect the realities and hopes of our people. This contribution is a taonga that uplifts our foundations and guides us forward into the future.

To our iwi, Ngāti Toa Rangatira and Te Āti Awa, we extend our deep gratitude for entrusting us with the responsibility of providing strategic leadership in hauora. Your confidence enables us to continue this important mahi, championing better health outcomes and stronger services for our people.

Through the work reflected in this report, particularly the emphasis on whānau voice, we remain committed to ensuring that the lived experiences and aspirations of our people guide and shape the path forward.

This mahi further contributes to our past efforts and whānau engagement. It is our shared vision for equity, resilience, and wellbeing for whānau Māori.



EXECUTIVE SUMMARY

Āti Awa Toa Hauora Partnership Board's Whānau Voice Insights Report 2025: Oranga Whenua, Oranga Wai, Oranga Whānau is an important piece of kaupapa Māori research that captures the voices of 108 whānau Māori residing in the Wellington region who attended Te Matatini 2025.

The survey was designed to explore two areas:

1. the positive impacts of kapa haka on oranga and wellbeing; and
2. whānau perspectives on a range of health services including oral health, mental health, primary care enrolment, immunisations, smoking and vaping, and access to healthcare in our region.

Conducted within a kaupapa Māori research framework, the research was guided by tikanga, whanaungatanga, and Māori data sovereignty principles. Ethics approval was secured through the Āti Awa Toa IMPB Ethics Komiti, with whānau voice treated as taonga tuku iho and safeguarded with care. The survey was carried out both kanohi ki te kanohi and online, with whānau encouraged to share openly and confidently in ways that reflected their lived experiences and cultural realities.

Findings show that kapa haka plays a vital role in strengthening wellbeing. Whānau described kapa haka as a powerful determinant of oranga, a source of deep pride and aroha, and a way of reconnecting them to whakapapa, whanaungatanga, and te reo Māori. They spoke of the transformative energies of Te Ihi (power), Te Wehi (awe), and Te Wana (energy), describing them as uplifting and life-affirming. For many, kapa haka also brings discipline, fitness, and a focus on healthy living, while at the same time nurturing spiritual wellbeing and providing therapeutic benefits for mental and spiritual health.

Alongside this, whānau reflected on their experiences within the health system. Many expressed frustrations with barriers such as cost, long wait times, lack of transport, workforce shortages, notably the absence of Māori health professionals and culturally safe services. While oral health care is free for tamariki, adults struggle to access affordable services, often waiting until problems become urgent. Mental health services were seen as especially lacking, with 60 percent of participants stating that access is poor in our region. Whānau emphasised the importance of addressing cultural disconnection and trauma, highlighting the need for care that integrates wairua, identity, and te ao Māori alongside clinical approaches.

On childhood immunisations, most whānau supported vaccination as a way of protecting tamariki and whānau, yet hesitancy remains due to mistrust, past negative experiences, and the absence of clear, culturally relevant information. Whānau called for immunisation services to be embedded in trusted spaces such as kura, kōhanga, and marae, and for more Māori health professionals to lead this mahi.

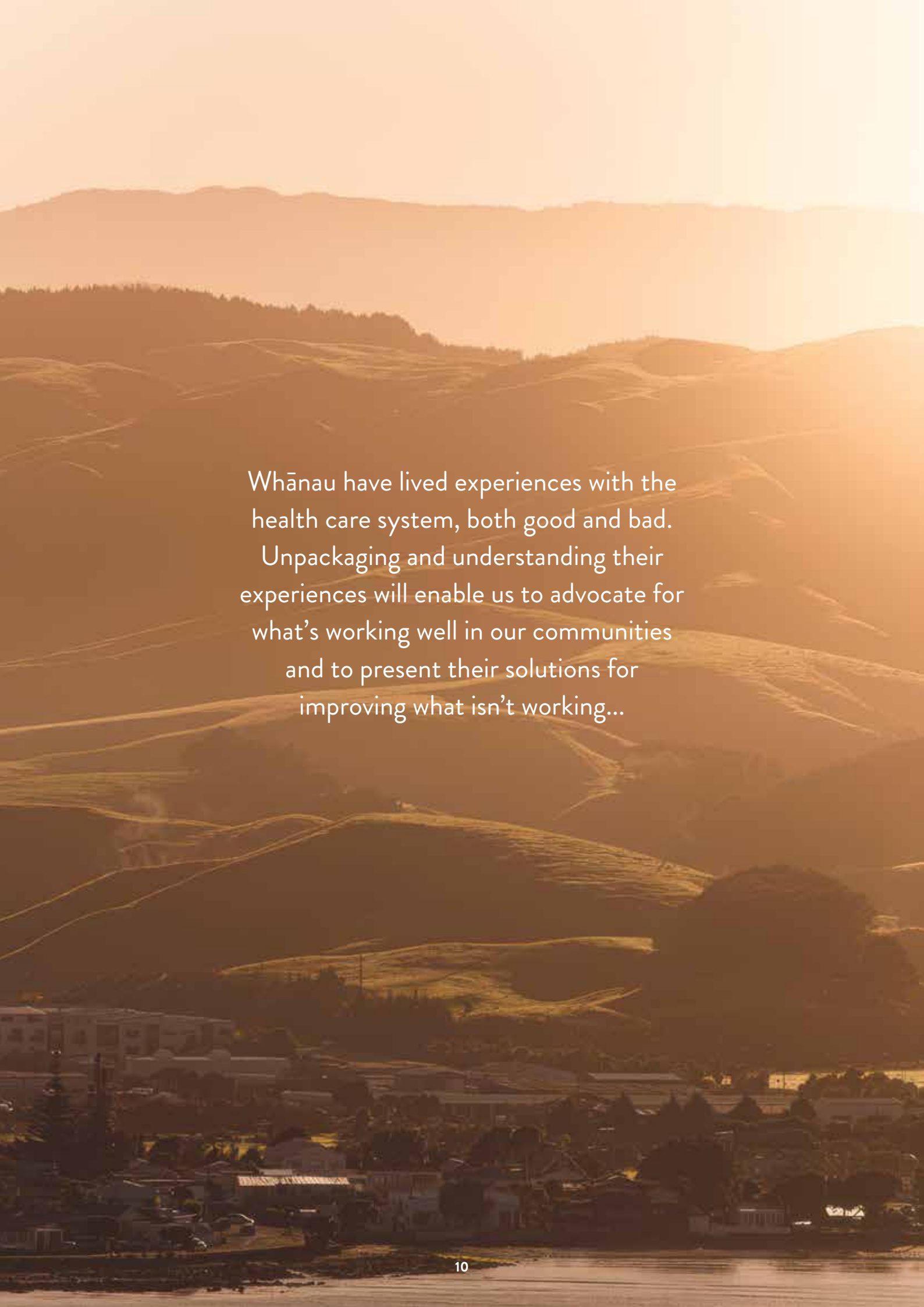
Smoking and vaping were also discussed, with vaping now more common among rangatahi than smoking. Whānau acknowledged that stress, addiction, and social influences drive these behaviours, but also expressed strong aspirations to quit, requesting more kaupapa Māori cessation pathways and stronger regulation of vape outlets near schools.

Primary care enrolment was high among respondents, yet access to quality care remained limited. While most whānau were technically enrolled with a primary care provider, the majority said they could not secure timely appointments, afford the cost of care, or feel culturally safe in mainstream services. In many cases, whānau preferred kaupapa Māori providers or rongoā Māori as alternatives, reflecting a desire for services that recognise and validate Māori ways of being.

Across all areas of inquiry, whānau were consistent in their solutions. They want services that are by Māori and for Māori, delivered in culturally safe and accessible spaces, with the Māori workforce expanded to meet community needs. They seek investment in prevention and health education, particularly around chronic conditions and oral health, and they call for communication that is strengths-based, respectful, and grounded in te ao Māori.

This report affirms that whānau voice is not only critical to understanding the challenges of the health system, but also offers the pathways to solutions. It is both a snapshot of current realities and a blueprint for future transformation, providing evidence that the wellbeing of Māori is intrinsically tied to cultural connection, equity of access, and services that honour Māori knowledge, tikanga, and Te Tiriti o Waitangi.

Based on whānau voice we propose recommendations for the health system that align with whānau needs and aspirations. The health system must retain health equity as a key goal. An equitable, accessible and non-discriminatory health system is core to realising healthy and thriving futures for us all.

The background image is a full-page photograph of a coastal landscape during the 'golden hour' of sunset or sunrise. The sky is a deep, warm orange, with the sun's glow creating a hazy, atmospheric effect. In the foreground, a coastal town is visible, with various buildings and houses nestled along the shoreline. Behind the town, a series of rolling hills and mountains rise, their slopes covered in vegetation that appears dark against the bright sky. The overall mood is peaceful and contemplative, with the warm tones of the light suggesting a sense of hope or reflection.

Whānau have lived experiences with the health care system, both good and bad. Unpackaging and understanding their experiences will enable us to advocate for what's working well in our communities and to present their solutions for improving what isn't working...

1 INTRODUCTION

This oranga survey was conducted by Āti Awa Toa Iwi Māori Partnership Board to support its legislated function to engage with local whānau and hapū about their local health needs and aspirations, and to communicate the results and insights to Health New Zealand. Enabling whānau to have a voice in health sector performance and delivery is essential if we are to improve health outcomes and reduce health inequities for Māori.

Whānau have lived experiences with the health care system, both good and bad. Unpackaging and understanding their experiences will enable us to advocate for what's working well in our communities and to present their solutions for improving what isn't working so we are not wasting resources. From this survey we strengthen our evidence base and shift closer to transforming current systems and services to make real what we envision for the future; an oranga ecosystem for our mokopuna to thrive.

Background

Āti Awa Toa Iwi Māori Partnership Board (IMPB) has a mandate under the Pae Ora (Healthy Futures) Act 2022 to represent local Māori perspectives on: their health needs and aspirations; how the health sector is performing in relation to those needs and aspirations; and on the design and delivery of services and public health interventions within localities. Āti Awa Toa IMPB employs kaupapa Māori research frameworks and best-practice techniques to produce high quality information. Its surveys include relevant questions that can be integrated with data from other sources if desired.

Goal

The goal of this survey was to collect whānau voice regarding the wellbeing of whānau Māori living in Te Ati Awa and Ngāti Toa Rangatira rohe, including how being connected to cultural practices such as kapa haka have influenced their overall wellbeing. The survey covered smoking/vaping, primary health care enrolment and the lived experiences of whānau accessing primary, oral and mental health care services in our rohe.

Objectives

To build the Āti Awa Toa IMPB evidence base, our high-level objectives were to:


1. Explore the health and wellbeing benefits of cultural practices such as kapa haka.
2. Examine the experiences, behaviours, and risk factors influencing Māori health within our rohe.
3. Investigate the accessibility, quality, and delivery of health services and care for whānau Māori in our rohe.
4. Identify key barriers and challenges to accessing oral health and mental health services.
5. Develop solutions to health issues grounded in a whānau Māori perspective.

Features of the survey

This survey was designed to encourage meaningful and constructive discussions with participating whānau, while ensuring that the process caused no harm. It included the following design features:

- » Informed consent was obtained from all participants
- » Participants were tāngata Māori aged 15 years and over, living within one of our four whaitua
- » The survey used focused, relevant questions to guide kōrero
- » Interviews were conducted by trusted community members who were approachable and experienced in engaging with whānau
- » Interview locations were arranged in advance with participants to ensure comfort and convenience
- » An online survey option was available for those unable to participate in person.

This survey design and questionnaire was reviewed and approved by the Āti Awa Toa IMPB Ethics Komiti and the Āti Awa Toa IMPB. The appendix of this report outlines the procedures and protocols followed by Āti Awa Toa IMPB kaimahi to ensure the collection of high-quality, robust data.



From this survey we strengthen our evidence base and shift closer to transforming current systems and services to make real what we envision for the future; an oranga ecosystem for our mokopuna to thrive.



WHĀNAU VOICE INSIGHTS:


2 KAPA HAKA

This section presents both the quantitative and qualitative analysis of whānau voice gathered from two questions asked to all 108 participants. These questions focused on the cultural practice of kapa haka and what this means to whānau and their overall oranga.

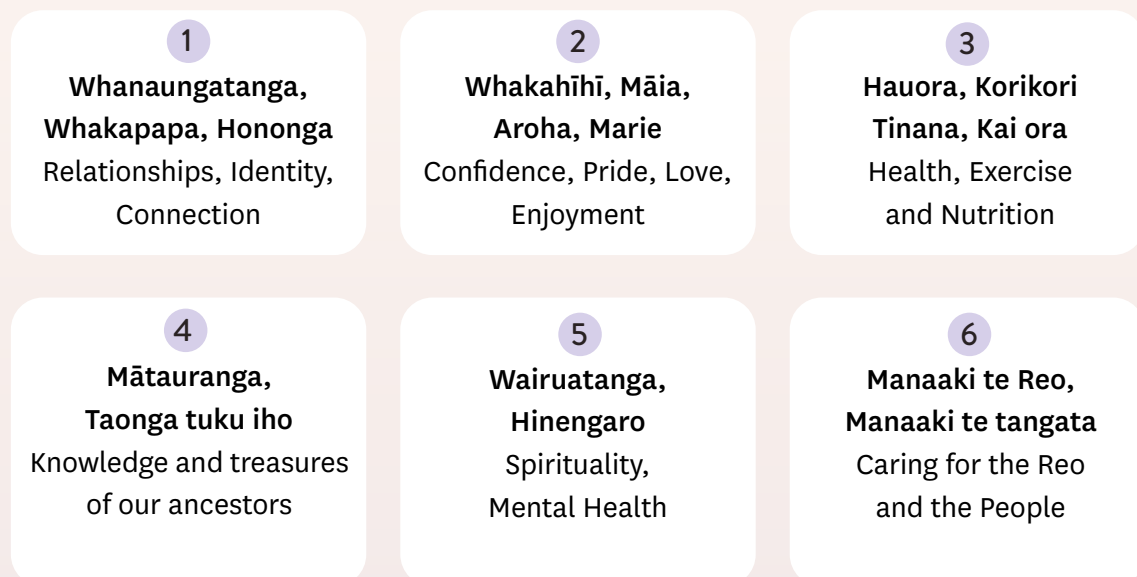
Each question is introduced then explored through thematic analysis, with the key themes discussed and direct quotes from whānau used where appropriate. Findings from each question are summarised.

2.1 WHĀNAU EXPERIENCE OF KAPA HAKA AND ORANGA/WELLBEING

Whānau have told us that connection to cultural practices such as kapa haka is a key determinant to whānau oranga. We further explored this by asking whānau the question:

 How does kapa haka bring oranga and wellbeing to you and your whānau?

The following six themes emerged:



1 Whanaungatanga, Whakapapa, Hononga *Relationships, Identity, Connection*

Kapa haka is a powerful expression of Māori identity, offering whānau a meaningful way to connect, reflect, and express who they are. Through haka and waiata, whānau engage in cultural practices that strengthen their sense of whakapapa and/or identity, deepening their understanding of te ao Māori, and supporting whānau to build strong enduring relationships with each other.

More than just a performance, whānau see kapa haka as a space for healing and reconnection. Kapa haka has helped whānau address cultural disconnection caused by colonisation and other modern-day challenges, creating opportunities for whānau to rediscover their identity, share their stories, history, and experiences. It reconnects whānau to tūpuna, wai, whenua, and to each other.

“As kaimātakitaki, standing alongside whānau of our iwi and hapū to resurrect and support kapa haka, we experience deep whakawhanaungatanga, building and reinforcing relationships that enhance our collective hauora Māori.” Pakeke

“It strengthens our hononga through whakapapa to our whānau, hapū and iwi. It incorporates te whare tapa whā, bringing ora through connection, waiata, haka, pūrākau, kōrero tuku iho, our reo and kai.” Pakeke



2 Whakahīhi, Māia, Aroha, Mārie Confidence, Pride, Love, Enjoyment

For whānau kapa haka plays a vital role in strengthening a sense of self, building confidence, and embedding pride in who they are and where they come from. For many whānau, kapa haka is a source of deep aroha that creates space for collective joy, love, and shared purpose. It encourages participation across generations, and nurtures intergenerational learning and whanaungatanga.

Kapa haka brings calm, balance, and enjoyment into the lives of whānau, reminding them of the beauty and power of te ao Māori. Whether on stage, in the whare, or at home, kapa haka continues to be a meaningful and transformative force in the lives of whānau.

“The whole time feeling so proud about our culture, particularly given the current political environment.” Kaumatua

“Engaging with Māori business stall holders, my daughter enjoying the glitter moko kauae and other activities in a relaxed, safe family environment.” Pakeke

3 Hauora, Korikori Tinana, Kai ora *Health, Exercise and Nutrition*

Whānau recognised the positive impact of kapa haka on health and wellbeing, especially through the physical demands placed on performers preparing for events like Te Matatini. Many noticed the high levels of fitness, discipline, and commitment among performers some even making long lasting lifestyle changes to reach peak performance. The choreography, strength and agility on display highlighted a strong focus on hauora, with visible results such as improved physical fitness, weight loss, and change to eating behaviours.

Beyond the stage, whānau also benefited from health-focused initiatives at the venue, including access to health checks such as blood pressure testing and cervical screening information. These services helped raise awareness and encouraged proactive approaches to personal health. Healthy kai options and the physical activity involved in navigating the event space like walking the hill further supported a holistic approach to hauora that extended beyond the performance itself.

“It was positive to see how fit and how much mahi and choreography went into this year. They really levelled up this year. Some core work going on in some of the groups, some of them fully cross fitters, but it was good to see hauora was a big focus this year. We saw the 6 packs.” **Taiohi**

“There were also a lot of health orientated stalls around the venue. I managed to get a blood pressure test and had recommendations given to me as my blood pressure was high.”

Pakeke

“Getting a health check in relation to smear tests - being asked if I knew about it supported my knowledge.” **Pakeke**

“Accessing healthy kai and walking the hill.”
Taiohi



4 Mātauranga me ngā taonga tuku iho *Knowledge and treasures of our ancestors*

Kapa haka is a vessel for mātauranga Māori, carrying the ancestral knowledge embedded in waiata, kōrero tuku iho, and cultural practices. Whānau acknowledge that these traditions are “taonga tuku iho”, precious legacies handed down through generations. Through performance, language, and storytelling, kapa haka keeps these treasures alive and relevant, ensuring that te reo Māori continues to thrive in the hearts and voices of the next generation. Whānau acknowledge nurturing mātauranga Māori strengthens connections between whānau, land and tūpuna and this in turn supports oranga.

“Ko te mātauranga o ngā kōrero tuku iho. Te tino taonga o tēnei mea te whakangāhau. Ko te mōhio, ka ora te reo i roto i te reanga hou nā runga i te kaha ki te mau i ngā waiata. (translation: The knowledge handed down through ancestral stories. The true treasure of what we call performance. It is through understanding that the language lives on within the new generation, through their strength in carrying the songs).”

Pakeke



Kapahaka is a foundation of building confidence, strength and knowledge in te ao Māori through waiata, tikanga, kawa, kōrero, purākau, whakawhanaungatanga, aroha, and all aspects of Maoridom.” **Kaumatua**

5 Wairuatanga, Hinengaro *Spirituality, Mental Health*

Kapa haka is deeply connected to wairuatanga, providing a spiritual and emotional space where whānau can reconnect to themselves, their culture, and their identity. The wairua and energy that emerge through performance uplift the mauri of individuals and communities, creating a powerful sense of oranga and collective wellbeing.

Whānau have described kapa haka as deeply therapeutic, especially for their hinengaro. The opportunity to listen, perform, or simply be immersed in kapa haka offers healing and release. As one whānau member shared, “you can’t have one without the other”, a reminder that true wellbeing in te ao Māori must include wairua and hinengaro alongside the physical and social dimensions of life.

“I think it’s not so much a physical thing. It’s a spiritual thing. He rā mō te iwi Māori katoa (a day for all Māori). You know, you can’t have one without the other, Te Whare Tapa Whā.” Pakeke

“Hinengaro, Mental health - very therapeutic, listening to the different types of kapa haka out there”. Pakeke

“Reconnects me a-wairua back to my whānau – kapa haka reignites my fire, my worth and everything I am, my hapū, my iwi, my people.” Pakeke

6 Manaaki te reo, Manaaki te Tangata *Caring for the Reo and the People*

Kapa haka is a means of providing whānau access to te reo Māori and tikanga. This theme reflects how revitalising te reo Māori is not just about language, but it is about caring for, supporting, and uplifting each other which can be done through cultural practices like kapa haka. Through manaakitanga we create safe and empowering spaces for learning, speaking, and celebrating te reo Māori.

“He kaimahi au ki Te Taonga Mai Tawhiti. I love hearing everyone’s aspirations for our language.” Pakeke

“Te reo Māori revitalisation occurs naturally through kapa haka. While in Ngāmotu, we heard and used our reo beyond the stage in cafés, parks, and community spaces. Kapa haka normalises and reinforces te reo Māori in daily life, making it accessible and relevant.” Pakeke



Keynote: *Whānau described kapa haka as a powerful source of oranga and wellbeing that strengthens identity, whakapapa, and connection through shared cultural practices. It nurtures confidence, pride, and aroha, while also supporting physical health through performance preparation and encouraging proactive hauora. Kapa haka is a vessel for mātauranga Māori, preserving ancestral knowledge and promoting te reo Māori in everyday life. Spiritually and emotionally uplifting, it offers healing and therapeutic benefits for mental health. Through collective participation and manaakitanga, kapa haka creates safe, empowering spaces that reinforce the importance of caring for both te reo and the people.*

2.2 WHĀNAU EXPERIENCE OF ORANGA AND WELLBEING AT TE MATATINI 2025

To follow on from the previous question whānau were asked to describe a time they had at Te Matatini where they experienced oranga and wellbeing:



Can you describe a time during this Te Matatini where you experienced oranga?

From this question whānau talked about moments they experienced during performing, practicing or watching. Their kōrero described powerful emotional and spiritual energies which can be summarised and reflected into 3 key themes. These are: **Te Ihi** (power), **Te Wehi** (awe), and **Te Wana** (energy).

Te Ihi | Power

The positive energy within that is ignited by what was seen, heard and felt.¹

When kapa haka is performed with passion, strength and precision, whānau feel their ihi is uplifted and the wairua of the space changes to something more powerful; it captures the attention of those in the surroundings. For the performer, it builds confidence, pride, and identity. For those watching, it's inspiring and deeply moving.

*"As soon as you walk in you feel it." **Kaihaka***

*"Matatini is uplifting for the wairua, seeing whānau and friends – those on the stage and off. Incredible sense of pride and admiration, it is us as Māori thriving." **Kaumatua***

¹ Pihama, L., Smith, L. T., Taki, M., & Lee, J. (2015). Positioning Kapa Haka as a culturally responsive practice: The value for Māori health. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 4(2), 123–136. Retrieved from <https://www.journal.mai.ac.nz/content/positioning-kapa-haka-culturally-responsive-practice-value-maori-health>



"Being on stage itself, that's where I could feel the oranga. Because once you're on that stage, you're just like wow, you also can feel their ihi coming to you, and it's like, yep, nah, I'll grab it, thank you" Kaihaka

Te Wehi | Awe

*The expression of ahuatanga and the emotional response that acknowledges Ihi.*²

Often described as a feeling of awe, respect, or goosebumps. Whānau watching expressed feeling a sense of wehi when they see their whānau on stage, when they hear a powerful haka, or when the mauri of a group connects deeply with them. It creates pride, honour, and emotional healing.

“Feeling and seeing all our beautiful people come together through our culture. Ngā tāonga tuku iho! Pure joy, happiness, grief, ihi, wehi we experience through beautiful waiata/wairua.” Pakeke

Te Wana | Energy

This is excitement, thrill, or shared energy that comes when the ihi and wehi are in harmony.

It is that electric feeling in the air during a performance, the uplift of wairua when everyone is united in waiata and movement. It strengthens whanaungatanga, uplifts collective spirit, and reminds whānau of the beauty and power of being Māori.³

“It’s life-giving because when you’re learning the waiata, and you’re learning kupu hou, you’re learning kīwaha, you’re learning whakataukī, you’re giving that sustenance for your everlasting existence, for your oranga tonutanga. So, when you’re sharing that with everyone, that’s the rongoā.” Kaihaka

“If you think about high performance, there’s nothing more high performing than iwi Māori working together to host something as mammoth as Te Matatini.” Pakeke

“Every day during Te Matatini, the enjoyment from spectators through to all our kai haka brings oranga. Hearing our reo flourishing!” Pakeke

² Royal, T. A. C. (1998). Te whare tapere: Towards a model for Māori performance art (Master’s thesis, Victoria University of Wellington). NZETC. Retrieved from <http://nzetc.victoria.ac.nz/tm/scholarly/tei-RoyWhar.html>

³ Te Kete Ipurangi. (n.d.). The arts: Ngā toi – Māori performing arts resources. Ministry of Education. Retrieved from <https://tki.org.nz>



3 WHĀNAU VOICE INSIGHTS

This section presents both the quantitative and qualitative analysis of whānau voice gathered from the remaining six questions. The focus of these questions is centred around the experiences of whānau with health services and the care that they have received.

Each question is introduced then explored through thematic analysis, with the key themes discussed and direct quotes from whānau used where appropriate. Findings from each question are summarised, and key recommendations or emerging solutions are provided.

3.1 HEALTH SERVICE IMPROVEMENTS

Rates of preventable illness and inequitable health outcomes for Māori within the Āti Awa Toa IMPB rohe continue to highlight gaps in the health system. While national health strategies emphasise equity and access, local Māori whānau still face barriers to timely, affordable, and culturally safe care. For this reason, it was important to ask whānau directly:

? From your perspective, what could to be done to improve health care services in our region?

The following themes emerged:

Access to Health Services

A recurring concern throughout the kōrero was the lack of accessible health services. Whānau talked about the difficulty accessing healthcare services due to a lack of transport and support, rather than distance alone. While some whānau live in outer suburbs or rurally, the major challenge lies in how to get to the services, especially for those without reliable vehicles, single parents juggling multiple responsibilities, or kaumātua living alone.



“Whānau, I know just struggle to get to the doctors, whether it’s transport, their single parents, sorting out kids... it would be awesome to see hikiwairua, support that uplifts our people.” Pakeke

These logistical challenges are often compounded by long waiting times and workforce shortages, particularly a lack of Māori healthcare professionals.

“Called my doctor this morning and I have a 6-week wait. We need more doctors.” **Pakeke**

The cost of services such as visits to the doctors, prescription medicines, and dental care was also cited as a major barrier, with many whānau having to prioritise their children's care over their own. Participants suggested that free or subsidised services, local clinics, and increased Māori-led health provision would greatly improve access and outcomes for their communities.

Culturally Appropriate and Māori-led Healthcare

Whānau expressed a strong desire for more kaupapa Māori services, healthcare delivered “by Māori, for Māori.” These services would incorporate traditional practices such as rongoā, miri-miri, and whānau-centred care, reflecting te ao Māori values and holistic views of wellbeing.

“I feel like there's more can be done potentially around the promotion of kaupapa Māori health organisations, everyone gets pushed to mainstream and you have to fight for the education and advocate for yourself.” **Pakeke**

There is also a clear preference for services that address the spiritual, psychological, and emotional dimensions of health. For example, mental health care could involve both qualified counsellors and rongoā Māori practitioners, creating space for both worlds to work together.

“That it takes into account the holistic wellbeing, not just the physical, but the spiritual, the psychological, all those other spaces and dimensions that we as Māori hold as integral parts of our health and wellbeing.” **Pakeke**

Bridging clinical and cultural approaches was seen as essential. Training non-Māori health professionals in cultural competency, while increasing Māori representation in the workforce, was also identified as key to improving trust and engagement.

Health Education and Prevention

Whānau identified a lack of health education, particularly around chronic conditions such as diabetes and heart disease, as a key barrier to better outcomes. Men over 45 were seen as particularly underserved.

“I don’t think there is enough information or education around risk of heart disease, diabetes.” Pakeke

Preventative care and lifestyle education were widely recommended. Whānau advocated for more conversations about healthy eating and reducing harmful habits.

“We love our kai, but not too much – ia marama (you know) – we don’t want a double scoop, just kotahi (one) scoop.” Pakeke

Several participants suggested schools, marae, and community events like Te Matatini as opportunities to engage with whānau early and promote wellbeing.

“Te Matatini is the perfect place to come and prepare, to support hauora Māori. This is an opportunity to be with whānau and be well.” Kaumatua

Mental Health and Social Wellbeing

The kōrero highlighted significant concern about mental health, particularly for kaumātua living alone without support.

“My dad lives on his whenua by himself with no health services in his community to tautoko him, he needs a lot of support.” Pakeke

Mental health was closely linked with cultural identity and disconnection. Strengthening cultural roots was seen as a powerful protective tool.

“I have a massive belief that a lot of it stems from cultural identity, once you address someone’s cultural identity, everything else falls into place.” Pakeke

Whānau spoke about the need to bridge the gap between clinical mental health care and traditional Māori healing, with some suggesting integrated services that could meet people where they are emotionally, spiritually, and culturally.

“I feel like having that person or that bridging, especially for our kaumātua and our whānau.” Pakeke



Trust and Communication

Many whānau expressed mistrust in the mainstream health system, stemming from experiences of racism, dismissal, and lack of cultural understanding. This has discouraged whānau from accessing services and led to a sense of alienation.

“Before we can talk about access, we have to talk about rebuilding trust within our communities and our faith in the health system as a whole.”

Pakeke

Communication was seen as a key area for improvement. Participants wanted more health messaging delivered by Māori, for Māori, with clear and respectful communication styles that avoid medical jargon.

“Better communication that is led by Māori so that it is communicated in the right way to be more appealing for Māori.” **Pakeke**

There was also pushback against constant negative narratives about Māori health outcomes. Instead, whānau called for strengths-based narratives that uplift and empower.

“Stop saying that we're worse off, it's like confirmation bias. People are waking up now but have lived in fear.” **Pakeke**

Keynote: Participants highlighted key barriers to healthcare, including lack of transport, high costs, long wait times, and a shortage of Māori health professionals. There was strong support for more Māori-led, culturally grounded services that reflect te ao Māori models of wellbeing. Building trust, improving communication, and prioritising prevention through education were seen as essential. Whānau called for greater investment in Māori communities and leadership to create more equitable, long-term health solutions.

Recommendations

Across all themes, participants expressed frustration that despite years of kōrero, change has been slow. Many urged for urgent systemic reforms to shift power and resources to Māori communities. This included devolving funding to hapori Māori, investing in kaupapa Māori institutions like kura kaupapa and kōhanga reo, and embedding mātauranga Māori in service delivery.

Infrastructure was another major issue. People asked for more clinics, hospitals, and mobile services, especially in remote areas, and permanent, consistent staffing.

“More hospitals, clinics, and mobile health units. Better resourcing for Māori health organisations.” Pakeke

There was also a focus on rangatahi. Participants want youth to be supported through education, culturally affirming activities like mau rākau and kapa haka, and to have clear pathways into health careers.

“We need more Māori graduates of kōhanga reo and kura kaupapa working in the health systems.” Pakeke

Ultimately, participants want health services to recognise Māori identity as a strength, not a barrier, and to embed Māori knowledge systems, leadership, and values at the centre of any efforts to improve to improve health outcomes for Māori.



“Once you address someone’s cultural identity, everything else falls into place.”

3.2 CHILDHOOD IMMUNISATIONS

Rates of childhood immunisations for Māori living in Āti Awa Toa IMPB continue to sit well below non-Māori rates and well below the government target of 95% of children being fully immunised at 24 months. As the table below shows, in the April - June 2025 quarter only 81% of eligible tamariki Māori were fully immunised at 24 months compared to 92% of non-Māori in our rohe. 204 out of 253 eligible tamariki Māori were not fully immunised and 49 tamariki Māori were not immunised at all by 24 months.⁴ Immunisation is one of the most effective public health measures to protect tamariki against preventable diseases, yet rates for Māori in the Āti Awa Toa IMPB rohe remain well below both non-Māori and national targets.

Table 1. Immunisation rates of tamariki in Ati Awa Toa rohe, Apr – Jun 2024/25.⁴

MILESTONE	Māori			
	NO. ELIGIBLE	NO. FULLY IMMUNISED	NO. NOT IMMUNISED	% FULLY IMMUNISED
6 Months	326	205	121	63%
8 Months	327	240	87	73%
12 Months	330	272	58	82%
18 Months	281	188	93	67%
24 Months	253	204	49	81%
54 Months	261	158	103	61%
5 Years	281	209	72	74%

MILESTONE	Non-Māori			
	NO. ELIGIBLE	NO. FULLY IMMUNISED	NO. NOT IMMUNISED	% FULLY IMMUNISED
6 Months	885	721	164	81%
8 Months	910	827	83	91%
12 Months	885	813	72	92%
18 Months	911	762	149	84%
24 Months	857	792	65	92%
54 Months	1037	785	252	76%
5 Years	1025	819	206	80%

Asking whānau for their views and thoughts on childhood immunisations ensures that the reasons behind these lower rates are better understood from a lived experience perspective. It was important to ask whānau directly:

⁴ Te Whiria Ātiawa-Toa-IMPB---Data-Dashboard.aspx



What are your views and thoughts on childhood immunisations?

From this survey question and through inferential analysis (see appendix 6.1) we determined that 73% of whānau Māori in this survey were supportive of childhood immunisations, had children fully immunised and/or were fully immunised themselves. 18% of whānau did not answer this question; 5% of whānau were neutral on the subject and 4% of whānau did not support childhood immunisations.

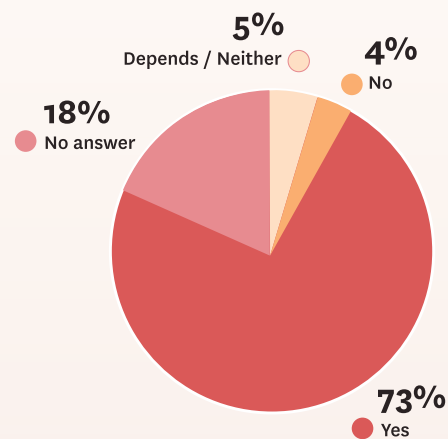


Figure 1. Percentage of whānau respondents that support childhood immunisations.

Key themes that emerged are set out below:

Widespread support grounded in protection of tamariki and whānau

In summary most whānau were supportive of immunisations, especially childhood immunisations, viewing them as crucial for preventing illness and protecting whānau. Many shared that their entire households were vaccinated, often through kura, kōhanga, or GP clinics. Even among those unsure or selectively vaccinated, the desire to keep tamariki safe was a driving factor.

Need for culturally safe, accessible and trusted services

There is a clear call for immunisation services to be delivered in culturally safe, community-led spaces. While some whānau reported easy access, others (particularly in rural areas or those new to the area) experienced barriers. Trust in providers, especially Māori health professionals and the inclusion of tikanga like karakia were seen as essential to improving uptake and confidence.

Mixed confidence and desire for more information

While most were pro-immunisation, many expressed hesitancies around specific vaccines (e.g. COVID) or were concerned over side effects, past experiences, or lack of clear, culturally relevant information. Whānau wanted transparent, respectful communication that acknowledges Māori perspectives and allows them to make informed decisions without judgement.

“Yes, I am vaccinated, so is my husband, our five-year-old son, and all our wider whānau. Having whānau members like my husband and me, who work in health, means we can provide informed guidance and support. However, not all Māori have access to trusted Māori health professionals, which is a significant barrier to vaccination and overall health equity. This highlights the urgent need for a culturally safe health workforce, yet evidence shows that we do not currently have one. I strongly support interventions to increase vaccination rates for Māori in our region, particularly when delivered in culturally safe spaces where whānau feel comfortable.” **Pakeke**

“Immunisation services should be hapori-led and embedded within trusted environments to ensure greater uptake and engagement. A key challenge is the limited number of Māori health professionals. With only 2% of pharmacists being Māori and similarly low numbers of Māori nurses and doctors, the shortage of a Māori workforce further compounds the health system’s failures for our people. Workforce development must be a priority to ensure Māori have access to health professionals they trust. Additionally, I have personally experienced culturally unsafe practices from nurses in other rohe, reinforcing the urgent need for better cultural competency in vaccination services. While I fully support vaccination, I also have aroha for those who are anti-vaccination, recognising the complex histories and experiences that shape their perspectives.” **Pakeke**

“This doesn’t apply to me, but I was immunised as a child. I think there should be more information as to why and the positives of being immunised, the few negatives make more impact to the community than the positives.” **Pakeke**

“Our kura offers immunisation to our tamariki Māori.” Pakeke

“Kei te mohio au he nui nga mate rere te katoa heoi anō he rongoa māori anake waiho au he rongō pākehā.” (I know there are many different illnesses, but I chose to use only Māori medicines and avoid using western medicine.) Kaihaka

“Yes, kids should be immunised, my children are. I am selective about why and when I choose to be vaccinated.” Pakeke

“Parents should be allowed to decide what is right for their tamariki and whānau.” Kaumatua

“If it’s going to benefit our tamariki, then I’m all for it as well. I guess just doing research as well before you are getting vaccinated for yourself or our babies. And yeah, he pai mā rātou, then tukua.” (If it’s good for them, then let it be). Pakeke

“I know that Kokiri marae do a fantastic job at educating Māori of the importance of immunisations. All our whānau are immunised.” Pakeke

Keynote: The survey found that 73% of whānau Māori supported childhood immunisations, had children fully immunised, and/or were fully immunised themselves, with 18% not answering, 5% neutral, and 4% opposed. Overall, support was grounded in the belief that immunisation protects tamariki and whānau, with many whānau committed to doing what is best for their tamariki in places they feel culturally safe, including getting vaccinated through kura, kōhanga, or GP clinics.

Whānau highlighted the importance of culturally safe, accessible, and trusted services, particularly those led by Māori health professionals and incorporating tikanga. While most were pro-immunisation, some expressed mixed levels of confidence, and sought more culturally relevant, transparent, and respectful information, especially around new and emerging vaccines such as COVID-19. Barriers included rural access issues, limited Māori health workforce representation, and past experiences of culturally unsafe care.

Recommendations

Across all themes whānau voice told us that in order to improve childhood immunisation rates for Māori in our region, services should be delivered in culturally safe, community-based settings such as marae, kōhanga, and kura, and be led by trusted Māori health providers who incorporate tikanga practices. Clear and respectful communication is needed to address concerns, provide accurate information, and support informed decision-making without judgement. Increasing the Māori health workforce is critical to improving trust and access, alongside greater visibility and outreach of services in both urban and rural areas. Immunisation initiatives should build on existing whānau trust in kura and kōhanga, and actively involve whānau in the process to reflect their values, experiences, and right to make choices for their tamariki.



...whānau voice told us that in order to improve childhood immunisation rates for Māori in our region, services should be delivered in culturally safe, community-based settings...

3.3 SMOKING AND VAPING

Smoking is a modifiable health behaviour that continues to be a burden on Māori communities. It predisposes one to developing other health risk behaviours and increases one's risk to long-term noncommunicable conditions such as chronic respiratory diseases.⁵ For instance, chronic obstructive pulmonary disease (COPD) is the 4th leading contributor to the Māori life expectancy gap, and behaviours such as smoking pose huge risk to the development of such illnesses.

Vapes or e-cigarettes are becoming increasingly more socially acceptable and available in our communities from a range of outlets stores from dairies to petrol stations.

In particular, rangatahi are becoming more frequent users. Our Whaitua Mapping Tool (figure 2.) shows there is a concentration of vape stores (grey dots) in high deprivation areas in our rohe, and often right next to schools (purple dots).⁶

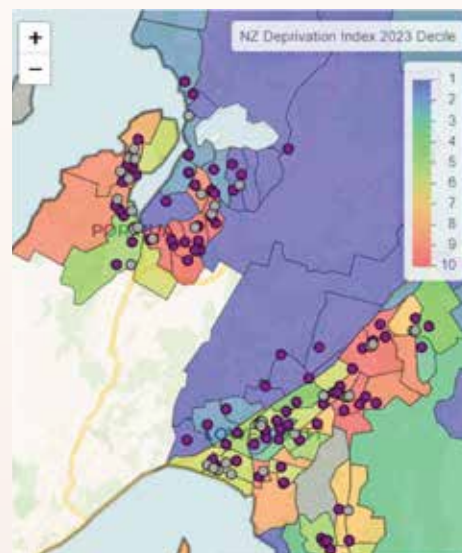


Figure 2. The Whaitua Mapping Tool showing levels of deprivation, location of schools and the location of vape stores in Porirua and Te Awa Kairangi areas.

For this reason, we asked whānau:

? Are you a current smoker and/or vaper?

Whānau voice from this survey shows that the majority of whānau neither smoked or vaped (61%), while 22% were only vapers, 6% were both smokers and vapers and only 1% only smoked. 10% of whānau did not give a clear answer to this question or chose not to answer.

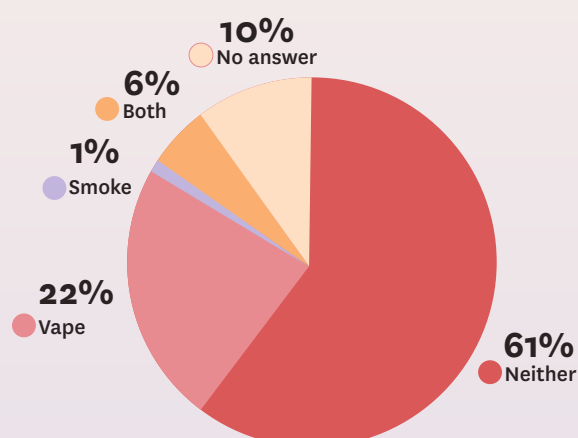


Figure 3. Percentage of whānau respondents who are current smokers, vapers or both.

5 Curtis, E., Loring, B., Walker, R., Pearse, T., Gilbert-Perenise, S., Gray, G., Akuhata-Huntington, Z., Latham, K., Kiriona, K. (2024). Iwi-Māori Partnership Board Health Profile: Ātiawa Toa. Volume Two. Te Aka Whai Ora – Māori Health Authority; Auckland.

6 Whaitua IMPB Mapping Tool by Āti Awa Toa Hauora Partnership Board and the Health Quality & Safety Commission is licensed under CC BY-NC-SA 4.0

When whānau answered yes, that they either vaped, smoked or both, they were asked a **follow up question:**

? Why do you vape and/or smoke?

The following key themes emerged from their kōrero:

Stress relief, habit, addiction

Many whānau used smoking or vaping to cope with stress, anxiety, or emotional pressure. For some, it was a long-standing habit formed from a young age or through whānau exposure. Vaping was often seen as a "less harmful" replacement for cigarettes, helping some transition away from smoking but many become stuck on vaping instead. Addiction remained a strong theme, with some whānau finding it harder to quit vaping than cigarettes.

"Because I gave up smoking seven years ago after 35 years of smoking. I smell a cigarette and that old hiahia (desire) comes back, so vaping helps."

Kaumatua

"I vaped because I had an anxiety attack, and someone handed me a cigarette. I got off the cigarettes, but I took up the vaping. And now I've got to wake up to myself and get off the vaping." **Pakeke**

"I have been vaping now for three years. I have a high stress job and vaping helps to de-stress." **Pakeke**

"For five years, a bad habit that I am unfortunately addicted to." **Pakeke**

Social influence and normalisation

Peer pressure and social norms played a huge role, especially for rangatahi who may have never smoked before but took up vaping due to its flavour, smell, or perceived coolness. Vaping was seen as more socially acceptable than smoking and was often used to fit in. Some adults also noted how common smoking or drug use was while growing up, influencing lifelong habits.

"My daughter vapes. She's 22, she's never smoked in her life but now she's vaping. I think it's the opportunity, it smells like strawberries, it's the appeal."

Pakeke

"I have certainly noticed a lot of rangatahi out there vaping in the community. It's concerning because we don't know what the long-term effects are yet."

Pakeke

"I think a lot of people look to vaping as the answer to get off smoking and another thing is people are attracted to it because they think it's cool."

Taiohi

Motivation to quit and desire for supportive pathways

Many whānau expressed a strong desire to quit, whether it be smoking, vaping, or both. Some have sought support through kaupapa Māori cessation programmes, while others are still on a journey. There was recognition that quitting is hard, especially when stress, addiction, and habit are involved. However, there was a clear aspiration to lead healthier lives, particularly for the sake of mokopuna and future wellbeing.

"I want to get on to a Tipu Ora Programme, a smoking cessation programme run by Māori for Māori."

Pakeke

"I was a heavy smoker before becoming a vaper, so I decided to try vaping to get off it. Then ended up stuck on vaping. I'm slowly getting off it though, just don't know when."

Pakeke

"I vape. I went from smoking to vaping, it's kind of my road out of smoking and vaping altogether."

Pakeke

"I hope my haerenga next year will take me off vaping."

Taiohi

Keynote: *Smoking and vaping remain significant health issues for Māori, with vaping increasingly common among rangatahi, and vape stores often located near schools in high-deprivation areas. Survey results showed most whānau (61%) neither smoked nor vaped, while 22% vaped only, 6% did both, and 1% smoked only. Those who used tobacco or vapes cited stress relief, habit, and addiction; social influence and normalisation; as well as a strong motivation to quit, with many seeking kaupapa Māori support to improve health for themselves and future generations.*

Recommendations

To reduce smoking and vaping harm among Māori, especially rangatahi Māori, targeted interventions must address both environmental and cultural factors. Vape store regulations should be strengthened to limit proximity to schools and reduce availability in low-deprivation areas.

Education campaigns, led by Māori for Māori, are needed to raise awareness about addiction, health risks, and the social pressures normalising vaping. Kaupapa Māori cessation services should be expanded and made more accessible, offering whānau holistic support that acknowledges stress, habit, and emotional wellbeing. Programmes should centre whānau aspirations for long-term health and mokopuna wellbeing, while also addressing the root causes of stress and addiction through wraparound care and community-led solutions.



To reduce smoking and vaping harm among Māori, especially rangatahi Māori, targeted interventions must address both environmental and cultural factors.

3.4 PRIMARY CARE ENROLMENT

Low Māori enrolment rates with primary healthcare is particularly concerning. In October 2023, an estimated 16% of Māori in our rohe were not enrolled with a primary healthcare service, this is five times higher than for non-Māori (3.2%). Furthermore, in 2023 only 52.9% of wāhine Māori were enrolled with a lead maternity care provider in their first trimester compared to 72% of non-Māori and only 74% of new Māori babies were enrolled with a doctor by three months compared to 97% for non-Māori.⁷ In response to these disparities, we explored GP clinic enrolment in this survey.

We asked whānau:

? Are you currently enrolled with a doctor or general practice?

Encouragingly, 92% of whānau surveyed report being enrolled with a general practice provider, while 4% were not enrolled, and another 4% did not respond. These results are relatively high when compared to Health NZ statistics for all Māori in our rohe and was a positive finding from survey participants.

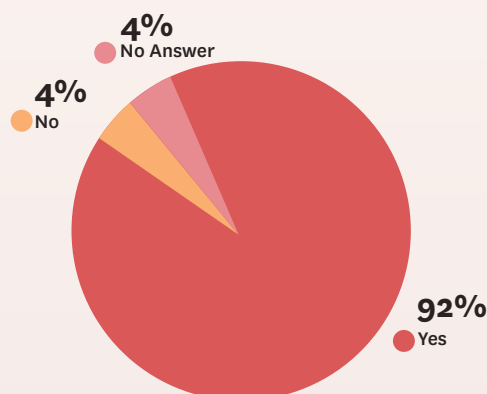


Figure 4. Percentage of whānau respondents who are enrolled with a General Practice.



7. Source: National Enrolment System (NES), Stat NZ Population Projection.

However, being enrolled in a general practice does not necessarily mean whānau are able to access quality and timely health care. To deepen our understanding of primary care access we invited whānau to share their perspectives on barriers and challenges to accessing primary health services for whānau Māori.

We asked whānau:



What do you think are some of the barriers and challenges to accessing primary health care services?

The following key themes emerged from their kōrero:

Accessibility Barriers

Several whānau cited cost and accessibility as key obstacles such as long wait times for appointments, likely due to shortages of doctors and nurses, and a strained health system. The expense of care, and difficulty securing appointments with GPs were common issues. People who travel often for work or live rurally struggle to access consistent care. Issues with staff turnover and GP availability were highlighted.

“Some people have to wait months just to get an appointment, it’s just not accessible.” Pakeke

“It’s too expensive. I’d rather just wait it out or look for other options.” Pakeke

“Our doctors are shit and always changing staff.” Pakeke

Alternative options for first line care

Others reflected that their limited engagement with primary care services was not necessarily due to hardship but rather a shift in perspective. Some whānau also spoke about their connection to traditional healing and alternative pathways of care.

“For me personally I haven’t really struggled, maybe because I don’t need to go as much. I also know there are other community-based health services out there. I think it’s about shifting the mindset – GPs aren’t necessarily the first or only point of care anymore. It’s more of a cultural change.” Pakeke



“When I was a child, I told my mother I’d never want to see one of those people again. She started taking me to the tōhunga, and I really appreciated that. Now I work at the clinic he used to practice from. It’s my way of giving back, because he helped me navigate both the wairua and physical spaces.”

Pakeke

Gaps in use and awareness

Others expressed that non-enrolment was not due to resistance, but rather a matter of circumstance or convenience. Even whānau that were enrolled did not regularly engage with their GP services, either due to delays, low perceived need, or lack of understanding of available services.

“No, I just haven’t gotten around to it.” **Pakeke**

“My GP quit, so I’ve just been without one.” **Pakeke**

Keynote: Access to GPs and primary health care is often hindered by long wait times, shortages of doctors and nurses, high costs, and frequent staff changes, with some people also facing geographic and work-related challenges that limit their ability to get timely care. For some, GPs are not the first point of contact, with community-based health centres or culturally grounded services such as traditional rongoā Māori healing being preferred alternatives. Even among those enrolled with a GP, engagement can be inconsistent, with delays, low perceived need, or limited awareness of available services contributing to gaps in use.

Recommendations

Whānau feedback highlights that enrolment in primary care alone is not enough; barriers to timely access, lack of culturally sound services, and trust in the health system are just as important. Efforts should focus on increasing service availability through extended hours, mobile clinics, and more Māori-led health services, especially in underserved areas. Investment in the Māori health workforce is also critical to reduce turnover and increase cultural safety.

Community-led education campaigns could help raise awareness of available services and enrolment pathways. Additionally, strengthening partnerships with rongoā and kaupapa Māori providers would support a more te ao Māori model of care that aligns with whānau preferences and needs.



Whānau feedback highlights that enrolment in primary care alone is not enough; barriers to timely access, lack of culturally sound services, and trust in the health system are just as important.

3.5 ORAL HEALTH CARE

Good oral health is a vital foundation for overall wellbeing, yet it is often overlooked until problems arise. Poor oral health is strongly linked to reduced self-esteem, diminished job opportunities, and broader social disadvantage. In addition, untreated oral conditions and low-level, long-term dental infections are increasingly recognised as contributors to serious health concerns, including cardiovascular disease, diabetes, and respiratory illness. By focusing on oral health, we not only address immediate dental needs but also support wider health, social, and economic outcomes.

In Aotearoa New Zealand, oral health care is free for all children and young people up to the age of 18, and it’s important that tamariki are enrolled with their local community oral health service as early as possible, ideally soon after birth. This enrolment is usually supported by a midwife or child health nurse. However, disparities remain. In 2021, in Āti Awa Toa just 80.8% of Māori children aged 0–4 were enrolled in a community oral health service, compared to 94% of non-Māori children. Furthermore, enrolment alone does not guarantee access to timely or adequate care. Māori children aged 5 and those in Year 8 (11–12 years old) are significantly less likely to receive an oral health examination compared to their non-Māori peers (see Table 2).

Table 2. Children attending community oral health services at age 5 or in Year 8, Āti Awa Toa, 2022–2023.

YEAR	AGE GROUP	Māori			Non-Māori		
		NO. ELIGIBLE	NO. EXAMINED	% EXAMINED	NO. ELIGIBLE	NO. EXAMINED	% EXAMINED
2022	age 5	1270	733	57.7	3930	3353	85.3
2023	age 5	1270	790	62.2	3930	4775	121.5
2022	year 8	1380	1081	78.3	4650	4796	103.1
2023	year 8	1380	1147	78.3	4650	5203	111.9

To deepen our understanding of whānau experiences with oral health services, we invited whānau to share their perspectives on access, cost, and the wider impact of dental health care.



Good oral health is a vital foundation
for overall wellbeing...

We asked whānau:

? Do you think oral health care is accessible in our region?

Our survey showed 50% of whānau do not think dental health care is accessible in our region; while 30% think yes, it is accessible; 11% think it is not really accessible and 9% were unsure (n/a).

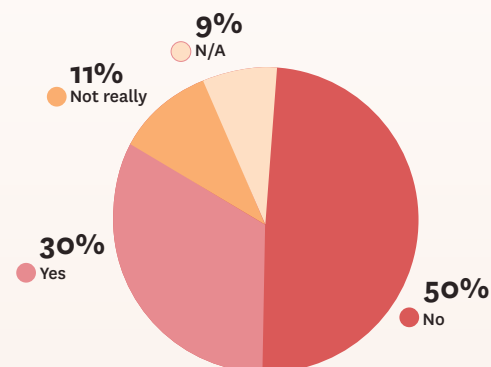


Figure 5. Percentage of whānau respondents who think dental health care is accessible for whānau in our region.

The following section summarises the key themes whānau discussed when unpacking difficulties to accessing oral health care services. While whānau acknowledged tamariki under 18 generally have good access and get free dental care, feedback also showed that many whānau struggle once those services end. The main barriers they talked about were:

Cost

Whānau told us that cost is the main reason they don't go to the dentist. Even if dental clinics are nearby, people often can't afford regular check-ups, let alone fillings or emergency treatment. As a result, many whānau wait until their dental issues become painful or serious, which can make their treatment more complicated and expensive.

"It's accessible, yes. But I can't afford it. I must save for months just to get a regular check-up." **Pakeke**

"It's so expensive that most of us don't go until it's an emergency. And by then, it's worse." **Pakeke**

Accessibility and availability

Some whānau said that even if they had the money, getting an appointment is difficult, especially in more remote areas or a suburb further away from townships. There are long wait times, limited hours, or no nearby clinics. This made it hard for people to access timely care.

“Where I live, there’s nowhere close. It’s not just cost, it’s also the distance.” Pakeke

“You might have a clinic in town, but good luck getting an appointment within two weeks.” Pakeke

“When it’s in schools its quite accessible and past the point of it being available in schools, I think it’s down to the family, the parents to make it a priority. Parents have lots of things they are worrying about, and one is money from week to week, month to month and so I think oral health is something that can fall off being a priority.” Pakeke



Equity and cultural safety

Many shared that mainstream dental services don’t feel welcoming or safe for Māori. They highlighted the lack of Māori dentists and the absence of te reo Māori or kaupapa Māori approaches. This lack of representation can cause mistrust and discourage whānau from engaging with the system.

“We raise our kids in te reo Māori but finding a dentist who can speak Māori is near impossible.” Pakeke

“Our whānau don’t trust the system, so they don’t go. We need more Māori in oral health care.” Pakeke

Health literacy and prevention

Whānau talked about how oral health often gets ignored until there’s pain, not because they don’t care, but because other things (like bills or food) come first. They also said that many people don’t know how oral health affects overall wellbeing (e.g., links to heart disease or diabetes), and that more education is needed in schools and homes. Whānau emphasised that dental health is often a low priority until it’s too late, not because it’s unimportant, but due to competing life pressures and limited education about its impact:

"It's the last thing people think of. You wait until the pain is unbearable."

Kaumatua

"Our people don't know that poor oral health can lead to other things like heart issues." **Pakeke**

Positive Experiences

Despite these challenges, some whānau shared positive experiences - especially when care was offered through kura or kohanga. Three participants mentioned good service providers like Ora Toa:

"Access is good, Ora Toa Cannons Creek, we can go there as long as we are enrolled." **Pakeke**

"Our kura is linked with Bee Healthy, so our tamariki are looked after. It's great." **Taiohi**

"At Kohanga, we've built a relationship with a local dentist, he sees our babies twice a year." **Pakeke**

Adult dental care gaps

Many whānau pointed out that while care is free for children under 18, adults are left out. Once a person turns 18, they often stop going to the dentist due to cost. Whānau felt that adult dental care should also be subsidised, especially for low-income and Māori households.

"It's fine for the kids, but what about us parents? We just can't afford it."
Pakeke

"Once you turn 18, you're on your own. And if you don't have the money, you just don't go." **Pakeke**

These insights reflect a clear need to redesign oral health care services with equity, affordability, and cultural safety at the forefront, ensuring that all whānau can access and prioritise their dental health across every stage of life.

Keynote: *Half of surveyed whānau reported dental care was not accessible, with cost the main barrier, leading to delayed treatment until urgent. Other challenges included long wait times, limited rural services, and a lack of Māori oral health professionals and culturally safe care. Oral health was often deprioritised due to financial pressures and limited awareness of its wider health impacts, highlighting the need for education, prevention, and subsidised adult dental services.*

Recommendations

Oral health care remains unaffordable and inaccessible for many whānau, particularly once tamariki age out of free dental services. Increasing access to affordable adult dental care should be a priority, with subsidies or low-cost options available for low-income households. Māori-led oral health initiatives, including mobile dental clinics and culturally safe services, should be expanded, especially in areas with limited providers. Building relationships between kura, kōhanga reo, and local dental providers is a proven strategy that should be supported further. More investment is also needed in public health messaging and education around prevention, especially about how oral health links to wider hauora.



Māori-led oral health initiatives, including mobile dental clinics and culturally safe services, should be expanded, especially in areas with limited providers.

3.6 MENTAL HEALTH CARE

Poor mental health among Māori is deeply rooted in systemic factors such as racism, colonisation, intergenerational trauma, poverty, and cultural disconnection – drivers that also underpin broader health inequities. These factors contribute to widespread trauma, including high rates of violence and abuse, particularly affecting wāhine Māori, and lead to elevated experiences of stress, social isolation, and exclusion.



Data from the New Zealand Health Survey (2022–2024) shows that 19.5% of Māori aged 15 and over in Te Āti Awa Toa report experiencing high to very high levels of psychological distress, compared to 16.7% of non-Māori.⁸ This survey also shows high mental health distress increased over the last few years among both groups.

Table 3. Prevalence of high/very high psychological distress, aged 15 years and older, Te Āti Awa Toa 2017 – 2024.

YEARS	Māori		Non-Māori	
	%	(95% CI)	%	(95% CI)
2017 - 2022	17.5%	(13.5, 22.2)	12.5%	(10.4, 15.0)
2022 - 2024	19.5%	(14.8, 24.9)	16.7%	(13.7 - 20.1)

Source: NZHS, Ministry of Health.

To deepen our understanding of whānau experiences and knowledge of mental health care services in our rohe we invited individuals from our survey to share their perspectives and views on this matter.

8 Regional Data Release 2011/12–2023/24: New Zealand Health Survey

We asked whānau:

? Do you think mental health care is accessible in our region?

Our survey showed 60% of surveyed whānau thought that access to mental health care is poor in our region; while 25% were uncertain; 20% thought accessibility was good and 9% were unsure.

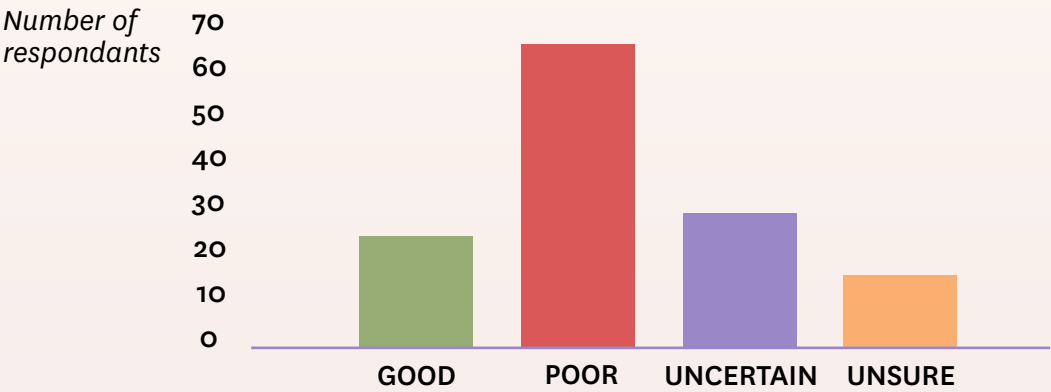


Figure 6. Views of whānau respondents on access to mental health services in our region.

The following section summarises the key issues whānau face when it comes to accessing mental health care services.

System failures

The dominant theme across the responses was that mental health services are not accessible, not effective, or not designed with Māori in mind. Many described the current system as “not good,” “shocking,” or “not working.” People spoke of long wait times, underfunding, and the absence of kaupapa Māori services. For some, this meant that whānau were left to manage alone or gave up on seeking help altogether. Others described a lack of trust in mainstream services, pointing to experiences of racism, colonisation, and cultural disconnection that undermine the wellbeing of Māori and make it difficult to engage with existing systems.

“There’s just no help out there; not unless you’re in crisis, and even then, it’s too late.” **Kaumatua**

"You can be waiting weeks or months to get anything. That's not good enough when someone's struggling." **Pakeke**

"They don't understand where we come from, and they don't try to." **Pakeke**

"Our whānau get told to go to counselling or take pills; that's not healing." **Pakeke**

"It's racism, colonisation, poverty; all of that shows up in our mental health, and no one wants to deal with the root causes." **Pakeke**

Access and Stigma

Some whānau gave uncertain or mixed responses, either because they hadn't tried to access services themselves, or because they felt experiences varied between locations. A few acknowledged that services might be better in certain areas such as Porirua or for rangatahi where strong school-based support exists. However, even among these whānau responses, there was a sense that services are under-promoted and not always easy to navigate. Others highlighted how stigma, particularly among tāne and rangatahi, prevents many Māori from reaching out for support, even when services are technically available. There was also a sense that stigma and whakamā remain significant barriers, particularly for tāne and rangatahi.

"I don't know, maybe it's better in some areas. We've got some stuff through school that helps, but it's not everywhere." **Taiohi**

"There's help, but you have to know the system and be willing to fight for it. Not everyone can do that." **Taiohi**

"Our young ones don't want to be seen as weak, and our men won't talk until they're breaking." **Kaumatua**

Poor mental health among Māori is deeply rooted in systemic factors such as racism, colonisation, intergenerational trauma, poverty, and cultural disconnection.

Culturally grounded support

A small number of whānau described positive experiences with mental health services for Māori. These tended to come from people who had accessed support through schools, such as counsellors or programmes like “502,” or via workplaces and PHOs like Ora Toa. Some whānau felt that services were available and helpful if you knew where and how to access them. A few also noted a positive shift, saying there is increasing openness among Māori to talk about mental health and seek help. These responses suggest that when support is present, culturally appropriate, and easily accessible, it can make a real difference.

“Our school has a 502 programme that’s pretty good, they come and work with our kids and do check-ins.” **Taiohi**

“Ora Toa have been amazing for our whānau; they understand us, they don’t judge, and they get it.” **Pakeke**

“More of our people are opening up now. It’s not as taboo to talk about how you’re feeling anymore.” **Kaumatua**



Keynote: Sixty percent of surveyed whānau felt mental health care in the region is poor, citing long wait times, underfunding, and a lack of kaupapa Māori services as major barriers. Many described services as culturally inappropriate, inaccessible unless in crisis, and that their wellbeing was undermined by systemic issues such as racism, colonisation, and poverty. While some whānau had mixed or uncertain views—often due to limited personal experience or regional differences—stigma, particularly among tāne and rangatahi, was noted as a persistent barrier to seeking help. Positive experiences with access included services in school and workplace environments.

Recommendations

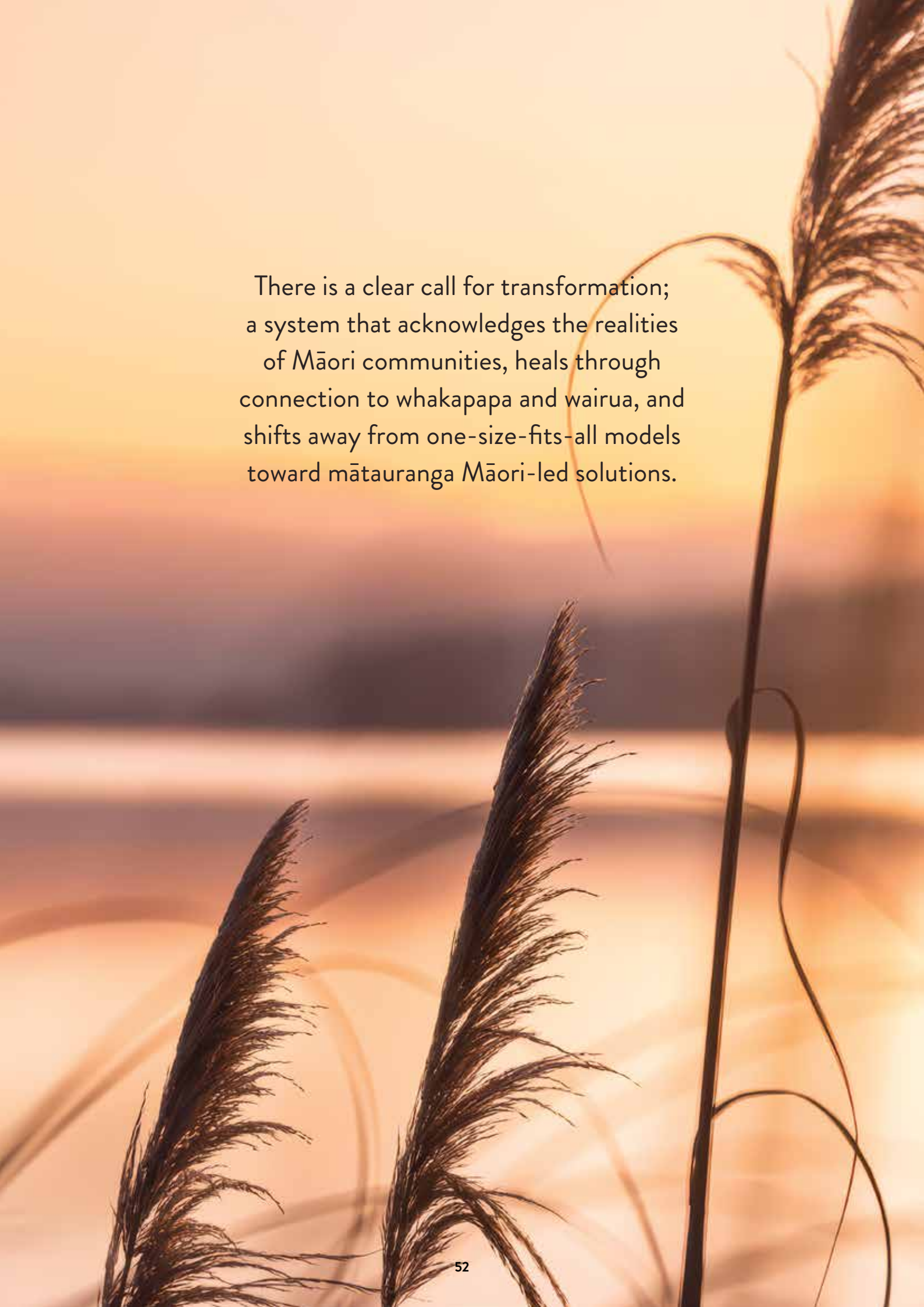
To improve access to mental health services for Māori, it is essential to increase funding and availability of kaupapa Māori services that reflect Māori values and approaches to healing. The current system must address long wait times, under-resourcing, and limited treatment options to better meet whānau needs. Clearer communication and promotion of services can help whānau navigate and access care earlier.

Reducing stigma, especially for tāne and rangatahi, through community-led initiatives is critical, alongside expanding effective school-based supports. Whānau-centred, culturally safe care that involves the wider family and addresses systemic racism will improve trust and outcomes.

Finally, mental health efforts should be integrated with actions tackling the broader social determinants such as poverty, poor housing, and the ongoing impacts of colonisation.



To improve access to mental health services for Māori, it is essential to increase funding and availability of kaupapa Māori services that reflect Māori values and approaches to healing.



There is a clear call for transformation;
a system that acknowledges the realities
of Māori communities, heals through
connection to whakapapa and wairua, and
shifts away from one-size-fits-all models
toward mātauranga Māori-led solutions.

CONCLUSION

Whānau Voice Insights Report 2025: Oranga Whenua, Oranga Wai, Oranga Whānau provides a powerful reminder that whānau voice must be central in shaping the future of health in Aotearoa. This report highlights the dual truths of Māori health today: on one hand, cultural identity and connection to te ao Māori practices like kapa haka are sources of immense oranga and wellbeing; on the other, systemic inequities in healthcare access and delivery continue to undermine oranga for local Māori communities.

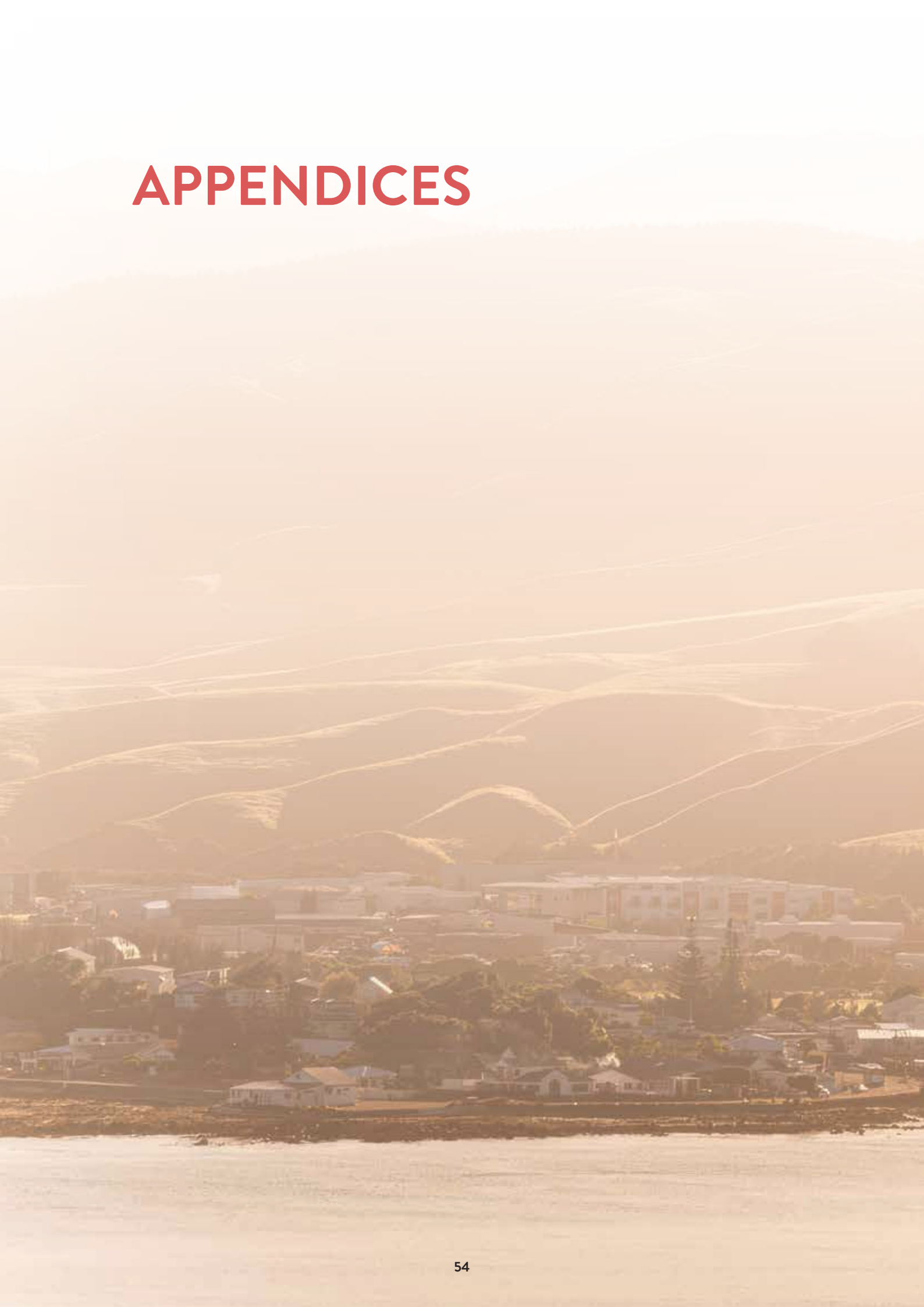
The findings of this report reinforce that inequities are not due to Māori disengagement, but to structural and systemic barriers including cost, long wait times, lack of culturally competent services, and workforce shortages. Whānau experiences show that even where there is high enrolment and engagement with health services that trust, cultural safety, and equity are too often absent.

At the same time, solutions from whānau are clear. They call for investment in kaupapa Māori and community-led services, expansion of the Māori health workforce, greater education and prevention initiatives, and accessible, culturally grounded pathways of care. They urge that Māori identity, reo, and mātauranga are not treated as secondary to health, but are the very foundations of wellbeing.

This report is not just a record of challenges, it is a call to action. It demonstrates the importance of kaupapa Māori research in bringing to light whānau voices that too often go unheard. It demands that Te Tiriti o Waitangi obligations be honoured through genuine partnership, equity, and rangatiratanga in health service design and delivery.

Moving forward, Āti Awa Toa IMPB is committed to ensuring that the insights gathered here inform practical, systemic change. This report helps lay the foundation for a future where whānau are not only participants in the health system, but leaders and decision-makers within it. Only by centring Māori voice and solutions can we achieve the vision of vibrant, thriving whānau and equitable health outcomes for all. There is a clear call for transformation; a system that acknowledges the realities of Māori communities, heals through connection to whakapapa and wairua, and shifts away from one-size-fits-all models toward mātauranga Māori-led solutions.

APPENDICES



APPENDIX 1:

Survey content

Core content

Consent must be the first question asked of participants to ensure they agree to and understand the purposes of the survey. Demographic data is collected to give context to who the data and insights represent.

The rationale for the selection of kapa haka and inclusion of questions on primary care, oral health and mental health comes from the health priorities identified in our Āti Awa Toa IMPB community health plan and initial insights from our first whānau voice engagement/wānanga sessions.⁹ Table 1 summarises the core content covered in this survey.

Table 4. ĀATHPB Whānau Voice Insights Report 2025 core content

DOMAIN	TOPICS
Consent	Participant gives consent
Sociodemographic	Gender, Age, iwi affiliations, city of residence, suburb of residence
Kapahaka	Oranga and kapa haka, Te Matatini experience and oranga
Immunisations	Childhood Immunisations
Health Behaviours	Smoking, vaping
Access	Health system improvements, primary health care enrolment, oral health care, mental health care

⁹ Āti Awa Toa Hauora Partnership Board. (2025, May). *Community Health Plan 2024–2028*. Āti Awa Toa Hauora Partnership Board. <https://atiawatoaimpb.nz>

APPENDIX 2:

Survey population & sample design

This section outlines the rationale for key sampling components of the survey, including: the target population, survey population, target and actual sample sizes, and sample selection approach. The target population refers to the broader group the survey aims to represent. The survey population defines who was included and excluded from participation. The sample size covers both the intended (target) number of participants, and the final number achieved. And finally, the sample selection explains who was surveyed and the method(s) used to recruit and engage with whānau participants.

Target population

The target population for this survey was Māori who at the time of undertaking the survey resided in Wellington and who were attending Te Matatini 2025. The eligibility criteria that the target population included:

- » tangata whenua and/or mana whenua
- » taiohi (youth) aged 15 years and over, pakeke (adults) and kaumatua (elders) Māori
- » attending Te Matatini 2025 in person
- » must be living in Wellington at the time of the survey.

Survey population

For practical reasons, Āti Awa Toa IMPB designed this survey to capture the voice of whānau who were attending Te Matatini 2025 who live in Wellington and met the above criteria, therefore it excluded from the survey population:

- » Māori living in Wellington who did not attend Te Matatini
- » non-Māori living in Wellington who were attending Te Matatini
- » Māori under the age of 15 years who live in Wellington and attended Te Matatini
- » Māori from Te Ati Awa or Ngāti Toa who attended Te Matatini but were not currently living in Wellington
- » Māori living outside of the Wellington region who attended Te Matatini.

Target sample size

We based our expected target population on a range of practical factors to ensure the number of participants we aimed to interview was both realistic and achievable. This helped us plan and allocate resources effectively for the activity. We based our calculations on the following factors:

- » number of interviewers available
- » number of days they could work
- » hours worked per day
- » estimated number of interviews that could be completed per hour.

We had two kaimahi and three kaiwhina - a total of five interviewers.

Based on a pilot survey (see p60) each survey was expected to take on average 5 minutes to complete. From this we estimated each interviewer would be able to complete 2 interviews per hour. Using the below variables we developed the following formula:

- » the number of interviewers per day (i)
- » the number of days worked (d)
- » the hours worked per interviewer per day (h)
- » the number of interviews per hour per interviewer (r).

The total number of participants (P) can be calculated by:

$$P = i \times d \times h \times r$$

Substituting in our numbers:

Kaimahi: $P = (2 \times 3) \times (8 \times 2) = 96$

Kaiawhina: $P = (3 \times 3) \times (8 \times 2) = 144$

This calculation gave us an estimated interviewing capacity of 240 participants across the scheduled days, however we set a final target of 200 participants to account for the following variables:

- » potential non-attendance or cancellations
- » Factor in breaks, setup/pack-down time, and unexpected delay
- » Provide a buffer for quality assurance and data checking
- » Ensure we didn't overburden our interviewers or risk under-delivering

Setting the target slightly below the maximum capacity ensured that the target was realistic, achievable, and sustainable for the team.

Actual sample size

The final survey returned 108 participants, approximately 55% of our planned target of 200 participants. Despite this shortfall, our Ethics Komiti confirmed that a sample of 100 or more is sufficient to support exploratory analysis and indicative findings, consistent with current research standards. Recent methodological guidance suggests that in descriptive and exploratory research, samples in the range of 30–100 participants are often appropriate, particularly when the goal is to identify emerging patterns or inform future research directions.¹⁰

Additionally, interview-based studies frequently justify sample sizes of 20–50 participants based on the concept of thematic saturation, which remains the most common rationale for sample adequacy in qualitative health research.¹¹ These findings reinforce that our achieved sample of 108 participants falls within accepted boundaries for exploratory research.

Keynote: *There was a total number of 108 participants that consented and undertook this survey. Each participant was asked the same set of questions and the insights from this report are developed from their responses.*

Sample selection

Kaimahi and kaiawhina engaged with whānau attending Te Matatini to invite their participation in the Āti Awa Toa IMPB oranga survey. In accordance with a request from Te Matatini Incorporated, interviews were conducted outside the festival grounds. For those who agreed to take part, a suitable time and location was arranged. This method ensured that selection was determined solely by the willingness of whānau to participate and that it was conducted at a time and location that best worked for the participant.

¹⁰ Given, L. M., Case, D. O., & Willson, R. (2023). Research Design, Methodologies, and Methods. In Looking for Information: Examining Research on How People Engage With Information (pp. 179–235). Emerald Publishing Limited.

¹¹ Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. BMC medical research methodology, 18(1), 148.

APPENDIX 3:

Data collection

In total five kaimahi interviewers, each well connected to their local communities, conducted and supported the delivery of the ĀATHPB Whānau Voice Insights Survey 2025.

This was a one-off, targeted event survey, with data typically collected kanohi ki te kanohi at a time and place arranged at the convenience of whānau participants. A subset of the intended sample who, for unforeseen reasons, were unable to attend the arranged meeting were given the opportunity later to participate by completing the survey online via a QR code.

Interviews

Approximately 47% of the interviews for the ĀATHPB Whānau Voice Insights Survey were carried out with the interviewer and interviewees kanohi ki te kanohi, using either a video or audio recording device. This data was later transcribed manually by kaimahi. Data was cross-checked for suppression of sensitive information. Approximately 63% of the survey was completed online via Microsoft forms. This option was made available to participants up to a week post Te Matatini.

Methods of data collection

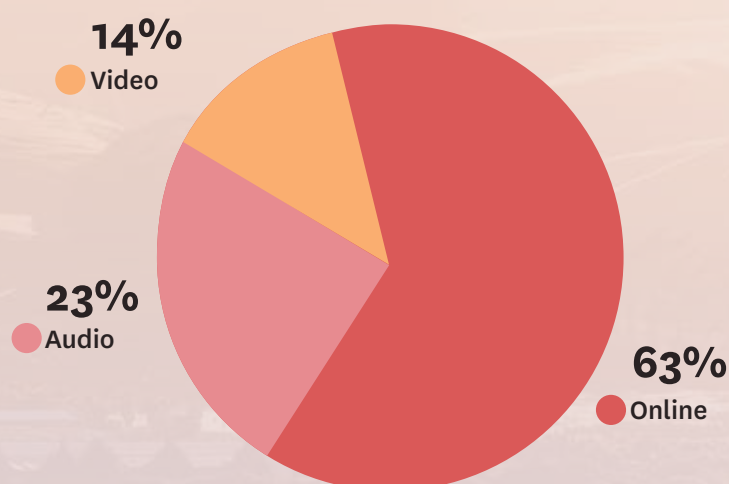


Figure 7. Data collection methods used by respondents, 2025

Online survey

Following a low response rate on day one of data collection at the event, kaimahi pivoted their approach and provided whānau with an alternative option to complete the survey. When kanohi ki te kanohi engagement wasn't possible, whānau were provided with a link and/or QR code, allowing them to participate at a time and pace that suited them. This was not the ideal approach but it enabled more participation. Some whānau wanted to participate but did not feel comfortable being interviewed or recorded. This online option worked well for them. The online survey asked participants the same questions as the kanohi ki te kanohi interviews.

Interviewers

Interviewers were kaimahi and kaiawhina of Āti Awa Toa IMPB who have extensive experience working with whānau at the community level, are well known in their community and are familiar with the purpose of the survey so were well suited to carry out this work.

Pilot survey

Prior to the main data collection, a pilot survey was conducted with kaimahi and kaiawhina to ensure consistency in the interviewing approach. This helped standardise how questions were asked and confirmed that interviewers were delivering the survey questions in a similar manner. However, we acknowledge that each interviewer has their own personality and that these discussions are meant to be useful and interactive for participants so they will have their own unique way of communicating with whānau. The pilot survey also tested the estimated timing, with an average survey duration of five minutes. This informed the advised timeframe communicated to participants prior to their involvement.

Invitation to participate

The ĀATHPB Whānau Voice Insights Survey was voluntary, relying on the goodwill of whānau participants, and interviewers obtaining appropriate consent for participation without coercion or inducement.

Before seeking their consent to participate, participants were given a detailed explanation of the purpose of the survey and what the information would be used for,

they were told:

- » they would be able to stop the interview at any time
- » they did not have to answer every question
- » they are protected under the privacy Act 2020 and that we will work in accordance with this Act and our Data and Privacy Policy¹²
- » their participation is confidential, and no identifiable information will be used in any reports unless otherwise specified (this does not apply to those to consented to be videoed as sharing video or audio content will or may deem that participant identifiable, however this is explained and consented to by the participant before recording).

Koha

Each participant in the survey was thanked by the interviewer for their participation and given a koha at the conclusion of their interview. Those who filled out the questionnaire online were contacted later to arrange delivery of koha.

Interview duration

The average duration of the ĀATHPB Whānau Voice Insights Survey was 4:59 minutes. This includes the time taken for the interviewer to complete the consent process and ask a total of 12 questions. Participants were advised of this timeframe prior to starting their interview. They had the option of having longer discussions with kaimahi if they wished.

¹² Āti Awa Toa Iwi Māori Partnership Board. (2025, March). Data and Privacy Policy. Retrieved August 22, 2025, from Āti Awa Toa Iwi Māori Partnership Board website: <https://atiawatoaimpb.nz/wp-content/uploads/2025/03/Data-and-Privacy-Policy.pdf>

APPENDIX 4:

Data processing

This section describes the handling of survey responses and the process that was undertaken to prepare them for analysis. This process involves several steps, including the cleaning, coding, and inputting of data into appropriate systems for analysis. Responses were reviewed for completeness, and open-text responses were transcribed verbatim. Consistency checks were also undertaken to ensure data was correctly formatted and categorised. This stage is critical to ensure the integrity and usability of the data and to minimise the risk of error during analysis.¹³

Securing information

All information gathered during the survey was handled in accordance with ethical standards and following Māori data sovereignty principles and governance models.¹⁴ Participant data was stored on secure, password-protected systems accessible only to the research team. Any identifying information was removed or anonymised prior to analysis to protect participant confidentiality. Ethics review and approval was obtained from Āti Awa Toa IMPB Ethics Komiti, and the survey adhered to our data and privacy policy, the Privacy Act 2020 and the principles of Te Ara Tika: guidelines for Māori research ethics.¹⁵

Checking and editing

To maintain data quality, all responses underwent a process of checking and editing. This involved reviewing entries for accuracy, identifying outliers or inconsistencies, and, when appropriate, verifying data collected with the survey's interviewers.

Qualitative data, spelling and grammar corrections were made only where they did not alter the meaning of the response. Any unclear or ambiguous data was flagged for further review or excluded, as appropriate. These quality control steps ensure that the analysis is based on reliable and consistent data.

Missing data due to non-response

Missing data refers to unanswered questions or incomplete responses provided by participants. While the overall response rate for the survey was high, there were instances where participants chose not to answer specific questions, or the answer could not be inferred during analysis. These instances were treated as a non-response and were coded and reported as such.

¹³ Babbie, E. R. (2020). *The Practice of Social Research* (15th ed.). Cengage Learning.

¹⁴ Te Mana Raraunga. (2018). *Principles of Māori Data Sovereignty*. Retrieved from <https://www.temanararaunga.maori.nz/>

¹⁵ Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te Ara Tika: Guidelines for Māori research ethics*. Health Research Council of New Zealand. Privacy Act 2020. New Zealand Legislation.

APPENDIX 5:

Analysis methods

The analysis of the data involved both descriptive and inferential techniques. Quantitative data was analysed using descriptive statistics (e.g., frequencies, percentages) to summarise the overall trends and patterns in responses.

For more complex analyses, inferential methods were used where applicable. Qualitative data was analysed using thematic analysis to identify and interpret patterns in the participants' open-ended responses. The choice of analytical method was guided by the nature of the question and the type of data collected.¹⁶

Inferential Analysis

Qualitative responses to open-ended survey questions were categorised into defined groups to enable quantification of participant views. This coding process transformed narrative data into measurable categories, facilitating statistical analysis.

Inferential statistical methods were applied to estimate percentages, means, or other relevant parameters within the broader survey population based on the sample data. This approach provides meaningful insights into the attitudes and perspectives of whānau across various topics covered in survey.

Thematic Analysis

Thematic analysis was used to interpret the qualitative data collected from open-ended survey responses and interviews. This method involves a multi-step process: initial familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing an insights report.¹⁷

Codes were developed inductively and grouped into broader themes that captured shared experiences or viewpoints. This approach allowed for a rich, detailed understanding of whānau perspectives, particularly around experiences, needs, and values related to the survey questions.

Insights Report

This survey was primarily conducted between 26 - 28th February 2025 during the Te Matatini festival held in Taranaki. The target audience for the survey was Māori whānau aged 15 years and over who live in the Wellington region and attended Te Matatini.

¹⁶ Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods* (4th ed.). Sage Publications.

¹⁷ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qpo630a>

The survey included two main areas of focus. The first area explored the positive impact of kapa haka on whānau ora (health and wellbeing). The second part aimed to better understand both personal and observed experiences of whānau in accessing health services across our rohe (Figure 2). This included topics that fall into our IMPB health priorities such as enrolment and access to general practice clinics, oral health care, and mental health services.



Figure 8. Our rohe and 4 whaitua: Pōneke, Porirua, Kapiti and Te Awa Kairangi

Te Matatini was an ideal opportunity for Āti Awa Toa IMPB to gather whānau voice because it brought together thousands of Māori from across the motu, including a significant number from our rohe, in one place. As a celebration of kapa haka and te ao Māori, the event created a culturally rich, inclusive environment where whānau were already engaged in kaupapa Māori.

This setting created a natural opportunity to engage whānau in meaningful kōrero about their wellbeing and experiences with health services. The timing and context of Te Matatini provided both high visibility and strong cultural alignment for collecting authentic whānau voice insights.

Keynote: We collected insights from 108 whānau members who participated in this survey. Each was asked the same set of questions. Insights that can be quantitatively inferred are quantified by a percentage of the total 108 participants, non-responses are recorded as non-responses for consistency and open-ended questions are analysed thematically.

APPENDIX 6:

Demographic insights

This section provides an overview of the survey participants, offering insight into their age and gender profiles, iwi affiliations, and where they are located across the region. These demographic details help to contextualise the findings by highlighting the diversity and representation of whānau who contributed to the kōrero. This survey asked a total of three demographic questions which are broken down here.

Age and Gender

Age in Māori culture isn't just about years lived, but about roles, knowledge, and contributions to whānau and iwi.

Whānau were asked: **“Do you mind sharing with us, your age?”**

For this survey whānau were asked to share their age and were assigned to one of the following 3 groups:

- » Taiohi (15 - 24) are understood as those growing into their identities, learning whakapapa (genealogy), and taking on responsibilities.
- » Pakeke (25 – 54) are typically those who are responsible for whānau care, work, and passing on tikanga (customs).
- » Kaumātua (55+) carry the responsibility of guiding and preserving mātauranga Māori (Māori knowledge).

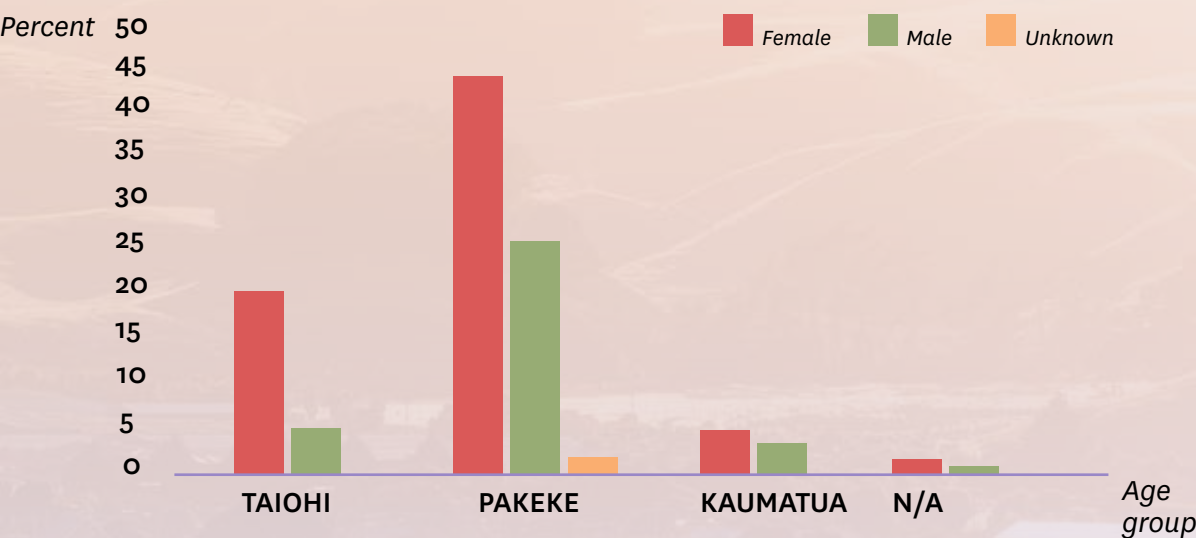


Figure 9. Age and gender distribution of the total survey population.

Table 5. Summary of total survey population age and gender distribution.

GENDER	PAKEKE	TAIOHI	KAUMATUA	N/A	TOTAL
Female	48	18	4	2	72
Male	27	4	3	1	35
N/A	1	0	0	0	1
TOTAL	48	22	7	3	108

The survey primarily captured female pakeke, likely reflecting their active roles in the oranga of their whānau and in the community. The lower number of kaumātua participating may be attributed to the surveys taking place offsite some distance from the kaumatua tents. The relatively high numbers of taiohi suggests growing engagement in these issues from our younger generations. Together the results highlight the value of designing kaupapa Māori research that includes all age groups for a fuller picture of whānau and iwi perspectives.

Keynote: From the 108 participants in this survey the majority of participants were female (66.7%), with female pakeke making up the largest single group (44%); overall, pakeke were the dominant age group (70%), followed by taiohi (20%) and kaumātua (6.5%), with more females than males across all age groups, and three participants not clearly specifying age or gender.

2. Iwi affiliations

We captured all iwi self-reported by whānau and classified their responses using the Iwi Statistical Classification (ISC) System developed by Stats NZ.¹⁸ Whānau were asked:

“What are your iwi affiliations?”

The ISC system means if whānau affiliate with more than one iwi, they are counted once in each iwi they list. This means total iwi counts will likely exceed the total number of whānau participants.

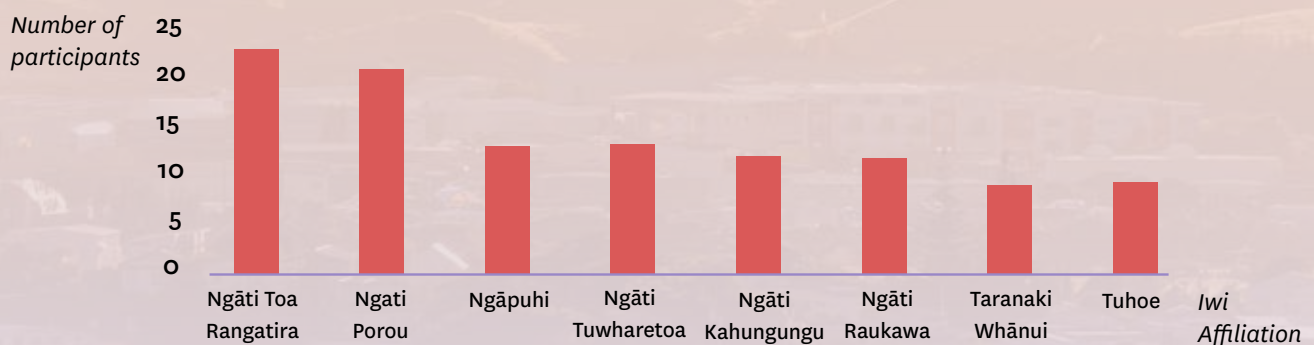


Figure 10. Recorded iwi affiliation across participants

¹⁸ Statistics New Zealand. Iwi Statistical Standard and Classification of Iwi and Iwi-related groups. 2017. Endorsed under HISO 10068:2017. Statistics New Zealand, 2017.

A total of 108 participants took part in the survey, with many identifying with more than one iwi; we recorded over 240 iwi affiliations. The most commonly reported iwi was Ngāti Toa Rangatira (21 mentions), Ngāti Porou (20), Ngāpuhi and Ngāti Tūwharetoa (13 each), followed by Ngāti Kahungunu and Ngāti Raukawa (11 each). Taranaki Whānui and Tūhoe also featured prominently, with nine mentions each, while Ngāti Awa and Te Āti Awa were each reported seven times (see appendix 8 for further breakdown of iwi affiliations).

Most iwi affiliations were concentrated among a small number of iwi, with the top ten making up more than half of all responses. At the same time, there was wide representation from iwi that were mentioned only once or twice, reflecting the diverse whakapapa and inter-iwi connections of participants. The strong representation of Ngāti Toa Rangatira and Ngāti Raukawa reflects the survey’s focus on Wellington-based whānau.

3. Whaitua and suburb distribution

Whānau participants were asked:

“What city do you live in and where?”

This question provides valuable insight into the geographic spread of whānau across our region, helping to ensure that voices from all communities were represented in this survey. Each community is likely to have unique experiences with health care services depending on where they live (see Figure 11).

Responses showed that the majority of participants lived in Pōneke, 38% (41 participants), followed closely by Porirua, 33% (35 participants), Te Awa Kairangi 13% (14 participants), and Kapiti 8% (9 participants). An additional 8% (9 participants) indicated they lived in Te Whanganui-a-Tara but did not specify a suburb (figure 11).

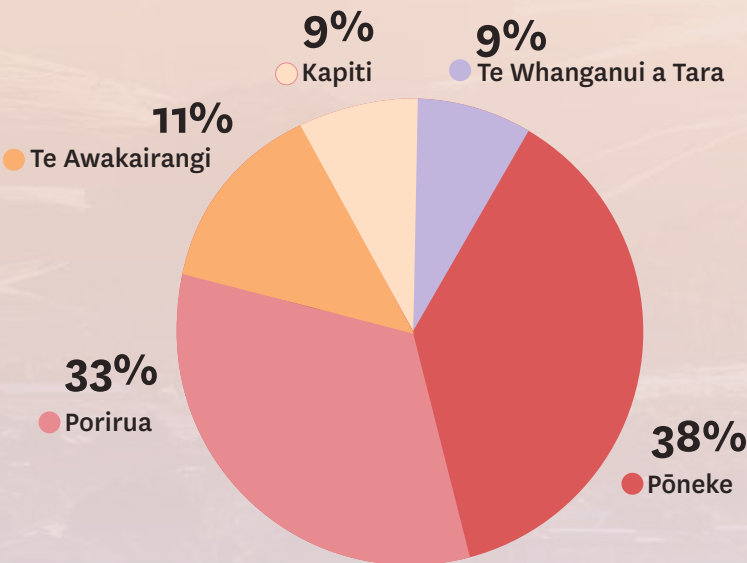


Figure 11. Residential areas of total survey population by whaitua

APPENDIX 7:

Survey questionnaire

Consent question

1. Do you consent to undertaking this interview/survey?

Demographics questions

2. Do you mind sharing with us your age?
3. What are your iwi affiliations?
4. What city do you live in and where?

Core cultural practice of kapa haka and oranga/wellbeing

5. How does kapa haka bring oranga and wellbeing to you and your whānau?
6. Can you describe a time during this Te Matatini where you experienced oranga?

Core health service experience questions

7. From your perspective, what needs to be done to improve health care services in our region?
8. What are your views and thoughts on childhood immunisations?
9. Are you a current smoker and/or vaper?
10. Are you currently enrolled with a doctor or general practice?
11. Do you think oral health care is accessible in our region?
12. Do you think mental health care is accessible in our region?

APPENDIX 7:

City & suburb demographic breakdown

SUBURB	WHAITUA	NO. OF PARTICIPANTS
Kingston	Te Awa Kairangi	1
Lower Hutt	Te Awa Kairangi	2
Manor Park	Te Awa Kairangi	1
Moera	Te Awa Kairangi	1
Petone	Te Awa Kairangi	1
Te Awa Kairangi	Te Awa Kairangi	2
Upper hutt	Te Awa Kairangi	4
Wainuiomata	Te Awa Kairangi	2
Cannons Creek	Porirua	2
Elsdon	Porirua	1
Porirua	Porirua	11
Takapūwāhia	Porirua	18
Tetahi Bay	Porirua	2
Waiwhetū	Porirua	1
Berhampore	Pōneke	1
Breaker Bay	Pōneke	1
CBD	Pōneke	4
Hataitai	Pōneke	1
Island Bay	Pōneke	2

SUBURB	WHAITUA	NO. OF PARTICIPANTS
Johnsonville	Pōneke	8
Karori	Pōneke	1
Khandallah	Pōneke	1
Kilbirnie	Pōneke	1
Lyall Bay	Pōneke	4
Miramar	Pōneke	2
Mt Victoria	Pōneke	1
Newlands	Pōneke	1
Newtown	Pōneke	1
Ngaio	Pōneke	1
Pipitea	Pōneke	3
Strathmore	Pōneke	6
Tawa	Pōneke	1
Victory	Pōneke	1
Kapiti	Kapiti	1
Otaki	Kapiti	1
Paremata	Kapiti	1
Ranui	Kapiti	1
Waikanae	Kapiti	1
Whitby	Kapiti	1

APPENDIX 8:

Participants' iwi affiliations

RANK	IWI	COUNT
1	Ngāti Toa Rangatira	21
2	Ngāti Porou	20
3	Ngapuhi	13
4	Ngāti Tūwharetoa	13
5	Ngāti Kahungungu	11
6	Ngāti Raukawa	11
7	Taranaki whanui	9
8	Tuhoe	9
9	Ngāti Awa	7
10	Te Āti Awa	7
11	Maniapoto	6
12	Te Whānau-ā-Apanui ki whakatohea	6
13	Ngāi Tahu	5
14	Ngā Rauru	4
15	Ngāti Kauwhata	4
16	Ngāti Ranginui	4
17	Te Arawa	4
18	Rangitane (Manawatū)	4
19	Waikato-Tainui	4
20	Ngāti Tama	4
21	Ngāti Apa	3
22	Ngāti Kahu	3
23	Ngāti Wai	3
24	Ngāti Waitaha	3
25	Ngāti Whakaue	3
26	Te Āti Awa ki Whakarongotai	3
27	Te Atihaunui i a Pāpārangi	3
28	Te Rarawa	3
29	Tuhourangi	2
30	Ngai Taikato	2
31	Ngāti Hamoa	2
32	Ngāti Hine	2

RANK	IWI	COUNT
33	Ngāti Kirihihi	2
34	Te Āti Awa ki wainui	2
35	Ngati kuia	2
36	Ngāti Māhuta	2
37	Ngāti Mutunga	2
38	Ngāti Pīkiao	2
39	Ngāti Pōneke	2
40	Ngāti Ruanui	2
41	Ngāti Te Ata	2
42	Ngāti Whātua ki Ōrakei	2
43	Te Aitanga-a-Hauiti	2
44	Te Aupouri	2
45	Te Roroa	2
46	Ruahine	2
47	Moriori	1
48	Ngā iwi o Te Tau Ihu	1
49	Ngāi Tai ki Tamaki	1
50	Ngāti Hauā	1
51	Ngāti Hāwea	1
52	Ngāti Hinemihi	1
53	Ngāti Koata	1
54	Ngāti Manawa	1
55	Ngāti Manu	1
56	Ngāti Maru	1
57	Ngāti Tukorehe	1
58	Ngāti Whare	1
59	Ngāti Whāwhākia	1
60	Ngāti Whitikaupeka	1
61	Poutama	1
62	Te Aitanga-a-Mahaki	1
63	Te Pātū	1
64	Te Whānau-ā-Apanui	1
65	Wairarapa	1

APPENDIX 9:

Glossary, key terms & concepts

Māori Kupu	English Translation
Aotearoa	New Zealand
Aroha	Love
Hapori	Community
Hapū	Sub-tribe
Hauora	Health
Hiahia	Want, desire
Hikiwairua	To uplift the spirit
Hinengaro	Mental health
Hononga	Connection
Ia marama, ia marama	Every month, monthly
Iwi	Tribe
Kai	Food
Kaiawhina	Helper, support worker
Kaimahi	Worker
Kaimātatakitaki	Performer
Kaiaora	Nutrition
Kanohi ki te kanohi	Face to face
Kapa haka	Māori cultural performance
Karakia	Prayer
Kaumātua	Elder
Kaupapa	Purpose or guiding principle
Kīwaha	Colloquial expression, idiom
Koha	Gift, contribution
Kōhanga Reo	Māori language preschool

Komiti	Committee
Kōrero tuku iho	Oral knowledge that is passed down
Korikori Tinana	Exercise
Kupu hou	New word, vocabulary
Kura	School
Māia	Pride
Manaaki / Manaakitanga	Care, hospitality, kindness
Māori	Indigenous people of Aotearoa
Marie	Enjoyment
Mātauranga	Knowledge or learning
Mau rākau	Māori weaponry practice
Miri-miri	Massage, traditional healing touch
mōhio	Knowledge, to know
Moko Kauae	Traditional Māori female chin tattoo
Ngāti Toa Rangatira	Iwi (tribe) from Wellington and Kāpiti
Ora Toa	Primary Health Organisation based in Wellington
Ora / Oranga	Health and wellbeing
Pakeke	Adult
Pou	Post, pillar, support
Pūrākau	Stories
Rangatahi	Youth, young person
Rohe	Region
Rongoā	Traditional Māori medicine, remedies
Tahi	One, first, unity
Taiohi	Youth / young person
Tamariki	Children
Tāne / Tane	Man / Men
Tāngata	People
Taonga	Treasure
Taranaki	Iwi, region in the west of the North Island
Tautoko	Support

Te Āti Awa	Iwi (tribe) from Wellington and Taranaki
Te Ihi	Power
Te Matatini	National kapa haka festival
Te reo Māori	The Māori language
Te Wana	Energy
Te Wehi	Awe
Te whakaora i te reo Māori	Revitalisation of te reo Māori
Te whare Tapa whā	Māori health model by Mason Durie
Tikanga	Custom, correct way of doing things
Tōhunga	Expert, specialist
Tonutanga	Continuity, persistence, endurance
Tūpuna	Ancestors
Wāhine / Wahine	Woman / Women
Wai	Water
Waiata	Song / singing
Wairua / Wairuatanga	Spirituality
Whaitua	Area
Whakahīhi	Confidence
Whakamā	Shyness, embarrassment
Whakangāhau	Entertainment, recreation, enjoyment
Whakapapa	Genealogy, descent
Whakatauki	Proverb, saying
Whānau	Family
Whanaungatanga	Process of establishing relationships
Whenu	Land

Abbreviations

IMPB	Iwi Māori Partnership Board
ĀATHPB	Āti Awa Toa Hauora Partnership Board
ISC	Iwi Statistical Classification (ISC) system





ĀTI AWA TOA HAUORA

PARTNERSHIP BOARD

