TE TIRATU

Hauora
Te Awamutu

2026

Understanding hauora, access, and wellbeing for Māori whānau in Te Awamutu

“Ka mutu te awa, ka tīmata ngā haerenga.”.

Where the river ends, new journeys begin.

Te Awamutu is a place of gathering and connection. Its name, Te Awamutu, meaning “the end of the river,” refers to a point where journeys once shifted from water to land. Historically, this made Te Awamutu a natural meeting place. That role continues to shape the town’s identity today.

Sources: Reed, Place Names of New Zealand (2010).

This report has been prepared by Te Tiratū Iwi Māori Partnership Board. The Board has a statutory role to represent the hauora priorities, needs, and aspirations of Māori communities in te rohe o Waikato.

The information within this report is subject to what was sourced at the time of drafting it noting that services change.

Photo - Kakepuku Maunga overlooking the Te Awamutu area.

Foreword

Te Awamutu has long been a place of gathering, movement, and connection, a point where journeys meet, people pause, and knowledge is shared before moving forward together. That spirit of convergence is reflected in this report, which brings together the voices of whānau, the experience of local providers, the aspirations of iwi, and the realities of delivering services across a rural locality.

Māori in Te Awamutu and surrounding districts continue to experience inequities that are longstanding yet avoidable. Alongside these pressures sits deep strength: kaupapa Māori services that anchor whānau in identity and belonging, trusted relationships built over generations, and a community that consistently steps forward to support one another.

What we heard is clear. Whānau want services that are safe, responsive, and grounded in tikanga. Providers want systems that enable rather than constrain. Iwi seek pathways that uphold mana motuhake and support whānau to thrive.

The findings point to the need for earlier intervention, stronger navigation, and locally accessible care. They also highlight the effectiveness of kaupapa Māori models, the importance of a strong Māori workforce, and the value of partnerships that honour whakapapa and place.

We acknowledge the whānau who shared their experiences, the providers who continue to serve under pressure, and the iwi and community partners who guide this mahi. Your voices shape both this report and the direction ahead.

Our commitment is to work together with honesty, courage, and determination to remove the barriers that prevent equitable outcomes. The path forward is evident: Māori in Te Awamutu should be able to access the care they need, close to home, in ways that uphold identity, dignity, and wellbeing.

Ngā mihi nui ki a koutou katoa for your contribution to this kaupapa and for your ongoing dedication to the hauora of our communities.

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Whakarāpopototanga
| Executive Summary

Māori whānau in Te Awamutu experience persistent inequities in hauora shaped by both strong local foundations and sustained system pressure. As a rural service hub, Te Awamutu supports whānau from surrounding communities, intensifying demand on local health, education, and social services and influencing how access and continuity of care are experienced.

Across the system, consistent patterns emerge. Whānau and providers describe difficulty securing timely appointments, cumulative costs from repeat visits and prescriptions, transport barriers, workforce shortages, and fragmented service pathways. These pressures contribute to late presentation, missed prevention opportunities, and increasing complexity of need. These outcomes reflect system configuration and capacity constraints, not disengagement by whānau.

High enrolment in primary care does not guarantee equitable access. Cost, transport, workforce pressure, and trust in the health system continue to shape when and how whānau seek care. Since COVID-19, providers report reduced engagement with routine and preventive services, including childhood immunisation, alongside rising mental health demand and complexity.

Long-term conditions, maternal health pathways, and mental health care are often affected by delayed access and fragmented coordination, particularly for rural whānau. Challenges in education, housing quality, and cost of living further compound inequities and increase reliance on acute and crisis responses.

Despite these pressures, Te Awamutu holds significant strengths. Kaupapa Māori services, Māori community nursing roles, marae-based care, rongoā practitioners, and whānau-centred initiatives provide culturally grounded, relational support and are consistently identified as safe and effective. These models demonstrate what is possible when care is accessible, coordinated, and built on trust.

The inequities experienced by Māori whānau in Te Awamutu are not inevitable. They reflect system settings that can be strengthened. Improving hauora outcomes will require sustained investment in kaupapa Māori approaches, a supported and culturally responsive workforce, improved navigation and integration across services, and the reduction of cost and transport barriers so whānau can access care earlier and closer to home.

Sources: Boulton et al. (2020); Te Puni Kōkiri (2021); Te Manatū Hauora (2022); Waitangi Tribunal (2019).

Purpose

The purpose of this report is to provide a place-based overview of the hauora environment in Te Awamutu, with a focus on how Māori whānau experience access to health, social, and community services in practice. It brings together Whānau Voice, provider insight, and selected system data to identify what is working well locally, where pressure is building, and where persistent gaps remain.

Te Awamutu has been selected as a focus locality due to its role as a key service hub for surrounding rural communities, its growing population, and its increasing Māori population. Despite appearing relatively well resourced, Māori whānau continue to experience barriers related to cost, transport, workforce capacity, and service configuration. This makes Te Awamutu a critical location for understanding how system design and population growth interact with everyday realities for whānau.

This report is intended to support Te Tiratū Iwi Māori Partnership Board, health and social service providers, planners, funders, decision-makers, and iwi, hapū, and community organisations seeking a clearer understanding of local strengths, pressures, and opportunities for improvement.

This report aims to:

- Identify and describe health, social, and community services operating in Te Awamutu
- Understand how services engage with and support Māori whānau, including how accessible, culturally safe, and responsive care is in practice
- Highlight gaps, constraints, and pressures that affect equitable whānau access to hauora
- Identify opportunities to strengthen coordination, collaboration, and equity-focused system change aligned with Māori aspirations

He Karanga kia te tū
| Call to Action

What Whānau Want to See Change First in Te Awamutu

This Call to Action is informed by integrated local data, whānau voice, and provider insight. It focuses on strengthening what already exists within current system settings by reducing barriers, improving coordination, and acting earlier. Improving hauora for Māori whānau in Te Awamutu requires a responsive, trusted system that delivers care close to home, at the right time, and in ways that uphold dignity and mana.

Integrated Access to Timely Primary Care

- Treat access as a whole-of-system issue (not separate problems).
- Reduce GP wait times through expanded nurse-led and nurse prescriber clinics
- Introduce rapid-access appointment slots for early presentation
- Embed transport support into referrals and care plans (not optional add-on)
- Increase community health shuttle frequency and reach
- Provide travel allowances for high-need whānau
- Expand low/no-cost primary care and prescribing for Māori whānau
- Standardise subsidy and eligibility communication across services

Invest in a strong, locally rooted, culturally safe workforce

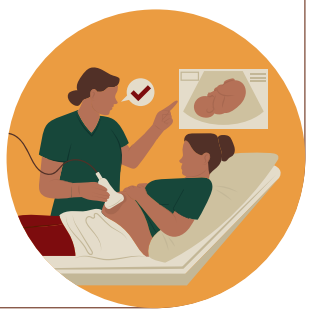
- Retention funding and incentives for community-based health workers
- Local training, placement, and mentoring pathways
- Strengthening Māori nursing, midwifery, and community health roles
- Supported professional development for long-term workforce sustainability

Shift investment upstream into prevention and early intervention

- Early intervention programmes focused on nutrition, activity, and wellbeing
- Active follow-up for whānau with early risk indicators
- Integrated care planning for multi-condition whānau
- Education and support for carers and whānau
- Strengthen childhood immunisation continuity beyond infancy through outreach and trusted settings

Create seamless, locally accessible maternity and early childhood pathways

- Better integration between Te Awamutu and regional maternity services
- Improved access to scans and follow-up closer to home
- Strengthened continuity with known midwives and providers
- Expanded midwifery scope (vaccinations, contraceptive support, emergency ultrasound training)
- Transport-aware maternity planning and support



Build clear, culturally safe, continuous mental health pathways

- Clear "roadmap" for accessing mental health support at every stage
- Stronger kaupapa Māori and community-based services
- Structured transition and follow-up after acute care
- Reduced reliance on GP-only mental health responses
- Respite and sustained support for whānau carers

Treat navigation and health literacy as core infrastructure.

- Dedicated whānau navigation roles in services
- Plain-language communication for referrals, medications, and entitlements
- Follow-up support to complete care plans
- Regular wānanga for high-need or newly diagnosed whānau
- "Meet whānau where they are" outreach approaches

Whānau are calling for a more accessible, joined-up system that addresses cost, transport, and wait times together, and strengthens the Māori health workforce. There is strong emphasis on prevention and early intervention, more seamless maternity and child health pathways, avoidable travel burdens and better continuity in mental health care. Improved navigation and cross-sector coordination are also essential to ensure earlier, more connected support for whānau and rangatahi.

Cross-Sector Integration for Tamariki & Rangatahi

- Build joined-up systems across health, education, and social services.
- Shared planning for tamariki and rangatahi with complex needs
- Stronger school–health–community provider coordination
- Earlier intervention before crisis or disengagement
- Integrated support pathways across agencies

Photo - Marae grounds at Ōtāwhao, supporting whānau and community gatherings.

How to Read This Report

This report provides a place-based view of hauora in Te Awamutu, drawing on Whānau Voice, provider insight, and selected system data to understand patterns of access, pressure, and opportunity. It is not intended to be a comprehensive audit of services or a clinical assessment of health outcomes.

Data included in this report supports understanding of local trends and pressures rather than measuring prevalence or assessing provider performance. Where town-level data is limited or unavailable, regional or proxy data has been used alongside lived experience shared by whānau and providers.

Findings should be read as indicative and grounded in local knowledge and lived experience. The report is designed to support planning, advocacy, and informed discussion about how systems can better respond to the needs of Māori whānau in Te Awamutu.

Methodology

Scope

The analysis is centred on Te Awamutu and its immediate service catchment. Regional or district-level data is included only where necessary to provide context or where local data is unavailable.

The report considers:

- Health services and access
- Social and whānau support services
- Education and workforce pathways where they influence hauora
- Housing and place-based pressures that affect wellbeing

Approach

This report uses a kaupapa Māori, mixed-methods approach that centres whānau voice and lived experience alongside selected quantitative data. Whānau voice is central to understanding how health and social systems operate in practice, particularly where access, affordability, trust, and service configuration shape decisions about care.

Qualitative insight was gathered through whānau engagement, provider interviews, and community kōrero. Quantitative data includes demographic information, selected health indicators, and service-use signals drawn from Census, PHO, Whaitua, and Te Whatu Ora sources.

These sources are considered together to build a holistic picture of hauora in Te Awamutu, recognising that lived experience provides essential context for interpreting system-level data.

Photo - Te Awamutu Gumboot Gala, Te Tiratu Kaimahi

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Ngā Tohu o te Hauora | Hauora Overview

Hauora outcomes for Māori whānau in Te Awamutu reflect a mix of local strengths and sustained system pressure shaped by place, access, and everyday living conditions. As a growing service hub supporting both township residents and surrounding rural communities, Te Awamutu experiences steady demand across primary care, prevention, and community-based support.

Māori whānau are widely enrolled in primary care across all age groups, indicating a strong foundation of formal connection to the health system. However, enrolment alone does not guarantee timely or equitable access. Differences in service capacity, appointment availability, and follow-up contribute to uneven hauora experiences across neighbourhoods, age groups, and whānau circumstances.

Hauora pressures in Te Awamutu are cumulative rather than episodic. Health need builds over time as whānau balance work, caregiving, transport, cost pressures, and service availability. These factors shape when care is accessed, how early issues are addressed, and whether continuity is maintained. They reflect structural and practical barriers within the system, rather than reluctance by whānau to engage.

Clear patterns are evident across the life course. Tamariki experience uneven access to early prevention and continuity of care. Rangatahi face growing mental health and wellbeing pressures. Working-age adults carry a rising burden of long-term conditions, often alongside delayed engagement with care. Kaumātua experience higher levels of chronic health need and rely heavily on accessible, coordinated primary care and community support.

Alongside these pressures, Te Awamutu has strong foundations. Kaupapa Māori services, marae-based supports, and culturally grounded pathways play a critical role in building trust, supporting engagement, and sustaining continuity of care. These services align with whānau realities and help absorb system pressure, reinforcing their importance within an equitable, whānau-centred hauora system.

Overall, the hauora picture in Te Awamutu is one of layered, ongoing demand rather than isolated crisis. This overview provides context for the life-course patterns, system indicators, and findings that follow.

Photo - Te Tiratū kaimahi with local Māori Warden and whānau during the Ngāti Korokī Kahukura Hauora Day..

Whenua and Iwi Connections

Te Awamutu sits within a landscape shaped by whakapapa, movement, and long-standing relationships between whānau and whenua. For Māori whānau, hauora is inseparable from place and identity. Wellbeing is grounded in connection, belonging, and collective strength.

Understanding iwi context anchors this report in those realities and provides important insight into how whānau experience health, care, and support across Te Awamutu.

Ngāti Maniapoto – Te Nehenehenui

Ngāti Maniapoto has strong whakapapa connections across the wider rohe, including whānau who live in, move through, and access services in Te Awamutu. These connections continue to shape everyday life, influencing relationships to whenua, to one another, and to the systems that support wellbeing.

Te Nehenehenui kōrero emphasises hauora as extending beyond clinical care. Wellbeing is understood as closely linked to identity, culture, housing, education, and whether whānau feel safe, supported, and heard. There is a strong focus on strengthening systems in ways that uplift whānau, support resilience, and enable collective aspirations.

Whānau and hauora priorities include:

- Whānau-centred wellbeing, grounded in everyday living, stability, and connection
- Culturally safe and trusted services where whānau feel respected and understood
- Early support and prevention, so whānau are not reaching crisis before help is available
- Community-based and kaupapa Māori approaches alongside clinical care
- Growing and supporting a Māori workforce across health, education, and community roles
- Connection to whenua and culture as protective factors for mental, physical, and collective wellbeing
- These priorities closely reflect what whānau and providers in Te Awamutu have shared throughout this report (Te Nehenehenui, 2022).

Sources: Te Nehenehenui. Annual Report. 2025.

Raukawa

Raukawa Charitable Trust also hold strong whakapapa connections across the rohe, including whānau who live in, travel through, and access services in Te Awamutu. These connections shape how whānau maintain relationships to whenua and marae, and how they engage with services that support everyday life.

Raukawa kōrero emphasise whānau wellbeing as something built over time, through stability, connection, and support across generations. Hauora is understood as more than physical health alone, with strong links to education, housing, employment, cultural identity, and whānau relationships. There is a clear emphasis on early, practical support rather than waiting until challenges escalate.

Whānau and hauora priorities include:

- Whānau wellbeing across the life course, supporting tamariki, rangatahi, pakeke, and kaumātua
- Early and practical support to prevent challenges escalating
- Strong connections to culture, marae, and whenua as protective for wellbeing
- Accessible and culturally safe services that whānau feel comfortable engaging with
- Building whānau capability and confidence, reducing the burden of navigating complex systems alone
- Supporting Māori participation in the workforce, including pathways into health, education, and community roles

These priorities align closely with whānau voice and provider insights in Te Awamutu.

Sources: Raukawa Charitable Trust. Annual Report. 2024-25.

Ngā Tohu Hauora i te Hapori | What We're Seeing in the Community

Key Hauora Insights in Te Awamutu

Key hauora patterns identified through this analysis are explored in more detail in the sections that follow.

Issue Area	What the Data Shows	Whānau & Provider Voice	Why This Matters
Primary care access	5,747 Māori enrolled with Te Awamutu PHO services. Largest enrolment in ages 25–44 and 45–64.	Providers estimate routine engagement is lower for Māori than non-Māori, with whānau more likely to present when health needs become acute due to access barriers.	High enrolment masks inequitable access. Late presentation increases complexity and avoidable escalation.
Cost & affordability	50.0% of whānau identified cost as a barrier to care; 42.9% reported difficulty accessing services when needed. Seven-day pharmacy access is available.	Whānau delay care or do not fill prescriptions due to cost, often choosing between kai, power, transport, and medication. Confusion around subsidies limits uptake.	Cost remains a primary driver of delayed care, even where services are physically available.
Transport & rural access	Providers estimate approximately 30% of clients lack reliable transport. Te Awamutu serves a wide rural catchment.	Fuel costs, limited public transport, childcare, and work commitments lead to missed appointments and delayed follow-up.	Transport barriers disrupt continuity and increase reliance on urgent services.

Issue Area	What the Data Shows	Whānau & Provider Voice	Why This Matters
Long-term conditions & late presentation	Recorded Māori diagnoses include diabetes (397), cardiovascular disease (140), gout (226), and asthma (1,008).	Providers report under-diagnosis and late presentation, often with multiple conditions occurring together.	Delayed diagnosis limits prevention and contributes to avoidable disease progression.
Pre-diabetes & prevention	358 Māori have elevated HbA1c (41–49 mmol/mol), indicating pre-diabetes.	Providers identify limited access to culturally grounded prevention support and time pressures at this stage.	Missed prevention opportunities reinforce long-term inequities.
Maternal health pathways	Local birthing unit available; scans and specialist care largely accessed outside Te Awamutu.	Travel to Hamilton creates cost, transport, and whānau support pressures, intensified following the closure of sonography services in Ōtorohanga.	Fragmented pathways disproportionately affect rural Māori māmā.
Mental health demand	163 primary mental health referrals and 115 severe mental health diagnoses recorded. 41.7% of whānau identified missing local mental health services.	Limited local options and workforce shortages funnel care through GP services, delaying access to therapeutic support.	Delayed access increases crisis escalation and repeat presentations.
Childhood immunisation	73% fully immunised at 8 months; 78% at 24 months; approximately 65% at 5 years.	Providers report reduced uptake following COVID-19 due to loss of trust. Whānau describe greater comfort immunising once children are older, when they feel more confident about safety.	Trust, continuity, and relational engagement are critical to improving uptake.

Issue Area	What the Data Shows	Whānau & Provider Voice	Why This Matters
Trust & system experience	Lower engagement with preventive services, including immunisation and routine care.	Providers describe reduced re-engagement after negative experiences, particularly following COVID-19. Whānau are cautious about returning once trust is broken.	Trust is foundational to prevention, continuity, and early intervention.
Education & hauora intersection	Increasing anxiety, behavioural distress, and neurodiversity needs among tamariki and rangatahi.	Education providers report long waits for assessment, limited support pathways, and disengagement before help is provided.	Education pressures directly affect mental health, wellbeing, and long-term outcomes.
Housing & cost-of-living pressures	High levels of deprivation and cost pressure across Māori whānau.	Whānau describe making trade-offs between housing costs, food, utilities, and healthcare.	Poor housing and financial stress exacerbate respiratory illness, mental distress, and delayed care.
System navigation & fragmentation	Multiple health, education, and social services operate with limited integration.	Whānau describe difficulty understanding pathways and repeating their story across services.	Fragmentation increases drop-off, late presentation, and inequitable outcomes.
Workforce pressure & Māori representation	Ongoing shortages across primary care, nursing, mental health, and maternity services. Māori workforce representation remains limited.	High caseloads and burnout affect continuity. Whānau report feeling safer and more engaged when supported by Māori providers.	Workforce capacity directly affects access, cultural safety, and early intervention.

Whānau Voice and Provider Voice

Whānau voice reflects these patterns identified across this analysis. Many describe long wait times, worsening health while waiting for appointments, and the financial pressure created by repeated visits:

> **"You wait so long that by the time you get seen, it's worse." "The cost adds up, especially when you have to keep going back."**

Whānau living with long-term conditions describe the consequences of delayed diagnosis and limited access to prevention support:

> **"It wasn't until they said without a kidney transplant I would die that I realised how serious it all was."**

Providers across primary care, nursing, mental health, maternity, education, and community services echo these concerns. They describe sustained demand, workforce pressure, and fragmented pathways that limit continuity and early intervention. Providers also consistently identify kaupapa Māori approaches as central to trust, engagement, and effective support for whānau.

Sources: Te Tiratū whānau voice engagement (2025); Provider interviews and service kōrero (2025).

Photo - Sanders Pharmacy serving the Te Awamutu community.

Ngā Kaha me te Huarahi | Strengths and Direction

Despite sustained pressure, Te Awamutu has strong foundations. Kaupapa Māori services, Māori community nursing roles, marae-based care, rongoā practitioners, and whānau-centred initiatives provide culturally grounded, relational support and are consistently identified by whānau as safe and accessible.

Overall, the inequities experienced by Māori whānau in Te Awamutu reflect system settings that can and should be strengthened. Supporting kaupapa Māori models, sustaining the local workforce, improving navigation and integration across services, and reducing cost and transport barriers will be central to improving hauora outcomes in this locality.

Ngāti Maniapoto expectations regarding leadership and decision-making:

Ngāti Maniapoto engagement in this report is grounded in rangatiratanga and mana motuhake, not participation alone. Where Maniapoto hauora priorities are identified, Maniapoto expects to play a clear and active role in determining how those priorities are interpreted, designed, and progressed:

- Supporting the definition of hauora aspirations, values-based priorities, and kaupapa Māori approaches grounded in Te Kawau Rukuroa and Hinematua.
- Participating in the co-design and influencing service models, access pathways, and system settings that affect Maniapoto whānau, particularly where those settings intersect with rural realities, equity, and whānau-centred care.
- Providing Maniapoto matauranga over cultural integrity, tikanga alignment, and iwi-specific approaches, including what is acceptable, adaptable, or non-negotiable for Ngāti Maniapoto.

The role of Te Tiratū is to reflect and advocate for these expectations within system planning, commissioning, and accountability processes. This includes ensuring that engagement with Maniapoto moves beyond consultation into shared authority, clear leadership roles, and arrangements that uphold Maniapoto decision-making where whānau, hapū, and iwi interests are directly affected.

This distinction is critical to achieving equitable and enduring hauora outcomes. Without it, system responses risk defaulting to generic, centrally designed solutions that do not reflect Maniapoto realities, aspirations, or responsibilities to future generations.

Sources: Ministry of Health analysis and development (2022); Waitangi Tribunal findings on Māori health outcomes (2019).

Local Health Services and Access – Priority Services

Te Awamutu is supported by a network of primary care, kaupapa Māori, community, and specialist services that together provide essential health and wellbeing support for whānau across the township and surrounding rural communities. The services listed below are identified as priority services due to their central role in access, continuity of care, and support for populations experiencing higher need. A comprehensive list of all identified health and wellbeing services operating in Te Awamutu and the wider catchment area is provided in Appendix 1.

Primary Care Services

Te Awamutu Medical Centre

Te Awamutu Medical Centre is a long-established general practice providing primary healthcare to whānau in Te Awamutu and surrounding rural communities. It is a key access point for everyday, acute, and preventative care.

The practice delivers GP and nurse-led services, with a dedicated community nurse supporting Māori whānau through outreach, follow-up, and transport where needed. Fortnightly marae-based hauora clinics are delivered at Mangatoatoa to improve access to screening, immunisation, and preventative care in a culturally grounded setting.

While enrolment is high, access remains constrained during peak periods, with routine appointment wait times of up to one month. Cost can also be a barrier for some whānau, particularly for repeat visits, despite subsidies.

Standard GP consultation cost (enrolled adults): approximately $59, or $19 with a Community Services Card.

Additional service detail

- Routine and acute GP consultations across all age groups
- Nurse-led clinics for immunisations, diabetes, asthma, and preventative checks
- Free primary care for children under 14
- Community nurse role supporting Māori whānau with navigation and transport
- Fortnightly marae-based hauora clinics at Mangatoatoa focused on early intervention

Mahoe Medical Centre

Mahoe Medical Centre provides general practice and urgent-care services for whānau in Te Awamutu and surrounding rural communities. The practice plays a key role in same-day and extended-hours care, reducing pressure on emergency departments for non-life-threatening conditions.

The centre delivers GP and nurse-led services alongside on-site diagnostic imaging, enabling faster assessment and follow-up without the need for travel outside the town. While the practice offers extended access compared with standard general practices, high demand and workforce pressure continue to limit appointment availability at peak times.

Mahoe Medical Centre is not a Very Low Cost Access practice. Cost remains a consideration for some whānau, particularly for urgent or repeat visits, despite Community Services Card subsidies and free care for children under 14.

Standard GP consultation cost (enrolled adults): approximately $59, or $19 with a Community Services Card.

Additional service detail

- Routine and acute GP consultations, including urgent same-day care
- Extended weekday and weekend hours
- Nurse-led clinics for long-term condition management and preventative care
- On-site X-ray and ultrasound services supporting timely diagnosis
- Free primary care for children under 14
- Subsidised fees for Community Services Card holders
- Reduced capacity for community outreach due to workforce constraints

Long-Term and Ongoing Care

Matariki Continuing Care

Matariki Continuing Care Hospital is a **32-bed** continuing care and rehabilitation facility providing long-term, convalescent, and palliative care for whānau with complex or ongoing health needs. The service supports kaumātua and adults who require 24-hour nursing and medical oversight, including those transitioning from acute hospital care or needing extended rehabilitation and recovery support.

Matariki plays a key role in the local care pathway for Te Awamutu and surrounding communities, particularly for whānau who can no longer be safely supported at home or who require a higher level of clinical monitoring following discharge from Waikato Hospital. Care is delivered by a multidisciplinary team, with an emphasis on dignity, comfort, and quality of life.

Access to the service is referral-based, most commonly following hospital admission or specialist assessment. Demand for the limited number of beds, alongside increasing patient acuity, can place pressure on availability and length of stay decisions.

Additional service detail

- 32-bed continuing care and rehabilitation facility
- Long-term care for older adults and whānau with complex health needs
- Rehabilitation and convalescence following acute hospital admission
- Palliative and end-of-life care
- 24-hour nursing care with medical oversight
- Multidisciplinary clinical and rehabilitation input
- Referral-based access, primarily from Waikato Hospital and specialist services

Kaupapa Māori and Whānau-Centred Services

Te Whare Hauora o Mangatoatoa Pā

Mangatoatoa hosts fortnightly marae-based hauora clinics that improve access to primary and preventative care for whānau in Te Awamutu and surrounding rural communities. The clinics are open to all community members, including non-Māori, and are provided at no cost.

The clinics are clinically staffed and coordinated by Te Awamutu Medical Centre, ensuring care is connected to general practice systems rather than operating as a standalone service. This supports continuity of care, appropriate follow-up, and integration with enrolled GP records where applicable.

Mangatoatoa provides a culturally grounded and welcoming environment that reduces barriers related to trust, transport, and appointment availability. The clinics focus on early engagement and prevention, supporting people who may otherwise delay or avoid care due to cost, access issues, or past experiences within mainstream services.

Additional service detail

- Fortnightly marae-based hauora clinics hosted at Mangatoatoa
- Free service and open to all community members
- Clinically staffed and coordinated by Te Awamutu Medical Centre
- Integrated with GP enrolment, records, and follow-up care
- Focus on screening, immunisation, health education, and preventative care
- Reduces access barriers related to cost, trust, and availability

Ko Wai Au

Ko Wai Au is a kaupapa Māori rangatahi hauora service supporting rangatahi aged 14 years and over in Te Awamutu and surrounding communities. The service works primarily with rangatahi who are disengaged from, or excluded

Photo - Ko Wai Au, Te Tiratū kaimahi with Georgina Christie and Vinnie Ngaruhe.

from, mainstream education and health pathways, providing early intervention, prevention, and sustained relational support.

The service operates through one-to-one, relationship-based engagement, supporting rangatahi to access and navigate health, education, and social services. This includes support with GP enrolment, immunisations, dental care, health assessments, and referrals to appropriate services. Ko Wai Au also provides mentoring, advocacy, and practical support that responds to the wider circumstances shaping rangatahi wellbeing.

High levels of self-referral from rangatahi and whānau indicate strong trust in the service. Ko Wai Au plays a critical role in engaging rangatahi who are least likely to access mainstream services, often acting as a bridge back into education, healthcare, and community supports.

While demand for the service is strong and growing, Ko Wai Au operates with a small workforce and limited funding certainty, which constrains capacity and continuity despite demonstrated impact.

Additional service detail

- Kaupapa Māori rangatahi hauora service for rangatahi aged 14+
- Focus on prevention, early intervention, and re-engagement
- One-to-one, relationship-based support model
- Supports access to GP enrolment, immunisation, dental care, and health assessments
- Provides mentoring, advocacy, and system navigation
- 260+ rangatahi supported since March 2023; 69% Māori engagement
- High trust reflected in daily self-referrals
- Small workforce with ongoing funding and contract uncertainty

Raukawa Charitable Trust – Tīwai Hauora

Raukawa Charitable Trust delivers kaupapa Māori Whānau Ora and hauora navigation services through Tīwai Hauora, supporting whānau in Te Awamutu and across the wider Waipā rohe. The service focuses on reducing barriers to health and social services, including cost, transport, and system complexity.

Tīwai Hauora provides practical, relationship-based support, helping whānau navigate health, mental health, addiction, housing, income, and social services. This includes advocacy, coordination between providers, appointment support, and assistance understanding referrals and entitlements. Support is delivered across the life course and grounded in trust, whakapapa connections, and whānau realities.

The service plays a key role in bridging kaupapa Māori and mainstream services, working closely with GP practices and community providers to support continuity of care. Demand remains high, with capacity shaped by funding and workforce availability.

Additional service detail

- Kaupapa Māori Whānau Ora and hauora navigation service
- Serves Te Awamutu and the wider Waipā rohe
- Supports access to health, mental health, addiction, housing, and social services
- Provides advocacy, coordination, and system navigation
- Works closely with GP practices and community providers
- Supports whānau across all life stages
- High trust and strong engagement with Māori whānau
- Capacity constrained by funding and workforce availability

Te Kora o Mahuika – Rongoā Māori Service

Te Kora o Mahuika is a kaupapa Māori rongoā service providing ACC-registered mirimiri and rongoā Māori to whānau in Te Awamutu and the surrounding rohe. The service supports physical, emotional, and wairua wellbeing through non-invasive, holistic healing approaches grounded in tikanga Māori.

Care is delivered in community and mobile settings, supporting accessibility for whānau who may face cost, transport, or trust barriers within mainstream services. Te Kora o Mahuika plays an important role in the local hauora system, particularly for whānau managing pain, injury recovery, stress, and long-term conditions alongside or outside clinical pathways.

Demand for the service is high and largely driven by word-of-mouth and whānau trust. Capacity is constrained by a sole-practitioner model and ACC service unit limits, which can affect appointment availability and continuity.

Additional service detail

- ACC-registered rongoā Māori and mirimiri service
- Provides holistic, non-invasive care grounded in tikanga Māori
- Supports injury recovery, pain management, and stress-related conditions
- Mobile and community-based delivery across the rohe
- High demand driven by whānau trust and referrals
- Sole practitioner model limits capacity and availability
- ACC service unit caps affect session numbers and continuity

Kāinga Aroha – Whānau-centred Housing and Social Support

Kāinga Aroha Community House is a community-based social support service providing practical, relational support to whānau in Te Awamutu experiencing social, financial, or personal stress. The service operates as a low-barrier access point, supporting whānau to stabilise immediate needs while connecting them with longer-term supports.

Kāinga Aroha focuses on early help and prevention, working alongside whānau before issues escalate into crisis. Support is grounded in manaakitanga and trust, with services often accessed through self-referral or informal referral from health, education, and community providers.

The service plays a key role in the local hauora system by addressing non-clinical drivers of wellbeing, including food insecurity, housing stress, financial pressure, and social isolation, which directly affect whānau ability to engage with health care.

Additional service detail

- Community-based whānau support and advocacy service
- Provides food support, budgeting assistance, and social-service navigation
- Offers counselling and practical whānau support
- Low-barrier access, including self-referral
- Supports whānau experiencing cost-of-living, housing, and social stress
- Acts as a connector between whānau and health, social, and community services

Photo - Te Awamutu Birthing Centre supporting wāhine and whānau during maternity care.

Maternity Service

Te Awamutu Birthing Centre

Te Awamutu Birthing Centre provides midwife-led maternity care for hapū māmā with low-risk pregnancies, supporting whānau from the local township and surrounding rural communities. The centre offers a local, whānau-friendly birthing option, reducing the need for travel to Hamilton for uncomplicated births.

Care is delivered by Lead Maternity Carer (LMC) midwives and includes labour and birth, short postnatal stays, and early postnatal support. The centre operates as part of the regional maternity network, with established referral pathways to Waikato Hospital for women requiring specialist or higher-acuity care.

While the service strengthens local access, whānau still experience fragmentation across maternity pathways, particularly where scans, specialist appointments, or caesarean births require travel outside Te Awamutu.

Additional service detail

- Midwife-led maternity care for low-risk pregnancies
- Supports labour, birth, and postnatal care locally
- Part of the regional maternity network with referral pathways to Waikato Hospital
- Reduces travel burden for whānau during birth and early postnatal period
- Ongoing reliance on out-of-town services for scans and specialist maternity care

Mental Health and Addiction Services

Rural South Community Mental Health and Addiction Service

Rural South Community Mental Health and Addiction Service is a Te Whatu Ora Waikato delivered secondary mental health and addiction service supporting individuals with moderate to severe mental health or addiction needs across Te Awamutu and surrounding rural communities.

Access to the service is referral-based, most commonly through general practice, hospital services, or emergency departments. The service prioritises people with higher acuity and complex presentations, providing assessment, treatment, and follow-up through a multidisciplinary clinical team.

While the service plays a critical role for whānau experiencing significant mental distress, eligibility thresholds and capacity pressures mean that some whānau with ongoing but lower-acuity needs remain managed in primary care or community settings, often while waiting for specialist input.

Additional service detail

- Secondary mental health and addiction service
- Delivered by Te Whatu Ora Waikato
- Serves Te Awamutu and wider rural South / Waipā areas
- Referral-based access with acuity thresholds
- Focus on moderate to severe mental health and addiction needs
- Capacity and eligibility settings influence wait times and transitions back to community care

Photo - Te Wharekura o Ngā Purapura o Te Aroha, Wharekura education setting supporting Māori-medium learning.

Education and Learning Support Service

Panui Me Te Tuhituhi

Panui Me Te Tuhituhi is a community-based education and learning support service supporting tamariki across Te Awamutu, Kihikihi, and surrounding areas. The service works alongside whānau to support learning needs that sit outside, or are not being adequately met within, mainstream classroom settings.

The service focuses on literacy and numeracy support, with particular experience working with tamariki who have dyslexia, ADHD, ADD, dysgraphia, and other learning differences. Teaching is delivered through one-to-one or small paired sessions, allowing support to be tailored to each learner's needs and pace.

Panui me Te Tuhituhi uses culturally grounded, strengths-based approaches that support confidence, engagement, and reconnection with learning. A high proportion of learners are Māori, and the service plays an important role in supporting wellbeing, self-esteem, and educational participation alongside academic progress.

Key points

- Community-based education and tutoring service
- Supports tamariki in Te Awamutu, Kihikihi, and surrounding areas
- Focus on literacy, numeracy, and learning differences
- One-to-one and one-to-two tutoring model
- Culturally grounded, strengths-based teaching approaches
- High proportion of Māori learners

Sources: Local provider engagement and service mapping (Te Tiratū, 2024–2025); Healthpoint service listings.

Te Horopaki o te Wāhi me te Tangata | Place & People Context

Map shows the Waipā zone and surrounding communities commonly accessing services in Te Awamutu. Boundaries are indicative.

Sources: Waikato Regional Council, Waikato Maps (Waipā zone). https://statsnz.maps.arcgis.com/apps/instant/sidebar/index.html?appid=3a406ce8fbb14367ab5caae21c07ab8b

Te Awamutu at a glance

What we're looking at	What this looks like in Te Awamutu
The community	A long-established place of gathering and connection.
Service hub role	Functions as a service hub for surrounding rural communities, including Kihikihi and Pirongia.
Township Population	**13,374 total,** including 3,606 Māori (27.0%).
Surrounding Population	**12,066 total,** including 2,775 Māori (23.0%).
Combined Population	**25,440 total,** including 6,381 Māori (25.1%).
Māori population distribution	Māori live across all neighbourhoods, with higher proportions in Sherwin, Pekerau, Goodfellow, Tokanui (54.4%), and Kihikihi Central (36.9%).
Iwi Connections	Ngāti Maniapoto (Te Nehenehenui) and Raukawa hold strong whakapapa connections to Te Awamutu, with relationships to whenua, marae, and whānau continuing to shape hauora and service aspirations across the locality.
What this means for planning	The distribution of the population across township and rural areas informs decisions about service location, outreach and mobile models, transport support, and workforce planning.
Service pressure context	The combined service catchment places sustained demand on services, alongside residential development, workforce constraints, and transport barriers for rural whānau.

Sources: Stats NZ Census 2023; Whaitua population tool.

A service hub for a wide rural catchment

Te Awamutu supports whānau travelling in for health care, education, social services, employment, and community support. This inward movement concentrates demand on local services and contributes to ongoing pressure on workforce capacity and access pathways.

For rural whānau, distance, transport availability, cost, and time affect when and how care is accessed. Longer travel times, limited public transport, and rising fuel costs can delay care and make follow-up more difficult.

Sources: Te Manatū Hauora. Rural Health Strategy. 2023.

Photo - View across Kakepuku Maunga within the wider rohe.

Policy and System Context

National and regional health strategies shape how services are designed and delivered in Te Awamutu, but local realities often determine how well those services work for whānau.

The Pae Ora (Healthy Futures) Act 2022 established Te Whatu Ora and Iwi Māori Partnership Boards, including Te Tiratū, to strengthen Māori leadership, equity, and accountability within the health system. The regional priorities for Te Tiratū align closely with issues raised locally, including access to primary care, screening equity, maternal and child health, mental health, and long-term conditions.

The role of Te Awamutu as a rural service hub also brings it within the scope of the Rural Health Strategy, which recognises the additional barriers faced by rural communities, including distance, workforce shortages, and limited local service options.

These settings provide important context for understanding why pressure continues to build locally, even where services are present and engagement remains high.

Sources: Pae Ora (Healthy Futures) Act 2022; Te Tiratū IMPB regional priorities; Rural Health Strategy.

Data considerations

Access to detailed town-level data has been limited in some areas. Where this has occurred, alternative data sources and qualitative insight have been used to support analysis. The report does not attempt to model prevalence, funding, or workforce need. Its purpose is to support shared understanding and inform future planning and advocacy. These limitations reflect broader challenges in accessing consistent town-level data and reinforce the importance of lived experience in informing local analysis.

Sources: Smith (1996); Walker, Eketone & Gibbs (2006).

Population Overview

Māori whānau are present across both the Te Awamutu township and surrounding rural communities, making up approximately one quarter of the total population across the wider service catchment.

	Town/Area	Total Population	Maori Population	
Te Awamutu	North	1185	258	(21.8%)
	Pekerau	3084	864	(28%)
	Sherwin	2130	654	(30.7%)
	Fraser	1506	369	(24.5%)
	Central	384	63	(16.4%)
	Stadium	1815	462	(25.5%)
	Goodfellow	1788	516	(28.9%)
	West	1482	420	(28.3%)
	Subtotal	**13,374**	**3,606**	**(27.0%)**
Surrounding Areas	St Ledgers	624	96	(15.4%)
	Kihikihi Central	2829	1044	(36.9%)
	Rotoorangi	1770	318	(18%)
	Tokanui	441	240	(54.4%)
	Pokuru	1527	291	(19.1%)
	Pirongia	1281	213	(16.6%)
	Te Pahu	1461	237	(16.2%)
	Lake Ngaroto	1278	192	(15%)
	Te Rahu	855	144	(16.8%)
	Subtotal	**12,066**	**2,775**	**(23%)**
	Total Population	**25,440**	**6,381**	**(25.1%)**

Sources: Whaitua population tool (Census 2023 data). Link

Te Awamutu and its surrounding communities have a combined population of approximately 25,440 people, with 6,381 Māori making up 25.1% of the catchment. Within the township, Māori account for 27.0% of the population and are present across all neighbourhoods, with higher proportions in Sherwin, Pekerau, and Goodfellow.

In surrounding rural and semi-rural communities, Māori make up 23.0% of the population overall, with notably higher concentrations in Tokanui (54.4%) and Kihikihi Central (36.9%).

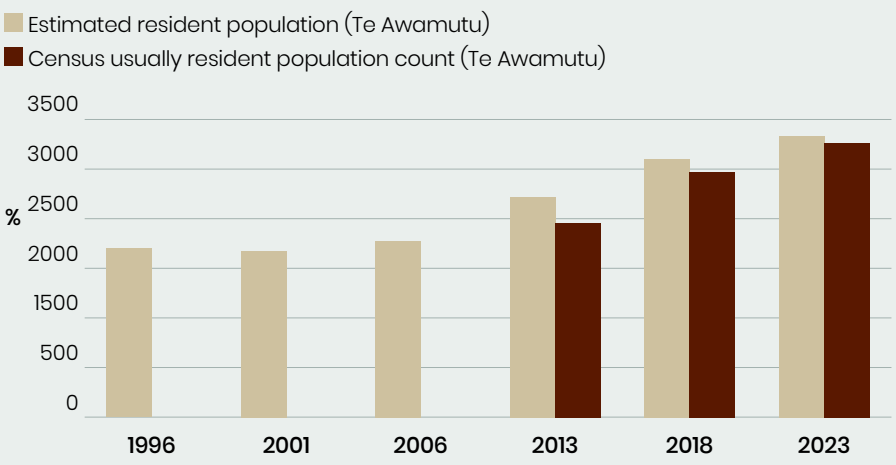


Fig 1: Māori ethnic group population of Te Awamutu, 1996–2023

Sources: Stats NZ. Places – Te Awamutu, Census 2023.

As shown above, the Māori population of Te Awamutu has increased steadily over time. This growth reinforces the town's role as a service hub and highlights the need for hauora planning that reflects how whānau access care across the wider area.

Local Realities Shaping Hauora

The role of Te Awamutu as a service hub brings both strengths and pressures that shape how whānau experience access to care.

Key Strengths

- Māori presence across township and rural communities
- Kaupapa Māori and community-led services are embedded locally
- Trusted relationships between providers and whānau
- Central location supporting a wide rural catchment
- Growing collaboration across health, education, and social services

Key Pressures

- Service demand extending beyond the township population
- Workforce capacity constraints across health, education, and social sectors
- Transport and distance barriers for rural whānau cost pressures influencing when and how whānau seek care
- Increasing mental health and wellbeing needs, particularly for rangatahi

Together, these strengths and pressures shape how whānau engage with services and where barriers to access continue to emerge.

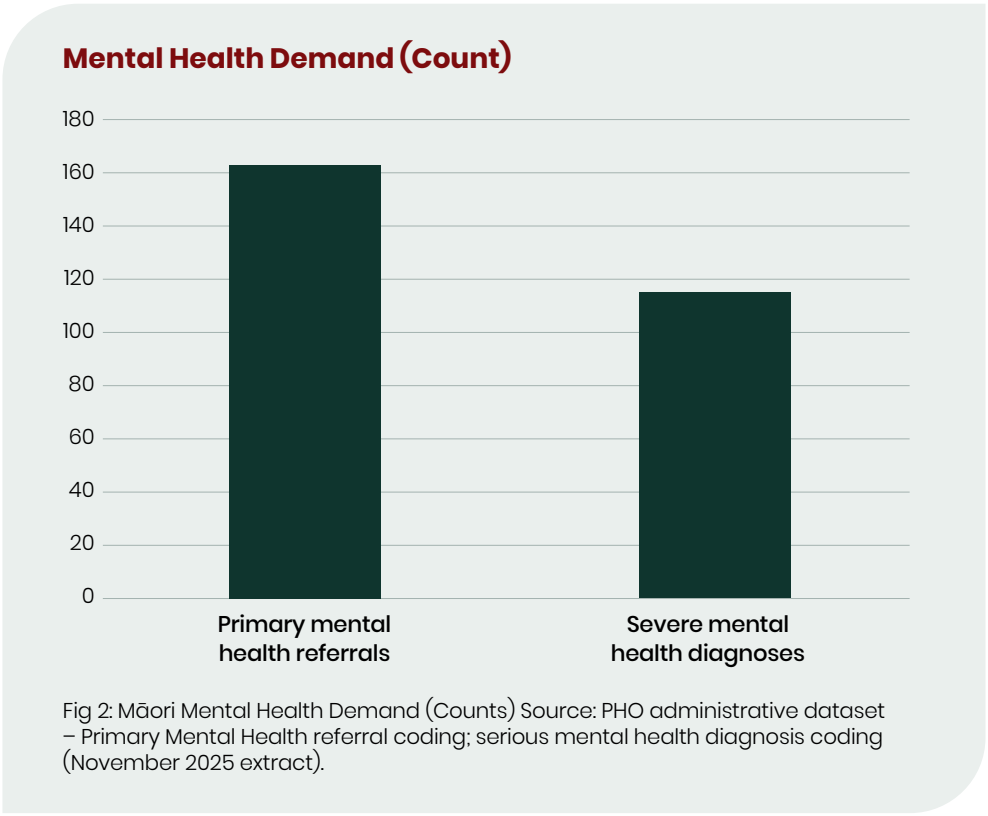


Fig 2: Māori Mental Health Demand (Counts) Source: PHO administrative dataset – Primary Mental Health referral coding; serious mental health diagnosis coding (November 2025 extract).

A Place of Connection and Responsibility

Te Awamutu is both a home and a hub. While proximity to Hamilton provides additional options for some whānau, it does not remove the need for strong, accessible, and culturally safe services locally. Hauora in Te Awamutu is shaped by how easily whānau can move between places, whether transport is affordable and available, and how well systems respond to the realities of whānau lives.

Taupori me ngā Āhuatanga o te Noho - Population & Deprivation Snapshot

Te Awamutu is a growing service centre with a mixed urban and rural population, supporting both township residents and whānau travelling in from surrounding communities. Residential development has increased demand on local services, while community infrastructure and workforce capacity have not kept pace. This has placed sustained pressure across health, education, housing, transport, and social services.

Five-year age groups for Te Awamutu Māori ethnic group

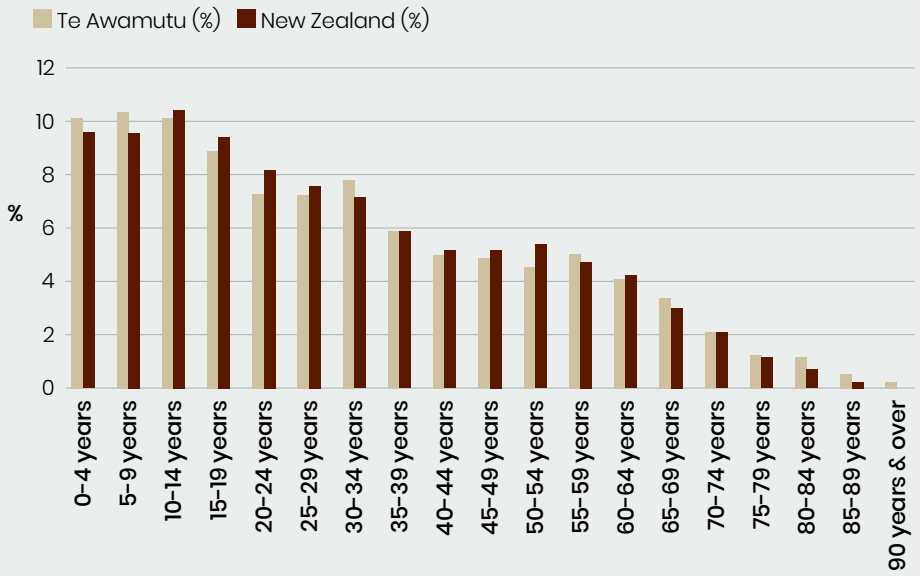
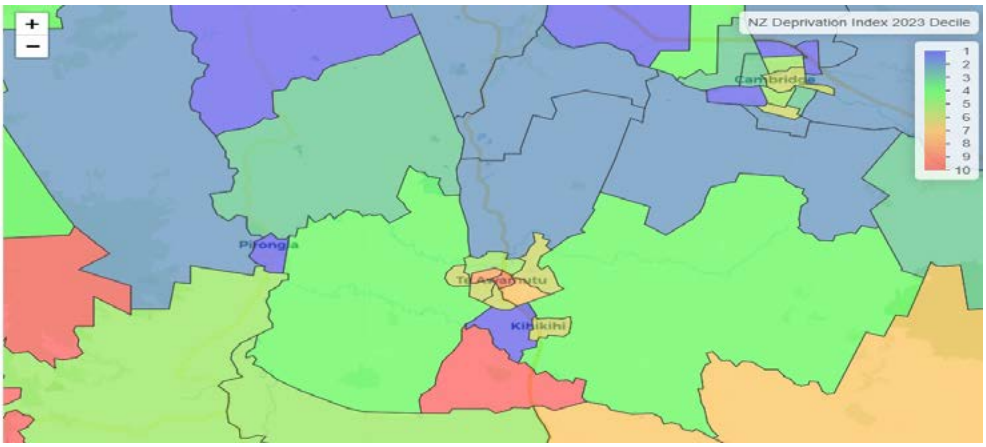


Fig 3. Percentage of Māori ethnic group population by five-year age group, Te Awamutu and New Zealand, 2023 Census

Sources: Stats NZ. Places – Te Awamutu, Census 2023.

Māori make up approximately one quarter of the wider Te Awamutu service catchment and live across all neighbourhoods and surrounding rural areas. The Māori population is comparatively younger, shaping demand across life stages, particularly for tamariki, rangatahi, maternity, and whānau support services. As a service hub, Te Awamutu supports a population well beyond its township boundary, with varying levels of deprivation across neighbourhoods and surrounding communities.

Further detail on these patterns is outlined in the NZ Deprivation Snapshot below.



Sources: Whaitua deprivation tool (Census 2023 data). Link

Deprivation is not evenly distributed across Te Awamutu or the wider service catchment. While some areas experience relative stability, there are clear pockets of higher deprivation within specific neighbourhoods and surrounding rural communities. These areas are more likely to experience overlapping pressures related to housing, income, transport, and access to services.

As Te Awamutu continues to grow as a service centre, these patterns are significant. Deprivation shapes everyday decision-making for whānau, including when care is accessed, whether appointments are attended, and how easily support can be sustained over time. These pressures tend to accumulate rather than present as acute crises, contributing to delayed care and increased service demand.

Areas of higher deprivation frequently overlap with older housing stock, higher rental occupancy, and greater reliance on local services. These patterns align with whānau and provider feedback describing cost pressures, transport barriers, and difficulty accessing care early.

Sources: Ministry of Health. Achieving Equity in Health Outcomes, 2020.

Cost of Living and Employment Snapshot

Cost of living and employment conditions strongly influence how whānau in Te Awamutu manage everyday wellbeing and access care. While many households are engaged in work, income levels, housing costs, transport needs, and rising living expenses mean financial pressure is a common part of daily life for some whānau, particularly those in rental accommodation, single-income households, and rural whānau travelling into town.

Employment reflects the role of Te Awamutu as a service and rural hub, with Māori working across primary industries, manufacturing, construction, healthcare, education, and service sectors. Census data shows employment patterns broadly similar to national trends, with just over half of Māori employed full-time. While employment levels are relatively stable, many roles are physically demanding, shift-based, seasonal, or combined with caregiving responsibilities, limiting flexibility to attend appointments or follow-up care.

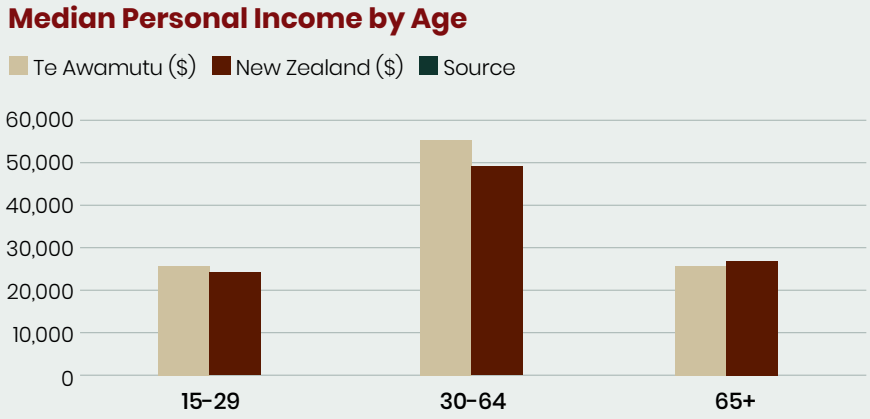


Fig 4. Median Personal Income by Age (Māori, 2023 Census) -Te Awamutu vs New Zealand

Sources: Stats NZ. Places – Te Awamutu, Census 2023.

Rising costs, including rent, fuel, food, and health-related expenses, shape everyday decisions about attending appointments, filling prescriptions, and engaging in preventive care. Over time, this contributes to delayed care and increased pressure on health and community services.

Sources: Ministry of Health. Achieving Equity in Health Outcomes. 2020

Key Indicators

Indicator	What this looks like in Te Awamutu	Why this matters for hauora
Employment participation	Strong workforce participation across working-age Māori (25–54 years), peaking at around 76% for ages 45–54. Lower participation among rangatahi (15–24) and kaumātua (65+).	Employment supports income and stability, but does not on its own protect against cost-of-living pressure or access barriers.
Key employment sectors	Māori employment is concentrated in agriculture, manufacturing, construction, healthcare, education, and service industries.	These sectors are essential but often lower-paid, physically demanding, or seasonal, increasing vulnerability to financial stress and health impacts.
Median personal income	Median personal income is approximately $40,600 with Māori incomes locally generally lower than national averages.	Lower incomes reduce flexibility for healthcare costs, transport, healthy kai, and housing, contributing to delayed care and unmet need.
Low-income households	Nationally, 43.3% of Māori households earn under $100,000. Local patterns suggest similar or higher proportions in Te Awamutu.	Constrained household income compounds pressure across housing, food, and health, affecting follow-up care and long-term condition management.
Cost pressures relative to income	Rising housing, rent, fuel, and food costs are not matched by equivalent local wage growth.	Cost pressure shapes everyday decisions about appointments, medication use, and prevention, not just crisis response
Employment stability	Many roles involve physical labour, shift work, caregiving responsibilities, or rural travel, with limited flexibility for some whānau.	Income instability and inflexible work patterns increase stress and make accessing care more difficult.

Sources: Stats NZ. Places – Te Awamutu, Census 2023; Ministry of Health. Achieving Equity in Health Outcomes, 2020.

Housing Snapshot

Housing is a key determinant of hauora in Te Awamutu. A high proportion of older housing stock and significant reliance on rental accommodation create ongoing pressure related to affordability, housing quality, and stability. These pressures shape everyday wellbeing and influence how whānau engage with health and social services over time.

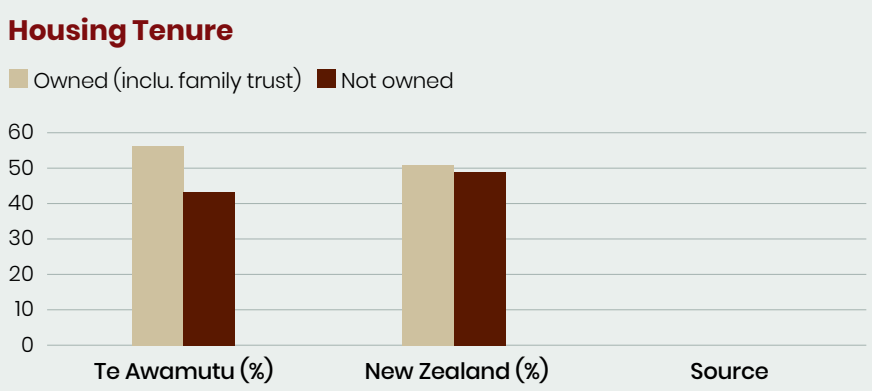


Fig 5. Housing Tenure (Māori, 2023)

Sources: Stats NZ. Places – Te Awamutu, Census 2023.

House prices and rents are high relative to local incomes, placing financial strain on many whānau, particularly those renting or supporting tamariki and extended whānau. Kāinga Ora housing is present locally, but limited supply, especially of larger homes, continues to place pressure on whānau with tamariki and multigenerational households.

Housing quality also remains an issue. Many homes were built prior to 1960, with some dating back to the late 1800s. Older housing is more likely to be cold, damp, and poorly insulated, increasing the risk of respiratory illness and avoidable health service use.

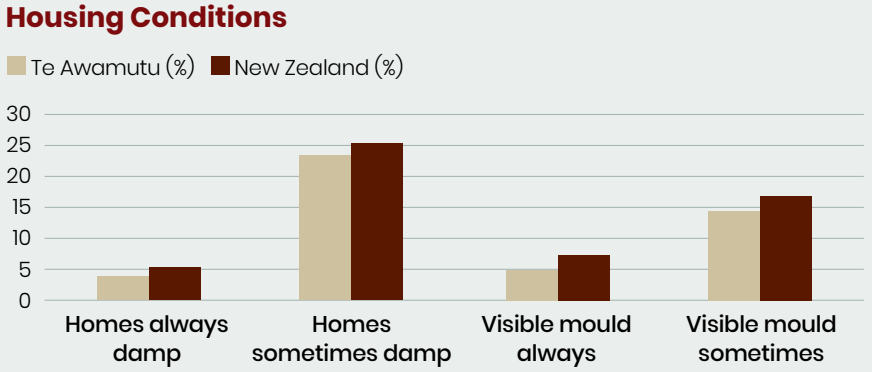


Fig 6. Housing Conditions (Māori, 2023)

Sources: Stats NZ. Places – Te Awamutu, Census 2023.

Key Indicators

Indicator	What we know	Why it matters for hauora
Rental reliance	43.4% of households with at least one Māori ethnic group member lived in non-owned housing in 2023 (down from 49.7% in 2018).	Rental households are more exposed to housing instability, rent increases, and poorer housing conditions, which disrupt continuity of care and wellbeing.
Home ownership	Māori household home ownership increased from 43.2% (2018) to 51.4% (2023), but remains lower than that of non-Māori households.	Lower ownership limits housing security and long-term stability, particularly for whānau managing long-term conditions.
Housing affordability pressure	Median rent is approximately $600 per week; median house price is approximately $710,000. Māori median personal income is around $40,600 per year.	High housing costs relative to local incomes increase financial stress and reduce capacity to prioritise health care, kai, and transport
Housing stock age	A large proportion of homes were built pre-1960, with some dating back to the late 1800s	Older homes are more likely to be cold, damp, and poorly insulated, contributing to respiratory illness and avoidable health service use
Social housing capacity	250 Kāinga Ora homes across the Waipā District, with a significant share located in Te Awamutu	Limited supply, particularly of larger homes, increases pressure on whānau with tamariki and multigenerational households
Household suitability	Very limited availability of 4+ bedroom social housing (20 homes district-wide)	Contributes to overcrowding and instability for larger Māori whānau

Sources: Stats NZ Census 2018; MBIE Housing Affordability Measures (2023); Tenancy Services Rental Bond Data (2023); CoreLogic House Price Index (2023); Kāinga Ora Public Housing Quarterly Report (2023).

Hauora Across the Life Course

Life Stage	Hauora Patterns Observed	What This Tells Us
Tamariki (0–5 years)	Variable immunisation coverage; higher rates of potentially avoidable hospitalisations	Early prevention and continuity of care are not consistently reaching all whānau
Rangatahi	Increasing mental health distress and behavioural needs	Demand is growing faster than available early support
Working-age adults	Long-term conditions and delayed engagement with care	Access barriers and competing pressures affect timely care
Kaumātua	Higher burden of chronic conditions; reliance on accessible primary care	Continuity, transport, and coordinated support are critical

Sources: Te Tiratū IMPB provider interviews and community engagement (2025–2026); Pinnacle Midlands Health Network data; Whaitua and population health indicators; analysis by report authors.

Photo - Ngāti Koroki Kahukura Hauora Day, Te Tiratū kaimahi engaging with whānau at the Ngāti Koroki Kahukura Hauora Day.

Key System Indicators: Hauora Pressures and Access Patterns

System Indicator	What the Data Shows for Māori in Te Awamutu	What This Signals
Primary care connection	5,747 Māori are enrolled in primary care across Te Awamutu and surrounding communities, with enrolment spanning all age groups	Formal connection to primary care is strong across the life course; access challenges are more likely related to capacity, timeliness, and continuity rather than enrolment
Childhood immunisation coverage	73% of enrolled Māori tamariki are fully immunised at 8 months, 78% at 24 months, and 64.7% at 5 years	Early prevention is occurring but drops off over time, indicating challenges with follow-up, access, and continuity
Potentially avoidable hospitalisations (under 5s)	Māori tamariki experience higher and more variable rates of potentially avoidable hospitalisation across Te Awamutu and surrounding communities (up to ~50% in some areas)	Gaps in early primary care access and preventive support contribute to avoidable escalation
Mental health service demand	163 Māori were referred to primary mental health services in the past 12 months, with the highest volume among rangatahi and working-age adults	Demand for early mental health support is increasing, placing pressure on primary care and referral pathways
Cost and access barriers	78% of surveyed whānau reported cost as a barrier; 94% reported long GP wait times; 50% reported lack of after-hours care	Structural barriers, rather than willingness to engage, shape when and how whānau access care

Sources: PHO enrolment and service data; Whaitua health indicators (Census-based); Te Tiratū whānau voice survey (2025).

Ngā Kitenga Matua | Integrated Hauora Findings

Finding 1: Barriers to timely access and continuity of care

What we are seeing

Most Māori whānau in Te Awamutu are formally enrolled with primary care services, with enrolment spanning all age groups and indicating a strong foundation of connection to the health system. However, enrolment does not consistently translate into timely or practical access to care. Long wait times for appointments, limited same-day availability, and reliance on walk-in services continue to shape when and how whānau are able to engage with care.

Whānau survey data reinforces these patterns, with respondents identifying wait times, cost, and limited appointment availability as key barriers to accessing care when needed. Cost and transport further compound these challenges, particularly for whānau requiring repeated visits, specialist care, or services outside the township. Population growth, demand extending beyond the township, and workforce constraints across primary care intensify these pressures.

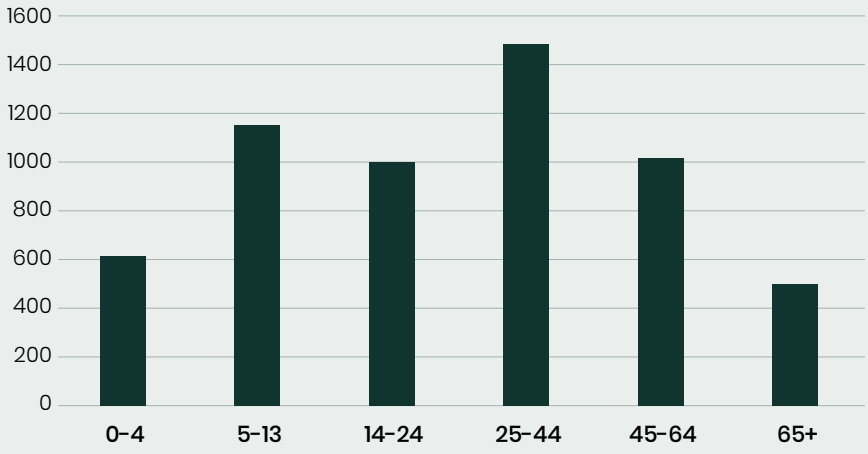


Fig 7. Māori Enrolled Population by Age Cohort (Te Awamutu PHO)

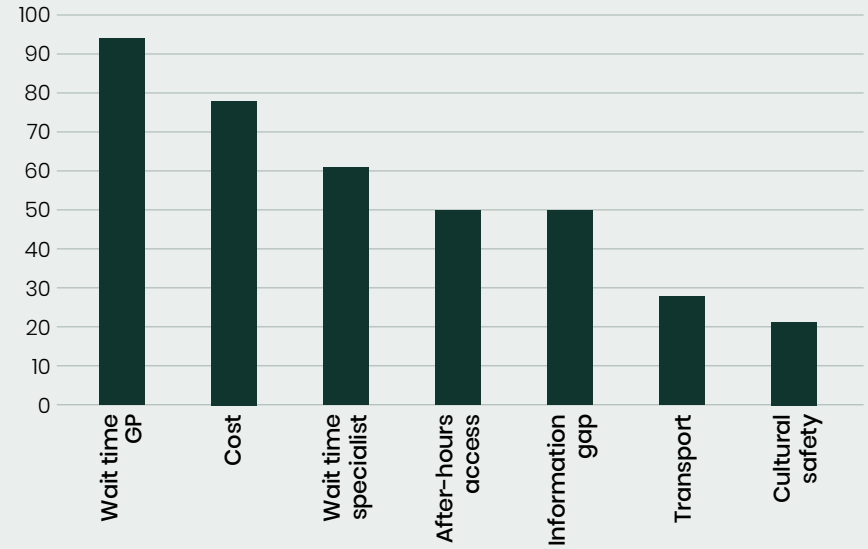


Fig 8. Access Barriers Reported by Whānau (%)

What this looks like for whānau

Whānau describe difficulty accessing care when it is needed, with delays contributing to worsening health concerns.

> **"It's hard to get appointments when you actually need them." "You wait so long that by the time you get seen, it's worse."**

Cost and travel pressures further influence whether and when whānau seek care:

> **"The cost adds up, especially when you have to keep going back." "I have to travel, and it's not always easy to get there."**

These experiences reflect structural barriers to access rather than a lack of willingness to engage with services.

What providers are telling us

Providers describe sustained pressure on appointment availability and workforce capacity, limiting their ability to respond flexibly to urgent need. They note that cost sensitivity and transport challenges affect attendance and follow-up, particularly for whānau managing multiple health needs. Providers emphasise that access issues are driven by system capacity and service configuration, not disengagement by whānau.

> **"Community and nursing roles focus on helping whānau through, not just clinical tasks. Whānau often have to pay for medication; with this there are cost barriers that add to the pressure of already unwell individuals."**

Providers also highlight the absence of clear navigation support and the limitations of a system that prioritises prescribing over broader support:

> **"There is no clear navigation support for whānau; the system has a reliance on prescribing rather than broader support."**

Why this matters

When access to care is delayed, costly, or difficult to reach, continuity is disrupted and health needs escalate. This places additional pressure on whānau and contributes to avoidable use of acute services. Improving timely, affordable, and accessible primary care including addressing cost, transport, and navigation barriers are foundational to strengthening hauora outcomes for Māori whānau in Te Awamutu.

Finding 2: Chronic health needs are escalating due to late and fragmented care

What we are seeing

Chronic health conditions remain a major driver of hauora inequity for Māori whānau in Te Awamutu and surrounding communities. PHO data and provider insight indicate a substantial burden of long-term conditions among adults and kaumātua, including diabetes, cardiovascular disease, gout, asthma, musculoskeletal conditions, and ongoing mental health needs.

While many of these conditions are preventable or manageable through consistent primary care, providers report that whānau often present later in the course of illness, once conditions have progressed or complications have developed. Cost pressures, transport barriers, and difficulty navigating referral, screening, and follow-up pathways contribute to delayed engagement and fragmented care. These patterns reflect cumulative system pressures rather than individual behaviour.

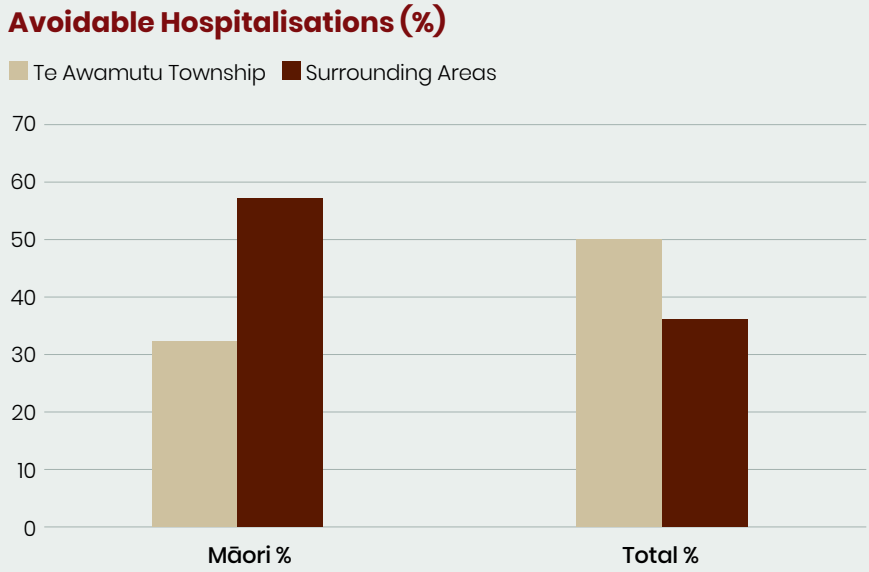


Fig 9. Potentially Avoidable Hospitalisations (%) Source: HQSC Whaitua Tool – Potentially Avoidable Hospitalisations (Census 2023 geography; Māori prioritised ethnicity).

What this looks like for whānau

Whānau describe long and difficult journeys managing chronic illness, often marked by late intervention, escalating health needs, and significant personal and financial cost.

> **"I had type 2 diabetes for years and I struggled to keep it under control... It wasn't until I got really bad and they said without a kidney transplant, I would die. I was only 55 when they told me this."**

The burden of managing advanced illness is compounded by travel, time, and cost:

> **"The travel and time spent up at the renal unit took a big toll on me... I wasn't able to work as much and needed help with travel cost, it was bloody expensive."**

Other whānau describe the ongoing stress of living with chronic conditions:

> **"Chronic conditions – mum has a heart condition and can cause worry... Side effects of medications, everything revolving around medication times."**

These experiences show sustained engagement by whānau alongside the heavy load required to manage chronic health needs within a pressured system.

What providers are telling us

Providers describe chronic health needs as increasingly complex, with many whānau managing multiple overlapping conditions alongside financial stress and mental distress. Late presentation is common, limiting opportunities for early intervention and prevention. Time-limited appointments, high demand, and workforce shortages mean care is often reactive rather than planned.

> **"Māori clients that I see will often have, in addition to any mental health concerns, physical health complaints, which are often chronic health conditions such as diabetes. Māori clients will also often be experiencing difficulties with money and finances, which often is part of the pressure that is impacting on their mental health." "Earlier intervention is needed, not constant rejection just because whānau don't fit."**

Why this matters

When chronic conditions are managed late or inconsistently, preventable complications increase. The cumulative impacts; financial strain, travel burden, reduced ability to work, and emotional stress deepen inequities over time. Strengthening early intervention, continuity of care, and wraparound support is critical to improving long-term hauora outcomes and reducing avoidable escalation.

Māori Long Term Condition Count

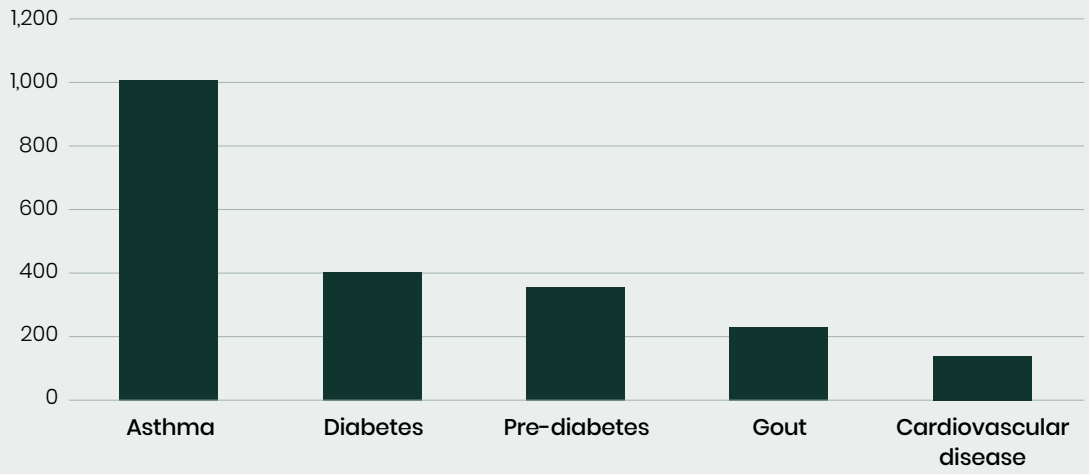


Fig 10. Māori Long-Term Condition Burden (Counts) PHO 2025

Finding 3: Workforce pressures are limiting capacity and continuity

What we are seeing

Providers across Te Awamutu consistently describe workforce shortages and retention challenges that limit service capacity and continuity of care. Shortages across doctors, nurses, midwives, youth workers, and kaupapa Māori practitioners place sustained pressure on services already responding to high and complex demand.

Māori workforce representation remains limited, despite clear evidence that culturally aligned care strengthens engagement and trust. Māori clinicians and kaimahi are frequently relied on to provide additional navigation, advocacy, and whānau support alongside their formal roles, increasing workload and emotional labour.

What this looks like for whānau

Whānau experiences of care are closely shaped by who is available and how stretched services are. Whānau consistently report feeling safer, more understood, and more willing to engage when supported by Māori clinicians or kaupapa Māori services. Where workforce capacity is limited, access is delayed and continuity is disrupted.

What providers are telling us

Providers describe heavy caseloads, long hours, and the emotional weight of supporting whānau through complex situations with limited resources.

> **"It is important to have Māori representation within community nursing roles. Māori whānau respond positively when care is provided by someone who understands their cultural context, lived realities, and communication styles."**
>
> **"Māori nurses often play a key role in supporting whānau through complex systems, recognising that baselines are different for everyone."**

Recruitment and retention remain ongoing challenges:

"Ongoing difficulty recruiting Māori kaimahi due to limited applicants. A lot of kaimahi are moving overseas."

"We do what we can with what we have."

Why this matters

Workforce constraints directly shape access, continuity, and relational care. Māori clinicians and community-based kaimahi are central to engagement and navigation, yet often carry additional workload to compensate for system gaps. Without a stable, adequately resourced, and culturally representative workforce, inequities persist and pressure continues to shift onto whānau and frontline staff.

Photo - Te Awamutu Gumboot Gala, Te Tiratū Kaimahi with Georgina Christie and local whanau

Finding 4: Cultural safety and trust shape whether whānau engage

What we are seeing

Cultural safety and trust consistently influence whether whānau feel able and willing to engage with health and wellbeing services. Engagement is strongest where care is relational, culturally grounded, and responsive to whānau realities. Where cultural safety is absent or inconsistent, whānau are more likely to delay care or disengage.

Kaupapa Māori models including marae-based initiatives, rongoā Māori, Māori-led nursing, and iwi-connected services act as protective factors, particularly for whānau who have experienced harm within mainstream systems.

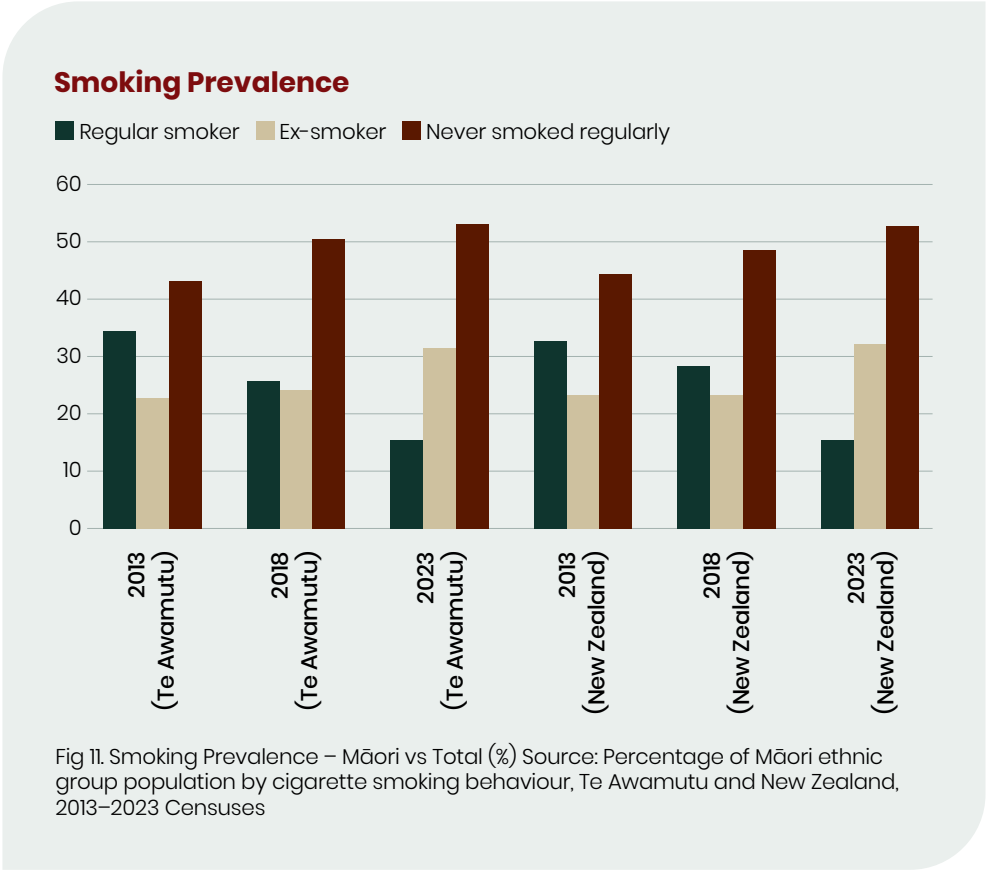


Fig 11. Smoking Prevalence – Māori vs Total (%) Source: Percentage of Māori ethnic group population by cigarette smoking behaviour, Te Awamutu and New Zealand, 2013–2023 Censuses

What this looks like for whānau

Whānau describe avoiding mainstream services when they feel rushed, misunderstood, or culturally unsafe, and instead turning to kaupapa Māori spaces or natural remedies.

> **"I don't go very often. I try to avoid it, I would rather use natural remedies." "They refused to see me when I was unwell... I need to make another appointment and it's going to be a month before I get in."**

These experiences highlight how trust, once damaged, can have long-lasting impacts on engagement.

What providers are telling us

Providers describe Māori approaches to care as holistic and relational, grounded in whakapapa, wairua, and whānau context.

> **"Māori have a different approach to care — one that is holistic and grounded in manaakitanga."**
>
> **"Primary connection with Mangatoatoa Pā for community outreach and Māori engagement. We work with Mangatoatoa Pā — strong connection there."**

However, cultural safety is not consistently embedded across mainstream services and often relies on individual commitment rather than system accountability.

Why this matters

Cultural safety and trust directly influence early and sustained engagement. Kaupapa Māori services play a critical protective role but are often relied on to absorb pressure created elsewhere. Embedding cultural safety across all services, alongside strengthening Māori-led models, is essential for equitable hauora outcomes.

Finding 5: Fragmented funding limits collaboration and local solutions

What we are seeing

Across Te Awamutu, providers consistently describe funding and commissioning arrangements that limit collaboration, continuity, and responsiveness to whānau need. Short-term contracts, narrow eligibility criteria, and capped funding streams restrict workforce development, reduce service stability, and prevent services from expanding their reach, even where demand and outcomes are strong.

Collaboration exists but is often dependent on informal relationships rather than supported through aligned funding or formal pathways, resulting in services operating in parallel rather than as a coordinated system.

What this looks like for whānau

Whānau describe navigating multiple services without consistent coordination.

> **"GP, Hospital, Māori Health Provider, Counsellor, Mental Health... my son has been through numerous specialists and he is still struggling."**

Others identify clear gaps in local service availability:

> **"Residential Rehabilitation Support for Alcohol & Drugs, this is something our community desperately needs."**

What providers are telling us

Providers describe collaboration as valued but constrained by funding and commissioning structures.

> **"Health integration remains mostly policy on paper — not practical on the ground." "Short-term funding and missed contracts limit our ability to sustain and expand delivery, even though demand continues to grow."**
>
> **"ACC service units are capped per injury, limiting the number of sessions available, particularly for clients with complex or long-standing injuries."**

Despite these constraints, collaboration continues through shared commitment rather than system design.

> **"Collaboration driven by shared interest and local relationships, rather than purely contractual arrangements."**

Why this matters

Fragmented funding weakens the system's ability to respond to the scale and complexity of whānau need. When services are not aligned or resourced for continuity, pressure is shifted onto kaupapa Māori providers, frontline staff, and whānau. Aligning funding with local realities and strengthening collaborative pathways are critical to improving continuity, equity, and hauora outcomes for Māori whānau in Te Awamutu.

Ngā Tūtohunga | Recommendations

The following recommendations are informed by an integrated analysis of quantitative data, whānau voice, and provider insight. Together, they focus on strengthening access, continuity, and equity within the Te Awamutu hauora system by addressing cumulative pressures rather than isolated issues.

1. Improve timely access to primary care

- Improve same-day and urgent access pathways within primary care, particularly for whānau managing acute needs or multiple conditions.
- Reduce cost barriers to care through targeted fee relief, medication support, and funding models that recognise repeat visits and follow-up needs.
- Strengthen transport solutions, including health shuttles, outreach clinics, and flexible appointment models for whānau travelling from surrounding communities.
- Embed navigation support within primary care and community services to assist whānau in understanding pathways, appointments, and follow-up requirements.

2. Reduce cost as a barrier to care

- Treat cost as a system-level access issue rather than an individual affordability problem.
- Expand low or no-cost primary care and prescribing for Māori whānau.
- Reduce out-of-pocket costs associated with repeat visits and long-term condition management.
- Improve coordination between prescribers and pharmacies to reduce partial or unfilled prescriptions.
- Strengthen communication across providers about subsidies, eligibility, and cost support.

3. Embed transport into access planning

- Recognise transport as a core component of access, particularly for rural whānau and those requiring frequent or specialist care.
- Integrate transport support into appointment booking and referral pathways.
- Increase availability of community health shuttles and travel assistance for high users of services.
- Coordinate appointment scheduling to reduce repeat or unnecessary travel.
- Use outreach or mobile services where appropriate to bring care closer to whānau.

4. Strengthen Māori health workforce capacity

- Invest in recruitment and retention strategies for health professionals across primary, community, and kaupapa Māori services.
- Prioritise Māori workforce development across nursing, midwifery, and community health roles.
- Support locally based training, placement, and mentoring pathways to grow the workforce over time.
- Recognise and resource the navigation, advocacy, and relational work carried by Māori clinicians and kaimahi.
- Address workload, burnout, and retention through sustainable funding and workforce support.

5. Shift investment toward prevention of long-term conditions

- Shift funding and service models upstream toward prevention and early intervention.
- Resource primary care and nursing teams to actively follow up whānau with early risk indicators.
- Strengthen coordination for whānau living with multiple long-term conditions.
- Support carers and whānau managing complex or escalating health needs.
- Reduce avoidable escalation through consistent monitoring, follow-up, and continuity of care.

6. Improve continuity across maternal health pathways

- Strengthen coordination between Te Awamutu maternity services and regional providers.
- Reduce fragmentation and travel burden for Māori māmā through locally accessible services.
- Improve access to scans and follow-up closer to home.
- Expand midwifery clinical capability, including emergency ultrasound, vaccinations, and contraceptive provision beyond six weeks.
- Recognise transport and cost pressures within maternity care funding and service models.

7. Strengthen local mental health pathways and transitions

- Strengthen local mental health pathways to reduce crisis-driven engagement.
- Provide clear, culturally safe guidance on how and where to access support across different levels of need.
- Increase investment in community-based and kaupapa Māori mental health services.
- Improve transition and follow-up after acute or specialist mental health care.
- Reduce reliance on GP-only mental health responses by strengthening multidisciplinary pathways.
- Embed support for whānau caring for those with enduring mental health needs.

8. Support sustained childhood immunisation engagement

- Support immunisation engagement beyond infancy to maintain continuity through early childhood.
- Strengthen outreach and follow-up as tamariki age.
- Deliver immunisation in settings whānau trust, including community and kaupapa Māori spaces.
- Support midwives and other providers to vaccinate beyond the six-week period.
- Use consistent providers and relationship-based recall processes to maintain confidence and coverage.

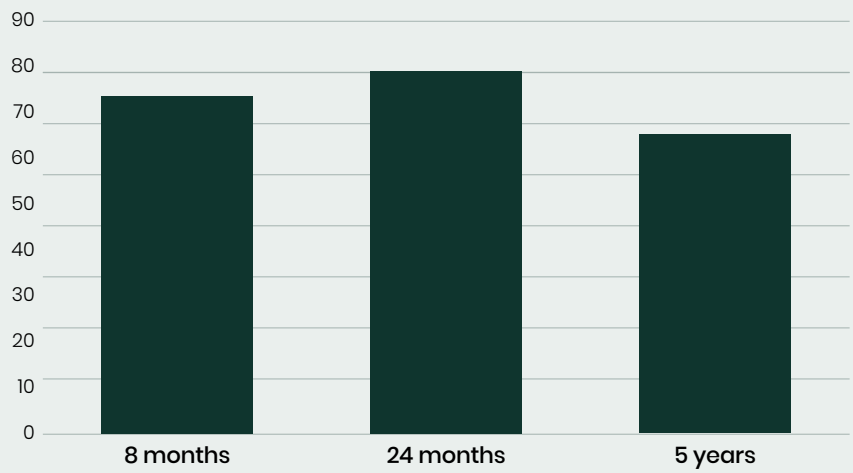


Fig 12. Immunisation Coverage Milestones – Māori Tamariki (%) Source: Aotearoa Immunisation Register (AIR) via PHO dataset 2025

9. Recognise health literacy and system navigation as access issues

- Recognise health literacy and navigation as core access issues rather than individual capability gaps.
- Embed whānau navigation roles within primary and community services.
- Provide plain-language information on referrals, medications, entitlements, and system processes.
- Support appointment preparation and follow-up to reduce confusion and disengagement.
- Deliver free and accessible wānanga for whānau living with high-risk or diagnosed conditions.

10. Improve cross-sector integration for tamariki and rangatahi

- Strengthen coordination across health, education, and social services.
- Improve shared planning for tamariki and rangatahi with complex or escalating needs.
- Support earlier identification and intervention before disengagement or a crisis occurs.
- Strengthen relationships between schools, health services, and community providers.
- Reduce fragmentation that results in young people falling through system gaps.

Ngā Raraunga Tautoko | Supporting Data

This section presents the key quantitative data that underpins the Integrated Hauora Findings for Te Awamutu. The data is included to strengthen transparency and credibility, and to demonstrate that the patterns described by whānau and providers reflect systemic pressures rather than isolated experiences.

The data should be read alongside the Findings section. It does not stand alone. Instead, it supports and validates the qualitative insights presented throughout the report. Where town-level data is limited, enrolment-based or proxy data has been used and is noted accordingly. This reflects known constraints in local data availability while still enabling meaningful analysis of access, continuity, and equity.

What the data shows overall

Across the available indicators, the data consistently point to:

- High formal connection to primary care, alongside ongoing difficulty accessing timely appointments
- Cost and transport are acting as compounding barriers to care rather than standalone issues
- A high burden of chronic health conditions, with evidence of late presentation and missed opportunities for early intervention
- Workforce capacity constraints affecting availability, continuity, and cultural safety
- Gaps in service availability and coordination, particularly for kaupapa Māori, mental health, and intensive support services

These patterns directly support the five Integrated Hauora Findings and inform the recommendations that follow.

Limitations and interpretation

The data presented reflects a mix of:

- Whānau survey responses
- Primary care and PHO-derived indicators
- Service-level and provider-reported data

Not all indicators are available at a town-specific level. In these cases, enrolment-based data, service catchment data, or regional proxies have been used. These limitations are consistent across rural and semi-rural reporting contexts and are explicitly acknowledged to ensure appropriate interpretation.

Photo - Ngāti Maniapoto Hui-ā-Tau 2025, Te Tiratū kaimahi engaging with local whānau during Ngāti Maniapoto Hui-ā-Tau 2025.

Ngā Ripanga Raraunga | Data Tables

The following tables present the quantitative data referenced throughout this report. The tables are provided to enable detailed review and support accountability, while interpretation of the data is integrated within the Findings and Supporting Data sections.

Each table is grouped thematically and aligned to the relevant Findings to support clarity and ease of use.

Table 1: Primary Care Enrolment and Access Indicators

Indicator	Māori
Enrolled population (Māori, all ages)	**5,747**
Māori aged 0–4 years	616
Māori aged 5–13 years	1,148
Māori aged 14–24 years	999
Māori aged 25–44 years	1,480
Māori aged 45–64 years	1,011
Māori aged 65+ years	493

Sources: Pinnacle PHO enrolment data.

Table 2: Cost and Transport Barriers to Care

Indicator	Whānau Reporting (n)	% of Whānau (n=18)
Wait time for GP appointments	17	94%
Wait time for specialist appointments	11	61%
Lack of after-hours appointments	9	50%
Cost	14	78%
Lack of information / system communication	9	50%
Lack of health education / promotion	7	39%
Transport barriers	5	28%
Cultural safety/racism	4	22%

Sources: Te Tiratū whānau voice survey (2025).

Table 3: Chronic Health Conditions and Preventive Care

Data period

Unless otherwise specified, indicators reflect conditions ever recorded among enrolled Māori patients at the time of the most recent PHO data extract. Time-limited indicators are reported as follows:

- Primary mental health referrals: last 12 months
- Cervical screening: past 3 years
- Childhood immunisation (8 and 24 months): fully immunised in the last 3 months at milestone age
- Influenza vaccination (65+): received since 1 April (most recent season)

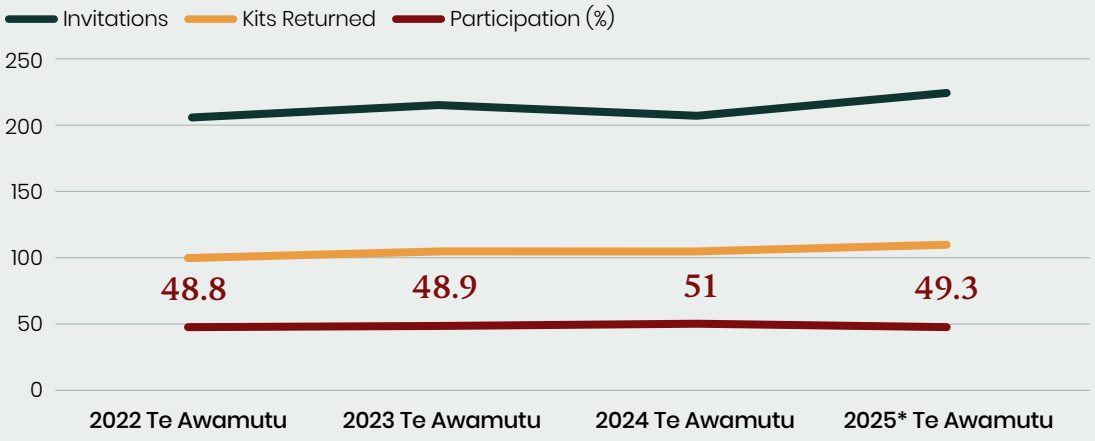


Fig 13 Source Health NZ

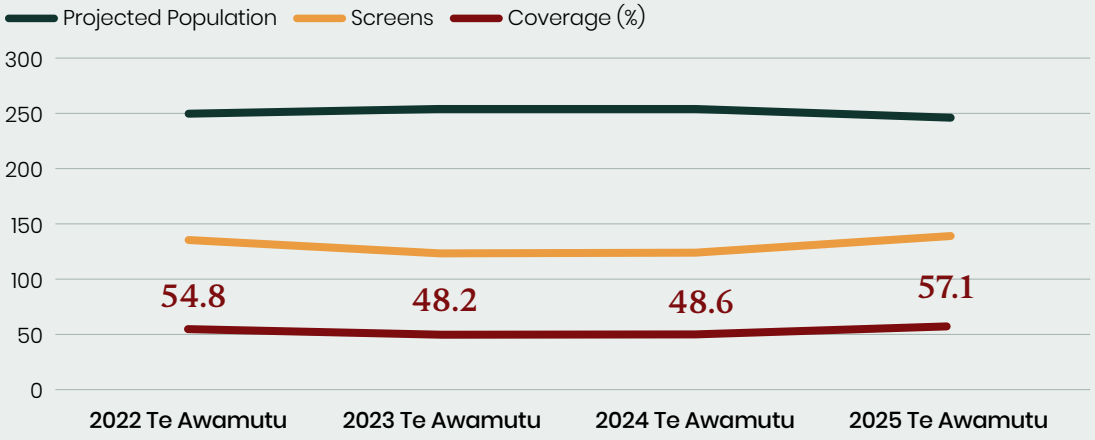


Fig 14 Source Health NZ

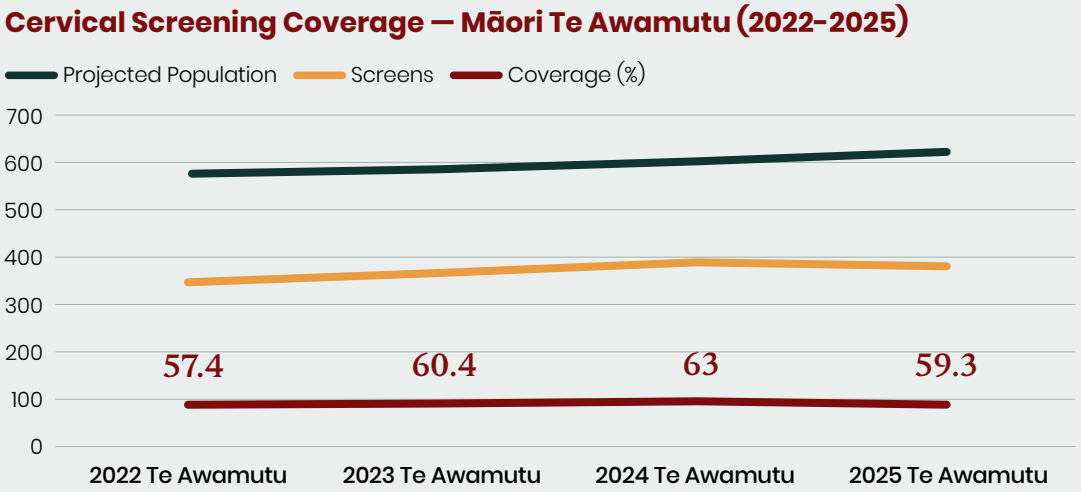


Fig 18 Source: National Cervical Screening Programme Data Warehouse, Health NZ; Stats NZ population projections. Extracted 10 February 2026. Ethnicity prioritised Māori. Coverage calculated as screens divided by projected eligible population based on HPV test date. 2025 data preliminary due to 6-month kit return window.

Table 4: Tamariki Health and Preventable Hospitalisation Indicators

Data period

- 8 months & 24 months: Most recent Pinnacle PHO enrolment data recorded in the Aotearoa Immunisation Register (AIR)
- 5 years: Whaitua tool, based on 2023 Census resident population estimates

Age milestone	Immunisation coverage (%)	Population basis
Fully immunised at 8 months	73%	Enrolled tamariki
Fully immunised at 24 months	78%	Enrolled tamariki
Fully immunised at 5 years	64.7%	Resident population

Sources: Pinnacle PHO enrolment data (AIR); Whaitua health indicators (Census 2023 data).

Table 5: Potentially avoidable hospitalisation rates (under five)

Area grouping	Total population (%)	Māori population (%)
Te Awamutu (overall)	50.0	32.4
Surrounding communities	26.2 – 42.9	47.6 – 66.7
Combined area (Te Awamutu + surrounding)	~30 – 50	Higher and variable

Sources: Pinnacle PHO enrolment data (AIR); Whaitua health indicators (Census 2023 data).

Table 6: Oranga Tamariki investigation or higher

Area grouping	Total population (%)	Māori population (%)
Te Awamutu (overall)	10.5	16.7
Surrounding communities	5.2 – 19.5	9.8 – 30.8
Combined area (Te Awamutu + surrounding)	~6 – 20	Higher and more variable

Sources: Pinnacle PHO enrolment data (AIR); Whaitua health indicators (Census 2023 data).

Photo - Te Whare Hauora o Mangatoatoa Pā, Community garden located within Mangatoatoa Pā, supporting whānau wellbeing.

Ngā Whakakapi | Conclusion

This report provides a place-based view of hauora for Māori whānau in Te Awamutu, grounded in local context, lived experience, and system design. Across the findings, a consistent picture emerges: Māori whānau are engaged and connected to services, yet experience cumulative pressures that continue to limit timely access, continuity of care, and equitable outcomes.

High enrolment with primary care reflects strong system connection, but access is constrained by workforce capacity, cost, transport barriers, and fragmented pathways. These pressures build over time as whānau navigate long-term conditions, caregiving responsibilities, financial strain, and complex systems. The result is delayed care, escalation of need, and growing pressure on both whānau and frontline services.

Te Awamutu also has clear strengths. Kaupapa Māori services, marae-based initiatives, Māori-led nursing and navigation roles, and trusted community providers support engagement and continuity in ways that align with whānau realities. These services demonstrate what works when care is relational, culturally grounded, and locally responsive. However, many are operating at or beyond capacity and cannot absorb ongoing system pressure without sustained investment.

The findings and recommendations highlight the need to move away from reactive, fragmented responses toward coordinated, place-based solutions. Improving access, strengthening workforce capacity, embedding cultural safety, and aligning funding with local realities are essential to improving hauora outcomes for Māori whānau in Te Awamutu.

This report is intended to support informed decision-making and action. Addressing the pressures identified will strengthen equity for Māori whānau and improve the resilience of the local hauora system overall.

Whakakapi : Tēnei anō te mihi maioha ki te nui, ki te tini kei te mutunga o te awa, Tēnā te whakarewanga, he haerenga nui, he haerenga tawhiti kei te haere. Tūkuna!

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