TE TIRATU

Hauora
Te Kūiti

2026

**Ko Mokau ki runga,
Ko Tāmaki ki raro,
Ko Mangatoatoa ki
waenganui, Ko Pare
Waikato Ko Pare
Hauraki, Ko Te Kaokao-
roa-o-Patetere ki Te
Nehenehe-nui"**

Mokau is above, Tāmaki is below, Mangatoatoa is between. The boundaries of Hauraki, the boundaries of Waikato. To the long-outstretched armpit of Patetere to the great forests of Te Nehenehenui

He Whakamihi – Acknowledgements

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.

He mihi nui ki a Ngāti Maniapoto, ki ngā hapū o te rohe, me ngā whānau o Te Kūiti. Ngā mihi ki ngā kaimahi me ngā ratonga hauora, ratonga pāpori, kura, marae, me ngā rōpū hapori i tuku kōrero, i whakatika whakaaro, i tautoko hoki i tēnei mahi. Ka nui te aroha ki a koutou katoa.

We would like to acknowledge the many whānau, health, social service, and community stakeholders who provided insights. Ngā mihi nui ki a koutou katoa.

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Whakarāpopototanga
| Executive Summary

Te Kūiti serves as a vital hub for whānau in the township and from surrounding rural communities who rely on the town for health care, schooling, work, and everyday services. This role creates steady, continuous demand rather than short-term spikes, placing sustained pressure on local services.

The township has a significant Māori population and a notably young age profile, with nearly half of the population under 30 years old. Long-term conditions, mental wellbeing needs, and whānau stress emerge early and sit alongside work, caregiving responsibilities, and tight household budgets. The environments in which whānau live, work, and play shape wellbeing and contribute to preventable health conditions.

Primary care data shows that asthma, diabetes, gout, cardiac conditions, and mental health needs are being managed locally across all age groups. This reflects regular, ongoing engagement rather than crisis-driven use. Providers across primary care, the hospital, kaupapa Māori services, and community organisations are operating close to capacity, carrying heavy workloads week after week. Even brief gaps, staff absences, full appointment books, or temporary service reductions have immediate impacts because there are few alternative options for whānau.

The solution is not a full system overhaul. It is strengthening the points where whānau feel pressure first: early GP access (including for unenrolled Māori), reliable dental care, stable maternity services, locally delivered specialist clinics, transport aligned with real appointment times, and sustained support for kaupapa Māori and community providers. Initiatives that create positive, healthy environments where healthy choices are easy and supported also need continued investment.

Te Kūiti already has strong foundations: active recreation spaces, effective rangatahi programmes, kapa haka and community sport, kaumātua networks, a growing housing supply, and a rural GP training hub. The priority now is to protect what is working.

When help is accessible early and locally, issues remain manageable. As access becomes more distant or inconsistent, costs rise for whānau. Limited services and resources, especially for whānau who are disabled and identify as LGBTQIA+, must be addressed. This is not a call for special treatment, but for decisions that reflect how life actually works in Te Kūiti.

The message is clear: focusing effort earlier, locally, and around what already works reduces pressure across the whole system. Waiting until hospital-level care is required narrows options and increases costs. Te Kūiti has the foundations for meaningful change.

Now is the time to act, using those strengths as the platform for a more sustainable and healthier future for whānau.

He Tiro Whānui - Overview

Mē pēwhea e pānui ai i tēnei pūrongo - How to read this report

The main sections focus on what the data and whānau voice are signalling, not on listing every service or dataset.

Te whakamahinga o ngā raraunga i roto i tēnei pūrongo - Use of Data within this Report.

Data inconsistencies and gaps influence how need is understood, how resources are allocated, and how whānau realities are represented in decision-making.

Opportunities to strengthen the data system across agencies include:

- Improving consistency in data definitions and classifications
- Increasing transparency in data handling and assumptions
- Complementing quantitative data with qualitative and whānau-led insight
- Establishing shared standards that support trust, comparability, and accountability

A coordinated approach across data custodians (i.e., PHOs/Te Whatu Ora) will ensure that future reporting supports informed, equitable, and evidence-based decisions.

Better data is not an end in itself; it is a prerequisite for better outcomes, stronger systems, and services that reflect the realities of whānau.

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.

This report includes the following districts.

	Total population	Māori descent population	
Waipa Valley	1269	429	(33.8%)
Aria	1263	516	(40.9%)
Herangi	1095	450	(41.1%)
Hangatiki	1254	510	(40.7%)
Te Kūiti West	2607	1275	(48.9%)
Te Kūiti East	2052	1302	(63.5%)
Tiroa	45	33	(73.3%)
Total Population	**9585**	**4560**	**(47%)***

Data Sourced from census 2023 Whaitua

*Note -there are some slight variations in Census 2023 data and Stats NZ population figures for Te Kūiti and surrounds, evident in population data in the section following. This can be explained through data captured on census night, versus estimated population data captured more recently by Stats NZ.

Population (estimated)
about
9585 people

Māori Population
Around 47%

Under 30 years
Around 50%

Households in high deprivation
Many households in Te Kūiti are under ongoing cost pressure
(55% in NZDep 8-10)

Long-term conditions seen in primary care
Asthma, diabetes, heart conditions, gout, mental health needs

Based on Census, PHO enrolment data, and regional deprivation indicators. Figures are indicative and rounded.

Mahere Hauora, Rautaki Hauora hoki - Hauora Plans & Strategies

In 2025, **Te Tiratū** launched its Community Health Plan and Hauora Priorities Report.

These documents are used by Te Tiratū as key tools to advocate to Health NZ and any relevant government agencies. They provide solutions and outline the health inequities and barriers for Māori in the Waikato.

Te Ao o ia Whānau - Whānau Reality

Everyday pressures shape how and when whānau access care. Housing quality, rising rents, transport costs, and limited digital access all affect whether people seek help early or delay. For many whānau, decisions about health sit alongside rent, power, food, and petrol. Care is often postponed not because it is unimportant, but because something else has to come first.

"The government doesn't see the struggles whānau have on the ground. They need to walk in our shoes."

Everyday life shapes how and when whānau access care. Housing quality, rising rents, transport costs, and lower digital access all play a part. Health decisions often sit alongside rent, power, kai, and petrol. Care is delayed, not because it does not matter, but because something else has to come first.

Whānau voice is consistent. The main issues are access, cost, and knowing how to move through the system. Appointments take time to get. Travel to Hamilton is tiring, especially if you are ill and expensive. Privacy matters in a small town. Whānau want kaupapa Māori services they trust, and support to help them navigate a system that can feel fragmented.

Primary care data shows that many conditions are already visible and being managed locally. This is not crisis-only use. It reflects a steady, ongoing need. When issues do escalate, it is often because earlier support was hard to reach in time.

Te Kūiti has strengths to build on. There is a strong sense of community, committed kaimahi, trusted kaupapa Māori providers, and local training pathways for rangatahi. New housing developments, a modern recreation centre, and the establishment of a rural GP training satellite all point to long-term opportunity.

The picture that emerges is not one of disengagement or lack of effort. Local kaimahi, clinicians, and providers are deeply committed. What is missing is enough local capacity to smooth everyday demand and stop manageable issues becoming harder to deal with later on.

"No access to a doctor, local GP closed to new registrations".

This report brings together data and whānau experience to show where daily pressures build, where access becomes difficult, and where small, well-placed changes would make the biggest difference.

He Karanga kia te tū!

| Call to Action

Me mātua panoni i te aha, ka hauora ai te whānau? - What needs to change first for whānau?

The whole health system does not need to be redesigned. It is the everyday pressures that make staying well harder than it should be. Whānau usually start close to home: a GP visit, a kaupapa Māori provider, support through school or the community. When those early steps work, issues stay small. When they don't, problems grow, costs rise, and care shifts further away.

The priorities are clear:

1. Make it easier for whānau to get help early.
2. Strengthen the local services already carrying the day-to-day load.
3. Remove the everyday barriers that turn small issues into bigger ones.

These are practical, grounded actions shaped by what whānau have said, what local providers are seeing, and where small shifts will make the biggest difference.

He Karanga kia tū
| Call to Action

Whakatikahia ngā taupā mātua - Fix the first roadblocks whānau experience

Primary Care

Free or affordable GP appointments, with clear pathways for unenrolled Māori. Same-week appointments to reduce avoidable urgent care. Promote telehealth and after-hours services.

Oral Health

Ensure six-monthly dental checks for tamariki. Affordable adult dental care locally to prevent pain and hospital visits.

Rangatahi

Fit-for-purpose wellbeing and mental health support for ages 11–14. After-school and out-of-school programmes.

Maternity & Pepi

Retain Maternity Services Resource Centre and stabilise midwifery coverage.

Strengthen collaboration between midwives, hauora Māori providers, Te Whatu Ora, and Te Nehenehenui.

Develop local birthing options to avoid forcing whānau to travel to Te Awamutu or Hamilton.

Transport

Upgrade Waikato Hospital shuttle for comfort, timing, and frequency.

Provide morning/afternoon services aligned with appointments.

Whakapakaritia ngā herehere - Strengthen what is already holding things together

Local Workforce

Train, incentivise, and support housing for GPs, midwives, pharmacists, allied health staff. Support rural GP training hub and local career pathways.

Hospital Capability

Reinstate whānau room at Te Kūiti Hospital. Re-establish specialist clinics (cardiology, sonography).

Increase dialysis and chemotherapy capacity.

Flexible appointments aligned with transport realities.

Long-term Conditions

Boost local support for diabetes, respiratory, and cardiac care. Promote annual blood testing and opportunistic screening. Strengthen referral pathways to cardiac nurse to reduce wait times.

Navigation & Coordination

Expand kaiārahi and whānau navigation roles. Improve coordination between primary care, hospital, hauora Māori, and community providers.

Whakamāmāhia ngā āhuatanga e whakauaua ai e whakataumaha ai hoki

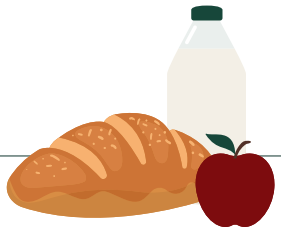
- Ease the everyday factors that makes life harder and whānau unwell over time

Healthy Homes

Expand insulation/heating programmes, including rentals.

Prioritise whānau with respiratory illness, tamariki, and kaumātua.

Better coordination across iwi, councils, providers, and government.



Food & Lifestyle

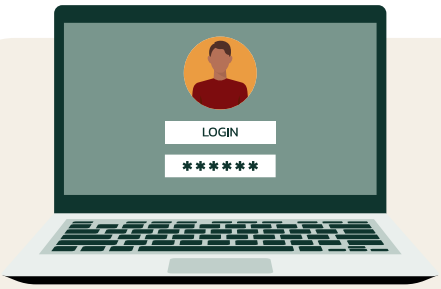
Support affordable healthy food and community initiatives.

Link health coaches with GP clinics, Hauora Māori, Recreation Centre, and community services for pre-diabetes and long-term conditions.

Vaping & Alcohol

Address high density of vape, gaming, and alcohol outlets.

Invest in prevention and health promotion grounded in mātauranga Maniapoto.



Digital Access

Improve internet connectivity and device access post-3G shutdown.

Provide digital literacy support to remove telehealth barriers.

Te Horopaki o te Wāhi, o te Iwi hoki

Place and People Context

Te Kūiti functions as a service centre for surrounding rural communities, including Piopio, Benneydale, Kāwhia, Taharoa, and parts of the wider King Country. Te Nehenehenui has its main office in Te Kūiti.

Ngāti Maniapoto is the principle iwi of the rohe, with Ngāti Rora the primary hapū of the township. Te Tokanganui-ā-Noho Marae sits in Te Kūiti on State Highway 3 and remains a central place of gathering, decision-making, and identity.

The marae connects ancestrally to the Tainui waka and the surrounding landscape, including Mōtakiora, Pukenui, and Rangitoto, with the Mangaōkewa River flowing through the valley. These connections continue to shape how whānau understand place, belonging, and wellbeing.

The wharekai, Nau Mai Tuarua, acknowledges the return home of the 28th Māori Battalion following World War II. The wharenui, Te Ranga-ā-Haurua, is one of the residences of the Kāhui Ariki during visits to Ngāti Maniapoto. Together, they reflect continuity, leadership, and collective responsibility.

Te Kūiti, while modest in size, supports a wide catchment and holds services that neighbouring settlements rely on.

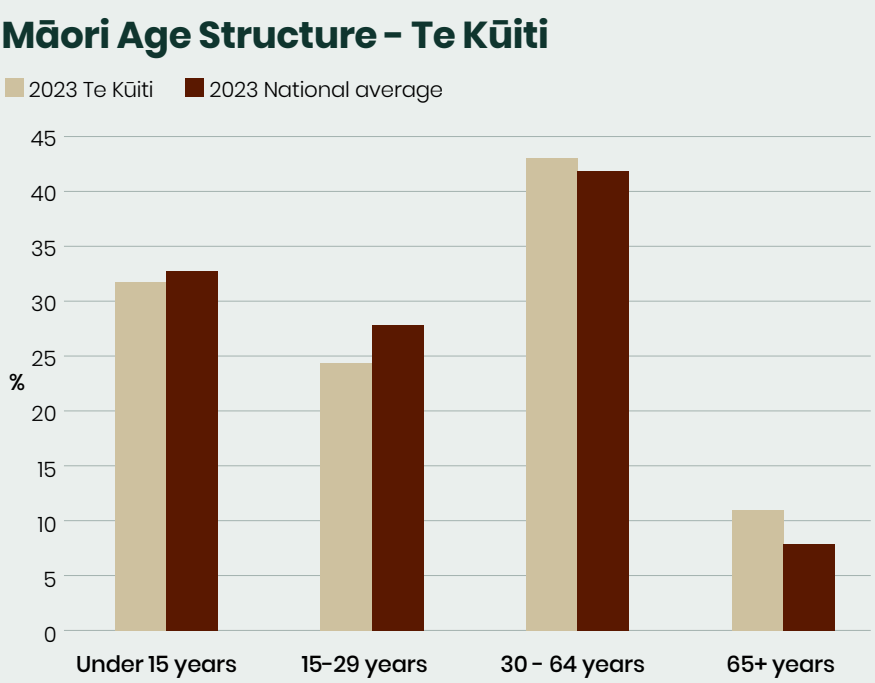


Fig 1. Population age structure, and New Zealand (2023 Census)

The population is younger than the national average, with a higher proportion of children and rangatahi. At the same time, the kaumātua population is growing. This creates a wide spread of need, from early-life support through to long-term condition management and ageing-related care.

Te Kūiti also has a high concentration of households living in areas of high deprivation. This is not evenly distributed hardship, but it does mean many whānau are managing tight finances, insecure housing, and limited options at the same time as health needs.

The town's history in farming, forestry, and tourism continues to shape employment patterns. Seasonal work, lower median incomes, and limited local job diversity influence household stability and access to care.

Despite these pressures, Te Kūiti holds a strong social and cultural infrastructure. Marae, kapa haka, sports, kaumātua activities, rangatahi programmes, and kaupapa Māori providers play an important role in connection, identity, and resilience. These strengths matter. They are not add-ons; they are part of how wellbeing is created and sustained locally.

This context is essential to understanding the data that follows. Health patterns in Te Kūiti are not random. They reflect place, history, access, and the daily realities of whānau living here.

Hika pictured outside the Community Recreation Centre

He Hopunga Whāiti o te Taupori me tana Pakukore – Population & Deprivation Snapshot

Te Kūiti has a steady population and a young age profile. Māori form a significant proportion of the community. The town functions as a service centre for surrounding rural areas, which means population pressure shows up in local services even when people live outside the township boundary.

Te Kūiti has a **higher share of children and young adults** than the national average, and a **smaller but growing kaumātua population.** Nearly **half the population is under 30 years,** which places ongoing demand on primary care, maternity, tamariki, rangatahi, and whānau support services.

Deprivation levels are high by national standards. Around **half of households sit in NZDep 8–10,** and more than a third are in the most deprived deciles (9–10). This means many whānau are managing daily decisions around kai, transport, heating, and health care at the same time. These stresses affect when people seek help, how early issues are addressed, and whether follow-up care is possible.

> **"Because of housing and rental costs, it impacts my ability to buy healthy kai, therefore impacting overall health."**

Household structure adds to this picture. Te Kūiti has a **higher proportion of one-parent households** than the national average, alongside a lower proportion of couple households with children. This places additional strain on income, time, and caregiving capacity, particularly when services are fragmented or require travel.

Housing tenure shows a mixed picture. While owner-occupation has increased since 2018, **nearly half of households do not own their home**. Rents remain lower than the national median, but **rental costs have risen sharply** over the past five years, in a local labour market with lower wages and fewer full-time roles. Cold, older housing stock remains common, with known impacts on respiratory health and wellbeing.

Employment data reflects structural constraint rather than individual effort. Full-time employment remains below the national average, while a larger share of residents are **not in the labour force.** For some, this reflects caregiving, health conditions, or limited local job options rather than choice.

Digital access is another pressure point. Around **four in five households have internet access**, well below the national average. Unreliable coverage and lower digital confidence mean online-only systems can exclude whānau rather than support them, particularly for health appointments, benefits, and education.

> "Digital access and literacy across our district is uneven with patchy internet and mobile coverage in rural areas."

Ko Ngā Whakaaturanga o te Hopu Whāiti - What this snapshot shows

Te Kūiti is not defined by population decline or distance. It is defined by **concentration** of need, of responsibility, and of pressure. High deprivation, younger whānau, and constrained household resources mean issues surface early and often. When local services are stretched, that stress moves quickly into hospital care, crisis response, or disengagement altogether.

Indicator	Te Kūiti
Population (estimated)	4,760
Māori population (%)	~55%
Under 30 years (%)	~51%
Households in NZDep 8–10 (%)	~50–55%
Internet access (%)	78.8%

Source: Stats NZ Census 2023, Estimated Resident Population, NZDep, Internet access data

Ko Ngā Whāinga Hauora mō ngā Whānau o Ngāti Maniapoto, Ngā Whakaarotau me Ngā Mahi - Hauora Aspirations for Ngāti Maniapoto Whānau, Priorities and Proposed Actions.

Ngāti Maniapoto whānau Voice work in 2024 utilised whānau feedback gathered from Hui-a-Tau, other tribal hui, and data. Themes from this information were then used to develop hauora/oranga priorities. The primary focus for Maniapoto whānau, hapu and iwi for the 2024-2028 period is ensuring equitable access to quality healthcare for those 18 years & under and kaumātua.

The primary focus for Maniapoto whānau, hapū and iwi for the 2024-2028 period is ensuring equitable access to quality healthcare for those 18 years & under and kaumātua:

- Empower whānau with hauora education and literacy.
- Increase whānau access to healthcare services / removing financial, geographical and cultural barriers to access.
- Upskilling & growing the Maniapoto health workforce.
- Research, preserve and learn from mātauranga Maniapoto as it relates to hauora (health & wellbeing).
- Align and collaborate with Maniapoto to achieve the aspirations of Maniapoto whānau.

Punga is the first strategic milestone for Te Kawau Rukuroa the 2023-2027 Maniapoto 2050 Tribal Plan. Activities completed in 2025 include:

A Kaumātua Health Insurance Scheme implemented by Te Nehenehenui, as well as a range of workshops on different hauora/ oranga kaupapa. These included First Aid, Financial Literacy, Housing Maintenance and Repairs, Community and Marae Emergency Disaster Management and Resiliency, and various cultural initiatives upholding Maniapoto identity.

Maniapoto 2050 Ngā Moemoeā Anamata - Maniapoto 2050 Future State Aspirations

- Mātauranga underpins hauora and healthcare delivery.
- Receiving equitable access to quality health care is a priority for those 18 years and under and kaumātua.
- Healthcare services being more affordable, accessible and culturally responsive will increase positive health care outcomes for whānau.
- Whānau have generally great physical health.
- Rongoā Māori is alive within our whānau, and practice supports wellbeing.
- Whānau are able to get support in areas such as anger management, gambling, drugs, alcohol addiction and other mental health conditions.
- Therapy, counselling, rehabilitation and other mental health facilities or services are available and accessible to whānau struggling.
- Whānau have a good health awareness and education.
- Traditional practices with distinct Ngāti Maniapoto characteristics are practiced and accessible for whānau to participate inside and outside the tribal rohe.
- Increased care and support for Tamariki.
- Whānau are employed and Maniapoto

has a strong workforce with career aspirations.

- Whānau are self-sufficient and self-reliant.
- Maniapoto are growing and nurturing leaders.
- Whānau are united by vision and the uniqueness of Maniapoto.
- Technology positively impacts the development of whānau, hapū and iwi.
- Whānau are connected to their whenua, Marae and spend time at home building strong relationships, identity and belonging.
- Whānau see their marae as home.
- Maniapoto has flourishing māra kai, natural foods and local initiatives that enable food sovereignty amongst whānau and provide food security and nutrition for whānau.
- Maniapoto has safe, affordable, quality housing accessible to whānau.
- Maniapoto live sustainably and have little impact on our Taiao (environment).
- Maniapoto have improved living standards for all whānau.
- Youth groups, sports hubs, health hubs and other recreation opportunities are used to inspire, empower and educate rangatahi.
- Education is defined, designed and delivered by Maniapoto for Maniapoto.
- Whānau are supported and guided throughout their education with a focus in special learning needs.

Voice of whānau Insights & Analysis Report, 2023 Te Kawau Rukuroa – 2050 Strategy Te Nehenehenui Hui ā-Iwi series 2023 – 2024 Te Nehenehenui Annual General Meeting 2023 Te ŌHĀKĪ TAPU O NGĀTI MANIAPOTO ME MANATŪ HAUORA ME TE WHATU ORA – July 2024

He Hopunga Whāiti Te Reo O Ngā Whānau – Whānau Voice Snapshot

Ko te reo whakahokinga o ngā whānau mō te Uru ki te Pūnaha Hauora - Whānau Voice Feedback Health System Navigation

Whānau voice feedback was collected informally through the Maniapoto hui-a-tau in Piopio, the Taumarunui Hauora Day, online surveys and hauora events (where location was identified). Many of the themes heard were recurring and are grouped as follows:

Te Uru ki Ngā Ratonga -Hauora Access to Healthcare Services

Whānau in Te Kūiti face significant barriers to accessing healthcare, particularly timely access to primary care. Many reported long wait times, cost, with one respondent identifying that the practice had closed to new patients. This meant some whānau had to rely on A&E.

> **"It took me over 3 weeks to get an appointment, and even then I couldn't see my own GP."**

Delays in appointments also had wider impacts, with whānau identifying a long wait time for an appointment in order to renew a drivers license:

> **"Mum needed to sit her drivers licence which had expired, and she couldn't get an appointment for ages to get her medical certificate, it was a hoha as she couldn't drive herself to get her groceries."**

Whānau expressed a strong desire for more kaupapa Māori health services and advocacy or navigation support, emphasising the need for culturally safe, whānau-centred care. Beyond access issues, one respondent described concerns about privacy and confidentiality in small communities, which reduced trust in healthcare providers. Others noted a preference for alternative medicines due to high pharmacy costs and limited trust in the system, alongside calls for better follow-up between GPs and specialists, and greater cultural safety and respect from health professionals.

Te Tūnuku me te Tareka ā-utu Transport and Affordability

Transport remains a practical barrier, especially for whānau travelling for specialist appointments, diagnostics, or pharmacy access. Public transport options are limited, and reliance on whānau or community support is common. While whānau appreciated that there was a bus to Waikato Hospital, the journey was not a comfortable one, especially for kaumātua. The wait time for the bus to return to Te Kūiti, meant a lot of waiting around at the hospital.

> **"There is a bus to the hospital, but it's a long day for me. I try to get someone in the whānau to take me but it usually means they have to take time off work."**
>
> **"It can be expensive you know going back and forth to Waikato, and then it's often hard to find a park, be better if I could just do this stuff at Te Kūiti, be way easier."**

A transport shuttle that provides support for those with limited mobility was available through the community house, but needed to be booked in advance. Kaimahi occasionally helped out by transporting whānau when work loads permitted, which kaumātua in particular were grateful for.

Te Rāngaimahi me te Mōhiohio - Workforce and Information

Whānau (and stakeholders) identified health service availability and timeliness were being affected by workforce shortages.

The need for whānau health advocates was identified to help navigate the health system, identify available support, and to help navigate around Waikato Hospital.

Feedback from a whānau respondent who had previously travelled with a whānau for an operation in a tertiary facility identified:

> **"We would have never known about the subsidised accommodation for us to stay in, I kept enquiring and then found out about this, you really need to be pushy as this information isn't always known by people -providers and whānau."**

Taupā Ohaoha Socio – Economic Barriers

Socio-economic barriers were a prominent theme with many whānau affected by the cost of GP and healthcare visits, medication, petrol, and especially dental care, including services for tamariki. As a result, some delayed or avoided care altogether.

> "There's no affordable options for dental care here for adults, if it's really bad it's pulled out."

Te Whiwhi Mahi me Te Tūraru Ahumoni Employment and Financial

Financial stress, including the cost of living, employment and income, as well as housing issues, was the key pressures identified through whānau voice. The rising cost of living was a common issue identified in all whānau feedback.

> "Because of housing and rental costs, it impacts my ability to buy healthy kai, therefore impacting overall health."

Other pressures include seasonal or unstable employment which makes it hard to maintain steady income, and housing challenges, with whānau highlighting the need for affordable, healthy homes.

Ngā Ratonga Hauora e tika ana mō Te Kūiti – Health services needed and wanted in Te Kūiti

Whānau want increased access to a range of services available. These included more GP services, affordable dental care, mental health and counselling support, Rongoā Māori, nutrition services, midwifery, optometry, respiratory and hearing services, smoking-cessation support, more comfortable and regular health transport to Waikato Hospital, alcohol and drug rehabilitation, including residential services. A smaller number of whānau also identified a need for additional specialist services.

While whānau wanted more services, they were also grateful for the support from the local hauora Māori providers. Whānau feedback include:

> "I had glasses but it only had glass on the left side. Kaimahi supported me to get new glasses. I have rejoined the lifestyle program which I enjoy. Very grateful for all the help and support given."

> "The girls do a wonderful job, are a real blessing for our community, I cannot bend to trim my own toe nails. Very happy toes and as I can't see, it is wonderful they do it for me."

Regarding a local GP:

"Saw the Doctor recently at the GP practice, there was good follow up and she understands Māori dynamics."

Ngā Ūnga Hauora National Health Targets

Whānau felt that the Government's targets did not reflect the realities they faced. Diabetes in particular was an area whānau felt should have been included as a target:

"The government doesn't see the struggles whānau have on the ground. They need to walk in our shoes."

"If we are basing it on Pasifika and Māori, our disease rates like diabetes are the highest."

Whānau living with chronic illness, cancer, and ongoing pain are particularly disadvantaged with limited access to some specialist appointments, waiting times for elective surgery, and the long travel time to access chemotherapy and dialysis. Whānau identified that they wanted actions that helped the health and wellbeing of our whānau, where they could see progress in a smaller town like Te Kūiti.

While some specialists visit Te Kūiti weekly or once a fortnight, whānau are required to travel to Waikato Hospital in order to see the Cardiologist (due to workloads at Waikato Hospital) and, if complex conditions require additional experts/ facilities at Waikato.

Ngā Ūnga Hauora Hinengaro, Warawara hoki Mental Health & Addictions Targets

Many whānau were unaware of the Mental Health & Addictions targets. When explained, feedback from whānau illustrated that these were not currently meeting whānau needs.

Whānau described long waits, a lack of culturally safe support, and minimal kaupapa Māori options. Referrals to ICAMS – Infant Child Adolescent Mental Health Service, are not being accepted unless urgent. Some shared that the system feels "broken and hard to reach," and that services often don't follow up after crisis points. There was a clear call for more resources and expertise to support locally led whānau-centred mental-health care that strengthens connection and hope.

The impact of meth use on whānau was starting to be seen in public places, with some whānau also concerned about safety.

Whānau responses indicated frustration with the government's inability to meet their targets in Te Kūiti as this was felt more generally through the current health status of whānau. As one person put it:

"What has the government done? Koretake!"

This response shows the wider feeling of frustration and disconnection, where whānau feel unseen and unheard in decisions that directly affect their health and everyday lives.

Ngā Tūraru e Rima
Five Modifiable Risk Factors

The five modifiable risk factors are - Alcohol, Smoking, Nutrition, Physical Activity and Social Inclusion. For a small town, whānau felt Te Kūiti had too many stores selling unhealthy products in proportion to the overall population. Both whānau and kaimahi identified issues around gambling and alcohol behaviour, with those travelling through, or from the small surrounding areas, coming in to socialise, have a drink, something to eat, and play pokies.

> **"For a town the size of Te Kutii it seems like there's no shortage of places to get alcohol or vapes, and every time we get a new shop in town we can see the comments on our community facebook page it's like.. oh no not another unhealthy food place."**

The lack of appropriate health education and health promotion initiatives for the community was a common issue raised by whānau (and stakeholders). One Te Whatu Ora staff member allocated to health promotion for both Taumarunui and Te Kūiti is insufficient as the kaimahi has her work load filled with the need in Taumarunui. Community Health Days were an opportunity to get information for health issues and services, although whānau wanted more regular initiatives aligned to the realities of the community.

Local Maniapoto roopu Te Kapa haka o Ngā Pua o Te Kowhara - photo source Te Karere/TVNZ Feb 23/2023

Ngā Mahi Tautoko I Te Oranga
Local Activities Supporting Oranga

Te Kūiti whānau respondents identified physical activity such as walking, kapa haka, waka ama, gym, and kaumātua exercise groups as key oranga activities which they engaged in. Whānau and social support was also key, with time spent with tamariki, mokopuna, and friends keeping people feeling connected with others.

Community and cultural activities like marae engagement, Poukai, kapa haka, and volunteering were common, alongside healthy kai and nutrition through māra kai and eating well. Others also mentioned healthcare checks and appointments, spiritual and cultural practices such as rongoā and karakia, and financial stability as key components to staying well.

> **"We have our own haka roopu you know, this has been good to show our rangatahi that Maniapoto has kapa haka excellence right up there with some of the other Tainui roopu."**

Ngā Tohu o te Hauora
– Health Status Signals (PHO Data)

What the PHO data is telling us?

PHO data gives us a useful signal of how health pressure is showing up locally - not just who gets sick, but **when**, and **how early** conditions begin to stack up.

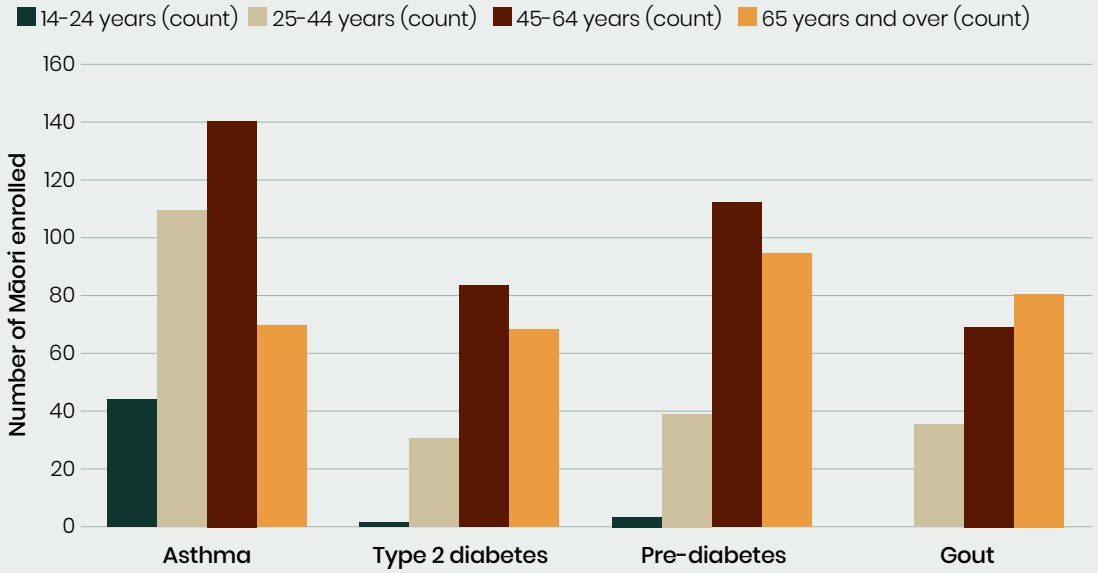
Key Health Issues for Whānau in Te Kūiti

A snap shot of the PHO data tables appendiced at the end of the report is as follows. Note, due to a range of factors influencing the data or lack of, caution is needed in reading.

Age	5-11	14-24	25-44	45-64	65+yrs	Total
Diabetes Type 2			**44**	**148**	**120**	**312**
Non-diabetics HBA1c 41-49 mmol/mol			**40**	**85**	**68**	**193**
Cardio/Heart Disease			**8**	**66**	**110**	**184**
Breast cancer prevalence				***18**	***27**	***45** Figures from one PHO only
Asthma	**99**	**231**	**242**	**296**	**81**	**950**
Gout			**52**	**97**	**116**	**265**
Primary Mental Health		**90***	**242***	**123***	**27***	***482** Figures from one PHO only
Severe mental Health		**13**	**29**	**24**	**12**	**78**

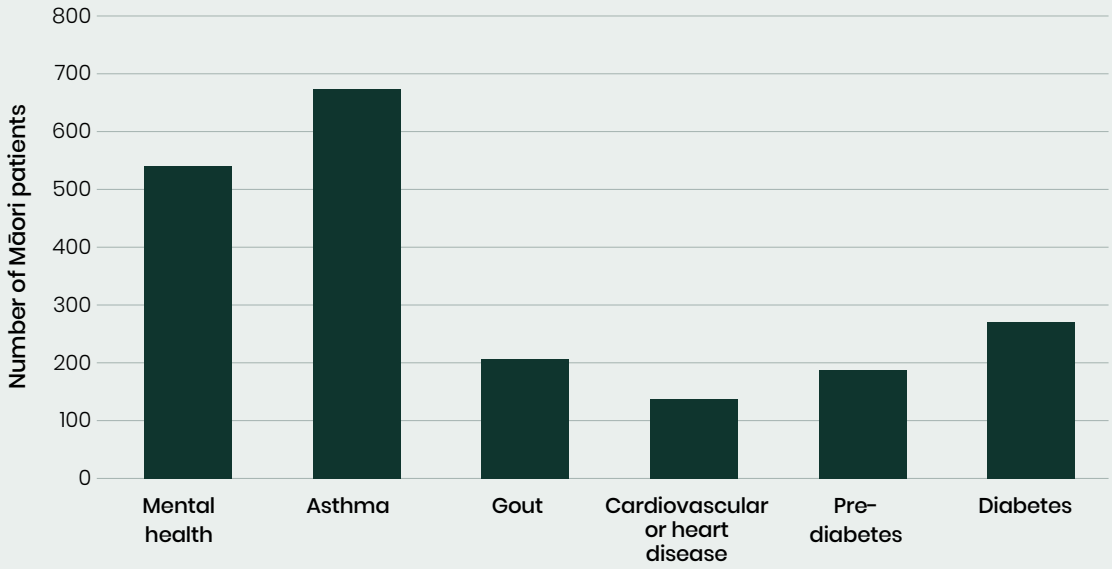
In Te Kūiti, long-term conditions are being managed across all age groups, including young and working-age whānau. This points to steady, ongoing demand, rather than short bursts of crisis care. The picture here is not of sudden illness, it is of conditions developing earlier and needing support for longer

PHO-recorded long-term conditions by age band (Māori enrolled)



PHO data reflects recorded conditions in primary care. Coding practices vary between providers, and some indicators were available from one PHO only. The data is sufficient to show pattern and pressure, not exact prevalence.

PHO-recorded long-term conditions - Māori enrolment, Te Kūiti
Long-term conditions managed in primary care - Te Kūiti



Local PHO data only. No national comparison.

PHO data for Te Kūiti does not point to a crisis spike.
It points to early onset, long-term management, and steady load.
That makes local access, continuity of care, and workforce stability more important than episodic fixes.

Marae Pact Trust Kaimahi with Te Tiratū Kaimahi May 2025

Ngā Ratonga o te Hapori me te Uru
Local Health Services and Access

E ū tonu ana te iwi ki nga ratonga Kaupapa Māori
Kaupapa Māori services are holding steady demand

In Te Kūiti, kaupapa Māori providers are supporting whānau across all ages, conditions, and circumstances. Two kaupapa Māori providers are operating locally, each contributing differently but together forming a critical layer of support.

Ngā Ratonga Hauora, Pāpori hoki o te Tarahiti Maniapoto Marae Pact
Maniapoto Marae Pact Trust Health and Social Services

As well as education, the Health and Social Service arm of the Marae Pact Trust provides a range of services; Tamariki Ora, Whai Ora or Mental Health, Whānau Ora navigators, Whakaha-Disability support services and Kaumātua Programs. The Trust also has one staff member who works in the Healthy Families kaupapa around Food Sovereignty.

Whaikaha – Disabilities

The Whaikaha team provides a wide range of kaupapa Māori disability support services in both Te Kūiti and Taumarunui. The Trust provides guidance, support and advocacy for Tāngata Whaikaha and their whānau. The teams are based in both Te Kūiti and Taumarunui and provide face-to-face appointments, drop-ins, outreach, and whānau-centred planning.

This work includes:

- Needs Assessment & Service Coordination (NASC): Helping whānau determine eligibility and access to funded disability support.
- Choice in Community Living & Respite Services: Flexible living, care, and break options tailored to whānau needs.
- Mobility & Accessibility Resources: Support with access to equipment, transport options, and other day-to-day aids.
- Referral Pathways: Coordinated connections to relevant health, social,

and disability services throughout the rohe.

- Kaiāwhina Support: Active representation and participation through Te Pou Hao Oranga Tangata – the local Whaikaha steering group.
- Advocacy & System Navigation: Helping whānau navigate complex systems, funding processes, and service plans.

Ngā Ratonga o Kaiwhiriwhiri Whānau - Kaiwhiriwhiri Whānau Services

The Marae Pact Trust Kaiwhiriwhiri Whānau service works with priority whānau, and works integrated across all the Trust service teams to help ensure the achievement of the outcomes identified by and with priority whānau.

Hauora Hinengaro me te Warawara - Mental Health and Addiction

The Trust's mental health and addiction services provide community-based housing and recovery-focused support services for people who experience mental health & addiction challenges. The services include:

- Community Based Support Services
- Adult Residential Services/Te Whare Ruruhau o Maniapoto
- Activity Based Recovery Support Services/Pūmanawa
- Primary Mental Health & Addiction - Access and Choice Program Nga Wai Mārama Services

The community has limited access to wrap-around and intensive mental health support, leaving the Maniapoto Marae Pact Trust Community Mental Health team to fill significant service gaps. Waikato Hospital staff often lack understanding of the unique needs of rural communities, particularly when whaiora are transitioning back home. Currently, there is no effective framework that addresses rural realities, resulting in reactive rather than proactive approaches, alongside complex medical needs.

There is also a clear gap in reintegration support, and at times it feels as though the approach is simply:

> **"Leave you over there; Maniapoto will pick you up."**

Preventative day programmes are scarce, leaving tangata whaiora without meaningful engagement, increasing the risk of falling back into old patterns. Crisis response options are limited, and although the team does its best, the fallback is almost always to the Henry Rongomai Bennett Ward at Waikato Hospital.

Schools provide some support for rangatahi, but the referral pathways for escalating needs require review. When young people reach a crisis point, they often turn to their Maniapoto Marae Pact Trust Community Mental Health kaiako, who then approaches the GP, yet there is no specialist team available for them. The trauma experienced within whānau is increasingly reflected in rangatahi, many of whom are under financial strain, with some resorting to stealing to support their siblings.

Alcohol and other drugs remain major drivers of mental health distress, often triggering or exacerbating long-term diagnoses.

Concerningly, meth use is becoming more visible. We are aware that some whaiora on the monthly respite report occasional meth use during their "dry-out" periods. In high-deprivation areas where many rangatahi live, there are growing reports of meth being sold and distributed. Community members have observed people on meth visible to the kohanga nearby, with the jerky body movements and glazed eyes apparent. Young tāne aged 11–14 are showing increasing

disengagement from school, behavioural problems, and early experimentation with drugs. Holiday programmes are limited and often unaffordable for many whānau.

On the ground, the lack of wrap-around support is evident. As one visiting psychiatrist noted:

> **"We are shifting the risk; we haven't reduced the core of the risk. We are becoming reactive."**

For rangatahi, successful referrals to ICAMHS (Infant Child Adolescent Mental Health Service) in Te Awamutu are rare. By the time they receive support, they are already in crisis rather than being reached earlier.

Tamariki Ora

For Tamariki up to 5 years, a team of a registered nurse and kai awhina provides support and advice to whānau to help with the growth and development of their tamaiti. Kaimahi are able to build relationships with whānau and provide support and advice for immunisation. Other health information, education, and promotion activities include: breastfeeding advice, health and development assessments, vision & hearing, along with parenting care and support for whānau.

Kaumātua from the Marae Pact Trust Program at Waitete Rugby Club, Te Kūiti November 2025

Te Rōpū Kaumātua o te Tarahiti Marae Pact - Marae Pact Trust Kaumātua Rōpū

The kaumātua service provides a range of health, wellbeing, and social inclusion activities for kaumātua from across Te Kūiti, Benneydale, and Piopio. Physical activities include line dancing, aerobics, Sit & Be Fit. Speakers attend the sessions to provide information on health topics, with nurses attending to do health checks, including blood pressure monitoring. Recently, the service attended the Kaumātua Games in Hamilton and will participate in other kaumātua events in 2026. The service also works alongside Whānau Ora, as well as providing advocacy, WINZ, disability, and medical support.

The activity sessions are live-streamed so kids in Australia can jump online to check how their parents/grandparents are going. Many of the kaumātua have challenges with technology, and with everything on line now, this is becoming more challenging.

Broader community challenges for kaumātua include housing shortages, poor planning, and the impact of methamphetamine use among young men, who often lack support after release from prison. Increasingly, grandparents are raising grandchildren due to parental substance abuse, with some homes being used for drug-related activity, highlighting the urgent need for coordinated housing, addiction recovery, and whānau support services.

As well as technology, other key challenges for kaumātua include finances, food, housing, and medical bills - trouble paying. Neglect of older people in the community was identified. The support for kaumātua in daily living was cut back, and is not always optimal. An example was given of a kuia who was found lying on the floor for four hours with a broken hip. More support is needed to enable kaumātua to stay in their homes.

One recent example of a kaumātua attending the group was shared, highlighting service wait times.

> "One of our kaumātua had pain in his neck and had to wait 6 weeks for an appointment."

Te Tarahiti o Taumarunui Community Kōkiri
Taumarunui Community Kokiri Trust

Established in 1996, the Taumarunui Community Kokiri Trust (TCKT) provides a range of services to over 3,000 clients. While the main delivery base is Taumarunui, some activities are also delivered in Te Kūiti. The Trust employs over one hundred staff, including clinicians, social workers, mental health practitioners, Whānau Ora navigators, and community support workers. The Trust provides 2 GP clinics, the Maniapoto Whānau Ora Centre in Te Kūiti and the Family Clinic in Taumarunui.

Services include:

- Whānau Ora Chronic Disease Management, Health Promotion, Health & Disability – Service Coordination, Māori Housing Repairs & Maintenance, Pou Hakinakina – Healthy Lifestyle Programme.
- Tamariki Akoranga Bi-lingual - Early Childhood Education, Mama & Pepe, Family Start, Whare Ora – Healthy Homes initiative, Koroua & Kuia Support, Healthy Lifestyle Programme.
- Child & Adolescent, Alcohol problems, Drug Problems, Adult Mental Health.
- Family Start, Youth Advocacy & Support, Strengthening Families Facilitation Agency, Youth Mentoring, Building Financial Capability.

Kei konei te tiaki mātāmua, engari e taumaha ana te raukaha - Primary Care is present, but capacity is tight

There are two GP clinics available, Te Kūiti Medical (Pinnacle PHO) and Maniapoto Family Health Centre (National Hauora Coalition PHO). Both operate under constant demand. Appointment availability, cost, transport, and timing all influence whether whānau can be seen early or wait longer than ideal. Being enrolled does not guarantee access.

Te Pokapū Rongoā o Te Kūiti -Te Kūiti Medical **Centre**

The practice team comprises seven General Practitioners, a Practice Manager, 10 Practice Nurses, and 5 Receptionists. General Practitioner services include: Minor Surgery, Family Planning and Vasectomies, ACC acute trauma, Prime, pre-Employment Medicals including on-site drug screening and ESR services. Nursing Clinics include: Diabetes, B4 School checks, Smoking Cessation, Weight Loss, Smears, Immunisations including Travel Vaccines, and Plastering.

Complementary services are also available on-site which include: Bloom Hearing, podiatry, a primary mental health nurse, and psychologists. There is also a pharmacy on-site. X-rays and laboratory services are available at the Te Kūiti Hospital between 9am - 4pm. A Saturday After Hours Clinic is open from 9am-12. Doctors are on call from Saturday 12:30pm till Monday 9am, with after-hour charges applying.

The service partners with Ka Ora Telecare to provide same-day virtual GP appointments for enrolled patients, as an extension of the regular Te Kūiti medical centre team. Ka Ora Telecare is a government-funded, national telehealth service in New Zealand providing after-hours phone and video consultations

(virtual consultations) with nurses and clinicians. The service is available to those living in or visiting rural communities across Aotearoa. It offers virtual consultations when local GPs are closed.

For those up to 13 years old there is no fee. From 13-17 years old it costs $13.50 and $20 for those 18 years old and over. There is no difference in cost if you have a community service card.

Te Pokapū Whānau Hauora O Maniapoto - Maniapoto Family Health Centre

Maniapoto Whānau Ora Centre Clinic offers a full range of family medicine and general practice services. The experienced health team currently comprises one GP, 2 Practice Nurses, 1 Registered Nurse, 1 Disease State Management Nurse, and 3 Health Care Assistants. The team is based alongside the Whānau Ora Kaimahi team. The service is free for those up to and including 17 year olds. For those 18 years old and over, $13.50.

Karuhauora - Telehealth

Practice Plus (formerly Ka Ora Telecare) is a government-funded, national telehealth service in New Zealand providing free after-hours phone and video consultations (virtual consultations) with nurses and clinicians. Te Kūiti Medical Centre uses the Practice Plus service after hours.

The service is available to those living in or visiting rural communities across Aotearoa. Open from 5pm to 8.30am and 24 hours in weekends and public holidays the service offers virtual consultations when local GPs are closed. It partners with local GPs, extending their services to offer accessible urgent and episodic care via calls to 0800 2 KA ORA or online booking, reducing strain on rural health systems. Nurse calls are free, clinician (GP, Nurse Practitioner) consults have a fee, with lower costs for Community Services Card holders or those over 65 years old, and free for children under 14 years old.

Whakarongorau

Previously known as Homecare Medical, it is a 24/7 nurse-led tele health service. It also connects to a variety of help lines. The Maniapoto Family Doctors switch the phone lines over to the service during non-opening hours.

Te Uru ki Te Tiaki Mātua - Primary Care Access

Because Te Kūiti carries services for a wider area, local demand stays high. This means local primary care services are supporting not just the township, but whānau travelling in from smaller settlements.

For many whānau, being enrolled with a GP does not guarantee timely care. Appointments are not available straight away, and whānau are unable to get in, after-hours options are limited, and costs add up quickly. Decisions about seeking care are frequently weighed against work, whānau commitments, transport, and what can be afforded that week.

Need builds through daily life: regular appointments, repeat visits, long-term conditions rather than sudden emergencies. Demand is consistent across age groups, particularly for long-term conditions, mental health support, and ongoing medication needs. When services are stretched, whānau tend to delay care until issues become harder to manage.

Tiaki i ngā Pō, Tiaki Kōhukihuki
– After-hours and Urgent Care

After-hours options are limited. When local services close, choices narrow quickly. Whānau are left weighing up whether to wait, travel, or present to hospital.

This creates a pattern where:

- Non-urgent issues escalate.
- Emergency Departments are used for problems that began earlier.
- Whānau experience repeated retelling of their story.

For some, this leads to bypass behaviour, choosing to travel directly to Waikato where diagnostics and specialists are available. For others, it results in delayed presentation and poorer outcomes.

Ko te hua o te whanga roa he raruraru nui
How waiting turns into bigger problems

Primary care delay → **Condition worsens** → **Hospital presentation** → **Transfer or repeat visits**

For whānau, problems getting care don't always look dramatic. It looks like waiting longer, managing symptoms at home, or deciding not to go back until things are worse. By the time whānau re-present, the issue is often harder to resolve.

Whanau Ora

Whānau Ora navigators are specialist kaimahi who advocate for whānau, provide navigation and support working with whānau to find the services and support needed. Whānau Navigators in Te Kūiti are employed under Taumarunui Community Kokiri Trust and based alongside staff at the Maniapoto Family Centre Clinic.

Whānau Ora Navigators outside the centre in Te Kūiti

The common issues identified by the navigators included housing, affordability of kai for whānau and ability to eat healthy kai, addiction issues amongst whānau, early childhood care for whānau, dental support for tamariki and adults.

> "Hauora - cost of eating healthy kai. Far cheaper to get a bag of flour."

> "Dental waiting time - the service is not frequent enough, so tamariki are missing teeth."

Tiaki Kōhungahunga
Early Childhood Care

The waiting list for the local Kohanga Reo is sitting around 40–60 tamariki, with waits of six months or more. Whānau want their tamariki in childcare and their kids to learn te reo Māori, however the staffing is the pinch point.

> "Waiting list for Kohanga Reo, can't get children into childcare, which impacts on some of the parents wanting to work."

Pōau-pī
Methamphetamine (Meth)

Kaimahi identified the challenges for young men dealing with the effects of meth and not getting the support needed to stay out of jail. Once they are released from jail they are bailed back into the environment that was problematic in the first place.

There is an increasing number of grandparents raising grand children, with parents as users/sellers pushing out to kids to sell. Examples were provided where children were taking over grandparents homes and using homes to sell from.

> "There is a real lack of support to deal with meth issues in the community, more awareness, training and services are needed."

Kāinga Ora no longer meth test homes, which was a previous deterrent. It was identified that Te Nehenehenui has taken over some of the houses, however feedback has been received by the navigators that tenants were unsure of their accommodation future.

> "Is there an opportunity for us if Te Nehenehe decides to sell these whare? Can the tribe support us? We are uncertain about our future."

Stakeholders identified limited and poor housing quality, overcrowding, with some houses that were damp and showed mould. Data from the last census supports this.

> "Not enough housing, poor planning & execution."

Pokapū Mō Ngā Ratonga Whare Kōhanga
– Maternity Resource Centre (MRC)

The centre provides a community space following the closure of the maternity service at the hospital 8 years ago. Following this, two case load midwives (Lead Maternity Care-LMC) were moved away from the hospital and based at the Maternity Resource Centre. The centre provides a base for Plunket, Tamariki Ora, and currently 3.5 LMCs. Outreach Immunisation is provided once a fortnight at the centre, Piripoho and coffee groups, as well as new born hearing screening.

The manager of the service identified that the free Under 25 Family Planning funding was pulled. The centre has access to a good outreach nurse who is able to provide opportunistic advice/support between 10am-3pm, whether the parent is registered/not. More recently, the centre has been closed 2 days during the week. A decision was made to close the centre with no communication to the community.

No midwives are available in January, and women then need to go to Te Awamutu and Hamilton. Frustration was felt at the lack of understanding shown by those making the decisions, without properly understanding the communities.

Te Hōhipera O Te Kūiti - Te Kūiti Hospital

Te Uru ki te Hōhipera me te Whakamarohi Hospital access and escalation

Te Kūiti Hospital plays an important stabilising role, but its scope is limited. Higher-acuity issues often require transfer, and whānau are aware of this. Hospital data and whānau voice align on one point. Hospital use is a signal of where earlier access was not available or not workable. It is not a sign that care began at the hospital.

When whānau arrive at hospital with advanced conditions, the system is already under strain. Transfers, transport, and follow-up then add further pressure to both families and services.

The hospital carries what cannot be resolved locally.

Te Kūiti Hospital is a rural hospital 80 kilometres south of Hamilton. It serves the Ōtorohanga/Northern King Country area, and is part of Te Whatu Ora Waikato. Te Kūiti Hospital provides the following services:

- 24/7 Emergency Department
- retrieval services (air and road ambulance) to Waikato Hospital for people requiring urgent complex care
- speciality clinics for outpatients with visiting senior doctors
- general laboratory and radiology diagnostics
- fracture clinics
- repatriation of rural patients from Waikato Hospital to a hospital closer to their own community for further care before discharge
- on-site GP practice
- on-site physiotherapy gym.

A GP Service is run separately alongside the hospital, with an After Hours contract with the Prime Response Team. The hospital currently has 12 beds with an average of 8 beds in use. Doctors from Tokoroa Medical Centre help out, and House Officers are mentored by the local GP practice. Medical Health Officers from Waikato are rotated to provide continued medical care and rehab discharges. Specialists from Waikato visit the hospital to run Outpatient clinics. Cardiologists are stretched, and more ECHO Cardiograms are being required.

The hospital is half way through a renovation of the west wing, and Accident & Emergency has been waiting 10 years for renovation. It is a long day for those who use the hospital bus from Te Kūiti Hospital, with nowhere to wait at Waikato. Smaller vans are needed, leaving at different times. The St John Ambulance Service has to stay overnight in Te Awamutu, which sometimes means a wait for the ambulance.

Te tiakitanga o ngā whānau i te Hōhipera o Te Kūiti
Looking after Whānau at Te Kūiti Hospital

Based under Māori Health Services at Te Whatu Ora Waikato, a Kaitiaki covering both Te Kūiti and Taumarunui is based at Te Kūiti Hospital. The following issues were identified:

- One of the challenges for whānau is the size limits in the wards. The Whānau room was taken away which makes it challenging for whānau when they visit/ support whānau in hospital.
- Another challenge is rangatahi mental health, and dealing with whānau who come in on Meth. More training is needed for staff in order to safely deal with Meth users while in ED and hospital.
- Transport remains a key issue for whānau with the hospital bus unsuitable for many whānau due to the length of travel and wait time at Waikato Hospital for the return trip. Also whānau who are elderly or unwell that may need to stop to use toilet facilities. There is a lack of suitable faciities for the bus to stop at.
- Discharges from Paediatrics at Waikato Hospital often require whānau to attend follow up outpatient appointments at paediatric clinics. However there is little consideration made for whānau on benefits (the timing of the benefit being paid fortnightly) and the cost of travel. Hence many of the DNA(Did Not Attend) rates are a direct result of not being able to afford to travel.

> **"It's not easy for the elderly to drive themselves to an early appointment at Waikato Hospital, those making the bookings really need to be mindful of whānau travelling from Te Kūiti."**

There is a Renal/Chemotherapy nurse on site at Te Kūiti Hospital. Recently 3 whānau patients and whānau members with renal conditions have completed training for home dialysis. A Podiatrist visits the hospital every 2 months, and there is planning for a dialysis/chemotherapy chair at Te Kūiti.

Ko ngā Mahi e angitu ana
What is Working Well

The Emergency Department triaging system is working well at the hospital, with a doctor on the ward each day, a Dr on standby all the time, and a Dr on call on the weekend. In Outpatients, there are 2 Social workers, and 2 Occupational Therapists available twice a week, a Physiotherapist on site, with a gym available to use.

More recently an Enduing Power of Attorney (for those making health decisions for whānau members) workshop was organised and run for whānau in partnership with the community law centre, after the Kaitiaki noticed the number of whānau who did not understand the process. This was a collaboration with Te Nehenehenui, Marae Pact Trust, the Te Kūiti Community House and Te Whatu Ora (Marama). The first workshop held at the Community House, 15 whānau attended. Two lawyers from the Community Law Centre attended. In the second workshop, two Justice of the Peace and the lawyers were in attendance to help with paper work. The cost to whānau for this was minimal, compared to what would normally be paid directly to a law firm.

Manawa Hauora
Cardiac Health

A senior clinical nurse working in the heart health area has observed that Māori are presenting younger with heart disease. One of the areas of concern is younger Māori men who are heavy drinkers presenting with alcoholic cardiomyopathy.

> "It breaks my heart to see so many young Māori men come to me with hearts working below a certain point due to alcohol. If they are truck drivers their license is suspended, so their job is temporarily lost while we sort it out. That's a huge impact on a family and it's preventable...
>
> Waikato Hospital often discharges people on a Friday afternoon, one of my older patients that lived on the back of Ohura they were going to discharge him on a friday put him on the bus at 3pm leaving Waikato to get to Ohura at 5.30pm in the middle of winter. There is no taxi service there."

Te Mātau Hauora Me Te Kōkiri
Health Literacy And Advocacy

The stakeholder has observed a lack of health literacy amongst whānau, and identified:

> "A lot of the stuff people present overnight has been bubbling along in the background and people haven't recognised it."

Another issue is that whānau are not good/confident at asking for what they need and fighting for themselves within the health system. Following discharge after a cardiac event/stroke, people are able to get 6 weeks acute care at home. People are not aware unless they ask, often relying on whānau. If the acute care is not organised in hospital it is harder to get when at home. There may be a sense of shame with some asking that they might need help at home.

Communication and a lack of understanding of rural realities by Hamilton based staff at Waikato Hospital was also identified:

> "Sometimes there is a disconnect at Te Whatu Ora Waikato, they are so busy that they don't understand what rural NZ is like and what the difficulties are like for transport."

A common staffing issue is the availability of specialist staff travelling to provide clinics:

> "We did have Saturday clinics with the cardiologist and myself, however Waikato hospital didnt make it very easy. That is on hold because of staffing."

The nurse identified communication with the cardiologist who was keen to support. They were currently trying to work through ways they could bring the monthly clinic back to Te Kūiti. One of the issues is the shortage of cardiac sonographers in the country.

> **"One person driving down to do a clinic is better than 30 people driving up to Waikato. We tried it in Te Kūiti when we had a ECHO clinic here and a cardiologist. Patients also came up from Taumarunui and we had 100% turnout. It's that extra hour to Waikato that's especially hard for those from Taumarunui."**

Collaboration and increasing referrals from Hauora Māori Providers is any area which the stakeholder felt could be strengthened. This would also assist whānau to undertake actions in management of conditions and preparation for specialist consultation.

Te Waka Tūroro O Hato Hōne
St Johns Ambulance

Recruiting to paramedic roles has been challenging in the rural towns. After hours, the ambulance is based in Te Awamutu. Staff are noticing that whānau call the ambulance late when dealing with an issue, with many having a mistrust of the health system. Often there is a lack of knowledge or understanding about a health condition.

Changes in how staff deal with extreme mental health cases, has seen the police only involved if there is a threat to life, and the Crisis Assessment team alerted. When whānau ring, the calls are triaged over the phone.

St Johns provides health shuttles, and also runs community programs. More first responders are needed in the communities. From a first responder role, people can then move into training as an Emergency technician, then additional post graduate training into paramedic roles.

Lynette Stafford Rongoa practitioner from Te Kora o Mahuika pictured with Te Tiratū Whānau Voice Kaimahi Raven Jan 2026

Rongoā

Te Kora o Mahuika is a rongoā service provided for Te Kūiti and to Kawhia, Te Awamutu, and Hamilton. The majority of referrals are funded and come through ACC. The service - which can also take self funded referrals (although there is a wait) provides Rongoā Rakau utilising a range of key Māori botanicals. The service is also a registered provider under Southern Cross Health Insurance. The service, also involves the use of the Emmet technique, which is used in a complimentary way. The practitioner is formally qualified in the application of these techniques and has identified that she is busy with requests for work. A common feature identified by her, is the lack of understanding about what rongoā is, citing many whānau often associate it only with mirimiri and karakia, or rakau rongoa.

Mātanga Taka Rongoā
Pharmacist

There is only one pharmacist at the local pharmacy store in Te Kūiti, who travels 45 mins out of the area to work. The Pharmacist identified that the service had been advertising for a year before she started. There are regular queues at the Pharmacy door in the morning. Many of the clients are on Community Service Cards (CSC). For some illnesses, the Pharmacist provides blister packs to ensure the beneficiaries have enough supply till benefit day, so they can afford the $5 script cost instead of $15.

Rangatahi Youth

Stakeholders identified a need for civic and life skills amongst rangatahi. Some behaviours have been enabled, hence the need for parenting and encouragement for rangatahi to develop those key life skills. Number 12 Youth Provider helps rangatahi to get an ID and undertake their drivers license. For those whānau from the area that aim high and have aspiration - those rangatahi are motivated requiring less intensive support.

Ngā Whakapātaritari Mātauranga, Rangatahi Hauora hoki o te Kura Tuarua o Te Kūiti
Education and Youth Wellbeing Challenges Te Kūiti High School

Waata, is a Deputy Principal at Te Kūiti High School and also a tutor/leader of Ngā Pua o Te Kōwhara senior kapa haka. Joyce is an experienced school counsellor serving both Te Kūiti High School and Ōtorohanga College.

Both highlighted significant concerns for student wellbeing. The closure of Kāinga Rua – Falloon House hostel in 2023 has severely impacted students from Kāwhia and Taharoa, resulting in long travel times, reduced attendance (up to 50%), and loss of essential support such as access to showers and meals.

Kāinga Rua – Falloon House opened as a five-day boarding facility in May 1975 when Kāwhia District High closed.

Te Katinga o te Whare Falloon
Falloon House closure

Extended families are under strain, with many grandparents raising grandchildren while managing behavioural challenges and intergenerational stress. Substance abuse, particularly methamphetamine, compounds these issues, alongside gang influence and a lack of positive role models for young men.

Community efforts, such as delivering leftover school lunches and support from the Community House and No. 12 Youth Service, provide some relief, but gaps remain for younger rangatahi aged 12–14 years old. There is limited agency support and minimal resources for autism and gender-diverse youth exacerbate vulnerability.

Summer holidays pose additional risks due to a lack of structured activities. Mental health concerns are escalating, with reports of high-risk behaviours, synthetic drug use, and cannabis exposure among children as young as eight. Recent tragedies, including suicide, accidents, and health-related deaths, underscore the urgent need for coordinated mental health, addiction recovery, and youth engagement initiatives

Nama 12 Ratonga Rangatahi
Number 12 Youth Service

Initially set up as part of the Social Sector Trials during 2015-2017, Number 12 is a Te Kūiti youth organisation providing a wrap-around service of support, information, and direction catered to rangatahi, their whānau, and our community.

The Trust works with rangatahi not in Education, Employment or Training (NEET). A NCEA programme, People Potential Ready for Work, develops workplace and life skills. Youth offending has decreased since the trust started, and the trust has had success supporting all 16 year olds to get their learner licenses, with a 92% success rate. The Trust has developed good partnerships with Te Kūiti High School, the Whare Kura, and Kura Kaupapa.

A gap has been identified for those 11-14 years old not attending school, in particular boys, dealing with life course changes, learning challenges, and a lack of suitable Māori role models available within some of the settings for these rangatahi.

The Trust works alongside and supports young people to create goal plans, connecting them with education and training opportunities, and work readiness programmes.

The Trust also runs programmes for young parents who are able to bring their babies to the centre. The young parents contract through Youth Services provides a benefit to those aged 16-20 years old, with a requirement to do parenting and budgeting courses, enroll with a GP and Well Child provider, immunise their babies, and attend regular catch ups at the centre. Once the baby is a year old, the young parents are required to do an education course in order to keep their benefit. It provides valuable support for the young parents and helps weave out benefit fraud.

Te Whakangungu Rangatahi, Kia whai mahi Ahuwhenua, Ngāhere hoki - Rangatahi Training and Employment Farming and Forestry

The Maniapoto Marae Pact Trust Training Agency (MMPT) provides training opportunities for rangatahi to achieve NZQA and develop skills to work in Farming and Forestry. The agency provides education and training for rangatahi who have been less successful in the traditional New Zealand education system. The Trust has progressively invested in its own farm and forestry blocks, allowing students to participate fully in activities required to manage these enterprises. The training academy provides opportunities to retain local rangatahi talent in Maniapoto, helping to build their capacity and capability. In doing so, the MMPT is building the cultural, social, and economic development of Ngāti Maniapoto whānau.

Te Kaunihera ā-rohe o Waitomo - Waitomo District Council

A staff member from Waitomo Council living in Te Kūiti and working in the wider community and economic development space provided some insights for Te Tiratū. The stakeholder identified the good work being done by Marae Pact Trust, Taumarunui Community Kokiri Trust, and had observed that the organisations would work together or not depending on the agenda.

For rangatahi, a gap was observed in their learning pathways with a fragmented pipeline between what they learn in high school, which does not relate to the real world, and what is on their door step. The education system was not bespoke in talent management.

On the job seeker side of things, local employment roles available in Te Kūiti, such as compliance, auditors, inspectors, and those in technology, students were not being prepared or moving to training and post-secondary education to enable them to take such positions. Those rangatahi that were brought up motivated and remained motivated had options, but for those rangatahi who don't have the skills, motivating them was difficult. Number 12 was identified as an important youth provider supporting whānau fallen through the system.

For the Waitomo district (of which Te Kūiti is a big part), 493 were identified as being on Job Seekers benefits, 348 on supported living payments, with 246 on Sole Parent Support. (information from Figure NZ)

Sport and Recreation was seen as important for the community, and the lack of visibility of the regional sports trust which covers the rohe was mentioned:

> **"Where is Sport Waikato? We don't see their staff much in the community."**

Diabetes, mental health issues, heart and respiratory were identified as common illnesses amongst the community. Health Literacy is needed, and whānau are trying to absorb knowledge, but are just trying to survive at the moment

The elderly were identified as a group growing in numbers around 18%, and there is a lack of infrastructure to support them. Dementia is seen as a growing issue. While there is an aged residential care facility in Te Kūiti (Hillview) there is no dementia care in Te Kūiti.

Alcohol and vaping are issues for rangatahi, with vape and alcohol stores out numbering health providers.

> **"The flavoured vapes are sucking our rangatahi in we have three vape stores and five liquor stores including the supermarket and supervalue, way more than a community of our size should have."**

> **"When the easiest shops to reach are vape, booze and cheap feed, that becomes the default. You do not have to lecture people to see the problem."**

Waipiro - Alcohol

There are a large number of alcohol outlets in the town. Off Licenses (bottle stores brought in person but consumed off premise) include: New World, Super Liquor, Liquorland, Black Bull, Super Value, and the Waitomo Distillery (the distillery only sells remotely).

On Licenses (Venues where alcohol can be consumed) include: Stoked Eatery, Panorama Motels, Tomo Bar and Eatery (Waitomo Caves), Quora Club Te Kūiti, Caves Motor Inn (Waitomo Caves), Curry & Tandoori Indian Restaurant.

Special Club licenses include Te Kūiti Bowling Club, Waitomo Club, Waitete Rugby Club and Te Kūiti Squash Rackets.

Wara Petipeti - Gambling

There are 47* Gaming Machines allocated to Te Kūiti under the Grassroots Trust. These machines are located at: the Muster Bar (18 machines), Quota Club (10 machines), and 18-20 at the Waitomo Club. The River Bar which, is now closed, previously had 9. Grassroots Trust Gaming

A Gambling Policy developed by the Waitomo Council indicates a sinking lid policy - no new machines to be added, however it was unsure of the exact current number as policy documentation from the Council website were slightly vague, and ranged between 61-71 machines.

Alcohol and vape outlets are highly visible and centrally located, contributing to normalisation of harm environments relative to protective infrastructure. The food environment shows a high density of takeaway and prepared food options, alongside a smaller number of fresh food retailers. This shapes daily choice, particularly for rangatahi and low-income households.

Te Pokapū Rēhia ā-Hapori - Community Recreation Centre

Hika is the Centre Manager at the Gallagher Recreation Centre, Te Kūiti High School Community Grounds. The centre was opened in Feb 2023. The Centre has a fully equipped gym, virtual exercise/meeting room, basketball courts, and changing rooms. Basketball, Futsal, and other school activities are organised at the gym. The Services Academy, which has recently started up at the school, also utilises the space.

Kī o Rahi, basketball and touch are activities the rangatahi commonly participate in, which seem to suit changes in Rangatahi attention span.

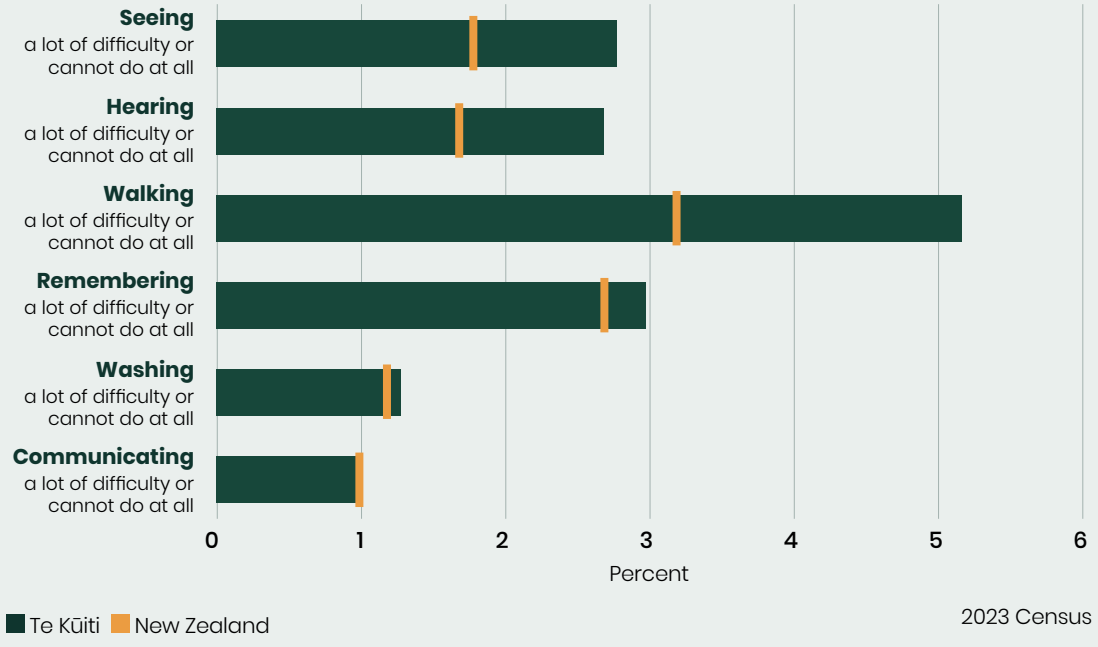
More recently, Hika has been part of a small team revitalising touch amongst Maniapoto. Evidenced through the success by Ngāti Maniapoto teams winning 5 out of 7 grades at the Māori Touch Nationals in December.

The Recreation Centre provides a social point of focus and connection, with different age groups using the facilities. One of the health issues Hika has noted is the rate of diabetes in the community, with insulin resistance becoming more common. This is an area where Iwi and hauora providers could work together to utilise the space and facility for subsidised memberships alongside a hauora program.

There are gaps in health literacy – and nutrition education for whānau including understanding what whānau need to do in terms of nutrition and exercise to lower their risk.

The table below identifies a range of health issues which stop people participating in exercise above the NZ average.

Percentage of population by activity limitation, Te Kūiti and New Zealand



Te Whare Hapori O Te Kūiti - Te Kūiti Community House

The Community House provides food parcels, skinny jump modems, and advocates and works alongside whānau. It also provides an exercise programme for elderly, and hires out rooms which the following local services use - North King Country Counselling service, Cancer group, English language partners, and Arthritis.

The Community House books appointments for the 4 Mobility Vans set up under a separate Trust. The wheelchair enabled van is driven by volunteers, and available 24 hours notice on request. A lot of the elderly can't fill out the hospital forms, so the volunteers also provide support for this.

The Community House is a drop in centre for the community and also has computing and photo copying facilities available for the public to access.

The Co-ordinator, a certified clinical hypnotherapist, also has expertise in an approved neuro-science technique called Havening, which uses Psychosensory methods to help clients process trauma and deal with anger, disappointment and mental health concerns.

The stakeholder identified cold and old housing stock in Te Kūiti, with shortages of housing. There are a number of properties owned by people living and working in Auckland, and listed as Air BNB.

Mātau Matihiko i te hapori o Waitomo - Digital literacy in the Waitomo community

Digital literacy support is provided by Heartland Services into the Community. Concern was raised around the closure of the 3G phone network, and what this will mean for medical alarms and farm equipment. It is estimated by the Centre Co-ordinator that 550 people will be affected and workshops with providers have been undertaken to work through concerns.

> **"Digital access and literacy across our district is uneven with patchy internet and mobile coverage in rural areas."**

Other stakeholders identified some whānau as being confident online, with others excluded due to low literacy and/or confidence with devices and online systems. Noting that online-only services can unintentionally exclude rural whānau. Blended approaches were seen to work best.

Ngā Ratonga Heartland i Te Kūiti - Heartland Services Te Kūiti

Aotahi Heartland Service Te Kūiti provides a range of services and facilities for the community to access. These include support to a range of government department services.

Ko ngā mahi e angitu ana? What's working?

The manager/co-ordinator identified the following things that she observed worked well for Te Kūiti. Strong informal networks between local providers, high trust where relationships are established, the critical role Kaupapa Māori providers play in a connector role, and a willingness to collaborate despite limited resources.

Ko ngā mahi kāore e angitu ana? What's NOT working?

What's not working well includes short-term funding impacting continuity, time poor, understaffed services and at times, an unwillingness to collaborate.

Health services in particular those in primary care are valued locally but there is limited appointment availability and the travel and cost remain barriers for some whānau in meeting whānau needs.

In regards to other providers; visiting specialists are helpful but inconsistent and kaupapa Māori services are often more accessible and trusted. Whānau prefer services that understand rural realities and whānau dynamics. There are significant access challenges for whānau with disabilities with limited local specialist or therapy services. Whānau are required to travel to other areas adding to barriers identified above.

Key gaps and needs identified include:

- Local navigation and advocacy roles (kaiārahi/kaitautoko)
- More integrated, place-based service models
- Improved transport solutions for health and disability access
- Increased local mental health and addiction support
- Consistent services for rangatahi
- Long-term funding that supports relationship-based practice
- Workforce development and retention in rural settings

Waitomo-specific reflections:

- Rural whānau often demonstrate strong resilience but carry a heavy load
- One-size-fits-all models do not work well in the Waitomo context
- Trust, continuity, and local presence are critical to engagement
- Strengthening local capability reduces pressure on regional systems

Wharenoho - Housing

There is a current lack of affordable homes across the housing continuum, and the right types of homes to match the diverse needs of whānau in the Te Kūiti community. The homes available are generally old, and costly to maintain a healthy living. Given the high rates of asthma this is an important area for attention.

The 2023 Waitomo Housing Strategy research identified the need for more houses, healthier homes, and a better balance of housing stock. Waitomo Housing Strategy

Ko Hinekirikiri he Wharenoho Whakawhanaketanga - Hinekirikiri Housing Development

A partnership between Te Nehenehenui and the Crown will see the development of a housing programme which will offer affordable housing with a mixture of type/size in order to meet the diverse needs of whānau. It will consist of 20 two-bedroom accessible homes for kaumātua, 13 three-bedroom homes and 7 four-bedroom homes. These affordable rentals will support the ambition of Ngāti Maniapoto to place 200 whānau in safe, secure, high-quality and affordable homes by 2030.

Te Tarahiti o Maru Maru Trust

Maru Trust is a Charitable arm of The Lines Company (Power) covering Te Kūiti and Taumarunui and provides support for housing insulation and heat pumps for those whānau who meet the criteria. Those that rent homes do not qualify. One of the requirements of the subsidy is that whānau may be required to get rid of their fireplace (dependent on fireplace type), which may impact on whānau uptake. The Maru Trust programme receives funding through the Warmer Kiwi Homes Programme, so is influenced by policy/funding decisions made by the Government. Additional funding support for the programme is also provided by Ruapehu, Otorohanga Councils and King Country Trust Maru Energy Trust

Whakawhanaketia ngā pouwhakarae - Building on strengths

Te Kūiti is not starting from scratch. Despite pressure across health, housing, and access, there are strong foundations already in place. These strengths matter because they are already trusted, already used, and already woven into everyday life. They are the places where effort goes further because whānau are already engaged.

He kaha te ahurea o te hapori A strong sense of community

Te Kūiti remains a place where people know each other and look out for one another. That sense of connection shows up in informal support, shared transport, checking in on kaumātua, and whānau stepping up when someone is unwell. In a small town, this social glue is a real protective factor, especially when formal services are stretched.

He iwi taikaha rātou Committed people on the ground

Across services, one of the strongest assets in Te Kūiti is its people. Kaimahi, volunteers, and community leaders consistently step in where gaps appear. Many are carrying more than one role, often quietly, to make sure whānau are not left on their own. This commitment does not remove system pressure, but it does soften its impact day to day.

Nā ngā ratonga Kaupapa Māori i ārahi kia whai hua ai – Kaupapa Māori leadership and delivery

Kaupapa Māori providers are a major strength locally. They offer care that whānau trust and feel comfortable using. These services are not just delivering programmes, they are absorbing pressure that would otherwise show up later in hospital or crisis settings.

> **"I came to help with my breathing-COPD, have gained so much more, health and social benefits, forever grateful."**
>
> **"Grateful for all her mahi, she went above and beyond. Our whole whānau appreciates the support in fixing our toilet and boiler cylinder in our home. After MSD declined our application, saying the costs exceeded our entitlements, we had nowhere else to turn. Maniapoto Marae Pact Trust was our last option. We were overwhelmed when the kaimahi let us know our quotes had been approved. Thanks to this support, we're finally able to welcome our tamariki and mokopuna home to stay with us for the first time in years."**

Whakawhanaketia ngā ara kia whiwhi mahi - Growing workforce pathways

The rural GP training satellite hub and related workforce initiatives are important long-term investments. They will not solve immediate shortages, but they create a pipeline that makes local staffing more realistic over time. Retaining people who train locally is one of the most effective ways to stabilise rural services.

Ko ētehi atu o ngā mārohirohi – Other Key Strengths

- A modern recreation centre that gives rangatahi, whānau, and community groups a place to move, connect, and belong.
- Strong participation and success in Maniapoto touch teams, reflecting rangatahi engagement and community pride.
- A kaumātua programme that maintains connection across borders, including ongoing engagement with whānau living in Australia.
- The breadth and depth of services provided by Maniapoto Marae Pact Trust, spanning health, social services, training, disability support, and whānau navigation.
- Rangatahi training and employment pathways delivered through the Maniapoto Marae Pact Trust Training Agency, particularly in farming and forestry.
- The development of kapa haka within Maniapoto, led by Te Kapa Haka o Ngā Pua o Te Kōwhara, strengthening identity, discipline, and intergenerational connection.
- Progress on new housing supply through the Hinekirikiri development, responding directly to long-standing housing pressure.

Ko ngā Mahi me te Ahu o te Iwi i muri i te whakataunga kerēme

Post-settlement Activity and Iwi Direction

The establishment of Te Nehenehe and wider post-settlement activity provides governance, direction, and momentum that did not exist previously. This creates clearer alignment between health, housing, education, and economic development, and gives system partners a place to connect into iwi priorities.

Powhiri for the Turning of the soil ceremony for HInekirikiri Housing development and Te Nehenehe Board Chair Peter Douglas, with Kaumātua Board representative Kahu McClintock, and Te Tiratū Social Media and Ngāti Maniapoto descent Kōare Hudson.

Ngā Whakaaro Whakamutunga - Final Reflections

Providers and community networks in Te Kūiti are holding together a system under constant pressure, often stepping in where formal services cannot. Whānau manage needs that build slowly through daily life, and when services shift or become harder to reach, issues escalate showing up later as avoidable hospital care, missed appointments, and rising costs.

The pattern is clear: most challenges begin small. Strengthening early, local points of support, trusted kaupapa Māori services, timely primary care, simple follow-up, and practical fixes to everyday barriers will ease pressure across the whole system. Backing the services already carrying the load, growing local capability, and improving coordination will ensure whānau are not left to navigate gaps alone.

Te Kūiti has the strengths and relationships needed for change. Acting earlier, locally, and around what already works is the most effective path to a healthier, more sustainable future.

Kāti rā, e te nui, e te rahi, e te kaupapa kua whakatēpuhia, hei mea whakaaroaro, tēnei ka mihi.

He Pukatara, He Kuputoro
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Te Ōhākī Tapu o Ngāti Maniapoto with Manatū Hauora and Te Whatu Ora (July 2024)Ngāti Maniapoto Deed of Settlement

Te Tiratū Iwi Māori Partnership Board Hauora Māori Priorities Summary Report 2024 Hauora Māori Summaries Report 24

Te Tiratū IMPB Whānau Voice Community and stakeholder hui and meetings (July–August 2025)

Whaitua* Mapping Tool Te Tiratū Data https://reports.hqsc.govt.nz/whaitua/

Whānau Voice surveys and verbal feedback collected at the Taumarunui Community Hauora Day (April 12/2025)

He Tūtohi Raraunga me ngā Puna Kōrero

| Data Tables and Sources

Selected datasets were sourced from Stats NZ, Whaitua, PHO enrolment and condition prevalence, and other relevant sources. The tables within this report provide the quantitative foundation for the trends and signals discussed in the main sections.

The main report focuses on interpretation and implications rather than reproducing full datasets.

Ngā Tepenga Raraunga me Te Whakamāoritanga - Data Limitations and Interpretation

The data referenced in this report comes from multiple sources, including PHO datasets, national surveys, and regional indicators. These sources are not always aligned in definitions, classifications, or reporting practices. Apparent differences between datasets may therefore reflect methodological variation rather than actual differences in service delivery or population need.

In some cases, small numbers and aggregation methods limit the reliability of conclusions, particularly at the local or sub-population level. Certain datasets also lack sufficient transparency to allow full interrogation of assumptions or data handling processes. Where town-level data is unavailable or suppressed for privacy reasons, regional data has been used for context only.

Accordingly, while the data provides useful directional insights, it should not be relied upon in isolation for definitive decision-making. Interpretation requires caution, contextual knowledge, and triangulation with qualitative evidence, including Whānau Voice.

Te Take me ngā Whakamahinga Raraunga - Purpose and Use of Data

This report brings together Whānau Voice and a selection of health system data to understand access and system pressures in Te Kūiti. The information presented is intended to support shared understanding and informed discussion, not to judge individuals, assess provider performance, or claim precise local prevalence.

- **Contextual data:** Some data in this report is regional rather than town-specific. It is included to provide context where local data is limited or suppressed, and to support understanding of system patterns.
- **Integrated perspective:** By combining local service data, regional indicators, and Whānau Voice, the report aims to illuminate pressures and access patterns without attributing causality or assessing individual behaviour.
- **Kaupapa-aligned approach:** Whānau Voice is central to understanding system pressures. Data is used to support learning and shared understanding, not to define communities, measure individual behaviour, or evaluate service effort.

Tepenga - Limitations

This report has the following limitations:

- Reliance on secondary data sources
- Limited Māori-specific town-level data for some health indicators
- Absence of service-level performance analysis
- Absence of cost, funding, or workforce modelling

These limitations are consistent with the purpose of the report, which is to support system sense-making rather than programme evaluation.

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

Ngā uiui e pā ana ki ngā raraunga, tukua ki: - Enquiries about data can be made here:

Whakapā mai | Contact us - Te Tiratū Iwi Māori Partnership Board

Images from the Kaumātua Games

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