WĀHI KŌRERO

REAL STORIES
FOR CHANGE

PROJECT REPORT 2025

STORYTELLING HAS THE POWER TO FORGE CONNECTIONS AND FOSTER EMPATHY, PROVIDING INSIGHTS INTO SHARED HEALTH EXPERIENCES.

This report introduces Wāhi Kōrero, an online story-sharing platform designed to collect stories from people whose experiences are often absent from health research. Online platforms offer opportunities to amplify underrepresented voices.

Wāhi Kōrero was developed through a collaborative approach between Indigenous and non-Indigenous researchers and web designers. Wāhi Kōrero provides a safe and welcoming space for people to share their experiences.

Analysing the stories submitted to Wāhi Kōrero also reveals broader inequities that shape personal experiences of health. Ultimately, Wāhi Kōrero paves the way for a more equitable and inclusive approach to health research and practice.

I had taken my 6 year old daughter to the after hours dr after she had been having fevers and coughing for a week,

The medical system of our country is disgusting. Our medical personnel who choose to remain in our country are over worked. It is "normalised"

CONTENTS

KŌRERO I WISH I COULD'VE HAD WITH THE WELLCHILD NURSE

I wish I could have been honest about terrible sleep - I lied and said sleep was okay, because I didn't want suggestions to sleep

I am a first time Mama and although I had all the support from Whanau and friends I still opted to do well-child checks instead of just going to

KO WAI MĀTOU

Here at Wāhi Kōrero, we're listening to your stories. We aim to understand the health and wellbeing challenges we face as whānau and communities in Aotearoa.

WĀHI KŌRERO –
REAL STORIES FOR CHANGE

> ‘Whenever we raise our voices collectively, change is inevitable.’
>
> NII ARMAH SOWAH, 1000 VOICES PROJECT

DESIGNING WĀHI KŌRERO

Wāhi Kōrero is a bespoke story-sharing platform (www.wahikorero.co.nz) developed specifically for online qualitative research. The platform provides a space for contributors to respond to prompts. In developing the Wāhi Kōrero platform, we prioritised an ethical, culturally responsive and collaborative approach.

Wāhi Kōrero is designed to encourage the sharing of often challenging health experiences. The use of prompts is critical to the platform’s design. The prompts are brief and open-ended to encourage people to tell the stories that matter to them. Using these prompts, Wāhi Kōrero captures the nuances of people’s ordinary health encounters. Prompts are collaboratively developed by all members of the advisory group and research team members, striking a balance between openness and conciseness. These prompts are designed not only to generate data about barriers and inequities faced in the health system but also to identify the strengths, strategies, and solutions people use to navigate and overcome these challenges.

RESEARCH TEAM

The research team includes Indigenous and non- Indigenous researchers working together to create an inclusive and safe online environment. Our partnership reflects power-sharing and equitable contributions to the design and implementation processes. This approach ensures that Māori researchers maintain the autonomy to employ Māori methodologies, preserve data sovereignty, and engage with the research in ways that benefit Māori communities.

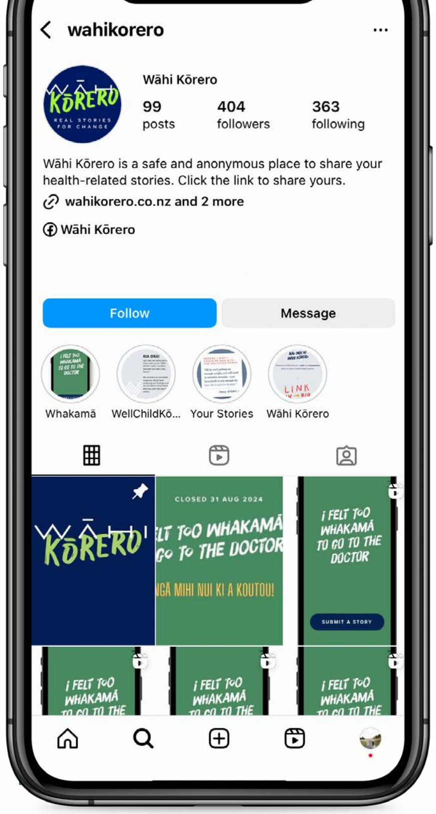
The Wāhi Kōrero research team consists of researchers, representatives, and advisors from the health and disability sector.

Wāhi Kōrero is rooted in Māori cultural concepts. The name combines ‘wāhi,’ meaning location or place, with ‘kōrero,’ encompassing the act of telling, talking, or speaking. Wāhi Kōrero incorporates design elements inspired by te ao Māori. The branding images reflect the shapes and symbols of a wharenui, a Māori meeting house with significant cultural, linguistic, and community importance. By incorporating these architectural shapes and patterns, the site evokes a gathering place and a sense of community and safety—values that resonate with te ao Māori while also reflecting broader aspirations for inclusivity, connection, and collective wellbeing.

CONCEPTUALISATION

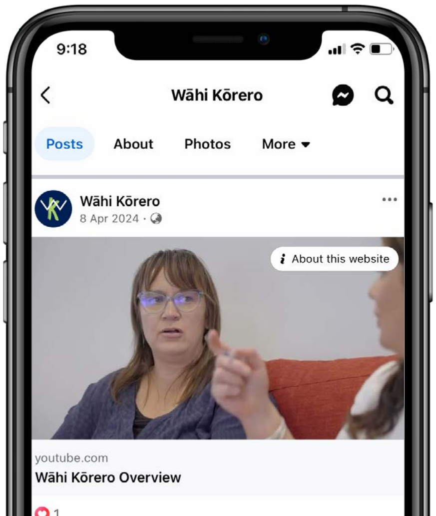
Wāhi Kōrero is supported by our kāhui rangahau, an expert advisory group including medical professionals, Māori and Pacific leaders, maternal and child health experts, disability advocates, youth health and development experts, mental health and addiction leaders and service user advocates, and LGBTQIA+ health advocates. The kāhui rangahau is involved from the beginning: developing the research, securing funding for story prompts, engaging in ethical discussions, and discussing the analysis. This group ensures that Wāhi Kōrero reflects a wide range of perspectives and addresses the needs of diverse communities.

The Wāhi Kōrero team collaborated with a creative agency to design a platform carefully crafted to reflect Wāhi Kōrero's purpose and values. Text styles were chosen to emphasise the concept of kōrero, symbolising the act of sharing. The font symbolises the significant impact that individual voices can have within the community. We integrated the branded website with active social media channels to enhance engagement. This established Wāhi Kōrero as a credible, inviting, and safe space for sharing health experiences. The investment in design ensures the platform's long-term usability and flexibility, allowing our team to adapt to various research topics.



Wāhi Kōrero is a safe and anonymous place to share your health-related stories. Click the link to share yours.

I wish I could have talked openly about bedsharing (safely). I wish I could have not had my breastfeeding length (over 8 months) made to sound like a surprise.



USER PROFILES

In collaboration with designers, we developed five distinct profiles of potential contributors: the non-sharer, coaxed sharer, cautious sharer, immediate sharer, and external researcher or policymaker. The platform was tailored to meet the perspectives and motivations of different users as they progress towards sharing their stories. Wāhi Kōrero creates opportunities for more hesitant visitors to read stories already submitted and gain comfort in sharing their own stories.

> **“I had developed a fear of her coming back and taking my baby. As she had written falls risk all over our Well Child book with no explaining as to what it meant. I kept wondering what I had done wrong. What did it mean??”**

ETHICAL PRACTICE

Participants agree for their stories to be used for research before submitting them. After submission, each story is reviewed and identifying details of people, places or health services are removed. Inappropriate, destructive, or inflammatory content is also removed, safeguarding against website misuse. To enhance user safety and privacy, we have integrated a safe exit function on the site, like those used on websites related to family violence. This allows users to quickly leave the site if they become concerned. All participant data is stored on secure servers and is accessible only to the research team.

Optional demographic questions about ethnicity, gender, and age can be included when stories are submitted, tailored to the specific needs of each project. Collecting ethnicity data not only helps identify trends across different groups but also enables Māori researchers to draw out and analyse Māori stories through a kaupapa Māori lens, ensuring culturally grounded insights are recognised and elevated.

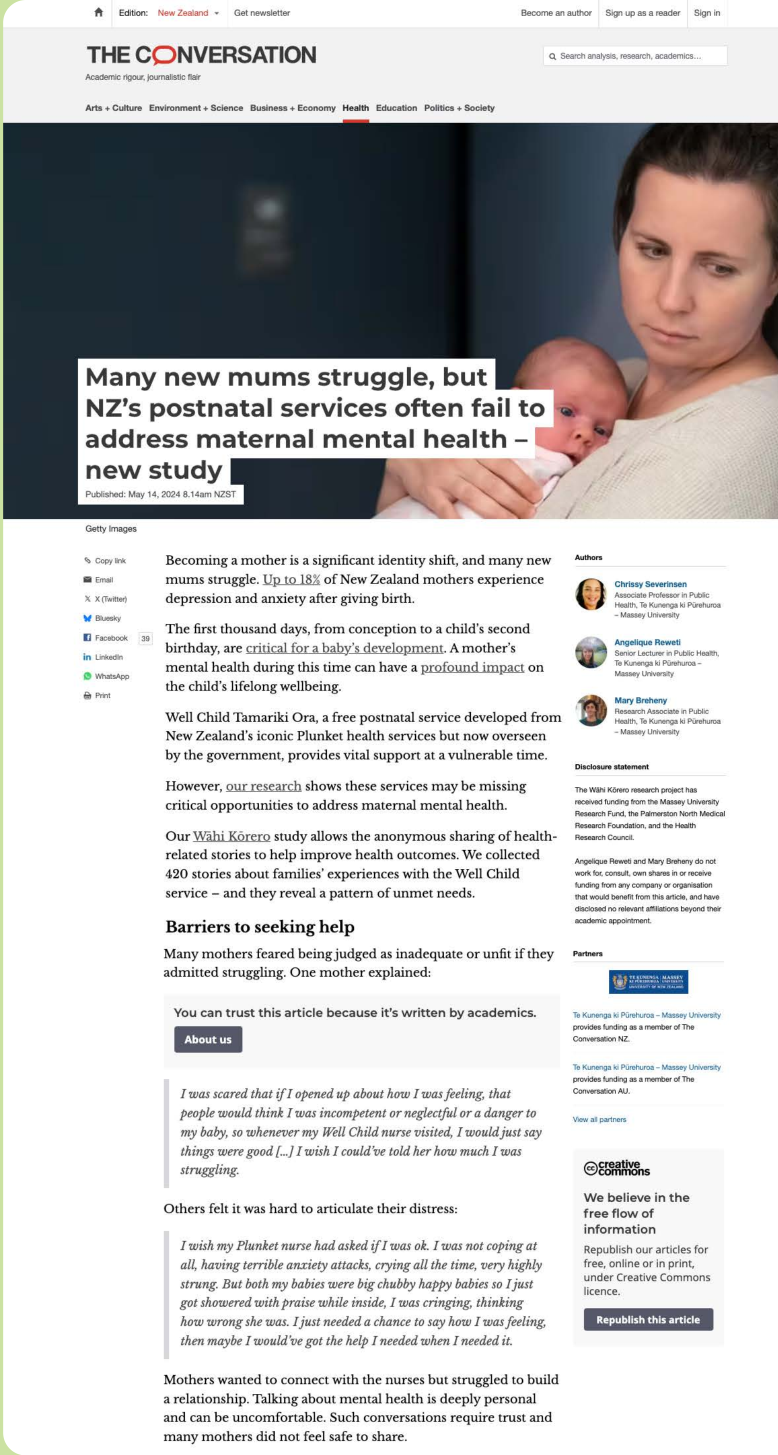
ACCESSIBILITY

Central to inclusivity is the platform’s multimodality. Participants can share their stories via text, video and audio. The main text can be translated into te reo Māori with a single click. The Wāhi Kōrero platform has been assessed for accessibility, aiming to give everyone an equal opportunity to share their experiences. The site incorporates a Help section, which provides links to support services, and a Frequently Asked Questions section offering additional research details.

ENCOURAGING PARTICIPATION

We have built partnerships with community groups and organisations to ensure that people learn about the research platform through trusted sources. This is complemented by our social media presence on Facebook, Instagram and TikTok, which build a following, promote the projects, and share example stories and research findings.

Wāhi Kōrero features a dedicated space for sharing research findings, publications, videos, blogs, and conference talks. We create opportunities for individuals and groups to suggest story prompts, shaping the direction of future projects. The platform is a valuable resource for policymakers, who can gain insights from the submitted stories and the publications (see Research Outputs). We create opportunities for individuals and groups to suggest story prompts, shaping the direction of future projects.



Many new mums struggle, but NZ's postnatal services often fail to address maternal mental health – new study

Published: May 14, 2024 8.14am NZST

Getty Images

Becoming a mother is a significant identity shift, and many new mums struggle. Up to 18% of New Zealand mothers experience depression and anxiety after giving birth.

The first thousand days, from conception to a child's second birthday, are critical for a baby's development. A mother's mental health during this time can have a profound impact on the child's lifelong wellbeing.

Well Child Tamariki Ora, a free postnatal service developed from New Zealand's iconic Plunket health services but now overseen by the government, provides vital support at a vulnerable time.

However, our research shows these services may be missing critical opportunities to address maternal mental health.

Our Wāhi Kōrero study allows the anonymous sharing of health-related stories to help improve health outcomes. We collected 420 stories about families' experiences with the Well Child service – and they reveal a pattern of unmet needs.

Barriers to seeking help

Many mothers feared being judged as inadequate or unfit if they admitted struggling. One mother explained:

You can trust this article because it's written by academics.

> *I was scared that if I opened up about how I was feeling, that people would think I was incompetent or neglectful or a danger to my baby, so whenever my Well Child nurse visited, I would just say things were good [...] I wish I could've told her how much I was struggling.*

Others felt it was hard to articulate their distress:

> *I wish my Plunket nurse had asked if I was ok. I was not coping at all, having terrible anxiety attacks, crying all the time, very highly strung. But both my babies were big chubby happy babies so I just got showered with praise while inside, I was cringing, thinking how wrong she was. I just needed a chance to say how I was feeling, then maybe I would've got the help I needed when I needed it.*

Mothers wanted to connect with the nurses but struggled to build a relationship. Talking about mental health is deeply personal and can be uncomfortable. Such conversations require trust and many mothers did not feel safe to share.

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Disclosure statement

The Wāhi Kōrero research project has received funding from the Massey University Research Fund, the Palmerston North Medical Research Foundation, and the Health Research Council.

Angelique Reweti and Mary Breheny do not work for, consult, own shares in or receive funding from any company or organisation that would benefit from this article, and have disclosed no relevant affiliations beyond their academic appointment.

Partners

Te Kunenga ki Pūrehuroa – Massey University provides funding as a member of The Conversation NZ.

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WĀHI KŌRERO PROMPTS

In 2021, the Wāhi Kōrero team used the story prompt, “Kōrero I wish I could’ve had with the Well Child nurse.” The prompt encouraged stories about conversations people wished they could have had with their baby’s health nurse: What did they feel they could not say? Launched in August and running for nine weeks, the prompt elicited 420 stories. Of the 61% who indicated ethnicity, 19 percent identified as Māori, 3 percent as Pacific, 81 percent as NZ European Pākehā, and 6 percent as other ethnicities. The complete collection of submitted stories is publicly accessible on the website.

www.wahikorero.co.nz/projects/korero-i-wish-i-couldve-had-with-the-wellchild-nurse/

The second Wāhi Kōrero project was launched in April 2024. It explored the issue of unmet health needs through the prompt, “I felt too whakamā to go to the doctor.” Whakamā refers to personal or collective feelings of embarrassment or shame. This project concluded in August and gathered 414 stories. Of those who supplied demographic details, 119 participants identified as Māori, 24 as Pacific Peoples, 233 identified as NZ European/ Pākehā, and 30 as other ethnicities. The project also gathered data on health-related identities: 80 participants identified as tāngata whaikaha and 47 as tāngata whaiora.

www.wahikorero.co.nz/projects/i-felt-too-whakama-to-go-to-the-doctor/

RESEARCH

`Kōrero I wish I could've had with the Well Child nurse'

BY CHRISTINA SEVERINSEN, FELICITY WARE, MARY BREHENY AND SARAH AITKEN

December 20, 2022

Wāhi Kōrero is a unique research project where patients share their stories of care that did not meet their needs, via an online story-sharing platform. In the first part of this project, young mothers share challenging accounts of their experiences with Well Child nurses.

'Our previous research with young mothers highlighted how surveillance by health services undermined their confidence and limited their autonomy as mothers.' PHOTO: ADOBE STOCK

ARTICLE CATEGORIES

- News
- Opinion
- Practice
- Features
- Research
- Maranga Mai!
- Puzzles
- Letters
- Colleges & Sections

He mangu taku ngeru.
My cat is black.

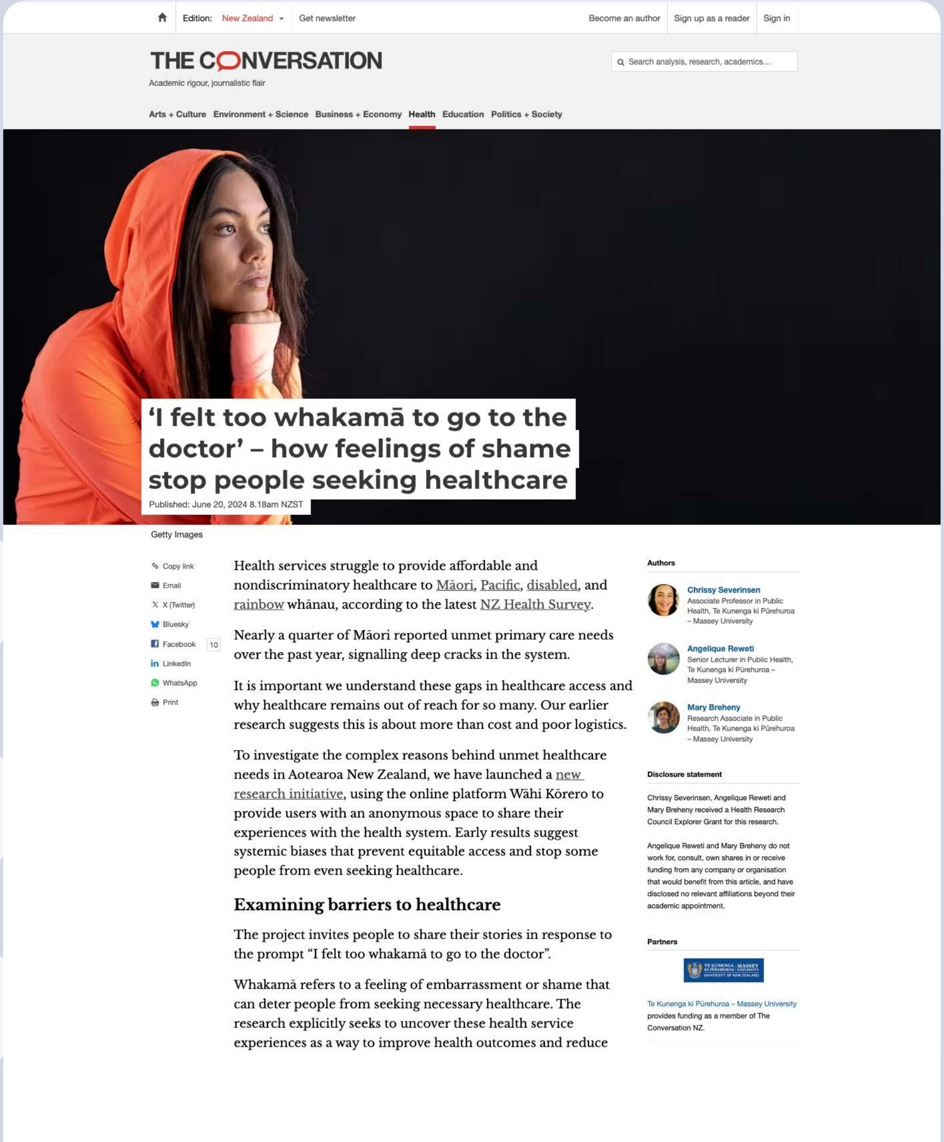
28 Feb **Pharmac CE resigns**

The Board of Pharmac wishes to announce that its Chief Executive for the last 7 years, Sarah Fitt, has resigned effective from 30 May 2025.

25 Feb **ICN issues updated statement on health care in conflict, calling for peace and compliance with international humanitarian law**

Prompt 2

Prompt 1



'I felt too whakamā to go to the doctor' – how feelings of shame stop people seeking healthcare

Published: June 20, 2024 8.18am NZST

Getty Images

Health services struggle to provide affordable and nondiscriminatory healthcare to Māori, Pacific, disabled, and rainbow whānau, according to the latest NZ Health Survey.

Nearly a quarter of Māori reported unmet primary care needs over the past year, signalling deep cracks in the system.

It is important we understand these gaps in healthcare access and why healthcare remains out of reach for so many. Our earlier research suggests this is about more than cost and poor logistics.

To investigate the complex reasons behind unmet healthcare needs in Aotearoa New Zealand, we have launched a new research initiative, using the online platform Wāhi Kōrero to provide users with an anonymous space to share their experiences with the health system. Early results suggest systemic biases that prevent equitable access and stop some people from even seeking healthcare.

Examining barriers to healthcare

The project invites people to share their stories in response to the prompt "I felt too whakamā to go to the doctor".

Whakamā refers to a feeling of embarrassment or shame that can deter people from seeking necessary healthcare. The research explicitly seeks to uncover these health service experiences as a way to improve health outcomes and reduce

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Partners

Te Kunenga ki Pūrehuroa – Massey University provides funding as a member of The Conversation NZ.

Tēnā koe. Thank you for sharing your story. All identifying details will be removed so your story will remain anonymous.

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

I had taken my 6 year old daughter to the after hours dr after she had been having fevers and coughing for a week, we were told her chest was

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

The medical system of our country is disgusting. Our medical personnel who choose to remain in our country are over worked. It is "normalised" to have a waiting period to

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

I was worried about my sexual health and couldn't go to the doctor. I was uncomfortable down below and embarrassed. I took to using supermarket antibacterial soap and cream, in

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

Lived for 2 years in New Zealand and got a series of heavy bowel flare ups that caused me to sweat due to massive pain and have a week of

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

I almost didn't go to the doctor and it would've cost me my life. I'd been let down so many times in the past and often not taken seriously when

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

I am a 59 yr old woman with type 2 diabetes which I managed with diet and exercise, earlier this year I went to my doctor as I had high

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

all my life, every time I told my family I felt sick I was told to be quiet and stop being a hypochondriac, it got to the point I wouldn't

READ FULL STORY >

I FELT TOO WHAKAMĀ TO GO TO THE DOCTOR

I get very frustrated that it takes 6 weeks to see a doctor! When you do they often run late and to be honest I do not feel I am

READ FULL STORY >

KŌRERO I WISH I COULD'VE HAD WITH THE WELLCHILD NURSE

I wish my nurse showed up to the visits she booked with me instead of canceling a couple hours later

READ FULL STORY >

KŌRERO I WISH I COULD'VE HAD WITH THE WELLCHILD NURSE

I wish my nurse could have identified the abuse in my relationship. Domestic violence, in my case - emotional and psychological abuse, seems to be avoided and ignored by professionals

READ FULL STORY >

KŌRERO I WISH I COULD'VE HAD WITH THE WELLCHILD NURSE

I wish my well child nurse could have given me strategies to help me cope with my super wakeful child, instead of pushing solids/tipping his cot up/reflux/weaning from breastfeeding none

READ FULL STORY >

KŌRERO I WISH I COULD'VE HAD WITH THE WELLCHILD NURSE

I wish I could've had an honest and helpful korero around co-sleeping. To be told the guidelines to do so safely, instead of the tired old 'baby in a crib

READ FULL STORY >

KŌRERO I WISH I COULD'VE HAD WITH THE WELLCHILD NURSE

Just before my son's 6 month check, I was diagnosed with post natal depression. When I mentioned it, the nurse's response was that she was here for my son, and

READ FULL STORY >

Screenshot of the stories from both Prompt 1 and Prompt 2

TRANSFORMING HEALTH

Wāhi Kōrero creates a safe space for sharing and gathers authentic health narratives that are often hidden. Participants decide the relevant details, context, and scope of their stories. By responding to general prompts rather than specific researcher questions, participants retain greater control over their stories.

Wāhi Kōrero makes the stories available for all to read, creating a community where experiences can be shared and acknowledged. Public sharing validates these experiences, potentially reducing feelings of personal shame or isolation.

Participants and the public can access easily understandable written and video summaries of the research, and read academic papers through the Wāhi Kōrero platform and social media. Policymakers and practitioners have access to the submitted stories and publications, enhancing the credibility of the research. Wāhi Kōrero develops a new standard of transparency in research practice, redefining the relationship between researchers, participants, and end users of research findings.

Hindawi
Health & Social Care in the Community
Volume 2024, Article ID 5890641, 10 pages
https://doi.org/10.1155/2024/5890641

Research Article

Missed Opportunities for Addressing Maternal Mental Health: A Thematic Analysis of Mothers' Experiences of Using the Well Child Tamariki Ora Service in Aotearoa NZ

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EVERYONE HAS A STORY TO TELL

Wāhi Kōrero provides a place to come together and share stories of health experiences.

The knowledge generated through Wāhi Kōrero can drive more inclusive and responsive approaches within health systems. Wāhi Kōrero story prompts arise from current challenges faced by whānau and communities and provide a grassroots approach to informing policy. Wāhi Kōrero elevates the voices of health service users and their expertise in their own lives and health.

> **"I wish my Plunket nurse had asked if I was ok. I was not coping at all, having terrible anxiety attacks, crying all the time, very highly strung. But both my babies were big chubby happy babies so I just got showered with praise while inside I was cringing thinking how wrong she was. I just needed a chance to say how I was feeling, then maybe I would've got the help I needed, when I needed it."**

PUBLICATIONS

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FUNDING

2023 Wāhi Kōrero: I felt too whakamā to go to the doctor, Health Research Council of New Zealand Explorer Grant

2022 Wāhi Kōrero: Challenging unmet need, Palmerston North Medical Research Foundation

2020 Wāhi Kōrero: Challenging unmet need, Massey University Research Fund

> **"I have to constantly reshare personal information, and I don't know who's reading those notes. That's what contributes to the whakamā—not knowing where all this personal information is going and who's reading it. They know everything about me, but I don't know who they are. There's no relationship there."**

wahikorero.co.nz