

Te Iti Me Te Rahi

EVERYONE COUNTS

Mental Health Services
Supplementary Report 2026



TE RAU ORA

Authorship

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He mihi

E ngā mate huhua kua riro atu i ngā marama tata nei, ngā rangatira, ngā kaiārahi, ngā māreikura o te motu, haere, haere, haere atu rā. Waiho mai mātou e tangi nei, e mihi nei ki a koutou mō ngā huarahi i whakatakoto, mō ngā moemoeā i whakatōkia, mō ngā taonga i waiho iho.

Ka huri ki te hunga ora e whakawhanake i ngā kaupapa hauora o te wā. Tihei mauri ora koutou katoa! Ko koutou ngā tini kaimahi o te motu, ngā tumu whakahaere o te hauora anō hoki. Ko koutou ērā i manaaki i ngā tikanga me ngā reo Māori i ngā motu tau atu, tau atu. Tēnā koutou katoa.

Introduction

Infometrics and Te Rau Ora, the National Centre for Māori Health Workforce Development and Excellence, would like to express our gratitude to the 1,769 people who took part in Te Iti me te Rahi: Everyone Counts 2026. Responses from 1,751 of them met the completeness threshold and are included in this analysis. The survey asked who makes up the Māori health workforce, where people work, what their roles involve, what is working well, and what challenges remain. This report brings those responses together so they can be used by the sector.

This supplementary report, and the main Te Iti me te Rahi: Everyone Counts Survey 2026 Report, were a collaboration between Te Rau Ora and Infometrics Ltd. The main Te Iti me te Rahi: Everyone Counts 2026 Report provides a full analysis of the Te Iti me te Rahi: Everyone Counts Māori Health Workforce Survey undertaken by Te Rau Ora in early 2026.

This report compares survey results for Māori working in mental health with results for Māori working in every other workplace type. It has been eight years since the first Te Iti me te Rahi: Everyone Counts Māori Health Workforce Survey was carried out in 2018. The results of that survey for Māori mental health workers were analysed in the [Te Iti me te Rahi, Everyone Counts – Mental Health Services Supplementary Report 2019](#). This 2026 report is an opportunity to examine how the experiences of Māori mental health workers, their future priorities and aspirations, have changed in that time.

To enable comparison with the 2018 results, we have kept the methodology the same. We define mental health respondents as anyone who ticked Mental Health as their workplace type in the 2026 survey questionnaire. Everyone else who answered the workplace question, including addiction and crisis workers, is included within the comparison group.

This report focuses on survey results where an association has been found with workplace type.¹ We make comparisons with the 2018 results where the two results are found to be statistically significant.² A significant result tells us the difference between the two groups, or between the 2018 and 2026 results, is unlikely to be down to chance. It does not tell us that the sample represents the wider Māori health workforce.

Context

It is important to understand what has happened in the mental health workforce in recent years and the environment in which survey respondents are currently practising.

The 2018 survey preceded the release of He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (2018), which validated much of what Māori mental health workers had long said about the pressures the system was under and how it was falling short of needs, particularly for Māori. The years following the release of the He Ara Oranga inquiry brought significant reforms across the mental health and

¹ Using a Pearson chi-square test

² Using a Pearson chi-square test

addiction sector, including increased investment in improving access and choice to quality services for Māori. The institutions changed and progress was made in some areas. Those gains have not been experienced equitably. Shifts in policy settings, funding cuts and a reduced focus on equitably resourcing services for Māori mean that much of what Māori mental health workers described in 2018 still held at the time of the 2026 survey. Investment in kaupapa Māori services has not kept pace with wider mental health investment, compulsory community treatment orders and 'seclusion' continue to be applied disproportionately to Māori, and unmet need among Māori has increased.

The 2026 survey was carried out on the back of legislative replacement and strategic renewal, and within a political environment that had dismantled the Māori Health Authority and was actively contesting the Treaty framework.

He Ara Oranga

The 2018 survey was conducted just as a major mental health inquiry was released, capturing the workforce at the beginning of what was meant to be a transformative period. In response to widespread concerns about mental health services in Aotearoa, the government commissioned an independent inquiry into mental health and addiction - **He Ara Oranga** - which brought together thousands of voices and set out recommendations to improve the mental health and wellbeing of all people. Thirty-eight of 40 recommendations were accepted by government in full, in principle, or agreed to further consideration.³

He Ara Oranga found that outcomes for Māori were worse than for the overall population, and that Māori were subject to much greater use of compulsory treatment and seclusion. Māori submissions said that in addition to more kaupapa Māori services and a strong Māori mental health workforce, Māori wanted to determine how services are commissioned, delivered and evaluated, and that the Western model of mental health including the separation of mental health from ora (wellbeing) was contradictory to holistic understandings of health.

Te Hiringa Mahara

One of the most concrete institutional changes following the He Ara Oranga inquiry was the establishment of an independent monitoring body, **Te Hiringa Mahara - the Mental Health and Wellbeing Commission** - in 2021. The Commission made a strong commitment to ground its work in Te Tiriti o Waitangi and improve mental health and wellbeing outcomes for Māori and whānau, describing this as front and centre of who they are and what they do.⁴ For Māori workers in mental health, this represented a new institutional ally with a mandate to monitor the system and advocate for kaupapa Māori services, something that did not exist at the time of the 2018 survey.

Its 2026 system performance monitoring report flags high unmet need for Māori, and investment in kaupapa Māori services not keeping pace with wider mental health investment, among the highest risks in the system. It renews the recommendation that Health New Zealand develop an action plan by June 2027 to meet the needs of Māori

³ <https://www.mhwc.govt.nz/about-us/who-we-are/he-ara-oranga-inquiry/>

⁴ Te Hiringa Mahara, About us, <https://www.mhwc.govt.nz/assets/Who-we-are/About-us-one-pager/Te-Hiringa-Mahara-About-us-Web.pdf>

and whānau accessing specialist mental health and addiction services. That recommendation was first made in June 2024 and has not been met.

Kaupapa Māori services grow but remain chronically underfunded

Investment in kaupapa Māori mental health and addiction services has increased, but Te Hīringa Mahara's own monitoring has found that Māori mental health funding continues to fall short even as access rates fall and the disparity in needs grows. Te Hīringa Mahara's 2026 monitoring report⁵ states that the level of investment in kaupapa Māori services has not kept up with other mental health investment which means over time the proportion of investment in kaupapa Māori services has been declining.

The 2026 monitoring report also stated that Te Hīringa Mahara is seeing reduced access rates to kaupapa Māori primary mental health services and increased unmet need among Māori. Māori who are in contact with specialist services have consistently higher rates of homelessness and lower rates of employment, education, or training, and this disparity in the drivers of mental health need for Māori is growing.

Access and Choice

A major structural change for the sector was the *Access and Choice* programme,⁶ another response to the He Ara Oranga inquiry. *Access and Choice* expanded primary mental health and addiction services significantly and included dedicated kaupapa Māori services. For Māori mental health workers, this programme created new employment and commissioning pathways, though the Commission noted the programme remained below its intended reach.

The Mental Health Act 2026

Following the survey's closure, the Mental Health Bill received Royal assent on 9 July 2026, becoming the Mental Health Act 2026. The Act generally comes into force on 1 July 2028, when it will repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992.⁷ He Ara Oranga recognised that the Mental Health Act has not kept pace with the shift towards a recovery and wellbeing, personal decision-making, and human rights approach to care, and recommended that the 1992 Act be repealed.

The new Act breaks new ground by explicitly acknowledging Te Tiriti o Waitangi and incorporating Māori perspectives within the mental health legal framework.⁸ However, advocacy groups are concerned that it does not go far enough.⁹ The commencement date is 1 July 2028, a year later than originally proposed, to give services time to prepare.

⁵ <https://www.mhwc.govt.nz/news-and-resources/2026-system-performance/>

⁶ <https://www.mhwc.govt.nz/our-work/mental-health-and-addiction-system/access-and-chp/>

⁷ <https://www.health.govt.nz/regulation-legislation/mental-health-and-addiction/repealing-and-replacing-the-mental-health-act>

⁸ Mental Health Act 2026.

⁹ <https://www.mhwc.govt.nz/our-work/mental-health-and-addiction-system/mental-health-bill/>

A new Mental Health and Wellbeing Strategy under development

Between 8 April and 18 May 2026, the Ministry of Health – Manatū Hauora ran public consultation on the Draft Mental Health and Wellbeing Strategy 2026–2036,¹⁰ with specific tikanga-grounded sessions for tangata Māori and communities. The draft strategy proposes a ten-year direction across the government's four priorities: prevention and early intervention; improved access to services; a supported and capable workforce; and improved quality and effectiveness of care.

¹⁰ <https://www.health.govt.nz/publications/consultation-on-the-mental-health-and-wellbeing-strategy>

Results summary

Māori working in mental health services are a distinctive group within the broader Māori health workforce: more likely to be tāne, more likely to report working five or more days per week, more embedded in Māori services, and on average better supported culturally. They are also more dissatisfied with their pay.

Demographics

Māori mental health respondents are more likely to be tāne (18%) than those in other workplace types (13%), consistent with 2018, although the share of wāhine respondents is higher than it was in 2018.

Regions

The Māori mental health workforce has a distinctive regional footprint. Compared with other workplace types, Māori mental health respondents are nearly twice as likely to be employed in Canterbury (14% versus 7.3%) and significantly less likely to be employed in Hawke's Bay (3.3% compared with 9.2%).

Recruitment

The 2026 recruitment pattern differs from that reported in 2018. Māori mental health respondents are less likely to say they were asked about te Tiriti o Waitangi in their job interview (75%) than Māori respondents in other workplace types (81%), the opposite of the 2018 pattern, when mental health respondents were more likely to have been asked. The survey cannot tell us why. Newer entrants may be part of it, and so may a policy environment that has reduced the emphasis on te Tiriti across the sector.

Work settings, roles

Māori mental health workers are more likely to work in Māori services (56% versus 43%) and more likely to work five or more days per week (81% versus 74%) - a pattern that has held since 2018, and a higher share reported five-day weeks than in 2018.

Community support worker, nurse and manager are the top three roles among Māori mental health respondents. They are also more likely than respondents elsewhere to work in community support roles and in practitioner roles such as social worker, counsellor and psychologist.

Satisfaction

The salary picture stands out. Almost a third (31%) of Māori mental health respondents disagree that their pay reflects their contribution, compared with less than a quarter (23%) in other workplace types. Pay is the one area where mental health workplaces do worse than the rest of the Māori health workforce, and it sits alongside consistently stronger results on cultural support.

Cultural support

Māori mental health workplaces are clearly doing more to support cultural practice than other settings. Two-thirds of Māori mental health respondents (66%) feel they are given enough time, support, and recognition to carry out cultural responsibilities sustainably, compared with 60% elsewhere. Cultural supervision, less consistently available is nearly half again as prevalent in mental health (44% versus 30%), mirroring 2018 results.

Mātauranga hauora

The cultural strengths of mental health workplaces show up consistently across several metrics. Māori mental health respondents are more likely to strongly agree that their workplace enables them to practise as Māori and uphold te ao Māori (50% versus 40%), more likely to have an advanced or intermediate understanding of Māori health models (83% versus 78%), and more likely to feel their workplace protects Māori staff from racism and discriminatory behaviour (72% versus 65%).

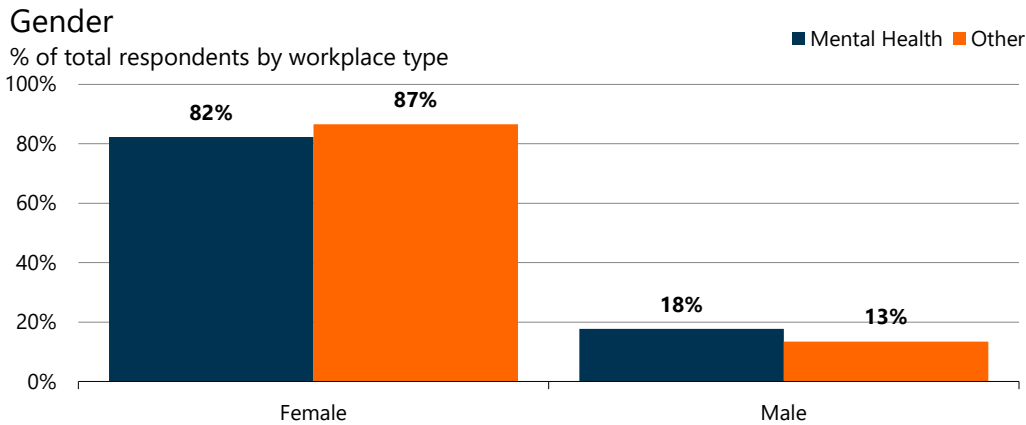
Retention signals are also stronger: 34% of Māori mental health respondents strongly agree that cultural safety makes them want to stay and build their future in the sector, compared with 28% elsewhere. A small minority strongly disagree, 4.9% compared with 3.0%. Combining both negative categories, around 13% of mental health respondents and 12% of other respondents disagree or strongly disagree.

Detailed results

Demographics

Māori mental health respondents are more likely to be tāne (18%) than those in other workplace types (13%), consistent with 2018 (Chart 1). In 2026, 82% of Māori mental health respondents were wāhine, compared with 79% of 2018 respondents.

Chart 1



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Regions

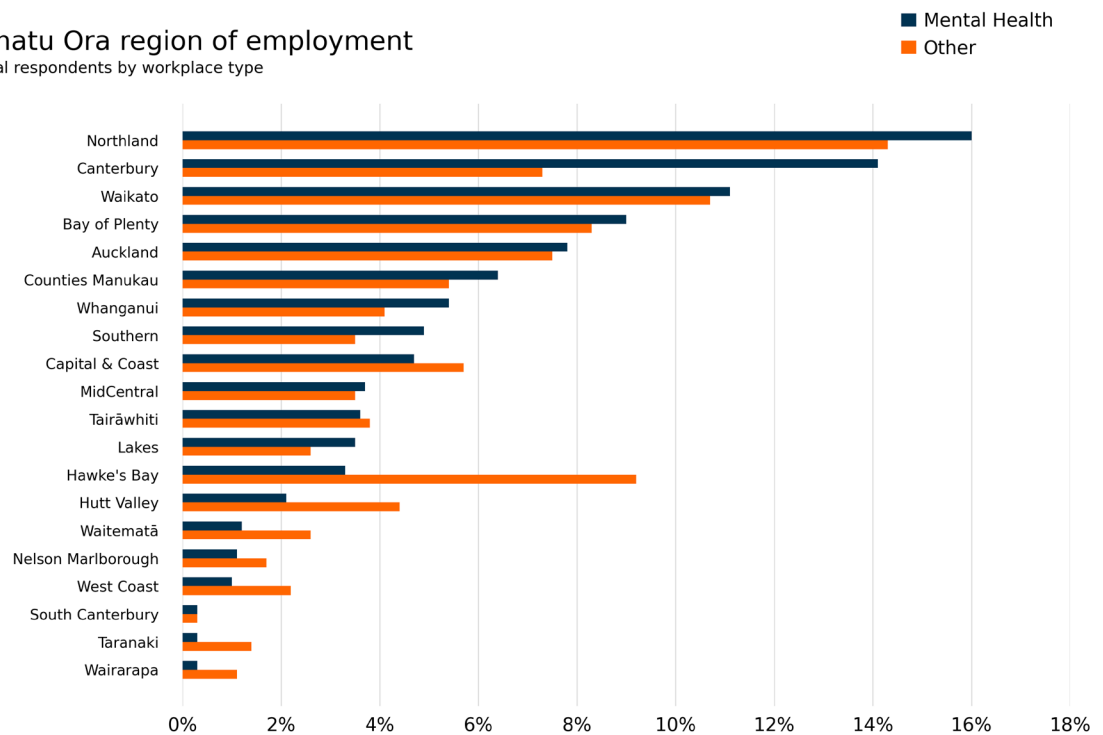
The Māori mental health workforce has a distinctive regional footprint. Compared with other workplace types, Māori mental health respondents are nearly twice as likely to be employed in Canterbury (14% versus 7.3%) and significantly less likely to be employed in Hawke's Bay (3.3% compared with 9.2%) (Chart 2). The reasons for this concentration in Canterbury are not clear from the survey data alone, but Canterbury's substantial mental health infrastructure, built up in the wake of the 2011 earthquakes, may be one contextual factor.

Compared with other workplace types, mental health respondents are slightly less likely to be employed in Capital and Coast, Taranaki, West Coast, Waitematā and Hutt Valley, and slightly more likely to be employed in Northland, Southern, Whanganui, Counties Manukau and Lakes.

Chart 2

Te Whatu Ora region of employment

% of total respondents by workplace type



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

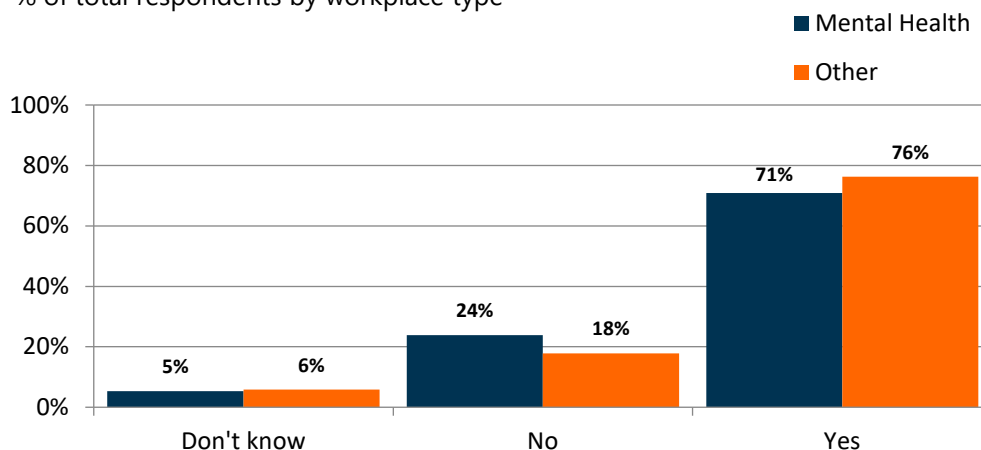
Recruitment

The 2026 recruitment pattern differs from that reported in 2018. Māori mental health respondents are less likely to say they were asked about te Tiriti o Waitangi in their job interview (75%) than Māori respondents in other workplace types (81%) (Chart 3), the opposite of the 2018 pattern, when mental health respondents were more likely to have been asked.

Chart 3

Asked about the Treaty of Waitangi in their job interview

% of total respondents by workplace type



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,586.

The survey cannot tell us what is driving this. One possibility is newer entrants: among respondents with fewer than ten years' health sector experience, Māori mental health workers are less likely to have been asked about the Treaty of Waitangi than their counterparts elsewhere (71% versus 76%). Another is that employers have responded to a policy environment that has reduced the emphasis on the Treaty across the sector. The survey data does not favour one over the other. This is worth monitoring, particularly given the broader cultural strengths of mental health workplaces shown elsewhere in this data.

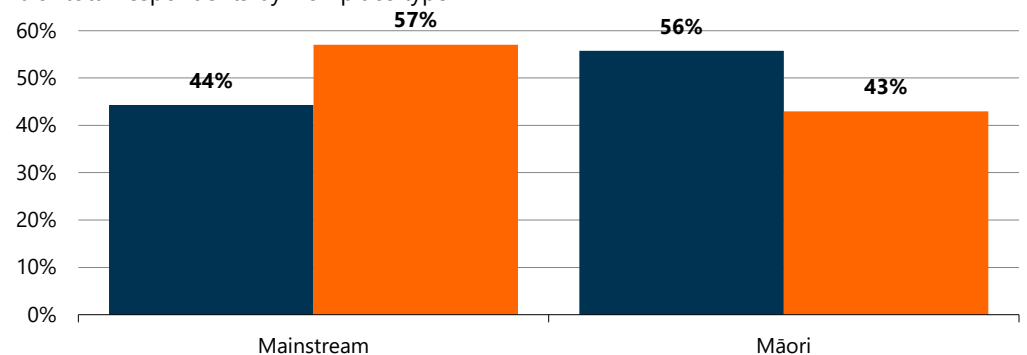
Work settings, roles

Māori mental health workers are more likely to work in Māori services (56% versus 43%) (Chart 4) and are more likely to work five or more days per week (81% versus 74%) a pattern that has held since 2018. A higher share of mental health respondents reported five-day weeks than in 2018, 77% compared with 74%, with the shares working fewer than five days and more than five days both lower than in 2018.

Chart 4

Current service

% of total respondents by workplace type



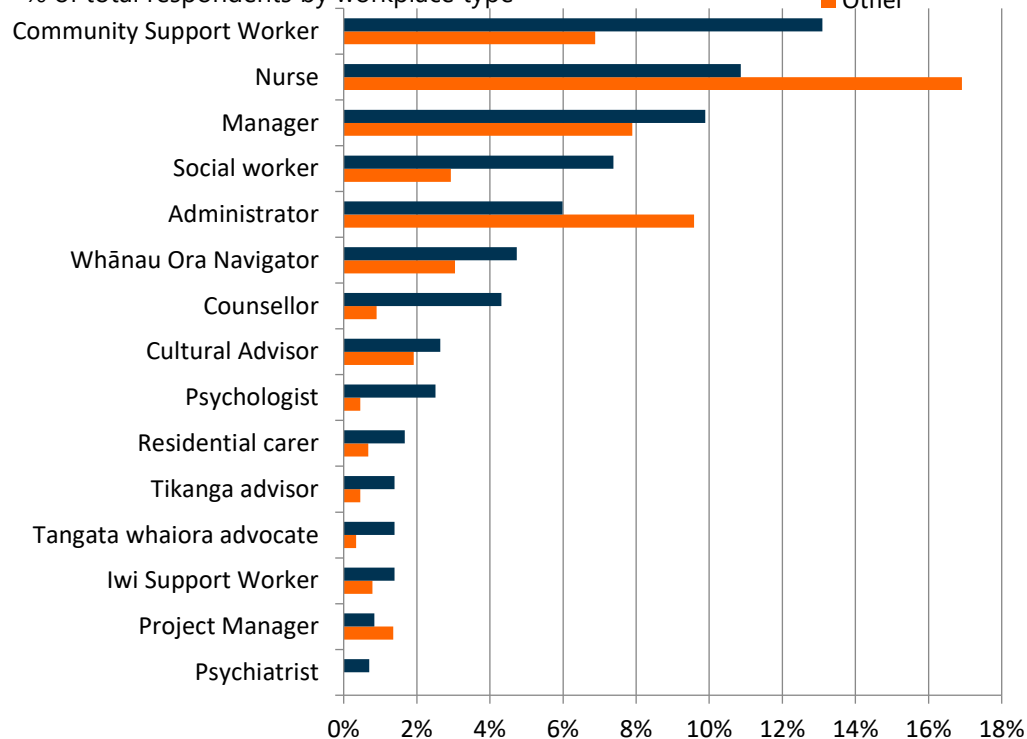
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Community support worker, nurse and manager are the top three roles among Māori mental health respondents. They are also more likely than respondents elsewhere to work in community support roles (13% compared with 6.9%), reflecting the community focus of mental health care. Other differences reflect the practitioners involved in mental health treatment with Māori mental health respondents more likely to work in social worker (7.4% compared with 2.9%), counsellor (4.3% and 0.9%) and psychologist (2.5% and 0.5%) roles.

Chart 5

Top 15 current roles

% of total respondents by workplace type



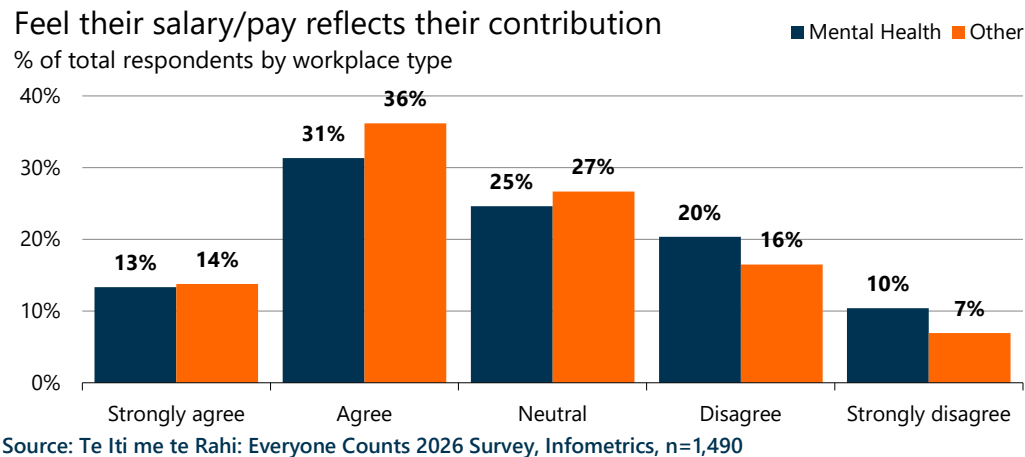
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,605

Māori mental health respondents are also more likely to report working in Whānau Ora Navigator, Tangata whaiora advocate, Tikanga advisor, Cultural Advisor and Iwi Support Worker roles. This could mean these roles are more prevalent in mental health than in other health settings, or it could mean that in other settings these functions are embedded within other roles and therefore under-captured by formal job titles.

Satisfaction

The salary picture stands out. Almost a third (31%) of Māori mental health respondents disagree that their pay reflects their contribution, compared with less than a quarter (23%) in other workplace types (Chart 6).

Chart 6



Māori mental health workers are more satisfied with their cultural environment and more likely to want to stay in the sector, but less satisfied with what they are paid. Stronger cultural support was associated with stronger reported intentions to remain in the sector (see following section). The survey is cross-sectional and cannot show that one causes the other. That should not minimise the importance of fair pay. Community support workers make up a larger share of the mental health group than of the comparison group (13% versus 6.9%), which is likely part of the explanation, but the survey cannot separate role mix from pay setting.

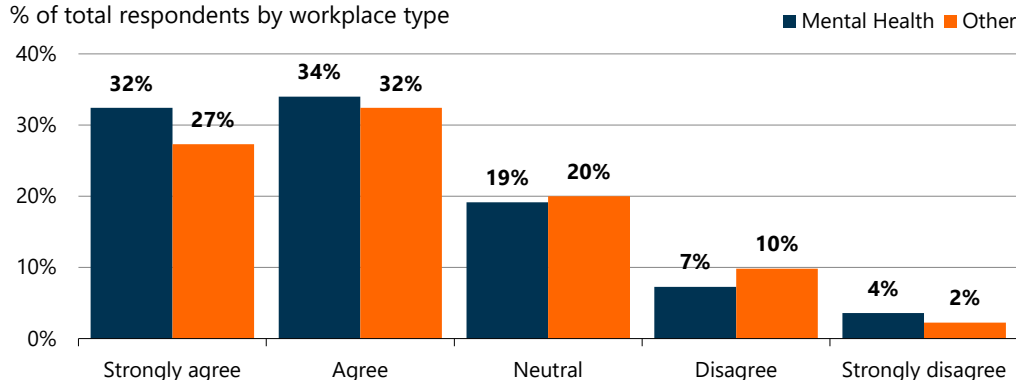
Cultural support

Māori mental health workplaces are doing more to support cultural practice than other settings. Two-thirds of Māori mental health respondents (66%) feel they are given enough time, support, and recognition to carry out cultural responsibilities sustainably, compared with 60% elsewhere (Chart 7).

Chart 7

Given support to carry out Māori cultural responsibilities

% of total respondents by workplace type



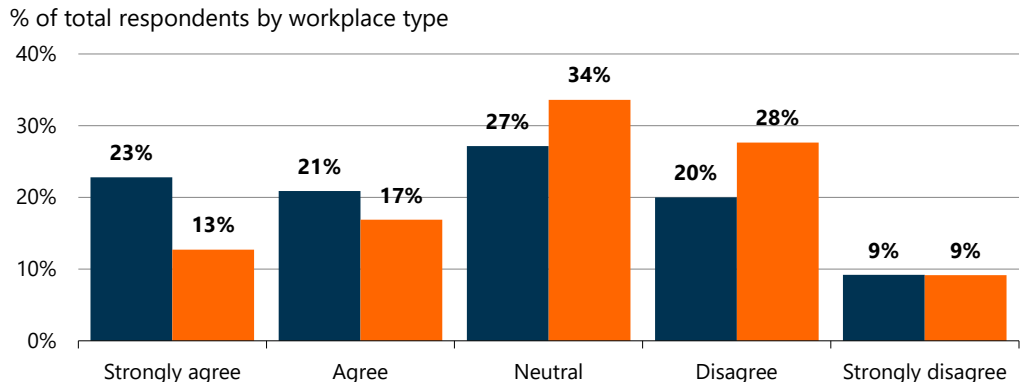
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,547

Cultural supervision is more prevalent in mental health. Some 44% of mental health respondents agree or strongly agree they have a cultural supervision plan in place that is supported by their employer, compared with just 30% of respondents from other workplace types (Chart 8), mirroring 2018 results.

Chart 8

Have cultural supervision in place

% of total respondents by workplace type



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,503

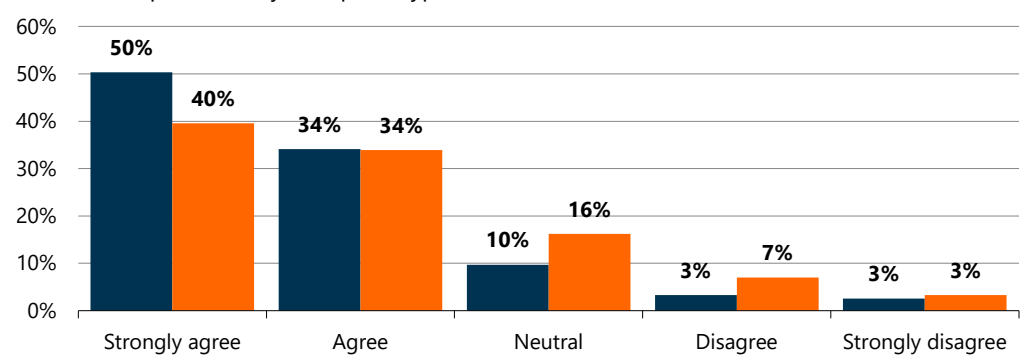
Mātauranga hauora

The cultural strengths of mental health workplaces show up consistently across several metrics. Half (50%) strongly agree they can uphold te ao Māori in their everyday work, compared with 40% in other workplace types (Chart 9). Māori mental health respondents are also more likely to have an advanced or intermediate understanding of Māori health models (83% versus 78%) (Chart 10) and are more likely to feel their workplace protects Māori staff from racism and discriminatory behaviour (72% versus 65%) (Chart 11).

Chart 9

Able to practise as Māori and uphold te ao Māori

% of total respondents by workplace type

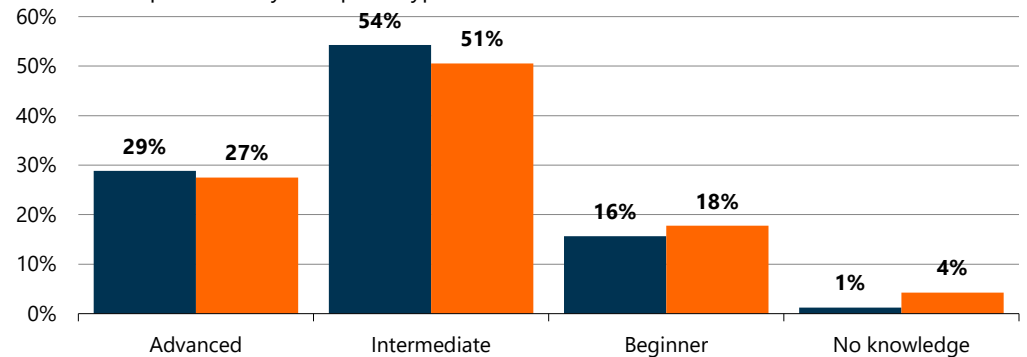


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,547

Chart 10

Knowledge of Māori health models

% of total respondents by workplace type

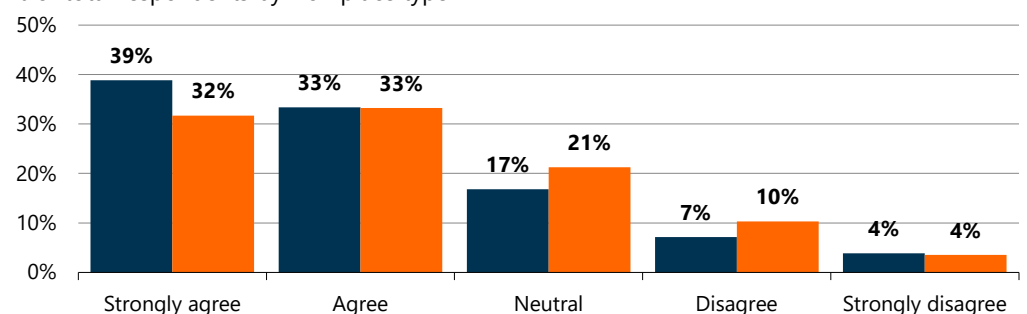


Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,581

Chart 11

Workplace upholds fairness & protects Māori staff from racism

% of total respondents by workplace type



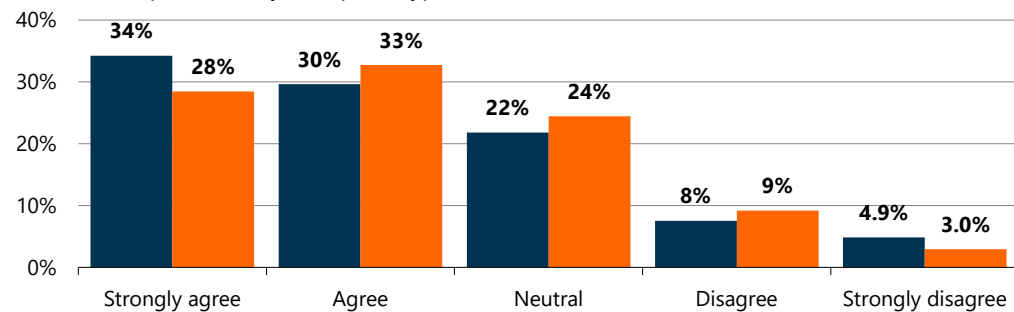
Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,547

Retention signals are also stronger in mental health: 34% of Māori mental health respondents strongly agree that cultural safety makes them want to stay and build their future in the sector, compared with 28% elsewhere (Chart 12).

Chart 12

Cultural safety makes me want to build my future in health sector

% of total respondents by workplace type



Source: Te Iti me te Rahi: Everyone Counts 2026 Survey, Infometrics, n=1,547.

A small minority strongly disagree, 4.9% compared with 3.0%. Combining both negative categories, around 13% of mental health respondents and 12% of other respondents disagree or strongly disagree. Taken together, the mātauranga hauora results point in a consistent direction: mental health workplaces are doing more to enable Māori to practise as Māori, and stronger cultural support is associated with stronger reported intentions to remain in the sector. The survey is cross-sectional and cannot show that one causes the other. The pay dissatisfaction identified earlier sits against this, and makes the case for addressing it more, not less, urgent.

Survey methodology

Te Iti me te Rahi: Everyone Counts 2026 Survey was open to adults aged 18 and over who identified as Māori and worked in health. 1,769 people took part. Following the 2018 approach, respondents who skipped more than 20 per cent of questions were excluded, leaving an analytic sample of 1,751 respondents.

Questionnaire development

The questionnaire development was undertaken through a collaboration, led by Te Rau Ora and supported by Infometrics Ltd. The questionnaire followed the structure and content of the Te Iti me te Rahi: Everyone Counts 2018 Survey questionnaire as closely as possible. The full questionnaire for the 2026 survey can be found in *Appendix 1: Survey Questionnaire* on p21.

Defining the mental health workforce

To allow comparison with 2018, we kept the definition used in the 2019 supplementary report. Mental health respondents are those who ticked Mental Health as their workplace type in the 2026 questionnaire. Everyone else who answered the workplace question, including addiction and crisis workers, sits in the comparison group. Respondents who did not answer the workplace question are not counted in either group. Workplace type was a mark all that apply question, so a respondent counts as mental health if they ticked Mental Health, whether or not they also work in other settings.

Statistical testing

For each survey question we tested whether responses differed between mental health respondents and the comparison group, using a Pearson chi-square test of association. This is the same test used in the 2018 analysis. We treat a result as significant at $p < .05$. Statistical significance indicates evidence of an association within the analytic sample. It does not establish that the sample represents the wider Māori health workforce.

The report presents only those questions where an association with workplace type was found. Where a 2026 difference is significant and the 2018 result is also significant, we set the two side by side. No direct test of change between the two surveys was carried out, so finding a mental health versus other difference separately in each year does not establish that the difference itself changed. Where the 2026 respondent pattern differs from the 2018 pattern, that may reflect genuine change, differences in survey reach, or differences in who responded.

This analysis is exploratory. We tested each survey question, did not adjust for the number of comparisons made, and report only those questions where an association was found. That combination raises the chance that some reported findings are false positives, so individual results should be read as indicative rather than settled. Leaving the tests unadjusted keeps the approach consistent with 2018. On a few questions with many response options, current role and Te Whatu Ora region in particular, the mental health group is spread too thinly across categories for the chi-square to be reliable. Where that happened, we combined sparse categories or set the result aside, rather than report a figure the data cannot support.

Procedure

The Survey was administered by Te Rau Ora via SurveyMonkey online survey software and was open for twelve weeks and aligned with the Māori values of tika (right), pono (truth), aroha (love and respect) and whanaungatanga (relationships) such as the snowball process of a built-in mechanism for sending on to known contacts while maintaining anonymity, the distribution through Professional bodies, Social media and Hui attended by Te Rau Ora kaimahi (staff members) which was utilised.

Participants were also given the option to enter a prize draw upon completion of the survey (contact details and survey responses were collected separately) and aligned with the Māori value of koha mai koha atu (reciprocity). Te Rau Ora provided the anonymised data to Infometrics for analysis.

Perceived Limitations

Recruitment was active and included snowball sharing through professional and community networks. Whanaungatanga is an appropriate recruitment method for this workforce, but it cannot demonstrate that network or selection bias was absent.

The sample was self-selected rather than probability-based and should not be treated as representative of the Māori health workforce. No population margin of error is reported. Percentages are based on valid responses to each question, so denominators vary across the report, and questions that allowed multiple selections can total more than 100%. Comparisons between 2018 and 2026 may reflect genuine change, differences in survey reach, or differences in who responded. One further point specific to this report: the mental health group is a subset of the full sample, so it is smaller than the totals in the main 2026 report, which is why some questions cannot carry a reliable test.

Appendix 1: Survey Questionnaire

Demographics

1. Age *

- | | |
|-----------------------------|-----------------------------|
| ☐ 15-19 | ☐ 20-24 |
| ☐ 25-29 | ☐ 30-34 |
| ☐ 35-39 | ☐ 40-44 |
| ☐ 45-49 | ☐ 50-54 |
| ☐ 55-59 | ☐ 60-64 |
| ☐ 65+ | |

2. Gender *

- | | |
|---|------------------------------|
| ☐ Male | ☐ Female |
| ☐ Prefer to self describe | |

3. Which iwi region do you affiliate to? *

Mark all that apply.

- ☐ Te Tai Tokerau / Tāmaki Makaurau (Northland/Auckland) Region Iwi
 - ☐ Hauraki (Coromandel) Region Iwi
 - ☐ Tauranga Moana / Mātaatua (Bay of Plenty) Region Iwi
 - ☐ Waikato / Te Rohe Pōtae (Waikato/King Country) Region Iwi
 - ☐ Te Arawa / Taupō (Rotorua/Taupō) Region Iwi
 - ☐ Te Tairāwhiti (East Coast) Region Iwi
 - ☐ Taranaki Region Iwi
 - ☐ Te Matau-a-Māui / Wairarapa (Hawke's Bay/Wairarapa) Region Iwi
 - ☐ Whanganui / Rangitīkei (Whanganui/Rangitīkei) Region Iwi
 - ☐ Manawatū / Horowhenua / Te Whanganui-a-Tara (Manawatū/Horowhenua/Wellington) Region Iwi
 - ☐ Te Waipounamu / Wharekauri (South Island/Chatham Islands)
- Other — specify iwi:
-

Education History

4. In what year did you attain your highest qualification? *

5. Are you currently studying? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

6. Apart from secondary school, do you have another completed formal qualification? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

7. What is your highest qualification? *

- | | |
|--|--|
| ☐ Level 1 Certificate | ☐ Level 2 Certificate |
| ☐ Level 3 Certificate | ☐ Level 4 Certificate |
| ☐ Level 5 Diploma | ☐ Level 6 Diploma |
| ☐ Bachelor's Degree or Level 7 Qualification | ☐ Bachelor Honours Degree or |
| Postgraduate Certificate/Diploma | |
| ☐ Masters Degree | ☐ Doctorate |
| ☐ Other Qualification | |
| Other (please specify): | |
-

8. Have you ever received a Māori health scholarship to further your education? *

e.g. Te Pitomata Grant or other financial support scholarships for Māori students in health-related study or training.

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

9. Have you ever received a whānau / hapū / iwi scholarship to further your education? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

Employment History

10. Total years employed in the health sector *

- | | |
|-----------------------------|-----------------------------|
| ☐ 0-4 | ☐ 5-9 |
| ☐ 10-14 | ☐ 15-19 |
| ☐ 20-24 | ☐ 25-29 |
| ☐ 30+ | |

11. Sector / organisation type *

Mark all that apply.

- ☐ Primary Health Organisation (PHO)
 - ☐ Private Health Service / Provider
 - ☐ Public Health Service
 - ☐ Non-Government Organisation (NGO)
 - ☐ Hauora Māori service
 - ☐ Iwi provider
 - ☐ Rūnanga
 - ☐ Rest home / Aged care
 - ☐ Education provider (e.g. university, wānanga, training organisation)
- Other (please specify):
-

12. Current workplace *

Mark all that apply.

- | | |
|---|---------------------------------------|
| ☐ Acute services | ☐ Adult Health |
| ☐ Addiction | ☐ Child Health |
-

- ☐ Community Health
- ☐ Health Promotion
- ☐ Medical
- ☐ Oral Health
- ☐ Rehabilitation
- ☐ Youth Health

Other (please specify):

- ☐ Crisis services
- ☐ Maternal Health
- ☐ Mental Health
- ☐ Palliative Care
- ☐ Surgical

13. Are you working in a role for which you do not hold a qualification? *

- ☐ Yes
- ☐ No

14. Current service *

- ☐ Māori
- ☐ Mainstream

15. How many days per week are you currently employed in your position? *

- ☐ Up to 1
- ☐ 2
- ☐ 5
- ☐ 6

16. Which Te Whatu Ora (Health NZ) region do you work in? *

- ☐ Northland
- ☐ Auckland
- ☐ Bay of Plenty
- ☐ Lakes
- ☐ Taranaki
- ☐ Whanganui
- ☐ Wairarapa
- ☐ Capital & Coast
- ☐ West Coast
- ☐ South Canterbury
- ☐ Waitematā
- ☐ Counties Manukau
- ☐ Waikato
- ☐ Tairāwhiti
- ☐ Hawke's Bay
- ☐ MidCentral
- ☐ Hutt Valley
- ☐ Nelson Marlborough
- ☐ Canterbury
- ☐ Southern

17. Current position / role *

- ☐ Administrator
- ☐ Consumer Advocate
- ☐ Cultural Advisor
- ☐ Dental Assistant
- ☐ Doctor
- ☐ Kaumātua
- ☐ Midwife
- ☐ Occupational therapist
- ☐ Pharmacist
- ☐ Project Manager
- ☐ Psychiatrist
- ☐ Residential carer
- ☐ Social worker
- ☐ Tikanga advisor
- ☐ Other (please specify):
- ☐ Community Support Worker
- ☐ Counsellor
- ☐ Dentist
- ☐ Dental Therapist
- ☐ Iwi Support Worker
- ☐ Manager
- ☐ Nurse
- ☐ Optometrist
- ☐ Physiotherapist
- ☐ Psychotherapist
- ☐ Psychologist
- ☐ Radiologist
- ☐ Tangata whaiora advocate
- ☐ Whānau Ora Navigator

18. Are you a member of any of these professional groups? *

Mark all that apply.

- | | |
|--|--|
| ☐ DAPAANZ | ☐ Māori Occupational Therapists |
| ☐ Māori Pharmacists | ☐ Māori Psychologist |
| ☐ Māori Psychotherapists | ☐ Ngā Maia (Māori midwives) |
| ☐ Ngā Pou Mana | ☐ RANZCP (Psychiatrists) |
| ☐ Te Ao Mārama (Oral health caucus) | ☐ Te Ao Māramatanga (Māori) |
| ☐ Te Kaunihera o ngā neehi Māori (Māori nurses) | ☐ Te Ora (Māori doctors) |
| ☐ Te Rūnanga (NZNO) Physiotherapists) | ☐ Tae Ora (Māori |
| ☐ No | |
- Other (please specify):
-

Recruitment

19. Where did you hear about your current position? *

Mark all that apply.

- | | |
|--|---|
| ☐ Newspaper | ☐ Tertiary institute |
| ☐ Newsletter | ☐ Word of mouth |
| ☐ Social media | ☐ Seek |
| ☐ Trade Me Jobs | |
- Other (please specify), e.g. Website:
-

20. In your interview were you asked about the Treaty of Waitangi?

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

21. Was your level of Māori cultural competence considered by your employer during your recruitment? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

Cultural Understanding

22. How well are you able to understand and express yourself in spoken te reo Māori? *

- ☐ Very well (I can understand and express myself confidently in te reo Māori)
- ☐ Well (I can understand and express myself about many things in te reo Māori)
- ☐ Fairly well (I can understand and express myself about some things in te reo Māori)
- ☐ Not very well (I can only understand and express myself in simple/basic te reo Māori)
- ☐ I can understand and express no more than a few words or phrases in te reo Māori

23. What is your level of understanding of Māori health models? *

e.g. Te Whare Tapa Whā, Paiheretia.

- ☐ No knowledge
- ☐ Intermediate

- ☐ Beginner
- ☐ Advanced

Cultural Safety

24. My workplace creates an environment where I am able to practise as Māori and uphold te ao Māori in my everyday work, including using te reo Māori, karakia, tikanga, and Māori health models. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

25. My workplace actively upholds fairness and protects Māori staff from racism and discriminatory behaviour. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

26. When Māori cultural responsibilities are part of my role, I am given enough time, support, and recognition to carry them out in a sustainable way. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

27. Leaders in my workplace actively encourage and stand behind te ao Māori approaches. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

28. The level of cultural safety in my workplace makes me want to stay and build my future in the health sector. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A

Education and Training Support Tools

29. At your main worksite, how do you rate your access to the internet specifically for professional development or training tasks? *

- ☐ Excellent
- ☐ Fair
- ☐ Very poor
- ☐ Good
- ☐ Poor

30. How do you rate your computer literacy? *

- ☐ Excellent
- ☐ Fair
- ☐ Very poor
- ☐ Good
- ☐ Poor

AI — Artificial Intelligence

31. Do you see opportunities for artificial intelligence (AI) to enhance your mahi within Māori health contexts? *

e.g. data analysis, patient care, administration, or planning.

- ☐ Very significant opportunities
- ☐ Neutral / Unsure
- ☐ No opportunities
- ☐ Some opportunities
- ☐ Few opportunities

32. What potential implications do you see with the use of AI in Māori health settings? *

- ☐ Threats to Māori data sovereignty
 - ☐ Cultural bias in AI systems
 - ☐ Displacement or reduction of Māori workforce roles
 - ☐ Lack of Māori involvement in AI design and governance
- Other (please specify):
-

33. How might AI be applied effectively in your role or organisation?

Local Knowledge and Support

34. My place of employment supports me to learn te reo me ōna tikanga. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

35. My place of employment supports me to engage with the local marae, hapū, iwi, kaumātua, kuia. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

Professional Development

36. A professional development plan including performance appraisal is in place for me and is supported by my employer. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

37. A cultural supervision plan is in place for me and is supported by my employer. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

38. My professional development plan includes leadership development and is supported by my employer. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

39. There is potential for me to take on a leadership role in my current workplace. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

Workplace Satisfaction

40. I feel valued in my workplace. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

41. I feel my salary / pay reflects my contribution. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree

42. I am satisfied with my workplace. *

- ☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree



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