

**“We hear you” -
Understanding the rangahau
priorities for Whakaora
Ngangahau in Waikato**

***Kotahi te kohao o te ngira e kuhuna ai te miro ma, te
miro pango, te miro whero***

Whakatauki quoted by Kīngi Pōtatau, the first Māori King, 1858, Ngaruawāhia

“We hear you” – Understanding the rangahau priorities for Whakaora Ngangahau in Waikato

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Te Whatu Ora
Health New Zealand
Waikato

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Ko wai ahau?

Tuia i runga, tuia i raro, tuia te muka tangata.
Ka pō, ka ao, ka awatea.

He Tangata Whenua e Tangata Tiriti tēnei e mihi ana ki te mana o te whenua.

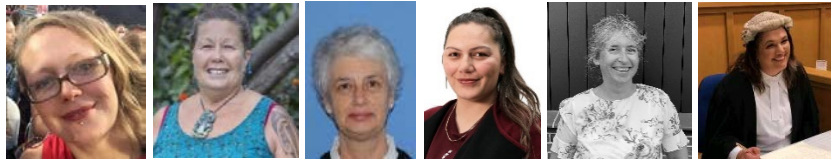
He ringa awahi ōku. He manawa popore tōku ki te oranga tonutanga o te tangata.

Who are we?

People can achieve a common goal when connected through relationships and knowledge. We acknowledge the nature of how we came to be.

As Indigenous people and people here under the Crown, we acknowledge the people of the land where we are. We come with willing hands to serve the community with love.

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Contents

Foreword.....	1
Glossary.....	1
Te Whakarāpopotanga Mātua	2
Executive summary	2
Introduction	9
Kaupapa	9
Waikato locality	9
Co-governance - Pūtahitanga.....	10
Community participation	12
Implications.....	12
Aims and objectives	13
Project scope.....	13
Methodology.....	14
Ethics.....	14
Consultation.....	14
Analysis of responses.....	15
Approach to evidence checking	16
Prioritisation.....	17
Confirmation hui	17
Results: Waikato’s top rangahau pātai for whakaora nganahau.....	18
Stage 1: Consultation	18
Stage 2: Analysis.....	18
Stage 3: Prioritisation.....	21
Stage 4: Confirmation hui	26
Discussion.....	30
Limitations	32
Conclusions	34
References	35
Appendices.....	37
Appendix A – Ethics approval	38
Appendix B – Consultation survey	39
Appendix C – Prioritisation survey.....	40
Appendix D – Consultation pātai: Condensing and search terms.....	45
Appendix E – Prioritisation survey results	55

Foreword

Ko te whakatutuki i ngā hau hauora taurite mō ngā Māori he take nui. Kei te harikoa ahau ki te whakamōhio i tēnei pūrongo i te mea ai e tautoko ana i te rangahau ki te whakapai i te taurite mō ngā Māori ki te whakaora ngangahau. He whakamiha tēnei ki te whakapau kaha o ngā kairangahau ki te Tiriti o Waitangi me e auaha ana rātou i te panoni pai i roto i te whakaora ngangahau.

It is with pleasure that I present this research report, as a contribution to the advancement of occupational therapy research in the Waikato region. This report supports guidance in future occupational therapy research direction in the Waikato and can help support research that is guided by principles of equity, partnership, and te Tiriti o Waitangi. This report not only presents crucial questions that demand attention in occupational therapy but does so in a way that privileges the experiences of the occupational therapy community in the Waikato.

It is commendable that the authors of this report have recognised the paramount importance of achieving equitable health outcomes for Māori. They embraced an approach that purposefully integrated te Tiriti o Waitangi principles across the research process. The authors acknowledge their ongoing journey in developing partnered research with Māori and are aware of the limitations they encountered in this project. However, their commitment to enhancing equity in Māori health outcomes and upholding the principles of te Tiriti o Waitangi permeates their work.

In conducting research that prioritises equity for Māori, the authors employed a research methodology that was carefully designed to privilege the voices of Māori participants and to honour the significance of Te Tiriti o Waitangi in the analysis of interview data. By giving prominence to Māori perspectives and centring te Tiriti o Waitangi, this report marks a crucial step forward in ensuring that research in occupational therapy serves the needs and aspirations of Māori communities in the Waikato.

Scott Klenner, Tumuaki Rakahau and Director of Research and Postgraduate Studies, Otago Polytechnic | Te Pūkenga.

As the Chief Advisor Allied Health, Scientific and Technical for Te Whatu Ora Waikato, I was delighted when Christine and Ema first presented the idea for this research/rangahau to me. As Professional Lead, Occupational Therapy for Te Whatu Ora Waikato and Principal Lecturer, Te Kura Whakaora Ngangahau, they had discussed the shared need to build the relationship between services.

At the time, there was no established culture of research in the clinical Occupational Therapy service at Waikato. The organisation was undergoing major change in terms of how the equity needs for Māori were being addressed, as well as wider health service reforms, so the service faced many challenges to evidence their work. From the beginning, I have supported this proposal as a model of how Allied Health research should be developed in the future that supports strong co-governance.

The purpose of this project was to define the priorities for future research are in Occupational Therapy. As well as the actual findings, there was the intent for the study to build the partnerships between the academic and clinical branches of the profession as well as between Tangata Whenua and Tangata Tiriti. The study was deliberately structured so that the level of input from the Te Tiriti partners reflected the makeup of the general population in the Waikato, to ensure the results met equity requirements at all stages.

Publication of this study will allow both clinicians and academics to target future research projects so that there is a greater connection with the development needs of the Occupational Therapy profession and the services it provides. It paves the way of how research can be conducted in a way that demonstrates partnerships between funding organisations, clinicians and academics and Tangata Whenua and Tangata Tiriti.

Claire Tahu, Chief Allied, Scientific & Technical Officer, Te Whatu Ora: Waikato District



Glossary

Aotearoa	New Zealand
Hāpori	Community
Hauora	Health, vigour
Hui	Meeting, to meet
Kai	Food (to eat)
Kaitohutohu Office	Rōpū who oversee the implementation of Te Rautaki Māori, Otago Polytechnic's Māori Strategic Framework (MSF 2022), across the organisation
Kaiwhakaora	Occupational Therapist(s)
Ngangahau	
Kanohi ki te kanohi	Face to face, eye to eye
Kaupapa	Purpose, project
Kawa	Marae protocols, practiced protocols
Kāwanatanga	Government, dominion, rule, authority, governorship, province
Kīngitanga	King Movement - established in 1850s, culminating in the anointing of Pōtatau Te Wherowhero as King, to stop the loss of land to colonists, maintain law and order, and promote traditional values and culture. Waikato tribes are caretakers of the Kīngitanga whose current King is Kiingi Tuuheitia Pootatau Te Wherowhero te tuawhitu.
Kōrero	Discussion, to speak, to discuss
Kupu Māori	Māori words
Mana	prestige, authority, control, power, influence, status, spiritual power, charisma
Mana Motuhake	Separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority
Māori	Indigenous people of Aotearoa as identified through Te Tiriti of Waitangi
Noa	to be free from the extensions of tapu, ordinary, unrestricted
Ōritetanga	Equality, equal opportunity
Pātai	Question(s)
Pou	Articles of Te Tiriti o Waitangi
Pūtahitanga	Partnership
Rangahau	Research
Rohe	Area/region
Rōpū	Team
Tangata Tiriti	People whose rights to live in Aotearoa derive from Te Tiriti o Waitangi and the arrangements that the Crown established under Te Tiriti o Waitangi
Tangata whaiora/whaikaha	A person who is accessing care, assessment and treatment
Tangata Whenua	Māori comprising those with mana whenua responsibilities – Māori who are tied culturally to an area by whakapapa and whose ancestors lived and died there
Tapu	sacred, prohibited, restricted, set apart, forbidden, under atua protection
Te Reo Māori	Māori language
Te Puna Oranga	Māori, Equity and Health Improvement directorate within Te Whatu Ora: Waikato District
Te Tiriti o Waitangi	An agreement signed on 6 February 1840, drawn up between Māori iwi and hapū representatives on the one hand and representatives of the British Crown on the other
Te Whatu Ora: Waikato District	Health New Zealand: in Waikato. The organisation serves a population of 425,000+ and covers >21,000km ² , from northern Coromandel to close to Mt Ruapehu in the south, and from Raglan on the west coast to Waihi on the east
Tikanga	Cultural protocols and customs
Tino rangatiratanga	Self-determination, sovereignty, autonomy, self-government
Wairuatanga	Spirituality
Whakaora Ngangahau	Occupational Therapy
Whanaungatanga	Relationships, connection

Te Whakarāpopotanga Mātua

Hei timatatanga kōrero

He mahinga ngātahi tēnei rangahau i waenganui i a Te Whatu Ora: Te Rohe o Waikato rāua ko Te Kura Matatini ki Ōtākau | Te Pūkenga. Ko tā mātou kaupapa kia toro atu ki te hapori ki te tautohu me te whakaarotau i ngā pātai o te wā nei me whai whakautu hei whāinga rangahau (Ridders et al., 2015) kia arataki ai i te whakawhanaketanga o te tukunga o ngā mahi Whakaora Ngangahau i roto tonu i te rohe o Waikato. He mea waiwai te whakataunga o ngā whakaarotau ā-rangahau mō te rohe kia whakatūturu ai i te Whakaora Ngangahau i Waikato e haere tonu ai te taunakitanga o ngā mahi, te auahatanga o ngā mahi me te kaha tutuki i ngā hiahia o te hapori.

I whai tēnei rangahau i te ara o te pūtahitanga i aratakingia ai e Te Tiriti o Waitangi. He mea waiwai te pūtahitanga kia whai wāhi ai ki te whakamihhi i te rohe o Waikato, arā, ko te iho o te Kīngitanga, ki te whakatauirā hoki i ngā rāhiri tūturu ki ngā pou o Te Tiriti o Waitangi (Came et al., 2021) i te wā o te whakangārahu, o te kohinga raraunga me te hōrapa i ngā rangahau. I tēnei rangahau, i kimi mātou i te ara ki te toha atu i te mana whakatau ki waenganui i te hunga Tangata Whenua rāua ko te hunga Tangata Tiriti kia tutuki ai i tā mātou putanga i tūmanako ai hei puta ka tika te reo tūturu o ngā hapori i Waikato, inarā tērā o te Māori. I tō mātou rōpū, i ngāna mātou kia noho taurite ngā Tangata Whenua rāua ko ngā Tangata Tiriti, nā konā i ngāwari ake ai mā ngā kaihaumanu – rangahau Māori ki te takoha kōrero mai i tētehi puna kohinga reo.

I whai wāhi te hapori i ngā rōpū waiwai e toru i whakarite ai mō ia hipanga o te tukanga:

- Ko ngā Kaiwhakaora Ngangahau e mahi ana i roto tonu mai o Waikato,
- Ngā mātanga e mahitahi ana ki te taha o ngā Kaiwhakaora Ngangahau,
- Te hunga kua whai pānga ki ngā ratonga whakaora ngangahau, kua tautoko rānei i tētehi tangata hira ki a rātou ki te uru atu

Executive summary

Introduction

This rangahau | research was undertaken as a collaboration between Te Whatu Ora: Waikato District and Otago Polytechnic | Te Pūkenga. Our kaupapa | purpose was to utilise community participation to identify and prioritise the current rangahau pātai | questions (Ridders et al., 2015) that need answering to facilitate improved Whakaora Ngangahau | Occupational Therapy healthcare delivery in Waikato. Determining rangahau priorities for the rohe | region is crucial for ensuring that Whakaora Ngangahau in Waikato remains evidence-based, innovative, and effective in meeting the needs of the community.

This research was undertaken using a pūtahitanga | partnership approach informed and guided by Te Tiriti o Waitangi.

Pūtahitanga was vital for acknowledging Waikato as at the heart of the Kīngitanga and for demonstrating genuine respect for the pou of Te Tiriti o Waitangi (Came et al., 2021) during the planning, data collection, analysis and dissemination of the research. In this study, we sought to share decision-making between Tangata Whenua and Tangata Tiriti to achieve our intended outcome of reflecting the voice of communities in Waikato, especially Māori. We sought equal representation between Tangata Whenua and Tangata Tiriti in our rōpū, which facilitated the Māori clinician-researchers to contribute from a collective voice.

Community participation involved three key groups in each step of the process:

- Kaiwhakaora Ngangahau working within Waikato
- professionals who work alongside Kaiwhakaora Ngangahau | Occupational Therapists, and
- people who have accessed Whakaora Ngangahau services, or have supported someone important to them to do so

Identifying rangahau priorities informs future rangahau activity in the rohe, in particular,

Mā te tautohu o ngā whakaarotau rangahau e whaimōhio ai ki te anamata o ngā nekehanga rangahau i te rohe, ina koa, ko ngā kōwhiringa rangahau e aro atu ai ki te tukunga tōkeke o ngā ratonga whakaora, e whakahaumako ai hoki i ngā putanga hauora mō te hunga Māori.

Ngā whāinga me ngā hoaketanga

Ko te kaupapa o tēnei hingonga ko te whakatau i ngā kaupapa kei te tihi o ngā mahi whakaora ngangahau hei whakaarotau rangahau i Waikato, i arahina ai e Te Tiriti o Waitangi i te whānuitanga o ia o ngā wāhanga o te rangahau.

Ko te take o te tautohu me te whakaarotau i ngā hiahia rangahau o te wā mō te whakaora ngangahau, hei hoaketanga:

- Kia whakapai ake i ngā kawenga haumanu, hei aro hoki kia ritetahi ai ngā tukunga ki te iwi Māori, ki ngērā atu o ngā taupori whakaarotau, mā te waihanga i tētehi rautaki rangahau mō te tuku whakaora ngangahau i Waikato (i te motu whānui pea)
- Kia whakapiki ake i ngā putanga hauora Māori, mā ngā kohinga taunakitanga ki te whakapai ake i ngā kawenga haumanu e taea ai te ritetahi te whakatinana me ngā putanga hauora Māori te whakapiki.
- Ka arahina te whakatūturutanga o te rangahau e te tikanga me te kawa
- Hei mahi hohe ki ngā rōpū hapori
- Kia ārahi i ngā rangahau e hāngai pū ai ki ngā whiti o Te Tiriti o Waitangi
- Te whakatupu hononga me ngā āheinga rangahau, e aro pū ai ki te poipoi i ngā āheinga hautūtanga, i ngā āheinga rangahau hoki mō ngā Kaiwhakaora Ngangahau Māori

opportunities for rangahau that will address equity in healthcare delivery and enhance health outcomes for Māori.

Aims and objectives

The kaupapa of this project was to establish the top rangahau priorities for Whakaora Ngangahau in the Waikato, informed by Te Tiriti O Waitangi, throughout all stages of the rangahau.

The objective of identifying and prioritizing the current rangahau needs for Whakaora Ngangahau was:

- To improve clinical practice and work towards equity for Māori, and other priority populations, by forming a rangahau strategy for Whakaora Ngangahau | healthcare delivery in Waikato (if not nationally)
- Advance Māori health outcomes by providing evidence to improve clinical practices so that equity can be realised and Māori health outcomes lifted
- Ensure rangahau is informed and guided by tikanga/kawa
- Actively work with haapori/community groups
- Conduct research consistent with Te Tiriti o Waitangi articles
- Build relationships and future research capacity, with a focus on building leadership and research capacity for Māori Kaiwhakaora Ngangahau

Tukanga Whakahaere

I whai tēnei rangahau i tētehi tukanga i tata rite ki tērā i whakatakatoria ai e te James Lind Alliance (James Lind Alliance, 2020), e tata rite hoki ki tētehi whakahoutanga o te Delphi Technique (Paz-Pascual et al., 2019). Ko te rangahau, he tukanga pae-whā: Uiuitunga; Mātaitunga; Whakaarotau; Whakatau. I whai atu ngēnei pae i ngā ara pāhekoheko ā-ipurangi i te wā tūturu, ā-mariko, ā-tukutahitangakore me te kanohi ki te kanohi hoki. E toru ngā rōpū hapori i whaipānga, i whai wāhi hoki ki te kaupapa nei i te whānuitanga o te tukanga, ā, i hono katoa ki Waikato: Kaiwhakaora Ngangahau; ko te hunga e mahi tahi ai ki te taha o ngā Kaiwhakaora Ngangahau; Ko te hunga kua uru atu ki nga Whakaora Ngangahau, kua tautoko i tētehi tangata hira ki a rātou ki te uru atu. E whai nei ko ngā momo pātai i tuku atu ki a rātou nō te hapori “he aha ngā pātai nunui mō te tukunga whakaora ngangahau i Waikato kāore anō kia whakautu?” i tāpiri atu ngētehi whāngai kupu whēnei “me whaimōhio mātou ki te aha kia tutuki pai ai te tukunga Whakaora Ngangahau ki te pae rite-tahi mō te hunga Māori i Waikato?” I whakaaetia tēnei kawenga rangahau e Te Kōmiti Matatiki ā-Rangahau o te Kuratini o Ōtākou(#936), e Te Kōmiti Arotake Rangahau Māori mō Te Poari Hauora ā-Rohe o Waikato (21 Hepetema 2021).

Putanga

Uiuitunga: 149 ngā whakautu (n=78 Kaiwhakaora Ngangahau; n=41 i mahi tahi ki te taha o ngā Kaiwhakaora Ngangahau; n=31 i whaipānga atu ki ngā Kaiwhakaora Ngangahau), e 22% o ngēnei nō te hunga Māori e waihanga ai i ngā pātai kōhure e 340. *Analysis:* I whakawhāititia, i whakaariātia hoki ngā pātai e 340 e te rōpū rangahau, i kawē i tētehi rapunga mātātuhi kia waihanga ai i tētehi rārangi pātai (30 pātai) e ngāwari ake ai te kawenga raupapanga mā ngā rōpū hapori hei te hipanga ki te pae e whai ake. Hei tuatahitanga i whakarōpūhia hei toru ngā momo aria, ngā tōpūtanga rānei e kite ai i: Ngā kawenga haumanu, Te whakararatanga ki Te Tiriti o Waitangi, te whakawhanaketanga o te umanga.

Methodology

This rangahau adopted a methodology similar to that previously proposed by the James Lind Alliance (James Lind Alliance, 2020), and akin to a modified Delphi Technique (Paz-Pascual et al., 2019). The rangahau was a four-stage process: Consultation; Analysis; Prioritisation; Confirmation. These stages were conducted through a combination of engagement online in real-time, virtually and asynchronously, and kanohi ki te kanohi | face to face. The project engaged and involved three community groups throughout the process all affiliated with Waikato: Kaiwhakaora Ngangahau; people who work alongside Kaiwhakaora Ngangahau; people who have accessed Whakaora Ngangahau or supported someone important to them to do so. Community participants were asked “*what are the most important unanswered questions about Whakaora Ngangahau healthcare delivery in Waikato?*” with additional prompts such as “*what do we need to know in order for Whakaora Ngangahau healthcare to achieve equitable outcomes for Maori in Waikato?*” This study was approved by the Otago Polytechnic Research Ethics Committee (#936) and Māori Research Review Committee for Waikato District Health Board (21 September 2021).

Results

Consultation: We received 149 responses (n=78 Kaiwhakaora Ngangahau; n=41 worked alongside Kaiwhakaora Ngangahau; n=31 accessed Kaiwhakaora Ngangahau), 22% of these from Māori, which generated 340 distinct pātai.

Analysis: the rangahau rōpū condensed and themed the 340 pātai, and undertook brief literature searches, in order to generate a more manageable list (of 30 pātai) for community groups to rank in the next stage. These were tentatively grouped into three themes, or clusters, reflecting: clinical practice, Te Tiriti o Waitangi responsiveness, and developing the profession.

Prioritisation: the 30 pātai were circulated to community groups in the three clusters, via an online survey, for ranking in order of

Whakaarotau: I tukuna āwhiotia ngā pātai e 30 ki ngā rōpū hapori i ngā tōpūtanga e toru, mā tētehi uiuinga whānui ā-ipurangi, kia whakaraupapatia ai te hira o ngā pātai whai tikanga. E 51 o ngā whakautu i whakahoki mai, e 39 nō ngā Kaiwhakaora Ngangahau, e 7 nō te hung ai mahi tahi ki te taha o ngā Kaiwhakaora Ngangahau, ā, e 5 o rātou kua uru atu ki ngā Whakaora Ngangahau; ka 14% o ngā whakautu i ahu mai i te hunga Māori.

Te Hui Whakatau: Ko te nuinga o ngā rōpū hapori i whai wāhi ki tēnei kaupapa mā te kanohi ki te kanohi, i whakaatu ai i ngā raraunga nō ngā hipanga e rua, i kōrerohia, kātahi ka whai whakatau. Ka tokoiwa nō te hunga hapori me tētehi tokorima nō te rōpū rangahau i whai wāhi i tēnei hui, e whakakanohi nei: E 10 ngā Kaiwhakaora Ngangahau, e tokowhā o te hung ai mahi tahi ki te taha o ngā Kaiwhakaora Ngangahau rātou ko tētehi i uru atu ki ngā Whakaora Ngangahau (Ko tētehi o ngēnei e rua ngāna tūnga nā konā ka 14 ngā tāngata i whai wāhi i tēnei kaupapa). Ka tokorima (36%) o tēnei tōpūtanga i tautohu ai hei Māori.

I ngā hui whakatau, i whai kupu whakatau ki te whakatakotoranga o te kupu i ngā pātai, kia whakakore ai i te pūtoitanga e puta ai hoki i te whakatau mātua o tētehi rārangi pātai hei whakaraupapatanga. I tutuki ka tika tā mātou i wawata ai, ā, i waihanga i tētehi rārangi pātai e whakaatu nei i ngā whakaarotau ā-rangahau Whakaora Ngangahau i Waikato (Kei te whārangi e whai ake e kite ai).

importance. Of the 51 responses received, 39 were Kaiwhakaora Ngangahau | Occupational Therapists, 7 worked alongside Kaiwhakaora Ngangahau and 5 had accessed Whakaora Ngangahau; 14% of responses were from Māori.

Confirmation hui: most community groups participated in this hui kanohi ki te kanohi, in which the data from the previous two rounds were presented, discussed and a consensus negotiated. Nine community members and five members of the rangahau rōpū participated in this hui, representing: 10 Kaiwhakaora Ngangahau, four who worked alongside Kaiwhakaora Ngangahau and one who had accessed Whakaora Ngangahau (total does not equal 14 as one participant identified with two roles). Of this collective, five (36%) identified as Māori.

During the confirmation hui, decisions were made to the wording of some pātai, to remove the clustering and to make the final list of pātai unranked. We successfully achieved what we set out to do and generated a list of 14 pātai, which represent priorities for Whakaora Ngangahau rangahau in Waikato (see next page).

Ngā pātai hei whāinga kaupapa rangahau i Waikato

Me mōhio pai ngā kaiwhakawhiwhi mahi ngā mātauranga, ngā pūkenga hoki hei kawenga mahi mā ngā Kaiwhakaora Ngangahau?

Mā whea mātou te whakangungu, e taritari, e pupuru ai i ngā Kaiwhakaora Ngangahau hunga Māori, hunga Pasifika me te hunga tāne?

He aha rā te tūnga ahurei o te Whakaora Ngangahau i ngā ātea kanorau?

Hei āwhea te mahi ā-rōpū e whai hei kōwhiringa takawaenga e pai ake ai i ngā mahi Whakaora Ngangahau?

Ka pēwhea te āhua o te whānau/kiritaki kei te pito mō te Whakaora Ngangahau, ka pēwhea hoki tērā e ine?

Ka pēwhea te Kaiwhakaora Ngangahau e tuku wheakoranga ki te whānau i ngō rātou tima pūkenga matarau hei wā akoranga?

He aha ngā kawenga takohanga ki te Tiriti o Waitangi mā ngā Kaiwhakaora Ngangahau?

Mā whea te Whakaora Ngangahau e whai ai i te rītenga tahitanga mō te hunga Māori kia whai manatika ā-mahi?

Mā whea te Kaiwhakaora Ngangahau e kawē nei i te wairuatanga, i tō rātou ake āhua whakaora ki ngā kawenga Whakaora Ngangahau?

Mā whea te Kaiwhakaora Ngangahau e waihanga ai i ngā hononga mahi tahi ki ngā hapori Māori, ngā pakihī Māori hoki kia whai hua ai ngā toronga ratonga ki te hunga whaiora/whaikaha Māori?

Ka tautoko pēwhea nei i te Kaiwhakaora Ngangahau ki te whakarato i te hautūtanga ā-ahurea hei kawenga mahi?

He aha ngā taupā kei mua i te aroaro o ngā whānau, o ngā tangata whaiora/whaikaha Māori mai, Pasifika mai hoki ki te uru atu ki ngā ratonga, ki ngā rauemi me ngā mōhihio Whakaora Ngangahau?

Hei aha hei taunakitanga mō ngā aromatawai me ngā te takawaenga i mahia ia e te Kaiwhakaora Ngangahau inarā ki te taha o te hunga Māori, o te hunga Pasifika?

Ka pēwhea te haumarū ā-ahurea, te whakararata ā-ahurea hoki e whakawhanake ai i te Whakaora Ngangahau?

Top research questions for Whakaora Ngangahau | Occupational Therapy in Waikato

What skills and knowledge do employers need Kaiwhakaora Ngangahau | Occupational Therapists to have in practice?

How do we sustainably train, recruit and retain Māori, Pasifika and male Kaiwhakaora Ngangahau | Occupational Therapists?

What is the unique role of Whakaora Ngangahau | Occupational Therapy in diverse settings?

When does group work offer a better intervention option in Whakaora Ngangahau | Occupational Therapy practice?

What does whānau/client centred practice look like for Whakaora Ngangahau | Occupational Therapy and how is it measured?

How do Kaiwhakaora Ngangahau | Occupational Therapists share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?

What are our Te Tiriti obligations as Kaiwhakaora Ngangahau | Occupational Therapists?

How does Whakaora Ngangahau | Occupational Therapy achieve equity for Māori by facilitating occupational justice?

How do Kaiwhakaora Ngangahau | Occupational Therapists bring wairuatanga and their therapeutic use of self into Whakaora Ngangahau | Occupational Therapy practice?

How do Kaiwhakaora Ngangahau | Occupational Therapists build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?

How do we support Māori Kaiwhakaora Ngangahau | Occupational Therapists providing cultural leadership in practice?

What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access Whakaora Ngangahau | Occupational Therapy services, resource and information?

What is the evidence for assessments and interventions used by Kaiwhakaora Ngangahau | Occupational Therapists, particularly with Māori and Pasifika?

How are cultural safety and responsiveness developed in Whakaora Ngangahau | Occupational Therapy?

We hear you” - Understanding the rangahau priorities for Whakaora Ngangahau in Waikato

In Aotearoa New Zealand, Occupational Therapy is translated to Whakaora Ngangahau: whakaora meaning to restore to health and ngangahau an adjective meaning active, spirited and zeal (Te Taura Whiri i te Reo Māori/The Māori Language Commission, n.d.)

Introduction

Kaupapa

This rangahau-research was undertaken as a collaboration between the Occupational Therapy department at Te Whatu Ora: Waikato District and Te Kura Whakaora Ngangahau | School of Occupational Therapy at Otago Polytechnic | Te Pūkenga. Our kaupapa was to utilise community participation to identify and prioritise the current rangahau pātai | questions (Ridders et al., 2015) that need answering to facilitate improved Whakaora Ngangahau | Occupational Therapy healthcare delivery in Waikato. Determining a rangahau strategy for Whakaora Ngangahau in Waikato is important for several reasons. Firstly, rangahau is a critical component of evidence-based practice, which is essential to ensuring that Whakaora Ngangahau interventions are effective and efficient in meeting the needs of those we serve. Without a rangahau strategy, rangahau may not be designed to address the needs related to current practice and populations, preventing clinicians being able to stay up-to-date with the latest advances in their field and potentially missing out on important opportunities to improve the quality of care provided. A rangahau strategy can help to identify areas where there is a lack of rangahau and guide future rangahau efforts to address these gaps. Determining the priorities in the Waikato Region is especially important given the higher proportion of Māori living in the area (24%) compared to the national average (16.6%) (Ministry of Health, 2021), reinforcing the imperative to include and represent Māori perspectives in this rangahau. Subsequently, this locality offers a potentially rich and diverse sample of perspectives that will generate insights that may be generalisable nationwide. By identifying these areas and conducting rangahau to address them, Kaiwhakaora Ngangahau | Occupational Therapists in Waikato can contribute to the development of new knowledge and best practices in their field, ultimately improving outcomes for those we serve. Overall, determining rangahau priorities is crucial for ensuring that Whakaora Ngangahau in Waikato remains evidence-based, innovative, and effective in meeting the needs of the community.

...determining rangahau priorities is crucial for ensuring that Whakaora Ngangahau in Waikato remains evidence-based, innovative, and effective in meeting the needs of the community...

Waikato locality

The Waikato region is home to many Māori communities and is steeped in rich cultural history, including the legacy of the Kīngitanga movement. Today, Waikato remains an important centre of Māori culture and politics and continues to play a crucial role in shaping the identity and aspirations of Māori people. As such, rangahau conducted in Waikato needs to acknowledge it is occurring in the heart of the Kīngitanga and to be conducted in a manner responsive and respectful of that position.

This rangahau was undertaken using a partnership approach informed and guided by Te Tiriti o Waitangi and consistent with the profession's Te Tiriti O Waitangi relationship governance model (OTNZ-WNA, 2015). The four pou of Te Tiriti o Waitangi are acknowledged to be tino rangatiratanga, kāwanatanga, ōritetanga and wairuatanga (Came et al., 2021). Kaiwhakaora Ngangahau clinician-researchers from Te Whatu Ora: Waikato were recruited, through expressions of interest, to lead the project operations: those who identified as Tangata Whenua and one who identified as Tangata Tiriti, acknowledging the importance of kāwanatanga and tino rangatiratanga. Other Māori Kaiwhakora Ngangahau clinicians were proactively encouraged and supported to engage in various components of the rangahau process, though Te Whatu Ora: Waikato employed limited numbers of Māori Kaiwhakaora Ngangahau. More about the governance of the rangahau is discussed in the next section. This partnership approach was vital for demonstrating genuine respect for the pou of Te Tiriti o Waitangi (Came et al., 2021) during the planning, data collection, analysis and dissemination of the rangahau. We believed it was important to uphold the pou in order to protect the worldview, values and voice of Māori participants and to ensure these were appropriately represented.

...partnership approach was vital for demonstrating genuine respect for the pou of Te Tiriti o Waitangi during the planning, data collection, analysis and dissemination of the rangahau...

Ethnicity data was collected during each of the stages of the rangahau process in order to enable oversampling of Māori participants to ensure a diverse range of voices were represented in the findings: diversity of perspectives was prioritised rather than the majority of perspectives. Further to advice from Otago Polytechnic | Te Pūkenga's Kaitohutohu Office, this rangahau built in opportunities to compare Māori and non-Māori priorities for rangahau, facilitating complementary lists of rangahau priorities for occupational therapy healthcare delivery in Waikato that could inform planning of both kaupapa Māori rangahau and Te Tiriti o Waitangi responsive rangahau (Hotere-Barnes, 2013), elevating opportunities to address equity in future rangahau activity, thus enabling the rangahau to uphold ōritetanga.

The local professional context was also considered: Whakaora Ngangahau healthcare delivery through Te Whatu Ora: Waikato is provided by around 160 Whakaora Ngangahau staff (approximately 140 registered practitioners and 20 unregistered staff), and encompasses inpatient, outpatient, and community services. The wide range of services offered by Te Whatu Ora: Waikato includes forensic mental health, acute services for ACC clients up to 6 weeks post-discharge, paediatric community home-based services, and specialised outpatient services. Whakaora Ngangahau interventions are designed to facilitate timely and safe discharge from services, prevent (re)admissions, and enhance safe, independent and productive participation in meaningful daily activities that people need to, want to, or are expected to perform (Townsend & Polatajko, 2007).

Co-governance - Pūtahitanga

Current rangahau in Whakaora Ngangahau is predominantly based on Eurocentric principles of rangahau and concepts of health (Guajardo et al., 2015), which needs to be expanded to be inclusive of Māori principles of rangahau and concepts of hauora | health and wellbeing. In response to this, the intention for this rangahau was to achieve co-governance. Co-governance is 'a mode of shared decision making and shared responsibility over something' (Jones, 23, p3). However, the original rangahau concept and application for funding (to HRC) came from Tangata Tiriti rōpū members,

before authentic collaboration with Tangata Whenua was established. Authentic co-governance was not achieved (Cram, 97). Instead, early conversations identified the need for equal representation between Tangata Whenua and Tangata Tiriti, to effect true co-governance. Therefore, this supported the notion that a collaborative approach should seek ‘representation rather than objectification’ (Cram, 97, p8). Subsequently, additional Māori clinician-researchers were included in the rōpū to achieve this. Equal representation enabled more culturally appropriate conduct of the rangahau, as it facilitated the Māori clinician-researchers to contribute from a collective voice. As such, our approach to co-governance may be more accurately defined as pūtahitanga | partnership.

Pūtahitanga in rangahau reinforces the rōpū responsibility to ‘ensure the project delivers its intended outcomes to Māori communities’ (17, from Malpas 17). In this study, we sought to share decision-making between Tangata Whenua and Tangata Tiriti to achieve our intended outcome of reflecting the voice of communities in Waikato, especially Māori, about which rangahau pātai were deemed most important for informing the delivery of whakaora ngangahau. This rangahau does not provide answers to those pātai, nor the implementation of a true co-governance approach. We hope to inform and guide future rangahau to ensure the most appropriate pātai are asked, with co-governance established from the outset, in order to develop an evidence-base that informs practice that ensures equitable outcomes are achieved for Māori and other prioritised groups.

... we sought to share decision-making between Tangata Whenua and Tangata Tiriti...

Our approach was not implemented without challenges. Pūtahitanga, like any partnership, requires a process of negotiation and trust-building (Cram, 97, Malpas 17) that can ‘at times leave researchers feeling like they are stuck between the proverbial rock and hard place’ (Cram, 97, p6). We experienced tensions between external pressures (eg contract and financial deadlines) that did not allow time for sufficient kōrero | discussion to occur or relationships to be established at some of the key timepoints, particularly early in the process. This challenged the desire for shared decision-making on more than one occasion. However, there were opportunities presented by pūtahitanga that enabled outcomes that went beyond those of the rangahau. For example, through open and robust kōrero the rōpū were able to hear and learn more about each other’s perspectives, which were at times conflicting, and agree with consensus. ‘Conducting culturally safe research necessitates the researcher unpacking their own values, history, culture and so on’ (Cram, 97, p9) and on several occasions this kōrero needed to take precedence over the rangahau process. This was further enabled by the pre-established relationships and trust developed between many of the rōpū members, early efforts to engage in whanaungatanga, shared ways of knowledge through most of the rōpū being Kaiwhakaora Ngangahau, and the space created to enable this kōrero to occur. In this way, we were able to renegotiate aims and objectives to reflect the voice of the rōpū and develop our model of pūtahitanga. Furthermore, rōpū members approached the rangahau with a willingness to learn (eg kupu Māori | Māori words) and this was achieved through mana-enhancing ways.

While our pūtahitanga approach focuses primarily on the partnership between Māori and non-Māori, we also acknowledge the other significant partnerships in place throughout this rangahau, between Te Whatu Ora: Waikato and Otago Polytechnic | Te Pūkenga, between clinical and non-clinical members of the rōpū, and with the Health Research Council as the funders.

Community participation

This study utilised community participation to identify and prioritise the current rangahau needs for Whakaora Ngangahau in Waikato. The three key community groups included at each step of the process were:

- Kaiwhakaora Ngangahau working within Waikato (with a particular focus on Te Whatu Ora: Waikato staff)
- professionals who work alongside Kaiwhakaora Ngangahau, and
- people who have accessed Whakaora Ngangahau services, or have supported someone important to them to do so

Participants self-identified as being affiliated with Waikato, based on their place of residence or work, or on their whakapapa affiliation to the rohe-area.

Implications

Internationally, various Whakaora Ngangahau associations have strived to determine the rangahau priorities for their context (Royal College of Occupational Therapists, 2020; World Federation of Occupational Therapists., 2016). However, given Aotearoa's unique history and bicultural setting, it was deemed that generating priorities pertinent to the Aotearoa cultural context was essential. These rangahau priorities would thus inform future rangahau activity in the region, in particular, opportunities for rangahau that will address equity in healthcare delivery and enhance health outcomes for Māori. Participants were asked to identify what rangahau they thought needs to be conducted in order for Whakaora Ngangahau to achieve equitable outcomes for Māori in Waikato. Thus providing a platform through which to privilege and advocate for rangahau addressing equity in Whakaora Ngangahau. This was achieved informing the design of locally generated and relevant evidence to inform decision-making across primary, secondary and tertiary health services. There is the potential for Kaupapa Māori and Te Tiriti o Waitangi responsive rangahau activity to be informed and activated by this project (Hotere-Barnes, 2013). Subsequently, rangahau will be conducted to investigate the identified priorities, focussing on the most pressing healthcare needs in Waikato in a person/whānau-centric manner, and providing Kaiwhakaora Ngangahau with sufficient evidence upon which to base their clinical decision making when providing healthcare. Current gaps in knowledge about Whakaora Ngangahau result in less informed clinical decision making, which results in reduced efficiency and less effectiveness in achieving optimum, or even equitable, health outcomes for people.

... gaps in knowledge about Whakaora Ngangahau result in less informed clinical decision making...

Aims and objectives

The kaupapa of this project was to establish the top rangahau priorities for Whakaora Ngangahau in the Waikato. This was undertaken through implementation of a bicultural partnership informed by Te Tiriti O Waitangi throughout all stages of the rangahau.

The objective of identifying and prioritizing the current rangahau for Whakarora Ngangahau was:

- To improve clinical practice and work towards equity for Māori, and other priority populations, by forming a rangahau strategy for Whakaora Ngangahau healthcare delivery in Waikato (if not nationally)
- Advance Māori health outcomes by providing evidence to improve clinical practices so that equity can be realised and Māori health outcomes lifted
- Ensure rangahau is informed and guided by tikanga/kawa
- Actively work with haapori/community groups
- Conduct rangahau consistent with Te Tiriti o Waitangi articles
- Build relationships and future rangahau capacity, with a focus on building leadership and rangahau capacity for Māori Kaiwhakaora Ngangahau

Project scope

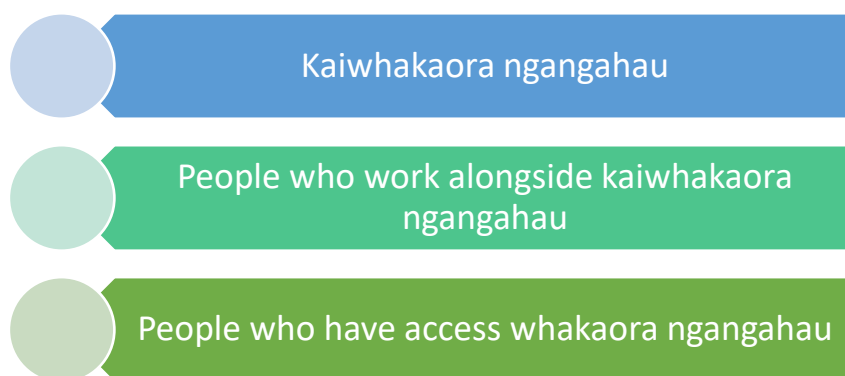
The parameters of this rangahau were twofold: community participation was limited to key community groups who affiliated to Waikato and those connected in some way to Whakaora Ngangahau. Community groups were asked to determine for themselves if they affiliated to Waikato, based on their current residential or work status, or whakapapa – essentially those with a vested interest in how Whakaora Ngangahau healthcare delivery in Waikato might develop. A connection with Whakaora Ngangahau was important, also for engaging those with a vested interest, and to enable informed contributions to be made. No limits were placed on the number or the type of pātai that would be considered, other than the need for a direct link to Whakaora Ngangahau.

Methodology

As Whakaora Ngangahau is such a diverse and broad health profession, it was fundamental to identify and follow a structured rangahau process. This rangahau adopted a methodology similar to that previously proposed by the James Lind Alliance (James Lind Alliance, 2020), and akin to a modified Delphi Technique (Paz-Pascual et al., 2019). The rangahau was a four-stage process:



These stages were conducted through a combination of engagement online in real-time, virtually and asynchronously, and kanohi ki te kanohi – face to face. The project engaged and involved three key community groups throughout the process all affiliated with Waikato:



At each of these stages the collected data was analyzed as a whole and as subgroups of data, pertaining to Maori, non-Maori, and the different community groups.

Ethics

Ethical approval was sought through Otago Polytechnic Research Ethics Committee (OPREC) and the rangahau registered with the Waikato District Health Board Research Review Board (WDHB RRB). Applications with supporting documentation were submitted following consultation with, and endorsement from, both Te Puna Oranga: Māori Research Review Committee (endorsed 21 September 2021) and the Kaitohutohu Office (Otago Polytechnic; endorsed 7 September 2021). Approval was granted by OPREC (#936) in March 2022, valid for a period of up to three years, and subsequently formally lodged with the WDHB RRB (see Appendix A).

Consultation

The first part of the process was consultation across the three community groups. This was conducted via a survey that was available to complete as a paper/pencil version or on-line. Alongside demographic information, this survey's primary pātai was broad and open-ended: *what are the most important unanswered questions about Whakaora Ngangahau healthcare delivery in Waikato?* Sometimes additional prompts were provided such as 'what do we need to know in order for

Whakaora Ngangahau healthcare to achieve equitable outcomes for Maori in Waikato?' (see Appendix B).

After being rescheduled several times due to COVID restrictions the rangahau was launched via a live webinar on 10 May 2022. The webinar was facilitated by the rangahau rōpū and available to the 160+ Whakaora Ngangahau staff employed at Te Whatu Ora: Waikato and attended by leadership and clinical roles, thus engaging with two of the community groups (but not people that have accessed occupational therapy services). The webinar consisted of a short presentation about the rangahau context, process and outcomes, followed by discussions and pātai about the rangahau. Due to technical difficulties, we were unable to post the recorded webinar on our rangahau website.

Consultation commenced in earnest after the launch webinar. It facilitated in a variety of ways through various mediums and platforms to invite participation across as three community groups and maximize community participation:



Analysis of responses

This stage did not involve community participation and followed a process of thematic analysis (Clarke & Braun, 2017). The rangahau rōpū came together in person over several sessions to theme and condense the pātai generated from the consultation process. Initially, all submitted pātai were printed onto coloured paper – a different colour allocated to each community group. Sheets were cut to separate out each individual pātai and a note made against each pātai contributed by someone who identified as Māori. Non-sensical or blank pātai were removed at this stage. The rangahau rōpū collated pātai into similar topics, within each community group, noting similarities

and differences across the groups. Then the rōpū crafted condensed pātai based on the wording from each of the pātai in the topic groupings. The rangahau rōpū started with the largest group of pātai first, before repeating the process with the other two groups of pātai. If there were several pātai allocated to one topic, this might result in more than one condensed pātai being crafted. In order to elevate the voice of Māori, the wording of pātai submitted by people who identified as Māori was privileged during this crafting process. Inevitably, this resulted in an overly extensive list of pātai, so one rōpū member then condensed the pātai further into overarching pātai. The overarching pātai were reviewed, amended and approved by the rōpū as a whole. Next, literature searches were undertaken as evidence checking, to understand themes and pātai already researched and to support generation of a more manageable list of pātai that could be presented at the next step of the project. Tentative emerging themes or clusters were identified.

Approach to evidence checking

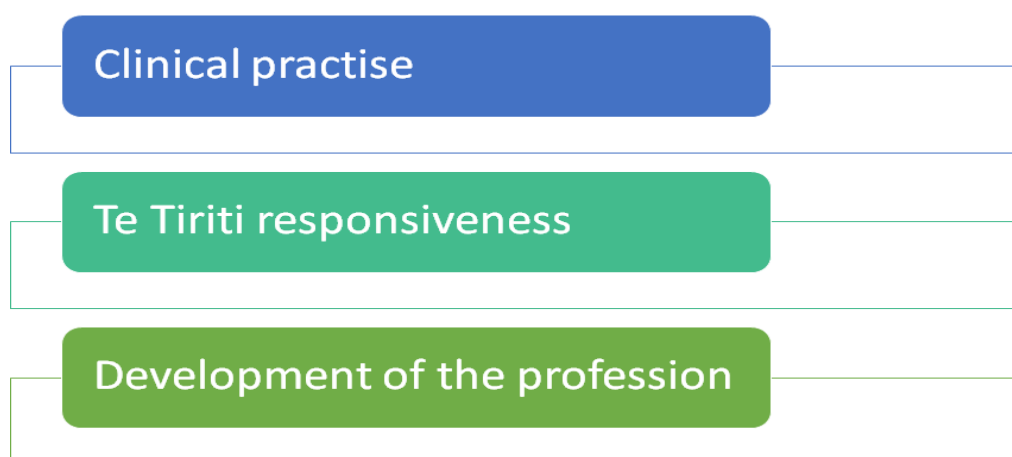
The evidence checks were undertaken by a research assistant in September 2022. This process involved checking the list of condensed pātai in two databases, to provide an indication of the approximate volume of literature already available on the topic. The search method involved generating key search terms from the pātai wording (see Table 1). Many pātai included terms that implicitly narrowed the search to Aotearoa-based content, where this was not the case a line in the search strategy was added to focus hits ie (AND ‘Aotearoa OR Zealand OR Māori OR Maori OR Maaori’). Specifying the region, Waikato, was not attempted as it was generally accepted that rangahau would rarely report on such a specific location. Databases searched were: Cumulative Index to Nursing and Allied Health Literature (CINAHL) and ProQuest. Number of search hits were reported along with a narrative note about the relevance of the first 50 hits. Quality of evidence was not evaluated and specificity to the pātai was not comprehensively determined. Therefore, it was determined that this process was indicative only.

Table 1: Illustrative examples of search strategies for overarching pātai

Overarching pātai	Search strategy: each line was linked with the Boolean term AND
How do we train, recruit and retain Māori, Pasifika and male Kaiwhakaora Ngangahau?	<ol style="list-style-type: none"> 1. “occupational therap*” 2. Train* OR recruit* OR retain* OR retention OR attrition OR turnover 3. Māori OR Maori OR Maaori OR Pacific OR Pasifika OR men OR male*
How do we know Kaiwhakaora Ngangahau are working in a culturally responsive manner?	<ol style="list-style-type: none"> 1. “occupational therap*” 2. Māori OR Maori OR Maaori OR Indigenous OR pakeha OR Crown OR European OR “tangata tiriti” OR “tangata whenua” 3. cultural* OR intercultural 4. responsive* OR competen* OR humility OR sensitiv* OR safety
What skills & knowledge do employers need Kaiwhakaora Ngangahau to have in practice?	<ol style="list-style-type: none"> 1. “occupational therap*” 2. Skill* OR knowledge* OR ability* OR competen* 3. Work* OR practi* OR employ* 4. Aotearoa OR Zealand OR Māori OR Maori OR Maaori

Prioritisation

The rangahau ropu proposed, discussed and agreed to group the pātai into themes/clusters thus making them easier to comprehend and more accessible for potential participants. All the community groups were invited and requested via an on line survey to rank pātai in order of importance within the themes/clusters (see Appendix C: Prioritisation survey). With the intention of upholding our obligations to Te Tiriti o Waitangi, we consciously constructed one of the clusters to be focused on Te Tiriti o Waitangi responsiveness. This created equal opportunity for these pātai to be ranked and prioritised equitably in relation to clinical and professional development pātai. The themes/clusters were:



Once the responses were returned, pātai were ordered according to the frequency with which each pātai was ranked as the most important, within its respective cluster, for the sample as a whole and for each community group separately.

Confirmation hui

In order to further review the data from the previous two rounds of consultation, community groups were invited to participate in a face-to-face meeting/hui kano ki te kano. There was representation from each community group and Maori and non-Maori. The data was presented, discussed and a consensus negotiated across the community groups.

The hui process was conducted following and observing four key elements of a Hui - Mihi, Whakawhanaungatanga, Kaupapa and Poroporoaki as identified by Lacey, Huria, Bekert, Gilles, & Pitama, (2011).

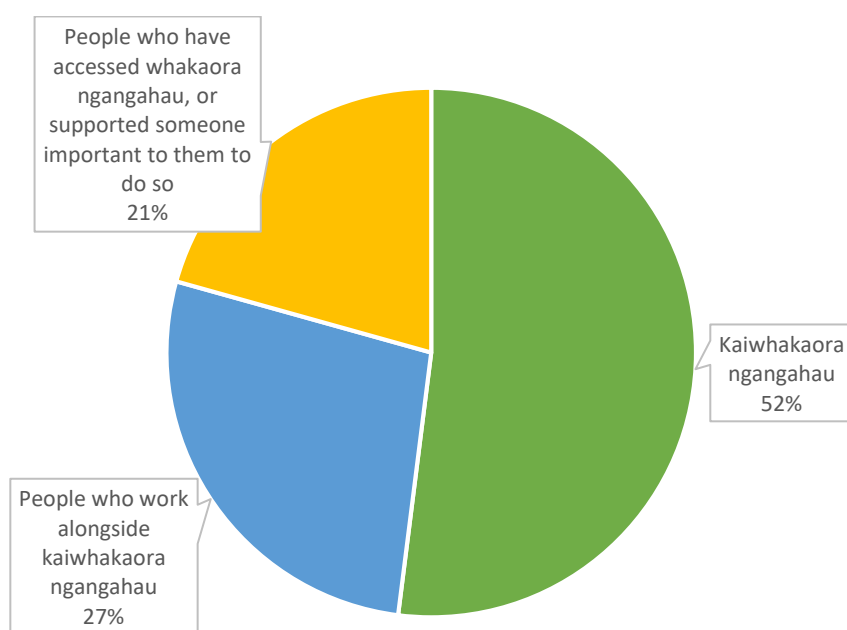
The hui was opened with a karakia and opportunity for members of the rangahau rōpū and participants to introduce themselves and make connections, before kai was shared to shift the engagement process from tapu to noa. The kaupapa for the day was outlined with the expressed goal of reaching agreement on the top priorities for Whakaora Ngangahau rangahau, in Waikato, by the end of the hui. During the main kaupapa of the hui, data from the previous two rounds were presented, discussed and a consensus negotiated. On conclusion of the hui, a poroporoaki process enabled each person to have a final say on their experiences or learning from the rangahau (generally, or the day's hui specifically), before the hui was closed with a karakia.

Results: Waikato’s top rangahau pātai for whakaora ngangahau

In this project, we sought to determine the rangahau priorities for Whakaora Ngangahau in Waikato. This rangahau was undertaken with community engagement across three of the four stages – all members of the community groups self-identified as being affiliated with Waikato.

Stage 1: Consultation

We consulted with community groups, asking pātai such as “*what are the most important unanswered questions about Whakaora Ngangahau healthcare delivery in the Waikato?*” and “*what do we need to know in order for Whakaora Ngangahau healthcare delivery to achieve equitable outcomes for Māori in the Waikato?*” We received 149 individual responses, 22% of these from Māori, which generated just 340 pātai – most participants submitted multiple pātai (see Figure 1).



*Note: one participant identified with more than one community group.

Figure 1: Role of participants in the consultation round

Stage 2: Analysis

The rangahau rōpū condensed and themed the 340 pātai to a more manageable number for participants to rank. Many of the submitted pātai were phrased as overall topic headings, or statements about the topic area, making the suggested pātai difficult to determine. These were discussed as a rōpū to determine what we thought the pātai being asked was. Blank submissions (n=2), close duplicates, nonsensical pātai (eg one stated simply a word that was not obviously linked to practice) or pātai not relevant to Whakaora Ngangahau were removed (n=38). Remaining pātai were initially divided into three groups based on the respondents’ respective roles (ie Kaiwhakaora Ngangahau, those who work alongside Kaiwhakaora Ngangahau, and those who accessed Whakaora Ngangahau, or supported someone important to them to do so). Each pātai was also labelled with the self-reported ethnic affiliation of the participant. Within each group, pātai were clustered into categories of similar topics (see Table 2).

Table 2: Clusters of pātai, arranged by community group

Kaiwhakaora Ngangahau	Worked alongside	Accessed
Role of Kaiwhakaora Ngangahau	Role of Kaiwhakaora Ngangahau	Role of Kaiwhakaora Ngangahau
Whānau		Whānau
Supporting Māori as non-Māori; Tikanga/colonisation/indigenising practices	Māori	Māori
Professional development; Recruitment and retention	Professional development/career path	
Funding	Resources and funding	Resources
Barriers to access	Barriers	
Access	Access	
Whakaora Ngangahau practice		Whakaora Ngangahau practice
Interprofessional practice	Multidisciplinary/collaboration	
Equity		
KW role		
Assessments		
Interventions		
Student training		
Measuring OT effectiveness		
Research		
Mental health and physical health		
Peer workers		
Client centred practice		
Occupational identity		
Ethics		
	Challenging norms	
	Pasifika	

When collapsing and condensing pātai, several similar pātai were combined in order to generate clearer, broad, overarching pātai (see Table 3). When possible, the wording from pātai submitted by Māori participants was privileged over that from non-Māori participants. Initially, the rōpū worked as a whole to reduce the pātai to a list of 107, which involved several hours of korero and debate that was conducted kanohi ki te kanohi. Of these pātai, 64 were generated directly from submissions by Kaiwhakaora Ngangahau, 22 were generated by submissions from people who work alongside Kaiwhakaora Ngangahau, and 21 were generated by those who had accessed Whakaora Ngangahau, or supported someone important to them to do so. Many of the pātai were duplicated across the community groups. For example, the pātai ‘*What are the barriers and enablers for Māori and Pasifika to access Whakaora Ngangahau?*’ and ‘*How do we use lived experiences to inform Whakaora Ngangahau practice in Waikato?*’ came up as a pātai in all three community groups (see Appendix D).

Table 3: Illustrative examples of overarching pātai and how these relate to the contributing pātai as they were submitted

Overarching pātai	Submitted pātai
How do we know Kaiwhakaora Ngangahau are working in a culturally responsive manner?	<p>How do non-Māori Kaiwhakaora Ngangahau develop cultural responsiveness when working with Māori in practice?</p> <p>How do we know Kaiwhakaora Ngangahau are working in a culturally responsive manner?</p> <p>How/are we implementing tikanga in our Whakaora Ngangahau practice?</p> <p>How do non-Māori Kaiwhakaora Ngangahau develop cultural responsiveness when working with Māori in practice?</p> <p>Are there Whakaora Ngangahau assessments that can be applied in a culturally responsive way?</p> <p>How do Kaiwhakaora Ngangahau work with people from cultures different to their own eg Pasifika, Māori?</p>
What is the unique role of Whakaora Ngangahau in diverse settings?	<p>What is the role of Whakaora Ngangahau in non-traditional roles, acute mental health, community and primary care, sensory processing when no identified diagnosis, emergency department, palliative care, concussion/TBI, working with people with mate wareware/dementia and their whānau, aged care, residential homes?</p> <p>What is the role of a Kaiwhakaora Ngangahau in mental health, physical health, employment services, aged care, rural?</p> <p>What is the role of Whakaora Ngangahau in mental health, family/perinatal services?</p> <p>What is the unique contribution of Whakaora Ngangahau in equipment provision, in primary health, in mental health?</p>

In the next step, one person condensed this list further to 37 pātai. Brief literature searches were undertaken on each of the pātai, in order to determine whether any already had a substantial body of evidence addressing the focus of concern. The list of 37 were reviewed by the rōpū as a whole and a few more pātai combined as being quite similar, or removed because the number of hits in the literature search indicated a substantial evidence base. For example, *'How does the Whakaora Ngangahau profession in Waikato address inequities and uphold Te Tiriti o Waitangi obligations in practice?'* and *'How do Kaiwhakaora Ngangahau address equity in services within the Waikato?'* were deemed sufficiently similar to combine as one pātai. High hit numbers were generated for the pātai *'How can Kaiwhakaora Ngangahau lead meaningful change and challenge ableist systems informed by the medical model?'* and *'How do Kaiwhakaora Ngangahau make sport more accessible?'* Subsequently, scoping reviews on these two topics are underway, to share a synthesis of what is known in the literature about these pātai.

This enabled the rōpū to generate a more manageable list of 30 pātai for community groups to rank in the next stage. In order to keep the pātai as concise and readable as possible, the phrase 'in Waikato' was removed from them all. The phrase was considered redundant as it was implicit to all pātai, based on the prompts for generating pātai in the first place and this was explicitly stated in the ranking survey. It was agreed that 30 was still a long list for participants to have to rank as a whole (and too long to be visible on a screen without much scrolling), so these were tentatively grouped into three themes, or clusters. The themes broadly reflected clinical practice, Te Tiriti o Waitangi responsiveness, and developing the profession. Participants were therefore asked to rank the pātai within each of the clusters.

Stage 3: Prioritisation

There were 51 valid responses to the prioritization survey. Respondents were primarily Kaiwhakaora Ngangahau (n=39, 76%) and 14% of respondents identified as Māori (n=7) (see Figure 2). Results were exported from Qualtrix into Excel, where they were analysed, in the three clusters. pātai were ranked according to the frequency with which each pātai was ranked as the most important, for the sample as a whole and for each community group separately. In the figures linked to each cluster, where only one pātai is shown, there was only that pātai ranked in first place for that group.

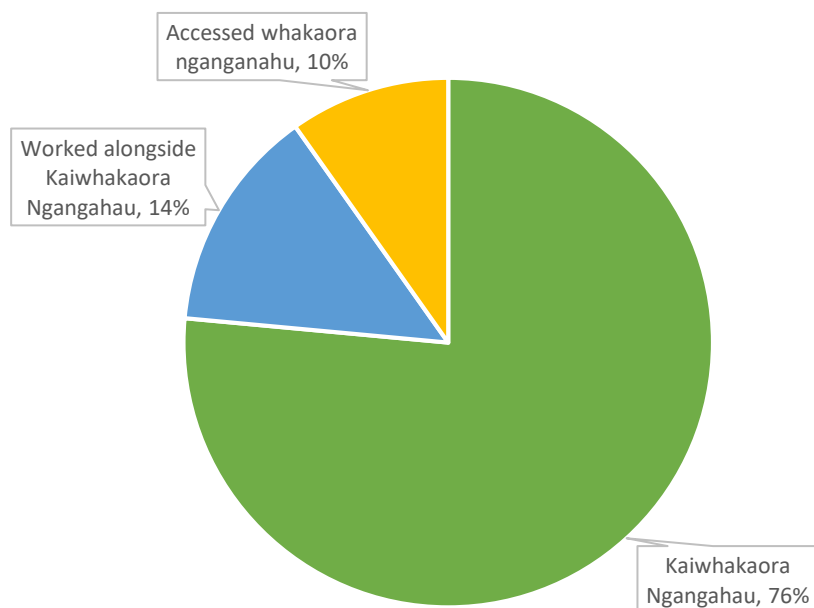


Figure 2: Role of survey respondents

Clinical practice

There were 16 pātai in this category, with the most common pātai being ranked as most important overall, being ‘What is the unique role of Whakaora Ngangahau in a diverse range of settings?’ (see Figure 3). The second most common pātai ranked as most important overall, was ‘When does group work offer a more sustainable and cost-effective Whakaora Ngangahau intervention option?’ and the third was ‘How do Kaiwhakaora Ngangahau share their experiences with whanau in their multidisciplinary teams, as a learning opportunity?’

When the results were analysed by community group and ethnic affiliation the order of the top ranked pātai changed. For example, for those who accessed Whakaora Ngangahau, or supported someone important to them to do so, the most important pātai was ‘What does whanau/client centred practice look like for Whakaora Ngangahau and how is it measured?’ (8th overall) and for non-Māori the most important pātai was ‘When does groupwork offer a more sustainable and cost-effective Whakaora Ngangahau intervention option?’ (2nd overall).

Overall	Māori	Non-Māori	Accessed Whakaora Ngangahau Occupational Therapy	Worked alongside Kaiwhakaora Ngangahau Occupational Therapists	Kaiwhakaora Ngangahau Occupational Therapists
<ul style="list-style-type: none"> • What is the unique role of Whakaora Ngangahau Occupational Therapy in a diverse range of settings? • When does groupwork offer a more sustainable and cost-effective Whakaora Ngangahau Occupational Therapy intervention option? • How do Kaiwhakaora Ngangahau Occupational Therapists share their experiences with whānau in their multidisciplinary teams, as a learning opportunity? • How do Kaiwhakaora Ngangahau Occupational Therapists make groupwork accessible for older people? • How can the needs of mental health services for older people Whakaora Ngangahau Occupational Therapy be better resourced? • How do we reduce funding inequities between injury and non-injury related health conditions? • How to Kaiwhakaora Ngangahau Occupational Therapists support tangata whaiora/whaikaha to understand their rights and the services available? • What does whānau/client centred practice look like for Whakaora Ngangahau Occupational Therapy and how is it measured? 	<ul style="list-style-type: none"> • What is the unique role of Whakaora Ngangahau Occupational Therapy in a diverse range of settings? 	<ul style="list-style-type: none"> • When does groupwork offer a more sustainable and cost-effective Whakaora Ngangahau Occupational Therapy intervention option? • What is the unique role of Whakaora Ngangahau Occupational Therapy in a diverse range of settings? • How do Kaiwhakaora Ngangahau Occupational Therapists share their experiences with whānau in their multidisciplinary teams, as a learning opportunity? • How do Kaiwhakaora Ngangahau Occupational Therapists make groupwork accessible for older people? 	<ul style="list-style-type: none"> • What does whānau/client centred practice look like for Whakaora Ngangahau Occupational Therapy and how is it measured? 	<ul style="list-style-type: none"> • What is the unique role of Whakaora Ngangahau Occupational Therapy in a diverse range of settings? • When does groupwork offer a more sustainable and cost-effective Whakaora Ngangahau Occupational Therapy intervention option? • How do Kaiwhakaora Ngangahau Occupational Therapists make groupwork accessible for older people? 	<ul style="list-style-type: none"> • What is the unique role of Whakaora Ngangahau Occupational Therapy in a diverse range of settings? • When does groupwork offer a more sustainable and cost-effective Whakaora Ngangahau Occupational Therapy intervention option? • How can the needs of mental health services for older people Whakaora Ngangahau Occupational Therapy be better resourced? • How do Kaiwhakaora Ngangahau Occupational Therapists share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?

Figure 3: Top ranked pātai overall and across community groups, for the clinical practice cluster

Te Tiriti o Waitangi responsiveness

There were six pātai in this category, with the most common pātai being ranked as most important overall, being *'How does the whakaora ngangahau profession address inequities and uphold Te Tiriti o Waitangi obligations in practice?'* (see Figure 4). The second most common pātai ranked as most important overall, was *'What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whanau to access Whakaora Ngangahau services, resources and information?'* and the third was *'How can Kaiwhakaora Ngangahau build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?'*

As with the previous cluster, when results were analysed by community group and ethnic affiliation the order of the top ranked pātai changed. For example, for those who accessed Whakaora Ngangahau, or supported someone important to them to do so, the most important pātai was *'What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whanau to access Whakaora Ngangahau services, resources and information?'* (2nd overall) and for those who worked alongside Kaiwhakaora Ngangahau, the most important pātai was *'How can Kaiwhakaora Ngangahau build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?'* (3rd overall).

Developing the profession

There were eight pātai in this category, with the most common pātai being ranked as most important overall, being *'What skills and knowledge do employers need Kaiwhakaora Ngangahau to have in practice?'* (see Figure 5). The second most common pātai ranked as most important overall, was *'How do we increase understanding of the role of Kaiwhakaora Ngangahau to clients and colleagues?'* and the third was *'How are we sustainably building capacity and improving remuneration for Whakaora Ngangahau?'*

Again, the results were analysed by community group and ethnic affiliation, which changed the order of the top ranked pātai. For example, for Māori, the most important pātai was *'How do we sustainably train, recruit and retain Māori, Pasifika and male Kaiwhakaora Ngangahau?'* (4th overall) and for those who work alongside Kaiwhakaora Ngangahau the most important pātai was *'How do we determine the optimal ratio of Kaiwhakaora Ngangahau per head of population, to achieve equitable healthcare delivery?'* (5th overall).

Overall	Māori	Non-Māori	Accessed Whakaora Ngangahau Occupational Therapy	Worked alongside Kaiwhakaora Ngangahau Occupational Therapists	Kaiwhakaora Ngangahau Occupational Therapists
<ul style="list-style-type: none"> • How does the Whakaora Ngangahau Occupational Therapy profession address inequities and uphold Te Tiriti o Waitangi obligations in practice? • What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access Whakaora Ngangahau Occupational Therapy services, resource and information? • How can Kaiwhakaora Ngangahau Occupational Therapists build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services? • How do we know Kaiwhakaora Ngangahau Occupational Therapists are working in a culturally responsive manner? • What is the evidence for assessments and interventions used by Kaiwhakaora Ngangahau Occupational Therapists, particularly with Māori and Pasifika? • How do we support Māori Kaiwhakaora Ngangahau Occupational Therapists providing cultural leadership in practice? 	<ul style="list-style-type: none"> • How does the Whakaora Ngangahau Occupational Therapy profession address inequities and uphold Te Tiriti o Waitangi obligations in practice? • What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access Whakaora Ngangahau Occupational Therapy services, resource and information? • How can Kaiwhakaora Ngangahau Occupational Therapists build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services? 	<ul style="list-style-type: none"> • How does the Whakaora Ngangahau Occupational Therapy profession address inequities and uphold Te Tiriti o Waitangi obligations in practice? • What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access Whakaora Ngangahau Occupational Therapy services, resource and information? • How can Kaiwhakaora Ngangahau Occupational Therapists build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services? 	<ul style="list-style-type: none"> • How does the Whakaora Ngangahau Occupational Therapy profession address inequities and uphold Te Tiriti o Waitangi obligations in practice? • How do we know Kaiwhakaora Ngangahau Occupational Therapists are working in a culturally responsive manner? 	<ul style="list-style-type: none"> • How can Kaiwhakaora Ngangahau Occupational Therapists build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services? • How does the Whakaora Ngangahau Occupational Therapy profession address inequities and uphold Te Tiriti o Waitangi obligations in practice? 	<ul style="list-style-type: none"> • What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access Whakaora Ngangahau Occupational Therapy services, resource and information? • How does the Whakaora Ngangahau Occupational Therapy profession address inequities and uphold Te Tiriti o Waitangi obligations in practice? • How can Kaiwhakaora Ngangahau Occupational Therapists build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services? • What is the evidence for assessments and interventions used by Kaiwhakaora Ngangahau Occupational Therapists, particularly with Māori and Pasifika?

Figure 4: Top ranked pātai overall and across community groups, for the Te Tiriti o Waitangi responsiveness cluster

Overall	Māori	Non-Māori	Accessed Whakaora Ngangahau Occupational Therapy	Worked alongside Kaiwhakaora Ngangahau Occupational Therapists	Kaiwhakaora Ngangahau Occupational Therapists
<ul style="list-style-type: none"> • What skills and knowledge do employers need Kaiwhakaora Ngangahau Occupational Therapists to have in practice? • How do we increase understanding of the role of Kaiwhakaora Ngangahau Occupational Therapists to clients and colleagues? • How are we sustainably building capacity and improving remuneration for Whakaora Ngangahau Occupational Therapy? • How do we sustainably train, recruit and retain Māori, Pasifika and male Kaiwhakaora Ngangahau Occupational Therapists? • How do we determine the optimal ratio of Kaiwhakaora Ngangahau Occupational Therapists per head of population, to achieve equitable healthcare delivery? • How do we use lived experiences to inform Whakaora Ngangahau Occupational Therapy practice? • How do we determine the optimal balance between academia and clinical time spent in Whakaora Ngangahau Occupational Therapy roles? • What supports problem solving of ethical issues in the Aotearoa New Zealand/Waikato context? 	<ul style="list-style-type: none"> • How do we sustainably train, recruit and retain Māori, Pasifika and male Kaiwhakaora Ngangahau Occupational Therapists? 	<ul style="list-style-type: none"> • What skills and knowledge do employers need Kaiwhakaora Ngangahau Occupational Therapists to have in practice? • How are we sustainably building capacity and improving remuneration for Whakaora Ngangahau Occupational Therapy? • How do we increase understanding of the role of Kaiwhakaora Ngangahau Occupational Therapists to clients and colleagues? 	<ul style="list-style-type: none"> • What skills and knowledge do employers need Kaiwhakaora Ngangahau Occupational Therapists to have in practice? 	<ul style="list-style-type: none"> • How do we determine the optimal balance between academia and clinical time spent in Whakaora Ngangahau Occupational Therapy roles? 	<ul style="list-style-type: none"> • What skills and knowledge do employers need Kaiwhakaora Ngangahau Occupational Therapists to have in practice? • How do we increase understanding of the role of Kaiwhakaora Ngangahau Occupational Therapists to clients and colleagues? • How are we sustainably building capacity and improving remuneration for Whakaora Ngangahau Occupational Therapy?

Figure 5: Top ranked pātai overall and across community groups, for the developing the profession cluster

Stage 4: Confirmation hui

The confirmation hui was conducted on 9 December, 2022, over 2-hours. Most participants attended kanohi ki te kanohi, with one participant joining online due to not being able to attend in person at the last minute. Nine members of the community and five members of the rangahau rōpū (all Kaiwhakaora Ngangahau) participated in this hui (see Figure 6). One community member identified with two community groups and of this collective, five (36%) identified as Māori.

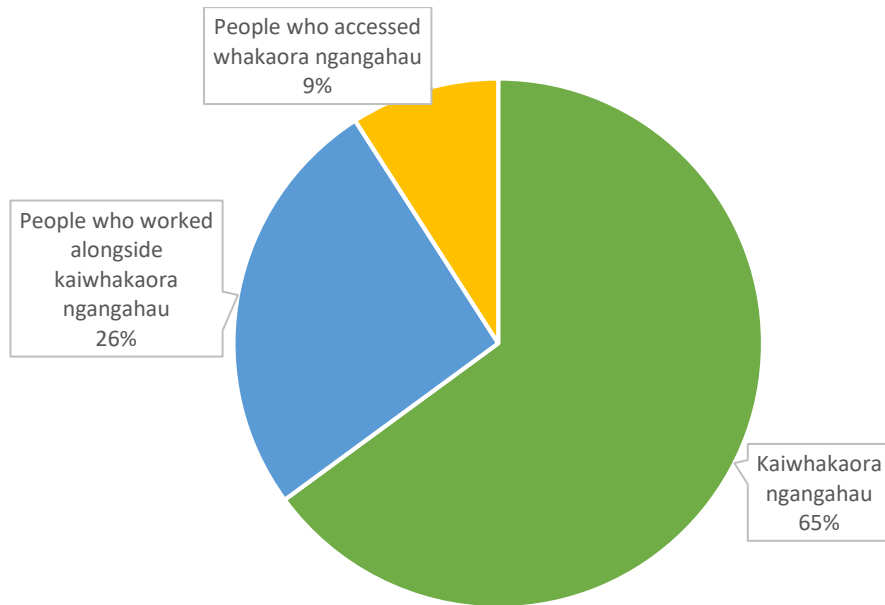


Figure 6: Role of confirmation hui members

Participants were presented with the rangahau process to date via PowerPoint and the information from the prioritisation round was presented. Figure 3, Figure 4, and Figure 5 were shared with the group as A3 posters on the tables and an explanation provided about how these were generated. Paper copies of the more detailed and complete results (see Appendix E) were available to the group, although it was not apparent that any one took the opportunity to view these. The group were given the opportunity to read, review and discuss the findings in two smaller groups. During this time one of the groups proposed the idea of retracting the clusters and recombining the pātai together. When this was proposed to the second group this was met with full agreement.

The two groups re-joined as a whole and were asked to consider whether the preference was for the list to be ranked or unranked. It was agreed with consensus that clinician-researchers from a broad range of settings are likely to find some of the pātai resonate for them more than others, therefore, it was more helpful to generate an unranked list. Subsequently, the final pātai are presented in randomly arranged boxes as part of a figure rather than in a list, which is suggestive of an order.

Predominantly, the final pātai chosen were those that were most frequently ranked first by one or more of the subgroups. The exception to this was the pātai *'How do we support Māori Kaiwhakaora Ngangahau providing cultural leadership in practice?'*, which was ranked in 6th place overall (out of 6), within the Te Tiriti o Waitangi responsiveness cluster. Despite its lower ranking from survey participants, the group at this hui chose to elevate the importance of this pātai as relevant to a

significant prerequisite for enabling culturally safety in Whakaora Ngangahau practice. Agreement in the group therefore resulted in this pātai being included in the final list.

Participants proposed that some of the pātai were unhelpfully broad, even acknowledging the origin of the pātai coming about through a process of combining and condensing. Subsequently, it was proposed, and agreed, that the pātai *'How does the whakaora ngangahau profession address inequities and uphold Te Tiriti of Waitangi obligations in practice?'* be broken into the following three pātai:

- *How does Whakaora Ngangahau achieve equity for Māori by facilitating occupational justice?*
- *How do Kaiwhakaora Ngangahau bring wairuatanga and their therapeutic use of self into Whakaora Ngangahau practice?*
- *How are cultural safety and responsiveness developed in Whakaora Ngangahau?*

The wording for these pātai was not finalised during the hui, so was agreed upon by the rangahau rōpū, before being circulated via email afterwards. There were no objections and two responses in support.

The pātai *'How do Kaiwhakaora Ngangahau share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?'* provoked substantial debate as this was variously interpreted to mean sharing learning with whānau versus sharing learning with the multidisciplinary team about whānau. There was no information collected from survey participants that would help to clarify how this pātai had been interpreted in the previous round. No consensus was achieved about how best to interpret this pātai and both were deemed valid and useful iterations of the pātai worthy of further rangahau.

By the end of the hui, the group had successfully reduced the list to 14 and it was agreed that these were representative of important rangahau pātai that need answering in Waikato, and that further reduction would result in a loss of significant rangahau pātai. We successfully achieved what we set out to do and generated a list of 14 pātai, which represent priorities for whakaora ngangahau rangahau in Waikato. The final list of pātai for Whakaora Ngangahau rangahau in Waikato are presented in Figure 7 (te reo Māori) and Figure 8 (English).



Figure 7: Final 14 priorities for rangahau in Waikato (te reo Māori)



Figure 8: Final 14 priorities for rangahau in Waikato (English)

Discussion

The top rangahau pātai proposed, for Whakaora Ngangahau in Waikato, provides an indication of the priorities for a strategy to focus rangahau efforts, based on what Kaiwhakaora Ngangahau, people who work alongside Kaiwhakaora Ngangahau, and people accessing Whakaora Ngangahau, or supporting someone important to them to do so, think is important. It was intended that the process of generating this list of pātai produced a guide for rangahau about Whakaora Ngangahau practice that seeks to achieve equitable outcomes for Māori, thereby lifting the health of Aotearoa as a whole. While these are presented as individual pātai, they may be considered more broadly to indicate rangahau that addresses clinical practice, Te Tiriti o Waitangi responsive practice and developing the profession.

Given the broad scope of Whakaora Ngangahau, it is advantageous to have such broad, high-level pātai identified, with scope to narrow the focus for any particular setting that may resonate for a researcher. For example, when answering the pātai *'What is the unique role of Whakaora Ngangahau in diverse settings?'* researchers may chose to focus in on the role of Kaiwhakaora Ngangahau when serving people with a particular condition (eg eating disorders, traumatic brain injury, dementia), of a specific age range, in specific settings (eg primary care, emergency departments, palliative care) or when utilising a particular intervention (eg sensory processing). This list of pātai have been developed following an evidence based process, to inform the design of future rangahau, and demonstrates regional attention and focus on achieving equitable outcomes for those served by Whakaora Ngangahau.

...This list of pātai have been developed following an evidence based process, to inform the design of future rangahau, and demonstrates regional attention and focus on achieving equitable outcomes for those served by Whakaora Ngangahau...

This Waikato rangahau elicited a list of key pātai to be answered, while international efforts sought to generate a list of higher-level priorities. In this context, there are still notable

similarities and differences in the priorities identified in this Waikato rangahau, when compared to those developed internationally. For example, the Royal College of Occupational Therapists (RCOT), in the United Kingdom, released their Top 10 research priorities in 2020 (Royal College of Occupational Therapists, 2020) and these included pātai related to person-centred practice and these Waikato priorities include pātai about whānau/client centred practice, how this looks for Whakaora Ngangahau and how it is measured. In 2016 the World Federation of Occupational Therapists (WFOT) released their International Research Priorities (World Federation of Occupational Therapists., 2016) that, like the later RCOT priorities, included rangahau into the impact of Whakaora Ngangahau and participation on everyday lives. This could tentatively be aligned to the Waikato priority seeking evidence for assessments and interventions used by Kaiwhakaora Ngangahau, although with a particular focus on Māori and Pasifika. In the WFOT priorities, occupational therapy professional issues made it into the final list of eight, and numerous pātai from this Waikato rangahau align with this. For example, pātai about the skills and knowledge employers need Kaiwhakaora Ngangahau to have and how to sustainably train, recruit and retain Kaiwhakaora Ngangahau (particularly Māori, Pasifika and Male therapists). In general, the emphasis on exploring how to achieve culturally safe, Te Tiriti o Waitangi responsive practice was strong in the Waikato pātai. This focus appears to be reflective of our cultural context and the community's desire

for rangahau to have meaningful impacts that genuinely advance practice towards achieving more equitable outcomes.

Implementation of this rangahau was informed by Te Tiriti o Waitangi, which was evident in several ways, a few examples are outlined here. Firstly, kāwanatanga and tino rangatiratanga were upheld by making modifications to the original plan, to ensure equal representation of Māori and non-Māori driving the rangahau and opportunity for Māori clinician-researchers to participate as a collective. The rangahau rōpū consisted of clinician and non-clinician researchers, all contributing to undertaking the rangahau and to the decision-making (to lesser or greater extents). Initial plans to have two clinician-researchers (one Tangata Whenua and one Tangata Tiriti) would not have enabled Māori to have an equal voice in the rangahau rōpū because non-clinician researchers were predominantly Tangata Tiriti. Subsequently, additional Tangata Whenua clinician-researchers were included. Tino rangatiratanga was upheld by rōpū members demonstrating leadership in the profession and in their teams, working towards Mana Motuhake. We strove to involve all rangahau rōpū members in decision-making, this was not always possible, as some decisions were beyond the authority of the rangahau members (eg contractual requirements between organisations and related to funding and workloads). When decisions were not made by the rōpū as a collective, efforts were made to reconsider how this could be different in the future. Ōritetanga was upheld by aiming to oversample Māori to ensure a diversity of perspectives were reflected in the final outcome and facilitate Māori to have a more equitable voice in the outcomes. In two of the stages we had a greater percentage of Māori participating than represented in the general population (of 17%; acknowledging the population is higher in the Waikato, at 24%). Wairuatanga was upheld by respecting and forefronting Te Reo Māori - the rangahau rōpū were intentional in using kupu Māori (Māori words) as much as possible, with the motivation to upskill both rangahau rōpū members as well as socialising common terms, relevant to Whakaora Ngangahau, within community groups. Subsequently, additional funding was sought to enable aspects of the final write up to be translated into Te Reo Māori.

...wairuatanga was upheld by respecting and forefronting Te Reo Māori...

This rangahau has lain the groundwork for future rangahau in the region, specifically informing a rangahau strategy for Whakaora Ngangahau in Waikato. This will contribute to creating a vibrant rangahau environment in the health sector and this aligns with the New Zealand Health Research Strategy's (NZHRS) priorities for excellence in health rangahau that addresses the health needs of all New Zealanders (Ministry of Business Innovation and Employment & Ministry of Health, 2017). This rangahau informs a strategy to focus Whakaora Ngangahau rangahau moving forwards, that will be integral to improving equity in clinical Whakaora Ngangahau practice and lifting Māori health outcomes, aligning with the NZHRS action of investing in healthy futures for Māori.

One of proudest achievements is the whanaungatanga developed within our rangahau rōpū, which includes members who are: Māori and non-Māori; clinical and non-clinical; employed by Te Whatu Ora: Waikato District, Otago Polytechnic | Te Pūkenga and a non-government organisation. We have overcome challenges in negotiating our relationships in the context of external and internal constraints, while striving to achieve authentic pūtahitanga. The benefit of this has been that, throughout the rangahau process, there has been ongoing learning about, reflecting on, and mixed application of co-governance principles, in order to achieve pūtahitanga.

Capacity building occurred for the whole rōpū, in relation to working in a Te Tiriti informed partnership (the challenges of this, making it work and achieving goals in the end), developing rangahau skills and collaboration. Of note, the clinician-researchers role-modelled to colleagues

their practices of being rangahau-active clinicians. Increasing rangahau capacity amongst Māori clinicians is consistent with the New Zealand Health Research Strategy 2017-2027 and pivotal in elevating clinicians' ability to consume and utilise rangahau to inform effective, evidence-based practice, thus improving healthcare delivery (Ministry of Business Innovation and Employment & Ministry of Health, 2017). Furthermore, the rangahau also stimulated interest and knowledge in Whakaora Ngangahau for those who work alongside Kaiwhakaora Ngangahau.

Further benefits include having a list of priorities that constitute a rangahau strategy for the region (and potentially nationally) and informs plans for future rangahau (particularly those undertaking rangahau for a qualification). This rangahau strategy validates a number of rangahau projects already underway. For example, a study exploring the sustainable recruitment and retention of male Kaiwhakaora Ngangahau (Sunderland & Leadley, 2019). This rangahau has also informed a series of scoping reviews currently underway, aiming to collate evidence about what is already known in the literature about the pātai generated. The findings of this rangahau will be shared at one of Te Whatu Ora: Waikato District's Allied Health Grand Rounds mid 2023, and at the national Whakaora Ngangahau conference in September 2023. It is foreseeable that these rangahau priorities for Whakaora Ngangahau may translate beyond the Waikato and have relevance nationwide. Or this project may serve as a forerunner to follow-up prioritisation studies, pertinent to the Health New Zealand reform (Little et al., 2021).

By highlighting the final pātai as requiring prioritisation in rangahau, and conducting the respective rangahau in the future, Kaiwhakaora Ngangahau will have improved ability to offer evidence-based, culturally responsive healthcare that achieves more equitable outcomes than might be achieved otherwise.

Limitations

The New Zealand Health Reform (Little et al., 2021), that saw Waikato District Health Board transition to Te Whatu Ora: Waikato District, occurred mid-year and raised challenges in terms of new processes and forward planning. To a lesser extent, there was an impact of the vocational education reform, that saw Otago Polytechnic transition to Te Pūkenga, which occurred at the start of the project. These transitions did not impact on the kaupapa of this rangahau, but did impact on time-pressure for decision-making and uncertainty of internal processes, which may have influenced the final outcome.

As with many endeavours, the COVID pandemic impacted on our progress throughout. Plans to launch our rangahau at an event *kanohi ki te kanohi* and to facilitate workshops *kanohi ki te kanohi* had to be substituted for online or individual interactions. Many of the hui (meetings) where it was planned to disseminate information about the rangahau were cancelled (with front line healthcare delivery needing to be prioritised). It was expected that some community groups would be challenging to access, however, during COVID when *kanohi ki te kanohi* engagement was not possible, some community groups became more challenging to access. This was exacerbated by the burden of any attempts at *kanohi ki te kanohi* engagement, with Māori and non-Māori clients, falling entirely on the clinician-researchers, as non-clinical members of the rōpū were not permitted access on site at health facilities (due to lockdown restrictions); hui with Kaiwhakaora Ngangahau could not go ahead as planned (*kanohi ki te kanohi* or online) as all non-essential hui were cancelled within Te Whatu Ora

...we acknowledge the importance of kanohi ki te kanohi for building trust and whanaungatanga...

and staff were overwhelmed and had limited capacity. We acknowledge the importance of kanohi ki te kanohi for building trust and whanaungatanga with community groups, particularly Tangata Whenua, and this was compromised because of the restrictions in place in response to the pandemic. Unpredictable and new practices in response to the pandemic also impacted on the rōpū member's availability and capacity to engage in the rangahau, particularly for clinician-researchers and those participating as community members in the rangahau. Furthermore, rangahau hui, which were originally intended as being held kanohi ki te kanohi, had to be held online, which impacted on opportunities to develop whanaungatanga early on.

The duration of this study was predetermined by the funding available: 1-year. Given the interruptions and challenges encountered over this time, it is feasible to consider a longer period of data collection may have enabled increased community participation and yielded different outcomes.

Time allocated by employers to clinician-researchers was not sufficiently protected and rōpū members contributed to the project primarily in their own time, rather than as part of their workload – in the future, more rigorous processes would need to be negotiated to ring-fence this time and ensure adequate support for clinician-researchers to engage in rangahau. That said, rōpū members were highly motivated to collaborate and achieve meaningful outcomes for our community, putting in hours over and above their original commitments and time allocated by their employer. Given the challenges encountered, we are even more proud of having completed what we set out to do.

The intention of the rangahau had been to achieve co-governance (between Tangata Whenua and Tangata Tiriti), however, because the rangahau was conceived of and originally designed by Tangata Tiriti members of the rōpū, this was not fully realised. The intent was for Tangata Whenua to be involved in driving the rangahau at all stages, and this did occur.

Conclusions

This rangahau generated a list of 14 diverse rangahau pātai for Whakaora Ngangahau in Waikato, which provides a clear focus for future rangahau. This rangahau also offers an example of Te Tiriti o Waitangi guided and informed rangahau in action. Conducting rangahau that address each of the final pātai will inform and evidence Whakaora Ngangahau delivery and practice, with a focus on elevating Māori health and achieving equitable health outcomes. Relationships between organisations have been developed and reinforced, facilitating supportive networks for conducting future rangahau. Collaborative relationships have been developed and role-modelled across the sectors, building capacity and demonstrating to those not involved in the rangahau an example of how this can be successfully achieved. Clinician-researcher capacity has been developed, resulting in clinician-researchers being better equipped and informed about the planning and execution of practice oriented rangahau. Engaging in open kōrero about the importance of Tangata Whenua and Tangata Tiriti collaboration from the conception of rangahau, so that the original idea is shared, was invaluable. This was noted as significant for enabling authentic co-design, and must translate into ongoing actions so that implementation is undertaken together too. Pūtahitanga was achieved in the current rangahau and future rangahau seeking to achieve authentic co-governance will need to ensure collaboration is realized from rangahau conception. The final priorities for Whakaora Ngangahau in Waikato may have relevance nationwide, so that this project may serve as a forerunner to follow-up prioritisation studies or a national rangahau strategy.

*...an example of Te
Tiriti o Waitangi
guided and informed
rangahau in action...*

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Appendices



Appendix A – Ethics approval

2 March 2022

Ema Tokolahi
c/- School of Occupational Therapy
College of Health
Otago Polytechnic
Wintec Campus
Tristram Street
Hamilton 3202



Dear Ema

Ethics approval for project

Reference Number: 936

Application Title: *Setting occupational therapy research priorities in the Waikato*

Thank you for your application for ethics approval for this research project.

This letter is to advise that the Otago Polytechnic Research Ethics Committee review panel has approved your application following the amendments made in response to feedback.

We wish you well with your work and remind you that at the conclusion of your research to send a brief report with findings and/or conclusions to the Ethics Committee.

All correspondence regarding this application should include the project title and reference number assigned to it.

This protocol covers the following researchers: Ema Tokolahi (OP, Kirikiriroa), Christine Higgins (Waikato DHB), Sian Griffiths (OP, Otepoti), Shaz Bryant (Professional Advisor - Tangata Whenua, OTBNZ) and two or more clinician-researchers TBC (Waikato DHB).

Project approval is valid for three (3) years from date of letter, and if applicable, only while the researcher is undertaking their programme of study at Otago Polytechnic.

Regards

Richard Humphrey

Richard Humphrey
Vice-Chair, Otago Polytechnic Research Ethics Committee

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Appendix B – Consultation survey

Rangahau/research priorities for whakaora ngangahau/ occupational therapy in the Waikato

I have read the Participant Information concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I understand that:

- My participation in the project is entirely voluntary and I am free to refuse to answer any particular question
- I am free to stop participating at any time
- I can choose to withdraw at any time without giving reasons and without any disadvantage
- I am aware I cannot withdraw my information once a workshop/focus group is complete
- I will not share other participants' information or affiliations that I am privy to as part of participating in this research
- My data will be destroyed at the conclusion of the project but any raw data on which the project results of the project depend will be retained in secure storage for seven years after which it will be destroyed. If it is to be kept longer than seven years, my permission will be sought
- I will not be paid for participation, however, I may receive light refreshments and/or have travel/parking costs reimbursed as acknowledgement of my time if attending a hui
- The results of the project will be published and/or used at a presentation in a conference, but my anonymity will be preserved
- I can ask to receive a copy of the research findings

I agree to take part in this project under the conditions set out in the participant information

- Yes – please continue No – please do not continue

I confirm that I live in, work in, or whakapapa to the Waikato

- Yes – please continue No – please do not continue

Which of the following best describes your relationship with whakaora ngangahau occupational therapy (can tick more than one if appropriate)

- I am a Kaiwhakaora Ngangahau/Occupational Therapist
 I work alongside Kaiwhakaora Ngangahau/Occupational Therapists
 I have accessed whakaora ngangahau/occupational therapy or someone important to me has

Which ethnic group(s) do you belong to? (Can tick more than one if appropriate)

- New Zealand European Niuean
 Māori Chinese
 Samoan Indian
 Cook Island Māori Other, such as Dutch, Japanese, Tokelauan
 Tongan (please specify):

What do we need to know more about in whakaora ngangahau/occupational therapy? (List as many patai questions or topics as you think need to be asked)

If you are willing to be contacted to complete a short follow up survey or to take part in the final workshop to confirm the top rangahau/research priorities for whakaora ngangahau/occupational therapy in the Waikato, please enter your email and/or phone number here:

Kia ora – thank-you for your participation!

This project has been reviewed and approved by the Otago Polytechnic Research Ethics Committee. #936

Appendix C – Prioritisation survey



Ngā mihi nui! Thank you for your interest in this kaupapa about the rangahau research priorities for whakaora ngangahau occupational therapy in Waikato. Over 300 patai questions from our initial consultation have been grouped and summarised into three lists of common patai questions about clinical practice, responsiveness to Te Tiriti and developing the profession, which are presented in this survey for putting into order of importance.

Patai questions were provided by:

- those who access (or have supported someone important to them to access) whakaora ngangahau occupational therapy
- those who work alongside kaiwhakaora ngangahau occupational therapists, and
- those who are kaiwhakaora ngangahau occupational therapists

For more information about this kaupapa, please view our webpage:

<https://sites.google.com/view/research-priorities-study/home>

Our participant information sheet can be found here:

<https://drive.google.com/file/d/1TPZvyabo4Mwh5nJYVZt9bmJzrGRE-p9I/view>

Declaration

I have read the Participant Information concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I understand that:

- My participation in the project is entirely voluntary and I am free to refuse to answer any particular question
- I am free to stop participating at any time
- I can choose to withdraw at any time without giving reasons and without any disadvantage
- I am aware I cannot withdraw my information once a workshop/focus group or survey is complete
- I will not share other participants' information or affiliations that I am privy to as part of participating in this research
- My data will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for seven years after

which it will be destroyed. If it is to be kept longer than seven years my permission will be sought.

- I will not be paid for participation, however, I may receive light refreshments and/or have travel/parking costs reimbursed as acknowledgement of my time if attending a hui
- The results of the project will be published and/or used at a presentation in a conference, but my anonymity will be preserved.
- I can ask to receive a copy of the research findings.

You are welcome to contact one of our team for more information if you have questions at ema.tokolahi@op.ac.nz. By continuing with this survey you are indicating your consent and agreement with the statements above.

I confirm that I live in, work in, or whakapapa to the Waikato

- Yes – please continue
- No – please do not continue

Which of the following best describes your relationship with whakaora ngangahau occupational therapy (can tick more than one if appropriate)

- I have accessed whakaora ngangahau occupational therapy or someone important to me has
- I work alongside kaiwhakaora ngangahau occupational therapists
- I am a kaiwhakaora ngangahau occupational therapist

Which ethnic group(s) do you belong to? (Mark the space or spaces that apply to you)

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Nieuwen
- Chinese
- Indian
- Other (please specify):

This is the first (and largest) of three lists for putting into order of importance - there are 16 items about clinical practice.

Please number the items in the list below, from 1 (most important) through to 16 (least important), to indicate which patai questions you think are more/less important for us to answer in future research, informing whakaora ngangahau occupational therapy healthcare in Waikato.

Currently items are not presented in any particular order – all are specifically relevant to whakaora ngangahau occupational therapy in Waikato.

Please note:

KN/OT - refers to Kaiwhakaora Ngangahau/Occupational Therapists

WN/OT - refers to Whakaora Ngangahau/Occupational Therapy

Tangata whaiora/whaikaha - refers to those accessing occupational therapy services to improve their mental/physical health

	Rank (1-16)
What does whānau/client centred practice look like for WN/OT and how is it measured?	
How effective is WN/OT for the people we serve?	
What strategies are effective in reducing waitlists for WN/OT?	
What is the evidence that participation in meaningful occupations impacts on health risks for tangata whaiora/whaikaha?	
How do we reduce funding inequities between injury and non-injury related health conditions?	
How well are compensatory and restorative approaches used in rehabilitation?	
How can the needs of mental health services for older people WN/OT be better resourced?	
When does groupwork offer a more sustainable and cost-effective WN/OT intervention option?	
What are the trauma-informed interventions used in WN/OT practice?	
How do KN/OTs make groupwork accessible for older people?	
How do we evidence the value of, and resource, holistic WN/OT at any level of service (eg primary, secondary, tertiary)?	
How do KN/OTs utilise assessment and treatment modalities not considered core to WN/OT?	
Do tangata whaiora/whaikaha feel supported, heard and understood when accessing WN/OT?	
How do KN/OTs share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?	
What is the unique role of occupational therapy in a diverse range of settings?	
How to KN/OTs support tangata whaiora/whaikaha to understand their rights and the services available?	

This is the second of three lists for putting into order of importance - there are 6 items about responsiveness to Te Tiriti o Waitangi.

Please number the items in the list below, from 1 (most important) through to 6 (least important), to indicate which patai questions you think are more/less important for us to answer in future research, informing whakaora ngangahau occupational therapy healthcare in Waikato.

Currently items are not presented in any particular order – all are specifically relevant to whakaora ngangahau occupational therapy in Waikato.

Please note:

KN/OT - refers to Kaiwhakaora Ngangahau/Occupational Therapists

WN/OT - refers to Whakaora Ngangahau/Occupational Therapy

Tangata whaiora/whaikaha - refers to those accessing occupational therapy services to improve their mental/physical health

	Rank (1-6)
How do we know KN/OTs are working in a culturally responsive manner?	
How do we support Māori KN/OTs providing cultural leadership in practice?	
How does the WN/OT profession address inequities and uphold Te Tiriti o Waitangi obligations in practice?	
What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access WN/OT services, resource and information?	
What is the evidence for assessments and interventions used by KN/OT, particularly with Māori and Pasifika?	
How can KN/OTs build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?	

This is the third of three lists for putting into order of importance - there are 8 items about developing the whakaora ngangahau occupational therapy profession.
Please number the items in the list below, from 1 (most important) through to 8 (least important), to indicate which patai questions you think are more/less important for us to answer in future research, informing whakaora ngangahau occupational therapy healthcare in Waikato.

Currently items are not presented in any particular order – all are specifically relevant to whakaora ngangahau occupational therapy in Waikato.

Please note:

KN/OT - refers to Kaiwhakaora Ngangahau/Occupational Therapists

WN/OT - refers to Whakaora Ngangahau/Occupational Therapy

Tangata whaiora/whaikaha - refers to those accessing occupational therapy services to improve their mental/physical health

	Rank (1-8)
How are we sustainably building capacity and improving remuneration for WN/OT?	
How do we use lived experiences to inform WN/OT practice?	
How do we determine the optimal balance between academia and clinical time in WN/OT roles?	
How do we sustainably train, recruit and retain Māori, Pasifika and male KN/OTs?	
How do we determine the optimal ratio of KN/OTs per head of population, to achieve equitable healthcare delivery?	
What supports problem solving of ethical issues in the Aotearoa New Zealand/Waikato context?	
What skills and knowledge do employers need KN/OTs to have in practice?	
How do we increase understanding of the role of KN/OTs to clients and colleagues?	

If you are willing to be contacted to take part in the final hui to confirm the top rangahau research priorities for whakaora ngangahau occupational therapy in the Waikato, please enter your email and/or phone number below.

This hui will be held kanohi-ki-te-kanohi face-to-face and is expected to last up to two hours, on Friday 9 December from 12:30-2:30pm in central Kirikiriroa Hamilton. Light refreshments will be provided, free parking will be available and travel costs will be reimbursed. Places will be limited to 20 participants.

Kia ora - Thank you for your participation!

Appendix D – Consultation pātai: Condensing and search terms

Note: KN/OT = Kaiwhakaora Ngangahau | Occupational Therapists; WN/OT = Whakaora Ngangahau | Occupational Therapy

Q#	Clustered pātai	Overarching pātai (merge against cells on the left to show which relates to)	Search terms Search lines
1	How do non-Māori KN/OT develop cultural responsiveness when working with Māori in practice?	How do we know KN/OTs are working in a culturally responsive manner?	<ol style="list-style-type: none"> 1. “occupational therapy*” 2. Māori OR Maori OR Maaori OR Indigenous OR pakeha OR Crown OR European OR “tangata tiriti” OR “tangata whenua” 3. cultural* OR intercultural 4. responsive* OR competent* OR humility OR sensitive* OR safety
34	How do we know KN/OTs are working in a culturally responsive manner?		
6	How/are we implementing tikanga in our WN/OT practice?		
90	How do non-Māori KN/OT develop cultural responsiveness when working with Māori in practice? (#1)		
35	Are there WN/OT assessments that can be applied in a culturally responsive way?		
72	How do KN/OTs work with people from cultures different to their own eg Pasifika, Māori?		
93	How do we support Māori KN/OTs providing cultural leadership in practice?	How do we support Māori KN/OTs providing cultural leadership in practice?	<ol style="list-style-type: none"> 1. “occupational therapy*” 2. Māori OR Maori OR Maaori 3. leadership
47	What supports problem solving of ethical issues in the Aotearoa New Zealand context?	What supports problem solving of ethical issues in the Aotearoa New Zealand context?	<ol style="list-style-type: none"> 1. “occupational therapy*” 2. ethic* 3. aotearoa or nz or Zealand
7	How are KN/OT meeting their Te Tiriti o Waitangi obligations in practice?	How does the WN/OT profession in Waikato address inequities and uphold Te Tiriti o Waitangi obligations in practice?	<ol style="list-style-type: none"> 1. “occupational therapy*” 2. “health inequality*” OR “health disparity*” OR bias OR Waitangi OR principle OR Article* OR treaty OR “te tiriti” OR obligation* OR responsible* or commit*
37	In what ways does the WN/OT profession contribute to health inequities and perpetuate biases in the Waikato?		

			3. Zealand OR Aotearoa
39	What skills & knowledge do employers need KN/OTs to have in practice?	What skills & knowledge do employers need KN/OTs to have in practice?	1. "occupational therapy*" 2. Skill* OR knowledge* OR ability* OR competent* 3. Work* OR practice* OR employ*
8	What does whānau/client-centred practice look like in WN/OT, in the Waikato?	What does whānau/client centred practice look like for WN/OT in the Waikato, and how is it measured?	1. "occupational therapy*" 2. Whanau OR whānau OR family* OR whanau-cent* OR whānau-cent* OR family-cent*
9	How do we measure and evaluate whānau/client-centred practice in WN/OT, in the Waikato?		
102	What does whānau/client-centred practice look like in WN/OT, in the Waikato? (#8)		
10	How do interprofessional colleagues/clients perceive and understand WN/OT?	How do we increase understanding of the role of KN/OTs to clients and colleagues?	1. "occupational therapy*" 2. percept* OR understand* OR view* OR experience* OR attitude* 3. Professional* OR colleagues* OR patient* OR client* OR consumer* OR "service user*" OR inter* OR multi* 4. Role* OR boundary* OR different* OR generic OR promote* OR protect*
11	How do we educate interprofessional colleagues/clients about the role of KN/OTs?		
55	How do we clarify boundaries between KN/OTs and other disciplines?		
96	How do we clarify boundaries between KN/OTs and other disciplines? (#55)		
28	What is the point of difference between KN/OTs bring to generic roles (eg key worker, health improvement practitioner)?		
56	How do we promote and protect the KN/OT role?		
29	Is employment as a key worker the best use of KN/OT skills?		
64	What is the best model of service provision for KN/OTs in mental health?		
67	What is the overlap between WN/OT and other health interventions?		
77	How do we educate interprofessional colleagues/clients about the role of KN/OTs? (#11)		

81	How do we promote and protect the KN/OT role? (#56) to tangata whaiora			
94	How do we promote and protect the KN/OT role? (#56)			
104	How do we promote and protect the KN/OT role? (#56)			
12	How do KN/OTs measure effectiveness in practice?	How effective is WN/OT for the people we serve in Waikato?	1. "occupational therapy*" 2. Measure OR outcome OR benefit OR success OR impact OR effect* OR effic*	
13	How useful is WN/OT for the people we serve in the Waikato?			
22	What skills, knowledge and attitudes do new graduates need?			
23	How do we know graduating students have the skills & knowledge needed for practice?			
24	How do new graduates know they are ready for practice?			
51	How do we ensure new graduate KN/OTs are not professionally isolated in their first positions?			
61	How could an internship/preceptorship model work for new graduate KN/OTs in the Waikato?			
2	What can we do to improve access and reduce waitlists for WN/OT, focusing on rural communities?			What are the barriers and enablers for Māori and Pasifika tangata whaiora and whānau to access WN/OT services, resources and information?
3	What are the barriers and enablers for Māori to access WN/OT?			
50	What are the professional behaviours of private WN/OT practitioners that improve access to mental health interventions?			
73	What are the barriers and enablers for Māori and Pasifika to access WN/OT? (#3)			
87	What are the barriers and enablers for Māori to access WN/OT? (#3)			
92	Why are Māori hesitant to engage with WN/OT services?			
99	What are the barriers and enablers for Māori and whānau to access WN/OT services, resources and information? (#3)			
		What strategies are effective in reducing waitlists for WN/OT?		

100	What can we do to improve access and reduce waitlists for WN/OT? (#2) and what is an acceptable wait time?		
43	How do we determine the optimal ratio of KN/OTs, per head of population, to achieve equitable healthcare delivery, in the Waikato?	How do we determine the optimal ratio of KN/OTs, per head of population, to achieve equitable healthcare delivery, in the Waikato?	<ol style="list-style-type: none"> 1. "occupational therapy" 2. staff* 3. ratio* OR number* OR level* 4. "service delivery" OR healthcare OR optimum*
78	How do we determine the optimal ratio of KN/OTs, per head of population, to achieve equitable healthcare delivery, on wards or in seating services, in the Waikato? (#43)		
38	What is the evidence that meaningful occupations impact on risk?	What is the evidence that meaningful occupations impact on risk?	<ol style="list-style-type: none"> 1. "occupational therapy" 2. Meaning* 3. Occupation* OR activity* 4. Risk*
4	How do we reduce funding inequities between injury and non-injury related health conditions?	How do we reduce funding inequities between injury and non-injury related health conditions?	<ol style="list-style-type: none"> 1. "occupational therapy" 2. Iniquity* OR disparity* 3. Health OR injury OR accident* OR hospital OR service* OR facilit* 4. Aotearoa OR Zealand
79	How do we reduce funding inequities between injury and non-injury related health conditions? (#4)		
49	How well are compensatory and restorative approaches used in rehabilitation?	How well are compensatory and restorative approaches used in rehabilitation?	<ol style="list-style-type: none"> 1. "occupational therapy" 2. (Compensate* OR restorat*) AND (approach* OR framework* OR model*) 3. Rehab*
32	How do KN/OT address equity in everyday practice?	How do KN/OT address equity in services within the Waikato?	<ol style="list-style-type: none"> 1. "occupational therapy" 2. Inequity* OR disparity* OR equity* OR justice* OR injustice* 3. Practice* OR treat* OR care OR service
33	How do KN/OT address equity in services within the Waikato?		
91	How do KN/OT address equity in services within the Waikato? (#33)		
36	How do KN/OTs enable occupational justice in Waikato communities?		
14	What is the evidence for interventions currently used by KN/OTs in the Waikato?	What is the evidence for assessments and interventions used by KN/OT, particularly	<ol style="list-style-type: none"> 1. "occupational therapy" 2. Interven* OR treat* OR rehab* OR assess* OR evaluat*

15	What is the evidence for emerging interventions in WN/OT in the Waikato?	with Māori and Pasifika, in the Waikato?	3. Evidence* 4. Māori OR Maori OR Maaori OR Pacific OR Pasifika
19	How/do KN/OTs use evidence-based practice?		
20	What are the evidence based assessments for WN/OT?		
21	What are the evidence based cognitive assessments for KN/OTs to use with people with dementia or a brain injury?		
66	What is the evidence of successful interventions in mental health WN/OT interventions?		
71	What are the evidence based cognitive assessments for KN/OTs to use with Pasifika? (#21)		
65	How can the resource needs for mental health services for older people WN/OT in the Waikato be better resourced?	How can the resource needs for mental health services for older people WN/OT in the Waikato be better resourced?	1. "occupational therap*" 2. Resources OR support OR program* OR service* 3. Mental OR psychiatr* OR disorder 4. "older pe*" OR geriatric* OR aging OR senior* OR aged OR elderly OR 65years OR "65 years"
16	When does groupwork offer a more sustainable and cost-effective WN/OT intervention option?	When does groupwork offer a more sustainable and cost-effective WN/OT intervention option?	1. "occupational therap*" 2. Groupwork OR group* OR one-to-one OR "one to one" OR individual* 3. Health OR therap* OR intervent* OR rehab* 4. Sustain* OR "cost effect*" OR cost-effect* OR economic* OR finance* OR "low cost" or low-cost
17	How does WN/OT utilise group versus individual interventions?		
69	How do KN/OTs make sport more accessible?	How do KN/OTs make sport more accessible?	1. "occupational therap*" 2. Sport*

			3. Access* OR availab* OR barrier* OR enabl* OR facilitat*
18	What are the trauma-informed interventions used in WN/OT practice?	What are the trauma-informed interventions used in WN/OT practice?	1. "occupational therap*" 2. "trauma inform*" OR trauma-inform* 3. Intervent* OR rehab* OR treat*
80	How do KN/OTs make groupwork accessible for older people?	How do KN/OTs make groupwork accessible for older people?	1. "occupational therap*" 2. Groupwork OR group* 3. Access* OR availab* OR barrier* OR enabl* OR facilitat* 4. "older pe*" OR geriatric* OR aging OR senior* OR aged OR elderly OR 65years OR "65 years"
25	How do we evidence the value of holistic WN/OT in any given practice context?	How do we evidence the value of, and resource, holistic WN/OT at any level of service (eg primary, secondary, tertiary)?	1. "occupational therap*" 2. Holistic OR "whole person" OR whole-person OR "wrap around" OR wrap-around OR wraparound 3. Measure OR outcome OR benefit OR success OR impact OR effect* OR effic* OR evidence OR value*
26	How do we evidence the value of holistic WN/OT at any level of service (eg primary, secondary, tertiary)?		
27	How do KN/OT bridge the gap between physical and mental health in practice?		
48	How do resource restrictions compromise professional values when providing a holistic approach to practice?		
82	What is the evidence that WN/OT in primary care improves outcomes and reduces demand on secondary care services?		
30	How do KN/OTs utilize assessment and treatment modalities not considered core to WN/OT (eg CBT, DBT, ACT)?	How do KN/OTs utilize assessment and treatment modalities not considered core to WN/OT?	1. "occupational therap*" 2. Scope OR generic OR beyond OR outside 3. Psycho* OR cognitiv* OR dialectic* OR ACT OR CBT OR FACT OR BP OR "blood pressure" OR observation* OR medication* OR anthropom*
84	How do KN/OTs utilize assessment and treatment modalities not considered core to WN/OT (eg CBT, DBT, ACT)? (#30) (eg medical obs, medications, blood pressure)		
31	What WN/OT assessments do we have in Te Reo Māori?		

5	How/are we using Māori models of health in WN/OT assessments and interventions?	How is Te Ao Māori taught to KN/OT and incorporated into WN/OT assessments and interventions?	<ol style="list-style-type: none"> 1. Health OR social OR model* OR framework* OR approach* 2. Interven* OR treat* OR rehab* OR assess* OR evaluat* 3. Māori OR Maori OR Maaori 4. “occupational therap*”
35	Are there WN/OT assessments that can be applied in a culturally responsive way?		
74	How/are KN/OTs using Māori models of health in WN/OT assessments and interventions? (#5)		
75	How/are KN/OTs taught to use Māori models of health in WN/OT assessments and interventions? (#5)		
89	How/are KN/OTs using Māori models of health in WN/OT assessments and interventions? (#5)		
40	How do we train, recruit and retain Māori KN/OTs?	How do we train, recruit and retain Māori, Pasifika and male KN/OTs?	<ol style="list-style-type: none"> 1. “occupational therap*” 2. Train* OR recruit* OR retain* OR retention OR attrition OR turnover 3. Māori OR Maori OR Maaori OR Pacific OR Pasifika OR men OR male*
41	How do we train, recruit and retain Pasifika KN/OTs?		
42	How do we train, recruit and retain male KN/OTs?		
44	What factors contribute to KN/OTs leaving/staying in the profession?		
88	How do we train, recruit and retain Māori KN/OTs? (#40)		
46	Do the people we work with feel supported, heard and understood?	Do the people we work with feel supported, heard and understood?	<ol style="list-style-type: none"> 1. “occupational therap*” 2. patient* OR client* OR consumer* OR “service user*” 3. percept* OR understand* OR view* OR experience* OR attitude*
103	How do KN/OTs share their experiences with whanau in the MDT as a learning opportunity?	How do KN/OTs share their experiences with whanau in the MDT as a learning opportunity?	<ol style="list-style-type: none"> 1. “occupational therap*” 2. percept* OR understand* OR view* OR experience* OR attitude* OR knowledge OR reflect* 3. patient* OR client* OR consumer* OR “service user*” OR whanau OR whānau OR famil* 4. Professional* OR colleagues* OR inter* OR multi* OR team

106	How do KN/OTs ensure they are offering more than just talking therapy?	How do KN/OTs ensure they are offering more than just talking therapy?	<ol style="list-style-type: none"> 1. "occupational therap**" 2. "talk therap**" OR "talking therap**"
107	How do KN/OTs learn about and empower tangata whaiora through the grief cycle in relation to chronic illness/disability?	How do KN/OTs learn about and empower tangata whaiora through the grief cycle in relation to chronic illness/disability?	<ol style="list-style-type: none"> 1. "occupational therap**" 2. Grief OR cycle OR adjust* 3. Chronic OR injur* OR disab*
85	How do we determine what is an effective balance between academia and clinical roles?	How do we determine what is an effective balance between academia and clinical roles?	<ol style="list-style-type: none"> 1. "occupational therap**" 2. Academ* OR university* OR research* OR educator* 3. Clinician OR clinical 4. Balance OR role*
45	How do we use lived experiences to inform WN/OT practice in the Waikato?	How do we use lived experiences to inform WN/OT practice in the Waikato?	<ol style="list-style-type: none"> 1. "occupational therap**" 2. "lived experience" OR "peer work**" OR "consumer advis**" OR peer
76	How do we use lived experiences to inform WN/OT practice in the Waikato? (#45)		
97	How do we use lived experiences to inform WN/OT practice in the Waikato? (#45)		
98	How does building collaborative relationships with Māori communities/organisations impact engagement with Māori tangata whaiora?	How does building collaborative relationships with Māori communities/organisations impact engagement with Māori tangata whaiora?	<ol style="list-style-type: none"> 1. Māori OR Maori OR Maaori 2. Collabor* OR partner* OR relation* 3. Community OR organization OR NGO OR charit* 4. Engag* OR motivat* OR involv* OR participat* 5. outcome OR benefit OR success OR impact OR effect* OR effic* OR evidence OR value* OR influenc*
52	What is the role of occupational therapy in diverse settings? I.e. non-traditional roles, accute mental health,		<ol style="list-style-type: none"> 1. "occupational therap**" 2. Role OR unique OR contrib*

	community and primary care, sensory processing when no identified diagnosis, emergency department, palliative care, concussion/TBI, working with people with mental health/dementia and their whānau, aged care, residential homes.	What is the unique role of occupational therapy in diverse settings?	3. Non-traditional OR “non traditional” OR emerging OR acute OR “mental health” OR “primary care” OR “primary health organization” OR “sensory processing” OR “no diagnosis” OR emergency OR palliative OR concussion OR “traumatic brain injury” OR TBI OR “mental health” OR dementia OR “aged care” OR “residential home” OR employment OR rural OR perinatal OR equipment
68	What is the role of a KN/OT in diverse settings? Eg mental health, physical health, employment services, aged care, rural		
95	What is the role of occupational therapy in diverse settings? Eg mental health, family/perinatal services (#52)		
53	What is the unique contribution of WN/OT? In equipment provision, in primary health, in mental health		
101	How to KN/OTs build capacity in tangata whaiora around their rights and the services available?	How to KN/OTs build capacity in tangata whaiora around their rights and the services available?	1. “occupational therapy” 2. capacity OR knowledge OR understand* 3. right* OR entitle*
54	How can KN/OTs develop their skills in leadership and service delivery?	How can KN/OTs develop their skills in leadership, management and service delivery?	1. “occupational therapy” 2. Leader* OR manage* OR “service delivery” OR strateg* 3. Develop* OR build OR capacity OR progress OR advance*
59	What are the opportunities for KN/OTs to develop into clinical leadership roles?		
83	How can KN/OTs develop their skills in leadership, management and service delivery? (#54)		
57	What additional/post graduate qualifications do KN/OTs gain after WN/OT training?	How are we advancing (capacity and economic acknowledgement of) the profession, sustainably?	1. “occupational therapy” 2. Develop* OR build OR capacity OR progress OR advance* OR economic* OR train* OR learn* OR professional 3. Sustain* 4. Rural OR supervision
58	How do we ensure KN/OTs get sufficient, relevant protected professional development opportunities?		
60	How do senior KN/OTs access quality supervision?		
62	How do we ensure skills and knowledge are retained when senior KN/OTs leave a service?		

63	How does introduction of a career framework support KN/OTs to advance their careers and support retention?		
86	How can KN/OTs in rural locations be supported in their career development?		
70	How can KN/OT lead meaningful change in systems informed by the medical model?	How can KN/OT lead meaningful change and challenge abelist systems informed by the medical model?	<ol style="list-style-type: none"> 1. "occupational therap**" 2. "Medical model" OR "social theory" OR model OR system* OR approach 3. able* OR universal* OR inclus* OR discrim* OR activis* OR equit* 4. disab*
105	How do KN/OTs challenge ableism?		

Appendix E – Prioritisation survey results

Clinical practice cluster

Clinical practice

1. What does whānau/client centred practice look like for WN/OT and how is it measured?
2. How do we reduce funding inequities between injury and noninjury related health conditions?
3. How well are compensatory and restorative approaches used in rehabilitation?
4. How can the needs of mental health services for older people WN/OT be better resourced?
5. When does groupwork offer a more sustainable and cost-effective WN/OT intervention option?
6. What is the evidence that participation in meaningful occupations impact on health risks for tangata whaiora/whaikaha?
7. How do KN/OTs make groupwork accessible for older people?
8. How do we evidence the value of, and resource, holistic WN/OT at any level of service (eg primary, secondary, tertiary)?
9. How do KN/OTs utilise assessment and treatment modalities not considered core to WN/OT?
10. Do tangata whaiora/whaikaha feel supported, heard and understood when accessing WN/OT?
11. How do KN/OTs share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?
12. What strategies are effective in reducing waitlists for WN/OT?
13. What is the unique role of occupational therapy in a diverse range of settings?
14. How effective is WN/OT for the people we serve?
15. How do KN/OTs support tangata whaiora/whaikaha to understand their rights and the services available?
16. What are the trauma-informed interventions used in WN/OT practice?

Clinical practice (n=51)

Question	Ranking																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1.	8.3	4.2	8.3	8.3	10.4	8.3	14.6	10.4	0	6.3	4.2	12.5	0	2.1	2.1	0	100%
2.	10.4	10.4	22.9	6.3	4.2	8.3	4.2	0	6.3	2.1	4.2	2.1	2.1	8.3	6.3	2.1	100%
3.	2.1	2.1	8.3	6.3	10.4	12.5	8.3	8.3	6.3	8.3	4.2	8.3	6.3	0	6.3	2.1	100%
4.	10.4	8.3	6.3	4.2	14.6	4.2	4.2	10.4	6.3	4.2	0	4.2	6.3	8.3	6.3	2.1	100%
5.	14.6	16.7	0	10.4	0	6.3	2.1	8.3	4.2	8.3	2.1	6.3	2.1	6.3	6.3	6.3	100%
6.	0	2.1	4.2	6.3	4.2	0	8.3	2.1	6.3	8.3	2.1	4.2	12.5	10.4	12.5	16.7	100%
7.	10.4	4.2	2.1	4.2	4.2	4.2	12.5	2.1	8.3	6.3	8.3	10.4	6.3	2.1	10.4	4.2	100%
8.	0	4.2	2.1	2.1	6.3	6.3	6.3	10.4	4.2	12.5	8.3	12.5	8.3	2.1	10.4	4.2	100%
9.	0	6.3	12.5	4.2	6.3	6.3	4.2	6.3	6.3	10.4	6.3	4.2	8.3	6.3	2.1	10.4	100%
10.	0	6.3	2.1	0	0	2.1	2.1	6.3	8.3	6.3	16.7	10.4	6.3	14.6	10.4	8.3	100%
11.	12.5	8.3	10.4	8.3	8.3	4.2	4.2	4.2	0	8.3	8.3	4.2	2.1	12.5	0	4.2	100%
12.	4.2	2.1	4.2	4.2	4.2	8.3	2.1	2.1	12.5	4.2	4.2	8.3	10.4	4.2	12.5	12.5	100%
13.	16.7	6.3	4.2	6.3	8.3	4.2	8.3	6.3	12.5	4.2	6.3	0	8.3	2.1	2.1	4.2	100%
14.	2.1	2.1	8.3	8.3	4.2	4.2	6.3	10.4	4.2	6.3	14.6	6.3	4.2	12.5	2.1	4.2	100%
15.	8.3	8.3	2.1	12.5	4.2	12.5	8.3	6.3	6.3	2.1	4.2	2.1	4.2	4.2	6.3	8.3	100%
16.	0	8.3	2.1	8.3	10.4	8.3	4.2	6.3	8.3	2.1	6.3	4.2	12.5	4.2	4.2	10.4	100%

Clinical practice (n=51)

Question	Percent who ranked question as #1	
	Question	Percent
1. What does whānau/clientcentred practice look like for WN/OT and how is it measured?	8.3	
2. How do we reduce funding inequities between injury and non-injury related health conditions?	10.4	
3. How well are compensatory and restorative approaches used in rehabilitation?	2.1	
4. How can the needs of mental health services for older people WN/OT be better resourced?	10.4	
5. When does groupwork offer a more sustainable and costeffective WN/OT intervention option?	14.6	2nd highest
6. What is the evidence that participation in meaningful occupations impact on health risks for tangata whaiora/whaikaha?	0	
7. How do KN/OTs make groupwork accessible for older people?	10.4	
8. How do we evidence the value of, and resource, holistic WN/OT at any level of service (eg primary, secondary, tertiary)?	0	
9. How do KN/OTs utilise assessment and treatment modalities not considered core to WN/OT?	0	
10. Do tangata whaiora/whaikaha feel supported, heard and understood when accessing WN/OT?	0	
11. How do KN/OTs share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?	12.5	3rd highest
12. What strategies are effective in reducing waitlists for WN/OT?	4.2	
13. What is the unique role of occupational therapy in a diverse range of settings?	16.7	Highest
14. How effective is WN/OT for the people we serve?	2.1	
15. How to KN/OTs support tangata whaiora/whaikaha to understand their rights and the services available?	8.3	
16. What are the trauma-informed interventions used in WN/OT practice?	0	

Clinical practice - by stakeholder Top 3 first-ranked questions

Question	Percent who ranked question as #1		
	All (n=51)	KN/OT (n=39)	Accessed Work with WN/OT KN/OT (n=5) (n=7)
1. What does whānau/clientcentred practice look like for WN/OT and how is it measured?			40.0 (1)
2. How do we reduce funding inequities between injury and non-injury related health conditions?			
3. How well are compensatory and restorative approaches used in rehabilitation?			
4. How can the needs of mental health services for older people WN/OT be better resourced?		13.9 (2=)	
5. When does groupwork offer a more sustainable and costeffective WN/OT intervention option?	14.6 (2)	13.9 (2=)	28.6 (1=)
6. What is the evidence that participation in meaningful occupations impact on health risks for tangata whaiora/whaikaha?			
7. How do KN/OTs make groupwork accessible for older people?			28.6 (1=)
8. How do we evidence the value of, and resource, holistic WN/OT at any level of service (eg primary, secondary, tertiary)?			
9. How do KN/OTs utilise assessment and treatment modalities not considered core to WN/OT?			
10. Do tangata whaiora/whaikaha feel supported, heard and understood when accessing WN/OT?			
11. How do KN/OTs share their experiences with whānau in their multidisciplinary teams, as a learning opportunity?	12.5 (3)	13.9 (2=)	
12. What strategies are effective in reducing waitlists for WN/OT?			
13. What is the unique role of occupational therapy in a diverse range of settings?	16.7 (1)	16.7 (1)	28.6 (1=)
14. How effective is WN/OT for the people we serve?			
15. How to KN/OTs support tangata whaiora/whaikaha to understand their rights and the services available?			
16. What are the trauma-informed interventions used in WN/OT practice?			

Clinical practice – by ethnic affiliation Top 3 first-ranked questions

Question	Percent who ranked question as #1		
	All (n=51)	Māori (n=7)	Non-Māori (n=44)
1. What does whānau/client-centred practice look like for WN/OT and how is it measured?			
2. How do we reduce funding inequities between injury and injury-related health conditions?			
3. How well are compensatory and restorative approaches used in rehabilitation?			
4. How can the needs of mental health services for older people WN/OT be better resourced?			
5. When does groupwork offer a more sustainable and effective WN/OT intervention option?	14.6 (2)		17.1 (1)
6. What is the evidence that participation in meaningful occupations impact on health tangata whaiora/whaikaha?			
7. How do KN/OTs make groupwork accessible for older people?			12.2 (2=)
8. How do we evidence the value of, and resource, holistic WN/OT at any level of service (primary, secondary, tertiary)?			
9. How do KN/OTs utilise assessment and treatment modalities not considered core to WN/OT?			
10. Do tangata whaiora/whaikaha feel supported, heard and understood when accessing WN/OT?			
11. How do KN/OTs share their experiences whānau in their multidisciplinary teams, as a learning opportunity?	12.5 (3)		12.2 (2=)
12. What strategies are effective in reducing waitlists for WN/OT?			
13. What is the unique role of occupational therapy in a diverse range of settings?	16.7 (1)	42.9 (1)	12.2 (2=)
14. How effective is WN/OT for the people we serve?			
15. How do KN/OTs support tangata whaiora/whaikaha to understand their rights and the services available?			
16. What are the trauma-informed interventions used in WN/OT practice?			

Te Tiriti o Waitangi responsiveness cluster

Tiriti

1. How do we know KN/OTs are working in a culturally responsive manner?
2. How do we support Māori KN/OTs providing cultural leadership in practice?
3. How does the WN/OT profession address inequities and uphold Te Tiriti o Waitangi obligations in practice?
4. What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access WN/OT services, resource and information?
5. What is the evidence for assessments and interventions used by KN/OT, particularly with Māori and Pasifika?
6. How can KN/OTs build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?

Tiriti (n=51)

Question	Ranking						
	1	2	3	4	5	6	
1.	14.0	14.0	24.0	20.0	14.0	14.0	100%
2.	2.0	8.0	12.0	28.0	26.0	24.0	100%
3.	24.0	10.0	20.0	16.0	14.0	16.0	100%
4.	24.0	36.0	16.0	8.0	12.0	4.0	100%
5.	14.0	8.0	10.0	18.0	22.0	28.0	100%
6.	22.0	24.0	18.0	10.0	12.0	14.0	100%

Tiriti (n=51)

Question	Percent who ranked question as #1
1. How do we know KN/OTs are working in a culturally responsive manner?	14.0
2. How do we support Māori KN/OTs providing cultural leadership in practice?	2.0
3. How does the WN/OT profession address inequities and uphold Te Tiriti o Waitangi obligations in practice?	24.0
4. What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access WN/OT services, resource and information?	24.0
5. What is the evidence for assessments and interventions used by KN/OT, particularly with Māori and Pasifika?	14.0
6. How can KN/OTs build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?	22.0

Joint highest

3rd highest

Tiriti – by stakeholder Top 3 first-ranked questions

Question	Percent who ranked question as #1			
	All (n=51)	KN/OT (n=39)	Accessed WN/OT (n=5)	Work with KN/OT (n=7)
1. How do we know KN/OTs are working in a culturally responsive manner?			40.0 (1=)	
2. How do we support Māori KN/OTs providing cultural leadership in practice?				
3. How does the WN/OT profession address inequities and uphold Te Tiriti o Waitangi obligations in practice?	24.0 (1=)	21.1 (2)	40.0 (1=)	28.6 (2)
4. What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access WN/OT services, resource and information?	24.0 (1=)	26.3 (1)		
5. What is the evidence for assessments and interventions used by KN/OT, particularly with Māori and Pasifika?		18.4 (3=)		
6. How can KN/OTs build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?	22.0 (2)	18.4 (3=)		57.1 (1)

Tiriti – by ethnic affiliation Top 3 first-ranked questions

Question	Percent who ranked question as #1		
	All (n=51)	Māori (n=7)	Non-Māori (n=44)
1. How do we know KN/OTs are working in a culturally responsive manner?			
2. How do we support Māori KN/OTs providing cultural leadership in practice?			
3. How does the WN/OT profession address inequities and uphold Te Tiriti o Waitangi obligations in practice?	24.0 (1=)	28.6 (1=)	23.3 (1=)
4. What are the barriers and enablers for Māori and Pasifika tangata whaiora/whaikaha and whānau to access WN/OT services, resource and information?	24.0 (1=)	28.6 (1=)	23.3 (1=)
5. What is the evidence for assessments and interventions used by KN/OT, particularly with Māori and Pasifika?			
6. How can KN/OTs build collaborative relationships with Māori communities/organisations to impact Māori tangata whaiora/whaikaha engagement with their services?	22.0 (2)	28.6 (1=)	20.9 (3)

Developing the profession cluster

Developing the profession

1. How are we sustainably building capacity and improving remuneration for WN/OT?
2. How do we use lived experiences to inform WN/OT practice?
3. How do we determine the optimal balance between academia and clinical time spent in WN/OT roles?
4. How do we sustainably train, recruit and retain Māori, Pasifika and male KN/OTs?
5. How do we determine the optimal ratio of KN/OTs per head of population, to achieve equitable healthcare delivery?
6. What supports problem solving of ethical issues in the Aotearoa New Zealand/Waikato context?
7. What skills and knowledge do employers need KN/OTs to have in practice?
8. How do we increase understanding of the role of KN/OTs to clients and colleagues?

Developing the profession (n=51)

Question	Ranking								
	1	2	3	4	5	6	7	8	
1.	17.7	17.7	25.5	11.8	9.8	13.7	2.0	2.0	100%
2.	11.8	9.8	9.8	15.7	19.6	21.6	7.8	3.9	100%
3.	5.9	5.9	11.8	11.8	11.8	13.7	27.5	11.8	100%
4.	13.7	18.6	15.7	15.7	21.6	7.8	3.9	2.0	100%
5.	11.8	5.9	9.8	13.7	5.9	17.7	11.8	23.5	100%
6.	0	15.7	7.8	11.8	13.7	11.8	23.5	15.7	100%
7.	19.6	9.8	5.9	11.8	5.9	9.8	13.7	23.5	100%
8.	19.6	15.7	13.7	7.8	11.8	3.9	9.8	17.7	100%

Developing the profession (n=51)

Question	Percent who ranked question as #1
1. How are we sustainably building capacity and improving remuneration for WN/OT?	17.7
2. How do we use lived experiences to inform WN/OT practice?	11.8
3. How do we determine the optimal balance between academia and clinical time spent in WN/OT roles?	5.9
4. How do we sustainably train, recruit and retain Māori, Pasifika and male KN/OTs?	13.7
5. How do we determine the optimal ratio of KN/OTs per head of population, to achieve equitable healthcare delivery?	11.8
6. What supports problem solving of ethical issues in the Aotearoa New Zealand/Waikato context?	0
7. What skills and knowledge do employers need KN/OTs to have in practice?	19.6
8. How do we increase understanding of the role of KN/OTs to clients and colleagues?	19.6

3rd highest

Joint highest

Developing the profession - by stakeholder Top 3 first-ranked questions

Question	Percent who ranked question as #1			
	All (n=51)	KN/OT (n=39)	Accessed WN/OT (n=5)	Work with KN/OT (n=7)
1. How are we sustainably building capacity and improving remuneration for WN/OT?	17.7 (2)	18.0 (2)		
2. How do we use lived experiences to inform WN/OT practice?				
3. How do we determine the optimal balance between academia and clinical time spent in WN/OT roles?				
4. How do we sustainably train, recruit and retain Māori, Pasifika and male KN/OTs?				
5. How do we determine the optimal ratio of KN/OTs per head of population, to achieve equitable healthcare delivery?				28.6 (1)
6. What supports problem solving of ethical issues in the Aotearoa New Zealand/Waikato context?				
7. What skills and knowledge do employers need KN/OTs to have in practice?	19.6 (1=)	20.5 (1=)	40.0 (1)	
8. How do we increase understanding of the role of KN/OTs to clients and colleagues?	19.6 (1=)	20.5 (1=)		

Developing the profession - by ethnic affiliation Top 3 first-ranked questions

Question	Percent who ranked question as #1		
	All (n=51)	Māori (n=7)	Non-Māori (n=44)
1. How are we sustainably building capacity and improving remuneration for WN/OT?	17.7 (2)		18.2 (3)
2. How do we use lived experiences to inform WN/OT practice?			
3. How do we determine the optimal balance between academia and clinical time spent in WN/OT roles?			
4. How do we sustainably train, recruit and retain Māori, Pasifika and male KN/OTs?		42.9 (1)	
5. How do we determine the optimal ratio of KN/OTs per head of population, to achieve equitable healthcare delivery?			
6. What supports problem solving of ethical issues in the Aotearoa New Zealand/Waikato context?			
7. What skills and knowledge do employers need KN/OTs to have in practice?	19.6 (1=)		20.5 (1=)
8. How do we increase understanding of the role of KN/OTs to clients and colleagues?	19.6 (1=)		20.5 (1=)