

Strengthening the collection, analysis, use & dissemination of MH&A NGO workforce data



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1. INTRODUCTION

1.1 Background

The non-government organisation (NGO) mental health and addiction (MH&A) workforce is large and makes an important contribution to MH&A service delivery. In 2022 the NGO MH&A workforce was estimated to represent about 37 percent of the total MH&A workforce (Te Pou, 2022).¹ The estimated workforce in NGO adult alcohol and drug and mental health services (including forensic services) in March 2022 was **5,165 full-time equivalent (FTE) positions** (employed and vacant).² The estimated workforce in both primary health organisation (PHO) and NGO infant, child, adolescent and youth MH&A services in 2024 was **912 FTE positions** (employed and vacant).³

The NGO health and social services' sector is diverse and comprised of hundreds of organisations including iwi-based providers and other community providers like PHOs. Developing the workforce of such a devolved and distributed sector is challenging and requires access to high quality representative information.

Following the release of *A Sound Investment: A Spotlight on the Impact and Value of Mental Health and Addiction NGO Services in New Zealand*,⁴ Atamira Platform Trust (Platform) members discussed scoping collective approaches to NGO workforce information (similar to the Health New Zealand | Te Whatu Ora (HNZ Te Whatu Ora) employee data set collated by the Health Workforce Information Programme (HWIP) and better use of the many performance monitoring returns (PMRs) associated with provider contracts held with different government agencies.

Initial feedback indicated some desire for more collective approaches that are potentially owned or governed by NGOs; aligned to their needs and priorities; available to promote the interests of NGOs, tāngata whai ora, whānau, and communities; and that take a whole-of-workforce approach. This could potentially augment or replace the fragmented and repetitive data collections described above.

¹ Te Pou. (2022). *Mental health and addiction workforce: 2022 primary, community, and secondary healthcare services*.

² Te Pou. (2023). *NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services*.

³ Whāraurau. (2025). *2024 Stocktake of Infant, Child, Adolescent and Youth Mental Health and Alcohol and Other Drug Services in Aotearoa New Zealand*: Whāraurau, Auckland Uniservices, The University of Auckland.

⁴ Atamira Platform Trust. (2025). *A Sound Investment: A Spotlight on the Impact and Value of Mental Health and Addiction NGO Services in New Zealand*.

Platform Trust is partnering with Te Pou to explore NGOs' interest in a collective approach to workforce data, with financial support from HNZ Te Whatu Ora.

1.2 Purpose

The purpose of this report is to document the outputs from a feasibility study. This constitutes the first stage of a joint project that is focused on strengthening the collection, analysis, use and dissemination of MH&A NGO workforce data. The report outlines what MH&A NGO workforce data is currently being collected and by which agencies, before exploring some ways to improve the situation.

The three objectives of the project are outlined below.

Objective 1 - Data that promotes MH&A NGO self-determination.

- Scoping the possibility of developing collective approaches to MH&A NGO workforce information that are owned and controlled by NGOs. It would provide MH&A NGO workforce information for local, regional and national reporting purposes.
- MH&A NGOs could also generate their own reports to help focus attention on the MH&A NGO workforce issues that matter to them.

Objective 2 - MH&A NGOs telling their own workforce story.

- MH&A NGOs present their own estimates of the MH&A NGO workforce in a way that makes sense to them - e.g., inclusive of roles that are not currently found in the Australian and New Zealand Standard Classification of Occupations (ANZSCO).
- MH&A NGOs develop their own narrative about the MH&A NGO workforce to help deepen the level of shared understanding about its size and role composition; highlight challenges such as vacancies and staff turnover; and profile employee characteristics such as age, ethnicity and job tenure.

Objective 3 - A trusted and safe MH&A NGO data ecosystem.

- MH&A NGOs develop shared capacities and capabilities for handling and managing NGO workforce data.
- MH&A NGOs are easily able to supply reports to key stakeholders that request MH&A NGO workforce related information - in accordance with the relevant legislation and agreed best practice data management standards, policies and procedures.
- MH&A NGOs are supported by a shared data infrastructure and data experts (e.g., Te Pou and Whāraurau).

Out-of-scope

This stage of the project was exploratory in nature and did not aim to obtain agreement from NGOs about the future development of a central data repository or collective approach(s). The project did not venture into detailed issues related to workforce data collection design and reporting, but it did touch on the possibility of developing a minimum NGO workforce data set based on stakeholder feedback.

1.3 The approach

The activities to gather relevant information for the project are described in [appendix one](#).

These essentially included:

- a literature scan
- a survey of Platform members
- interviews with key informants from across the health and MH&A sector
- input from an NGO Advisory Group comprised of Platform members who represented MH&A NGO organisations of different sizes and types.

One of the initial activities of the project was to develop a survey that could be distributed to the membership of Platform Trust with the aim of assessing MH&A NGO's appetite for a more collective approach to NGO workforce data. The survey asked NGOs what they were currently doing with their workforce data, the challenges associated with the provision of data to other agencies, their level of interest in collective approaches and the perceived benefits and drawbacks, their support needs, and the terms and conditions that would need to be in place to make a collective approach possible.

Overall, the survey indicated that MH&A NGOs thought that collective approaches would increase access to insights, grow NGO influence, and support sector development. Most people supported further investigative action to some extent, while noting concerns about the need for resourcing and reaching agreement about the governance arrangements associated with more collective approaches. Information about the findings of the survey can be found [here](#).

1.4 Problem definition

Various agencies collate national MH&A workforce information, mainly by surveys. These data collections deliver highly summarised information about organisations with a focus on the Vote Health funded workforce only. The collections therefore do not fully represent the extent of the NGO health and social services workforce and duplicates information that many NGO providers are regularly reporting to HNZ Te Whatu Ora, as well as other funders, as part of their contractual obligations.

While some MH&A NGO workforce data is collected at local, regional and national levels in New Zealand, the accessibility, relevance and completeness of that data is questionable. Interviews with national and regional commissioning at HNZ Te Whatu Ora and with the

Ministry of Health indicate that these data issues create problems for their work. In our survey of Platform members, NGOs also complained about the duplication of time and effort reporting the same information in multiple ways to different agencies, the lack of benefit that is returned to them from their workforce data and have questioned the extent to which the information is being used at all.

A draft Investment Logic Map (ILM) has been developed to assist key stakeholders to understand the current problems, adverse impacts, and desired benefits of a more collective approach to NGO workforce data (see [appendix two](#)). ILMs are widely used to make explicit the supporting rationale for a proposed development and to help justify investment decisions based on the evidence that the root causes are known, real problems are being addressed and that the expected benefits are both attainable and measurable.

Please note that the development of an ILM is usually done with stakeholder input, which is why this one is still in draft form as this step has yet to take place. Its completion could form one of the 'next steps' of the project in 2026.

1.5 The value proposition – what benefits do NGOs want?

Key point: *Every stakeholder would benefit from having access to a more inclusive MH&A NGO workforce data set that better represents the wide range of roles in MH&A NGOs.*

The MH&A NGO workforce is an integral component of the wider MH&A service system. Comprehensive, high-quality data on the MH&A NGO workforce is essential to help identify gaps in workforce supply, ascertain workforce recruitment and retention issues, uncover areas of workforce maldistribution, and forecast future workforce requirements. This data would also help to identify priority areas for workforce education and training, build a representative and culturally capable workforce to address inequities and inform national policy decisions.

These requirements are particularly important given that new models of MH&A support are being developed to meet the rapidly changing needs of the population and the increased demand for MH&A services. However, NGO roles are often treated as 'add-ons' rather than being core to the model of support. They are often structurally invisible in planning, funding, and workforce data, which reinforces their marginal status despite their substantial contribution to access and equity such as the delivery of cultural and lived experience services.

NGOs and other key decision-makers need to have better access to more reliable and up-to-date information about the MH&A workforce to plan, fund and monitor the MH&A sector's

response to these changes. This is particularly the case for the NGO part of the MH&A sector, primarily because of the diverse, devolved and distributed nature of MH&A NGOs.

Ultimately, high quality and relevant NGO workforce data will support clearer and more relevant actions for NGO development in future national plans and strategies.⁵ This will support decision-makers to grow and develop the MH&A workforce that is needed to respond to the changing MH&A needs of the population. Workforce policy could start to make stronger moves towards enabling flexible scopes of practice, shared tasks, and the creation of new hybrid roles that are better able to support integrated and people-centred care in community settings.

With this objective in mind, this report represents the MH&A NGO sector's initial steps to better define MH&A NGO workforce information that is considered essential for workforce planning purposes, adds value, and is simple and not too costly to collect.



⁵ For example, Health New Zealand Te Whatu Ora (2025). *Mental Health & Addiction Workforce Plan 2024 – 2027 (2025 refresh)*.

2. CURRENT NGO WORKFORCE DATA FIELDS COLLECTED

Key point: Routinely reported NGO FTE data (via the PMRs) is not being used by Te Whatu Ora commissioners due to capacity and capability issues. This means that New Zealand does not have up-to-date information about the MH&A NGO workforce and is totally reliant on periodic MH&A workforce surveys to partially fill the gap.

This section of the report focuses on the NGO workforce data that is currently collected by various agencies. The information has been compiled to highlight the commonalities and differences between the different MH&A workforce data collections. This is important in terms of improving the relevance, comparability and utility of the data going forward.

Table 1 summarises the information collected voluntarily from NGOs for mental health and addiction workforce planning and development purposes by Te Pou and Whāraurau, the national workforce development centres.

Table 1: NGO workforce data fields collected by the national workforce centres

| Source | Te Pou NGO workforce survey | Whāraurau workforce survey | Lived experience survey |
|--------------------------|---|---|---|
| Service | Mental health, AOD, Forensic services for adults (health funded only) | Mental health and AOD, Forensic services for infants, children, adolescents, and youth (health funded only) | People working and volunteering in lived experience roles (all funding sources) |
| Locality | Region, multiple regions | Health district | Region |
| Roles | Role groups | Role titles | Role titles |
| Headcount | | Number of people employed | Number of respondents |
| FTE positions employed | FTEs employed | FTEs employed | FTEs employed |
| FTE positions vacant | FTEs vacant | FTEs vacant | |
| Recruitment | Past year FTEs recruited | | |
| Resignations | Past year FTEs resigned | Past year FTEs resigned | |
| Ethnicity | | Māori, Pasifika, Asian, Other | Māori, Pasifika, Asian, Other |
| Age | | | Age ranges |
| Sex or gender | | | Gender groups |
| Qualifications | | | Qualifications |
| Registrations | | | Registrations |
| Workforce development | Workforce development needs | Workforce development needs | |
| Recruitment difficulties | Recruitment difficulties | | |
| Frequency | Every 4 years | Every 2 years | In 2022 only |

Source: Te Pou

The regional commissioners of community MH&A services (Mentally Well team, HNZ Te Whatu Ora) receive workforce data from contracted MH&A NGOs via PMRs. Table 2 shows the data fields collected as well as the type and frequency of PMR related reporting undertaken by Pathways, noting that other NGOs might be required to report different workforce data or no data at all (e.g., Southern Health District). The things that immediately stand out are the different reporting requirements and systems being used across the country. This is creating additional work for NGOs and making it impossible for commissioners to analyse comparative data.

It needs to be across all contracts and not splintered. We have contracts with Access and Choice nationally and in two regions with three different reporting systems and structures. Waste of time. (NGO Survey, 2025)

Table 2: Pathways workforce data reported to HNZ Te Whatu Ora MH&A commissioners

| Information required | MH&A service types | Type | Frequency |
|--|--|-----------|-----------|
| Workforce investment & update | All Access & Choice | Narrative | Quarterly |
| Number of staff | Some but not all MH&A services - varies | PMR | Quarterly |
| Ethnicity (4 categories) | Some but not all MH&A services - varies | PMR | Quarterly |
| Age group (4 categories) | Some but not all MH&A services - varies | PMR | Quarterly |
| Gender (3 categories) | Some but not all MH&A services - varies | PMR | Quarterly |
| # staff with a disability | Some but not all MH&A services - varies | PMR | Quarterly |
| Vacancies | All Access & Choice, some unique services but variable | Narrative | Quarterly |
| Recruitment | All Access & Choice, some unique services but variable | Narrative | Quarterly |
| Retention | All Access & Choice, some unique services but variable | Narrative | Quarterly |
| Resignations | All Access & Choice, some unique services but variable | Narrative | Quarterly |
| Staff training | All Youth Access & Choice | Narrative | Quarterly |
| Staff demographics | Some but not all health districts | Narrative | Quarterly |
| Support hours delivered (3 categories) | Some but not all MH&A services - varies | PMR | Quarterly |

In addition, since the inception of the pay equity settlement for mental health and addiction support workers, NGOs have been reporting the following information about workers in these roles; see Table 3.

Table 3: Pay equity workforce reporting requirements (Pathways)

| Pay equity data / restricted to MH&A Support Workers | | | |
|--|--------------------------|------|-----------|
| Information required | MH&A service types | Type | Frequency |
| FTE | All MH&A support workers | | Annual |
| Hours of work | All MH&A support workers | | Annual |
| Age | All MH&A support workers | | Annual |
| Qualification | All MH&A support workers | | Annual |
| Tenure of staff | All MH&A support workers | | Annual |

Discussions with the regional commissioners, HNZ Te Whatu Ora about the utility of the PMRs quickly highlighted one of the unintended consequences of the recent health reforms. The changes in structures, systems and processes have significantly reduced the capacity and capability of HNZ Te Whatu Ora to collate and use the PMR data, to the point where routinely reported NGO FTE data is not used. Given that this situation is not likely to improve any time soon, both NGOs and commissioners expressed an interest in developing processes that utilise available data better.

I've never been given [or] sent any report that shows how our data has been used to be of use to our sector. I'm sure it has but there is no reporting back process. There also isn't good reporting guides, which makes it hard if an organisation loses staff who understand what the funders want. But we also have a really good relationship with our contract managers who are working with us to make better reporting templates. (Large employer – 50 FTEs or more; NGO Survey, 2025).

There is general agreement among people consulted for this project that having an agreed minimum MH&A NGO workforce data set (MDS) would be useful for all parties. This MDS could provide all key stakeholders with the core information that they need, in a standardised format, using standardised data definitions.

A minimum data set could be developed as one of the outputs of the project in 2026 so that the workforce data better reflects NGOs collective interests, as well as supplying HNZ Te Whatu Ora and the Ministry of Health with the information that they need for workforce planning, funding and monitoring purposes. This topic is covered in greater detail in [section 5](#) of this report.

3. CHARTING POSSIBLE WAYS FORWARD – OPTIONS ANALYSIS

Key point: *The status quo is not sustainable!*

This section of the report is informed by the World Health Organization report on health workforce data (2022)⁶ and the findings from the survey of Platform members. The approach to the options analysis is also aligned with the format for a Strategic Case Analysis, which represents stage one of the organising framework for a *Better Business Case* (NZ Treasury).⁷

3.1 Investment objectives

The investment objectives described below are the high-level goals or aspirations of the proposed change. They help decision-makers to select the option that is the best fit.

Table 4: Investment objectives and high-level goals for MH&A NGOs

| Investment objective | High level goal for MH&A NGOs |
|--|--|
| Enable planning and development of the MH&A NGO workforce as a key part of the MH&A sector | Ensure the long-term sustainability of NGOs as a key part of the MH&A service system. <i>“The most exciting prospect about this idea is the opportunity to finally build a comprehensive, sector-wide picture of the NGO mental health and addictions workforce.”</i> |
| Address imbalances between MH&A NGO workforce supply and demand | Grow and develop the MH&A NGO workforce to respond to the increased demand for services. <i>“I think that it would be incredibly useful in the workforce planning space, nationally and at an organisational level. For example, do we have an ageing workforce with a significant percentage reaching retirement age in the next few years?”</i> |
| Increase visibility of the composition & skill mix of the MH&A NGO workforce | Invest in the MH&A NGO workforce as a key component of any new models of care. <i>“It would support the wider sector’s understanding of the work undertaken in the funded sector and the value that it adds.”</i> |
| Increase the value of MH&A NGO workforce data | Enhance the profile of NGOs so that the NGO workforce is incorporated into decisions about transforming models of service delivery. <i>“Recognition of the size and needs of the NGO workforce nationally.”</i> |

Source of quotes: NGO Survey, 2025.

⁶ World Health Organization. (2022). *Strengthening the collection, analysis and use of health workforce data and information: A Handbook*. Geneva. World Health Organisation.

⁷ NZ Treasury. *Better Business Cases*. Retrieved from <https://www.treasury.govt.nz/information-and-services/public-sector-leadership/investment-management/better-business-cases>

3.2 Critical success factors

The critical success factors are attributes that are generally considered to be essential to the successful implementation of an option, irrespective of what option that might be.

Table 5: Critical success factors

| Critical success factor | Broad description | Proposed specific critical success factors from the NGO perspective |
|-----------------------------------|--|---|
| Business needs of MH&A NGOs | How well does the option meet MH&A NGO requirements? | The option delivers the collective information that MH&A NGOs want. |
| Strategic fit | How well does the option align with both national MH&A strategies and NGO workforce development activities? | The information assists NGOs to better understand their workforce - with development opportunities in mind. |
| Benefits optimisation | How well does each option maximise the positive outcomes or advantages for the key stakeholders? | The option achieves the optimal collective value for a diverse group of NGOs with different interests. |
| Potential achievability | Is the option likely to be delivered within available resources, skills & constraints? | The option is realistically possible under the present circumstances. |
| Stakeholder capacity & capability | How well does the option match with stakeholder capacity & capability to participate? | Some NGOs have already indicated that they could participate in a collective approach only if they received some level of support to do so. |
| Potential affordability | How well can the option be met from likely available funding, taking into consideration any funding constraints? | The option can be funded within existing allocated funding and can continue to grow within current funding constraints. |
| Sustainability & value for money | Is the option likely to result in a sustainable arrangement that optimises value for money? | The option is sustainable and offers best value for money taking into consideration risks, benefits and costs. |

3.3 Initial assessment of the options

The purpose of this section is to identify some possible ways forward – assuming that we start with the status quo (no change to the current national workforce surveys and the PMRs) and end with the option that meets all key stakeholder requirements – including the necessary, the desirable, and the aspirational requirements.

The four options in Table 6 have been selected in response to information received from various stakeholders over the course of the project.

Table 6: Initial assessment of the potential advantages & disadvantages of options

| | 1. Status quo | 2. Meets some requirements | 3. Meets necessary & desirable requirements | 4. Meets necessary & aspirational requirements |
|--------------------|--|--|--|--|
| Description | No change to the current state | Streamline existing reporting of MH&A NGO workforce data with no fundamental change | Modify existing systems and processes to achieve the desired outcomes | Develop a fully custom-built national MH&A NGO workforce database |
| Advantages | <ul style="list-style-type: none"> • No additional costs. • No disruption to existing systems and processes. • Contracted requirements continue to ensure a high level of NGO compliance. | <ul style="list-style-type: none"> • Lower costs. • Minor changes to existing systems and processes. • Contracted requirements ensure a high level of NGO reporting at the local level. | <ul style="list-style-type: none"> • Predictable costs. • Faster deployment. • Opportunities to co-design a NGO data set. • More accessible information. • High level of NGO support. • Opportunities to consider NGO ownership & governance. | <ul style="list-style-type: none"> • A complete fit with the unique requirements of key stakeholders. • Maximum flexibility. • NGOs can advance their ownership & governance interests. |
| Disadvantages | <ul style="list-style-type: none"> • Ongoing reduction in the quality, relevance, and utility of MH&A NGO workforce data collected. • It continues to be difficult to demonstrate the size and scale of the MH&A NGO workforce. • Incomplete information for workforce planning. • Maintains current duplications and inefficiencies for NGOs. | <ul style="list-style-type: none"> • Will not provide the information that is needed for regional & national MH&A workforce planning. • Ongoing duplication of data collections. • Does not advance NGO interests in self-determination. • Low level of NGO support. | <ul style="list-style-type: none"> • Some limitations in terms of responding to the unique requirements of every key stakeholder. • Risk of partial participation of MH&A NGO providers due to capacity & capability issues. • Potentially complicated. • Disruption to the current data collection system. • Additional Investment will be needed. | <ul style="list-style-type: none"> • High costs. • Affordability concerns. • Longer delivery time. • Risk of multiple failures in the software development process. • Risk of only partial participation of MH&A NGO providers due to capacity & capability issues. |

3.4 Options analysis

Table 7 compares and evaluates the four options based on how well they align with the investment objectives and the critical success factors outlined in [sections 3.1](#) and [3.2](#) of this report. The process is designed to make the rationale behind the ratings of each option clear to all stakeholders so that the decision-making process can be critiqued.

Both the investment objectives and the critical success factors have been tested with the NGO Advisory Group before being applied to the options.

Table 7: Options analysis

| | 1. Status quo | 2. Meets some requirements | 3. Meets necessary & desirable requirements | 4. Meets necessary & aspirational requirements |
|---------------------------------------|---------------------------------------|--|--|--|
| Description | No change to the current state | Streamline existing reporting of MH&A NGO workforce data with no fundamental change | Modify existing systems and processes to achieve the desired benefits | Develop a fully custom-built national MH&A NGO workforce database |
| Investment objectives | | | | |
| Enable planning & development | Partial | Partial | Yes | Yes |
| Address imbalances in supply & demand | No | No | Yes | Yes |
| Increase visibility of NGO workforce | No | No | Yes | Yes |
| Increase the value of workforce data | No | No | Yes | Yes |
| Critical success factors | | | | |
| Meets business needs of NGOs | No | No | Partial | Yes |
| Strategic fit | No | No | Yes | Yes |
| Benefits optimisation | No | No | Yes | Yes |
| Potential achievability | Yes | Yes | Yes | No |
| Stakeholder capacity & capability | Yes | Yes | Partial | Partial |
| Potential affordability | Yes | Yes | Yes | No |
| Offers sustainable value for money | No | No | Yes | Partial |

The final assessment in Table 8 below represents an overall evaluation of each of the options, noting that greater weighting has been given to the ratings for ‘potential achievability’, ‘potential affordability’ and ‘sustainable value for money’ in Table 7 when reaching a decision.

Table 8: Overall evaluation of the options

| | 1. Status quo | 2. Meets some requirements | 3. Meets necessary & desirable requirements | 4. Meets necessary & aspirational requirements |
|---------------------------|---------------------------------------|--|--|--|
| Description | No change to the current state | Streamline existing reporting of MH&A NGO workforce data with no fundamental change | Modify existing systems and processes to achieve the desired benefits | Develop a fully custom-built national MH&A NGO workforce database |
| Overall evaluation | No | No | Recommended option | Not feasible |

The next section of the report spells out the changes that are envisaged under the recommended option ‘modify existing systems and processes’ in some detail. It also provides an assessment of the risks associated with this option and suggested mitigation strategies (see Table 9).

4. FUTURE DIRECTIONS

Key point: The development of equitable data ownership and governance arrangements are central to the successful implementation of the recommended option.

4.1 Recommended option – business requirements and implications

The recommended option (modify existing systems and processes) involves several suggested changes to the current state - as outlined below.

This option aims to determine or seek:

- the level of interest amongst the national workforce centres to modify existing systems and processes to manage the NGO workforce data at all points throughout the data life cycle.
- to develop new data ownership and governance agreements for the collection, analysis, use and dissemination of MH&A NGO workforce data.
- MH&A NGO commitment to routinely supply their organisation's workforce data to a third party(s), subject to the implementation of new data ownership and governance arrangements.
- agreement from key stakeholders about utilising a minimum data set for the MH&A NGO workforce, including nationally standardised data definitions.
- to provide NGOs with a set of agreed reports from a third party to help them address issues that are of interest to them.
- to provide government agencies with a set of agreed reports to support their regional and national MH&A workforce planning, funding and monitoring role.
- to supply other stakeholders with their own set of agreed reports – subject to ownership and governance agreements.
- that access to any ad hoc reports would need to comply with the terms of the ownership and governance agreement.
- to stop the supply of routine NGO workforce information to the regional commissioners (HNZ Te Whatu Ora) via the PMRs to avoid duplicated reporting, as the intention is for this information to be readily available from the third party(s).
- to make summarised data publicly available via on-line dashboards that are currently maintained by the national MH&A workforce centres. At least one of the dashboards could potentially be hosted elsewhere (e.g., Platform Trust).
- to recalibrate the MH&A NGO workforce surveys so that they are focused on collecting ad hoc information about items of interest that cannot be addressed with the use of routinely collected NGO workforce data.

The recommended option has been selected on the basis that it could deliver benefits to MH&A NGOs and other stakeholders which are not able to be achieved under the current system, and it could do so at reasonable cost. However, it involves a complicated change process, and it is not without risk. The risks are highlighted in Table 9 below.

4.2 Risks

Table 9 provides an assessment of the risks associated with the recommended option. The risks have been identified on the basis that they that might prevent, degrade or delay the achievement of the investment objectives and the intended benefits.

Table 9: Risk assessment

| Risk | Impact | Likelihood | Mitigation |
|--|--------|------------|--|
| Transition & implementation risk – the shift from the current state to the future state is not well managed. | Severe | Possible | Establish strong change management as a critical component of the project. |
| Technology risks – the changes to the data management systems and processes are not well supported by the technology that underpins it. | Severe | Possible | Identify any technology-related changes early in the project and test proposed solutions with input from key stakeholders. |
| Operating risks – respective roles & responsibilities are unclear. | Severe | Possible | Clarify stakeholder expectations at an early stage and continue to revisit them over the course of the project. |
| Legal risks – one or more of the partners are not willing to enter into a new contractual arrangement (e.g., the establishment of a joint venture). | Severe | Possible | A legal mechanism is identified that facilitates the safe sharing of data between nominated parties for a defined set of objectives. |
| Data ownership & governance – key stakeholders cannot reach agreement on new data ownership & governance arrangements. | Severe | Possible | Data ownership and governance issues are canvassed early in the project. See appendix two for a summary of the main issues that will need to be covered. |
| Financial risk - the costs associated with the modification of existing systems and processes are unknown & there is a risk that they might exceed current funding allocations. | Severe | Possible | Undertake a detailed requirements analysis and break the proposed development into phases to inform a cost estimate based on time, effort and resources. |
| Unintended consequences – funders start using the workforce FTE data in the minimum data set (MDS) as a proxy for service performance, thereby creating strong disincentives for NGOs to participate. | Severe | Possible | Clarify the parameters for using MH&A NGO workforce data in the data ownership and governance agreement. |

| Risk | Impact | Likelihood | Mitigation |
|---|--------|------------|---|
| Poor design – the new system is not designed with a whole-of-workforce approach in mind, nor can it produce the reports that would help the MH&A sector to respond to current and future workforce challenges. | Severe | Possible | Design the new system with the capacity to identify and report workforce roles against multiple contracts. Involve multiple perspectives of MH&A NGOs in the co-design process. |
| Cultural aspirations are not met – Māori, Pasifika and Asian NGOs data needs are not well served by the new system. | Severe | Possible | Clearly identify how many Māori, Pasifika and Asian NGOs are supportive of the proposed development. Co-design the new system in conjunction with cultural sub-groups of NGOs that are focused on developing the business requirements for the new system via a cultural lens. |
| Partial participation of NGOs Smaller MH&A NGOs do not have the resources to participate, thereby diluting the collective power of the NGO workforce data. | Severe | Possible | Determine the needs of less well-resourced NGO providers and develop an approach that enables them to participate in the new system and to profile their unique workforces. |
| Decision making is dominated by large mainstream mental health providers | Severe | Possible | Protect membership on the governance group for different types of NGOs, services, and specialisms including lived experience. |

4.3 The development of a minimum NGO workforce data set

Key point: *Clearly articulate the intended benefits for MH&A NGOs that are not currently providing workforce data and/or do not see themselves in the data that is being collected.*

As previously mentioned, the development of a minimum NGO workforce data set has been proposed as a key component of the recommended option. The intention of the national MDS (minimum data set) is to collect the minimum amount of information that is needed about the composition and characteristics of the MH&A NGO workforce to inform MH&A workforce planning, funding and monitoring.⁸ The development of a MDS would also help to improve the quality of the NGO workforce data as it would involve the use of standardised data definitions, which is not the case now.

⁸ Health Workforce Technical Assistance Center (2015). *The Health Workforce Minimum Data Set (MDS): What you Need to know*. Retrieved from https://www.chwsny.org/wp-content/uploads/2016/06/MDS_Resource_Brief.pdf

If the MDS is to be successful, it will need to illustrate the unique contribution of a wide range of MH&A NGOs. The MH&A system has a tendency to prioritise traditional, regulated professions and work settings and to minimise the contribution of workforce roles that fall outside those boundaries (e.g., support workers, peer workers, navigators, cultural workers, employment support specialists etc). By overlooking non-traditional community-based roles, the MH&A system is reducing its own capacity for innovation, limiting workforce flexibility, and making it harder for MH&A services to respond to people's MH&A needs, particularly in rural and underserved communities.

Given the MH&A system's patchy stewardship of NGO workforce data, the development of an MDS should be driven by MH&A NGOs as the primary stakeholder group, noting the importance of including the wide range of NGOs that are not currently providing workforce data, either because they are not convinced about the benefits of doing so and/or do not see themselves represented in it (e.g., Māori, Pasifika, Asian, peer led services and smaller NGOs).

Please note that some work has already been undertaken by a small group of key stakeholders to identify the data fields that could comprise a minimum NGO workforce data set. This work is preliminary only and is subject to further work and investment should the project continue into 2026.

4.4 Data literacy

The final point to make about the challenges related to the implementation of the recommended option is the importance of data literacy. It is often assumed that if information is provided to the people who ask for it then decision-making will automatically improve. However, the quality of decision making depends on the quality of the data that is collected, the quality of the information that is produced, and the ability of decision-makers to interpret that information and use it to take the appropriate action.

Key point: *There is little point in improving the quality of MH&A NGO workforce data and the timeliness of information if stakeholders don't know how to use it effectively. Equal emphasis therefore needs to be placed on improving information literacy skills as well as considering how the NGO workforce data might be collected and shared – especially with collective MH&A NGO interests in mind.*

5. CONCLUSION

This report explores the current issues for MH&A NGO workforce data and some possible solutions. It was developed in consultation with key stakeholders including Platform member NGOs, two workforce centres, and HNZ Te Whatu Ora and the Ministry of Health. It shows that while NGO workforce data is a vital resource for the MH&A sector, there is much duplication and waste in existing systems and NGOs do not benefit from their labour within it. We recommend modifying existing systems and processes, like the PMRs, to collect data more efficiently and reduce duplication of effort and cost for NGOs. More work is needed to determine what data will help to meet NGO and MH&A sector planning and development needs.

MH&A NGOs have reported that the workforce data that is currently reported to other stakeholders for workforce planning and funding purposes is not the data that NGOs need to construct their own narratives and answer their own questions. This is particularly the case for Māori, Pasifika and Asian NGOs, which will need assurances that any proposed changes to the current collection of NGO workforce data will be based on the information that they need for organisational planning purposes and will deliver the benefits that they are looking for.

We have a specific interest in Kaupapa development, and I wonder if data is an easy like for like. (NGO Survey, 2025)

Whilst the problems with MH&A NGO workforce data are well understood, there has been a lack of agreement about how to address the additional work and increased costs that are currently being incurred by NGOs. This project represents the collective ambition of MH&A NGOs to work with other key stakeholders to explore the possible options for a more collaborative approach to workforce data that benefits everyone. Inevitably this will involve compromises and trade-offs to be made by every key stakeholder. The next stage of the project could involve a process whereby these trade-offs are made more explicit.

In the process it will be important to keep in mind that some NGOs have reported that their data needs have not been well served by national approaches in the past (e.g., Kaupapa Māori, addiction, and smaller NGOs). Future phases of the project should consider the needs of less well-resourced NGO providers and develop an approach that enables them to participate and to profile their unique workforces. The application of key principles such as NGO governance, Māori sovereignty and equity (see appendix three) will help guide the project in this regard.

Having good strong data that can inform the NGO sector to move forward. The small NGOs need to have a voice as well. (NGO Survey, 2025)

The NGO membership of Platform Trust has taken the first step towards ascertaining if a more collaborative approach is feasible. Almost everyone who participated in the NGO survey supported further exploration of collective approaches to some extent. Most people see value in their workforce data and in collective approaches, particularly for understanding the NGO sector and supporting its future development and influence. These findings are tempered by consistent requests throughout the survey responses for more detail and information about what collective approaches would look like.

The next step involves engaging HNZ Te Whatu Ora in a discussion about conducting a detailed investigation of the cost-benefits of the recommended option to help inform investment decisions.

Ideally stage 2 should also involve ongoing engagement with NGOs about the practical challenges associated with implementing the recommended option and their ongoing support for it, especially as more information about cost, time and resource requirements becomes available. This is critical given that the success of the change process will be reliant on a significant number of MH&A NGOs being prepared to support it and actively participate in it.

APPENDIX ONE – THE APPROACH

The gathering of information for the project involved the activities outlined below.

1. Literature scan

- Collective approaches to workforce data collection
- Multiagency data resources
- Māori data sovereignty
- Examples of national minimum data sets

2. Survey of Platform Trust NGO members

One of the initial activities of the project was to develop a questionnaire for distribution to the membership of Platform Trust with the aim of gauging MH&A NGO's appetite for a more collective approach to NGO workforce data. Te Pou designed the initial draft of the questionnaire, which was reviewed by the NGO Advisory Group for the project. The final version was administered by Platform Trust via a Survey Monkey link that was emailed out to 137 contacts from 95 NGOs. The survey was open from 26 August to 15 September 2025.

Forty-seven people completed one or more questions about the project. Half of the people surveyed were from large organisations employing 50 full-time equivalent (FTE) positions or more. Two-thirds were from mainstream organisations, with 15 percent self-identifying as Kaupapa Māori and 13 percent identifying as lived experience-led. Three-quarters mainly deliver either mental health or MH&A services, 13 percent deliver alcohol and drug or gambling harm services, and another 13 percent mainly deliver other types of services, including housing, employment, and disability support.

Dissemination of survey findings

The survey findings were provided to the Platform membership via the Navigate MH&A NGO networks and Platform Trust's quarterly on-line membership hui.

Limitations of the survey

The questionnaire was only sent out to those NGOs that are on the Platform mailing list, some of whom said they needed more information to participate. Some people who completed the questionnaire may work for the same organisation, so the findings may not be a true reflection of all Platform members views. In addition, the responses likely overrepresented the views of people from large mainstream mental health NGOs, despite the efforts to highlight the responses from smaller NGOs, addiction providers, Kaupapa Māori and Pasifika providers by using data visualisations and published quotes.

A full copy of the report outlining the findings can be found on the Platform Trust website.

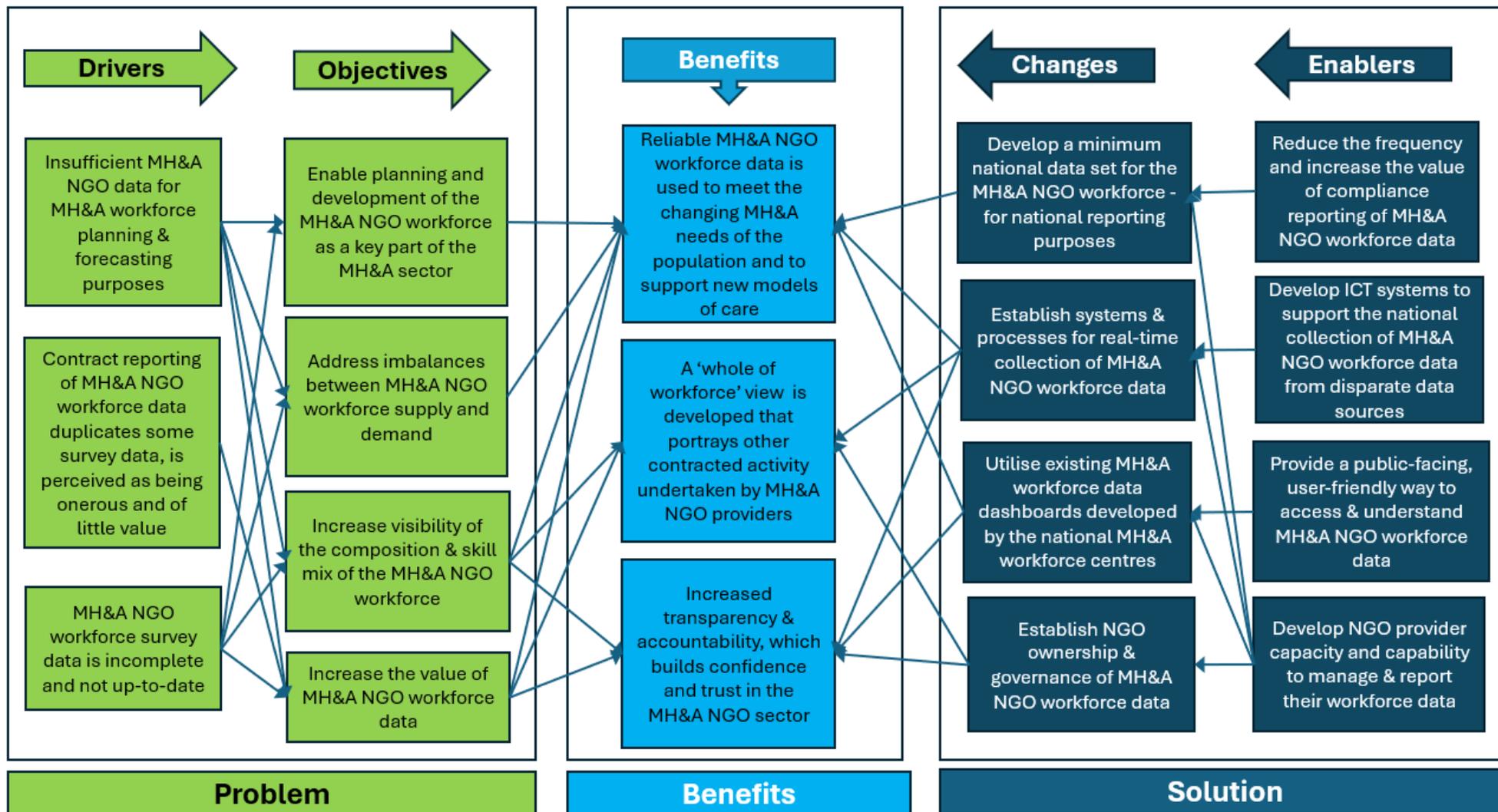
3. Meetings with key informants

| Name | Role | Organisation |
|----------------------------|---|--|
| Abi Milnes | CEO | Whāraurau |
| Amanda Luckman | Lived Experience Project Lead | Te Pou |
| Amanda Newton | Project Lead, Performance and Reporting, People and Culture | HNZ Te Whatu Ora |
| Angela Boswell | Senior Policy Advisor | Te Hiringa Mahara |
| Chris Mitchell | Manager, Workforce Monitoring, Workforce and Infrastructure, Performance and Governance Group | Ministry of Health |
| Dr Bronwyn Dunnachie | Principal Advisor | Whāraurau |
| Emmanuel Jo | Group Manager, Workforce Analytics and Forecasting, People and Culture | HNZ Te Whatu Ora |
| Julia Kranenberg | Workforce Delivery Lead | Whāraurau |
| Kahurangi Fergusson-Tibble | Waha Tohutohu Matua- Principal Advisor, Māori | Te Pou |
| Karin Isherwood | Principal Advisor—Workforce Development, Infant, Child and Youth MH&A | Whāraurau |
| Rebecca Kay | Senior Service Development Manager, Enablement, Mentally Well, Planning, Funding and Outcomes | HNZ Te Whatu Ora |
| Regional commissioners | Mentally Well, National Commissioning | HNZ Te Whatu Ora |
| Saskia Ymker | Principal Advisor Lived Experience | Te Hiringa Mahara |
| Sonya Russell | Director Mental Health & Addiction Sector Leadership | Te Hiringa Mahara – Mental Health & Wellbeing Commission |
| Sue Dashfield | Group Manager Enablement, Mentally Well National Commissioning, | HNZ Te Whatu Ora |

4. NGO Advisory Group members

| Name | Role | Organisation |
|------------------------------|--|---------------------------------------|
| Memo Musa | CEO | Platform Trust (co-chair) |
| Richard Woodcock | Manager – Data, Information & Research | Te Pou (co-chair) |
| Amanda Purdie | Workforce Development Lead | Pathways |
| Deb Fraser | Director | Whakaata Tohu Tohu Mirror Services |
| Jack Hassell | Senior Advisor, Operations Team | Emerge Aotearoa |
| Karaitiana Tickell | CEO | Purapura Whetu Trust |
| Kevin Harper | CEO | Changing Minds |
| Kirsten Norris | Regional Practice Lead | Emerge Aotearoa |
| Mary Ellis | CEO | Health Action Trust |
| Mike Douglas/Neville Gibbons | National Director of Addictions and Health | Salvation Army |
| Moananu Anna Redican-Kolose | CEO | Vaka Tautua |
| Raewyn Allan | CEO | Mahitahi Trust |
| Ross Phillips | Business Operations Manager | Pathways |
| Ruth Borrett | Chief Operating Officer | Ember |
| Sean Harris | Pouwhakahaere Matua Director, People & Culture | Mahitahi Trust |

APPENDIX TWO – DRAFT INVESTMENT LOGIC MAP - MH&A NGO WORKFORCE DATA PROJECT



Note: The weightings have not yet been applied to the above drivers, objectives and benefits. This can take place once there is wider stakeholder involvement in the ILM process and key performance measures have been assigned to each of the benefits. To apply the weightings, follow these steps: **1.** Assign a total of 100% for the driver column. **2.** Split each driver's weighting amongst all those objectives to which it is linked. **3.** Split each objective's weighting amongst all those benefits to which it is linked. **4.** Assess the allocation of resources in light of the benefit significance to which they link.

APPENDIX THREE – DATA OWNERSHIP & GOVERNANCE ISSUES TO CONSIDER

What are the decision-making rights in a collective approach to data?

Organisations that are members of a collective generally have shared, negotiated, or democratically determined decision-making rights regarding organisational data that are structured through legal and governance mechanisms. The allocation and exercise of these rights depend on the collective's chosen governance model and can range from representative, participatory, or direct democratic frameworks for making data-related decisions.⁹

Collective benefit and authority: Most models emphasise distributing the benefits and control collectively, so that decisions about organisational data (such as the sharing of that data) must align with the agreed interests of the group, not just the individual members. The rights of individual member organisations are protected but exercised within the boundaries established by the group's data governance framework.

Decision-making rights: Decision rights models for a group of organisations usually specify who must be involved in making what decisions as well as defining the forums and procedures for how those decisions are made. Factors to consider here include how often a decision-making body should convene, what internal and external stakeholders' decision-makers need to consult, and what evidence might be useful and available to help inform these decisions. Decision escalation, dispute resolution, and major data policy changes typically require consensus or a supermajority of member organisations, fostering transparency and accountability.¹⁰

Transparency: Central to this collaborative approach is transparency. This fosters trust and accountability, essential for effective governance.

Shared accountability: In a collaborative data governance structure, accountability is spread across various members. While this may initially seem challenging, it helps prevent blame-shifting and encourages a collective responsibility for governance outcomes.

A major challenge: The need to re-examine the decision-making model to ensure that it continues to be fit for purpose over time, especially if the membership of the collective grows in size and complexity.

⁹ Duncan (2023). Data protection beyond data rights: governing data production through collective intermediaries. *Internet Policy Review*, 12(3).

¹⁰ McDowell & Mallon (2020). Getting decision rights right: How effective organisational decision-making can help boost performance. Deloitte

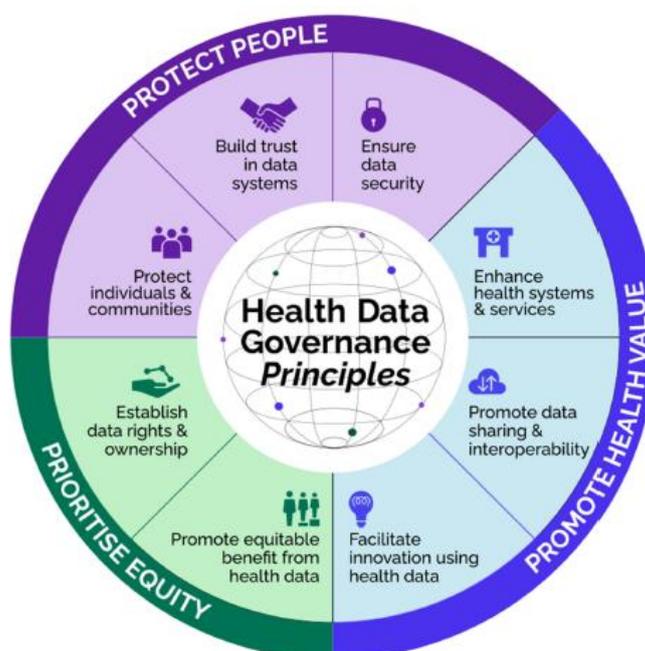
Data governance principles

Holly et al. (2023)¹¹ have developed a set of equity and rights-based principles for health data governance with the intention that these principles could be adopted and adapted to meet specific national contexts, health systems and priorities. The overarching goal of the principles was to align interested parties around a shared vision of equitable data governance, whereby all stakeholders can share, use and benefit from the data.

The principles are clustered around three interconnected objectives, which aim to balance both individual and collective perspectives - namely protect people; promote health value; and prioritise equity.

Visually the Principles are arranged in a circle since they are designed to complement and reinforce one another and are not weighted or listed in any priority order (see Figure 1).

Figure 1: Health data governance principles (Holly et al., 2023)



Māori data governance

In many respects the set of equity and right-based principles for health data governance highlighted by Holly et al (2023) are also captured in Māori data governance models. Te Kahui Raraunga (2023)¹² is one example of a Māori data governance model that has been designed by Māori data experts for use across Aotearoa New Zealand public services to help meet Māori data sovereignty requirements. The Model is intended to assist all agencies to undertake Māori data governance in a way that is values-led, centred on Māori needs and

¹¹ Holly, L. et al. (2023). Strengthening health data governance: new equity and rights-based principles. *International Journal of Health Governance*, 28(3), 225–237.

¹² Kukutai, T., Campbell-Kamariera, K., Mead, A., Mikaere, K., Moses, C., Whitehead, J. & Cormack, D. (2023). *Māori data governance model*. Te Kāhui Raraunga.

priorities, and is informed by research. This is important because existing government data processes and practices are failing to meet Māori informational needs.

The Vision, Tuia te korowai o Hine-Raraunga – Data for self-determination, enables iwi, hapū and Māori organisations and communities to pursue their own goals. Eight Data Pou or pillars define critical areas of data governance and specify the actions that should be undertaken to realise six desired outcomes.

The Model explicitly recognises the need for changes to system leadership, policies and legal settings so that Māori can exercise authority over Māori data to reduce unethical data use and strengthen outcomes for individuals, whānau and communities. The report also identifies the need for strategic investment in a Mana Motuhake data system that sits outside of the public sector to ensure iwi and hapū sovereignty over iwi and hapū data.

Legal mechanisms for data governance

The advent of AI and data driven technologies (e.g., crypto currency) has necessitated the development of new ways for organisations to responsibly share, pool, access and use data. The Ada Lovelace Institute and the United Kingdom AI Council jointly published a report in 2021¹³ that explored three legal mechanisms that could help collectives, organisations and governments create flexible responses to emerging data governance challenges.

The report provided an overview of each mechanism noting that the choice of solution would depend on several factors, particularly purpose and benefits. What the different intermediaries have in common is their focus on intervening in the data life cycle by asserting control over what kinds of value can be produced with the data at the collective scale.

Practical implementation

Duncan (2023) is of the view that the solutions proposed by collective governance proponents do not offer a simple way to address the limitations and challenges of rights-based data governance. Nor do they indicate a clear-cut legal path for incorporating themselves into existing data security and protection regimes.

In many ways, data intermediaries could add new layers of institutional complexity to governing how data are shared and used. However, through efforts to accommodate collective interests in data, they do promise new forms of accountability while reducing the burden of data management.

Ultimately, implementing a collective approach will require clarity of purpose, strong relationships and a clear value proposition for participating NGOs.

¹³ Ada Lovelace Institute and the United Kingdom AI Council. (2021). *Exploring legal mechanisms for data stewardship. Working group final report.*

