



# Professional Development Grants for people of Muslim faith

Evaluation Report for 2025

March 2026

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# Executive summary

## Purpose of the grant

The Professional Development Grants for people of Muslim faith was established to improve access to learning opportunities that support entry into, or progression within, the mental health and addiction workforce. The grants help reduce financial barriers to study while supporting workforce diversity and contributing to a health system better equipped to meet the needs of Muslim communities in Aotearoa.

## Socio demographics

In 2025, **43 applicants** were approved for funding. Of these, **58 percent** completed their learning activity and submitted final reports, while others remain in progress, or are awaiting final reports. Two applicants withdrew after approval. Recipients represented a broad demographic mix, with most identifying as Middle Eastern, African, or Asian, and the majority living in the Northern region.

## Key results

- Almost all respondents (**96 percent**) reported gaining new knowledge and skills, and all participants found the online support groups helpful.
- Most (**88 percent**) said they would recommend the grant to others in the Muslim community.
- Recipients report improved confidence in their clinical capability, cultural responsiveness, and ability to provide empathetic and evidence-based support to Muslim clients and other diverse communities.
- Grant recipients plan to apply their learning in ways that strengthen culturally safe practice.
- They intend to incorporate Islamic values and cultural considerations into assessment, care planning, and therapeutic engagement.
- Grant recipients intend to share insights with colleagues through workshops, team discussions, mentoring, and service advocacy.

## Call to action

Feedback suggests the grants have made a meaningful contribution to both recipients' professional growth and the quality of services they provide to Muslim communities. Sustaining the grant funding will build on these gains by enabling more people with cultural insight, lived experience, and strong commitment to join the mental health and addiction workforce and further enhance its diversity.

## Background and brief description

The professional development grant was made available to support people of the Muslim faith to pursue learning opportunities that supported their pathways into the mental health and addiction sector. The grant supports Health New Zealand | Te Whatu Ora's plan to grow mental health and addiction capacity (Health New Zealand, 2024). It was available to people of Muslim faith seeking to enter or to build on their existing qualifications.

The Muslim community has been expanding in New Zealand. Based on the 2018 census, New Zealand had more than 60,000 Muslims which has grown to over 75,000 according to the 2023 Census (Stats NZ, 2024). By increasing access to study for people of the Muslim faith, the grant aimed to enhance workforce diversity and contribute to a health system better equipped to meet the needs of people of Muslim faith. The grant focused on learning activities that should result in increased skills and knowledge in mental health and addiction, as well as activities that supported recipients' entry into the sector.

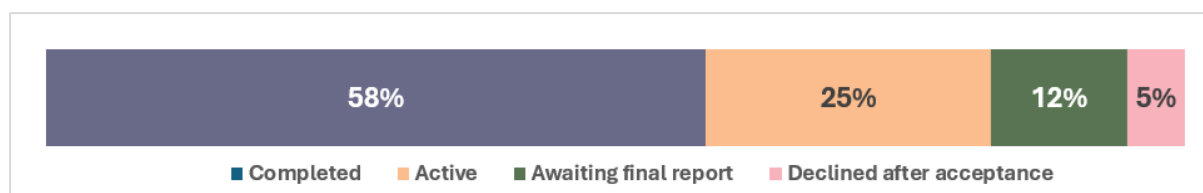
In addition to financial support, recipients were offered online assistance throughout their study journey. All successful applicants were invited to individual, or group quarterly Zoom meetings to help address study challenges and maintain momentum in their chosen courses.

The grant round was held in March 2025, after which 43 applications were approved for funding. This report includes information around funding distribution, including socio demographics of fund recipients. It also summarises feedback from people who have completed their learning activity. The report is prepared for the funder. It will also be published on the Te Pou website and e-bulletin.

## Recipients' sociodemographic information

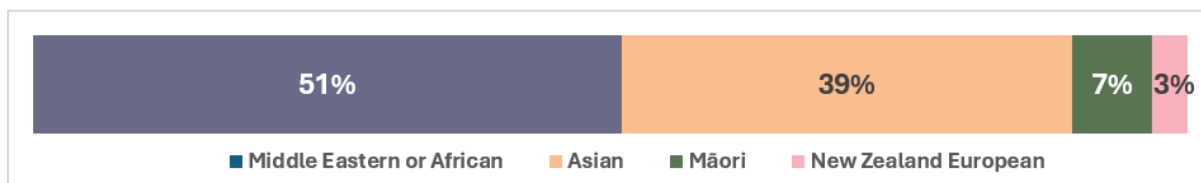
Of the 43 people funded, 25 had completed their learning activity and final report at the time of analysis. Most of the remaining recipients were still undertaking their study or were within the expected timeframe for submitting their final reports when data were extracted. Completion rates reflect timing rather than disengagement. Two people (5 percent) declined the grant after it was already approved. See Figure 1.

Figure 1: Grant's status (43 people)



Most of the grantees (51 percent) identify as Middle Eastern or African, around two in five (39 percent) are Asians. Seven percent are Māori and two percent, New Zealand European. See Figure 2.

Figure 2: Recipients' ethnicity (41 people)



Majority of the recipients (78 percent) are in the Northern region. One in ten (10 percent) are from the Central region, seven percent from Te Manawa Taki and five percent from Te Waipounamu. See Figure 3.

Figure 3: Recipients' location across Health New Zealand | Te Whatu Ora region (41 people)



## Courses undertaken by recipients

Grant recipients undertook a wide range of learning activities, foundational certificates courses, diplomas, to advanced postgraduate study relevant to mental health, addiction, counselling, nursing, psychology, and social work. Participants completed specialised certificate courses such as mental health and addiction Level 4, trauma-response, and motivational interviewing.

Programmes included undergraduate degrees such as Bachelor of Arts (Psychology), Bachelor of Nursing, Bachelor of Bicultural Social Work, and Bachelor of Occupational Therapy. Many received funding to support their postgraduate qualifications, including Master's degrees in Psychotherapy, Counselling, Social Work, and Nursing Science, alongside postgraduate diplomas in clinical supervision, health sciences (alcohol and drug studies), psychological practice, and mental health professional supervision. See Appendix A for full list of courses undertaken.

## Methods

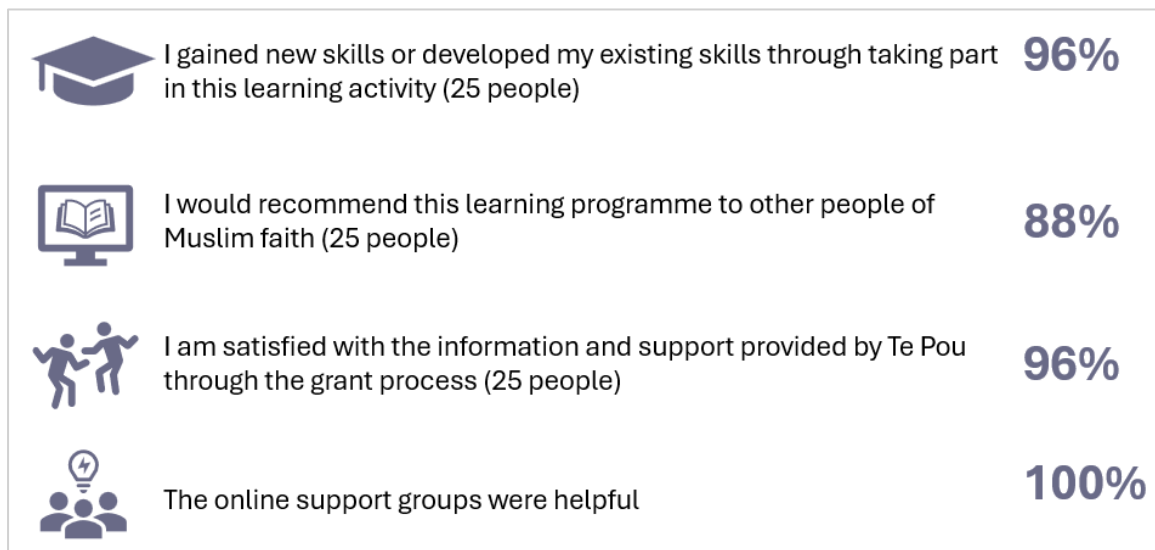
After completing their grant-funded learning activity, 25 recipients submitted a final report reflecting on their experience of the grant and the support provided by Te Pou. This summary presents key insights drawn from those final reports

## Key outcomes

### Recipients gained new knowledge and skills

Almost all (96 percent) respondents report gaining knowledge and skills from their learning activity as well as satisfaction with the information and support provided by Te Pou. All (100 percent) respondents rated the online support groups were helpful. Eighty-eight percent would recommend the grant to other people of Muslim faith within their communities. See Figure 4.

Figure 4: Knowledge and skills gained through grant funded activity



## Improved capability to work with Muslim communities

Respondents reported increased knowledge to deliver culturally responsive, empathetic, and evidence-based support when working with people from diverse backgrounds, including Muslim communities. Grant funding strengthened recipients' clinical knowledge and skills and improved their ability to conduct behavioural assessments and interventions. Others highlight adopting structured assessment skills, being more able recognise early signs of mental distress, and applying evidence-based practice in their work. Comments are presented in the quotes below.

“The learning activity has strengthened my knowledge, skills, and confidence to work in the Mental Health and Addiction sector in several ways. It has deepened my understanding of culturally responsive practice, particularly as I have now worked with several clients of Muslim faith and found these experiences incredibly rewarding. I feel more confident in recognising how cultural identity, spiritual beliefs, and family structures influence a person's wellbeing, and this helps me approach my work with greater sensitivity and respect. I have also developed stronger therapeutic communication skills, such as active listening, validating emotions, and exploring a client's worldview, which allows me to build rapport more effectively” (Grant recipient).

“I will apply this learning by using structured, ethical, and person-centred assessment processes throughout my future clinical training. I am now more confident in gathering clinical histories, identifying presenting concerns, integrating information from multiple sources, and understanding how biological, psychological, and social factors interact to influence mental health. This will enable me to engage more effectively and professionally with clients from the outset of therapy” (Grant recipient).

## Recipients are better equipped to use culturally responsive strategies

Recipients indicate they would apply their learning to support people of Muslim faith in culturally appropriate ways by acknowledging their values, prayer routines, modesty, and their decision to involve family. They intend to create culturally responsive care plans that incorporate Islamic principles and share their knowledge by running workshops for their colleagues in the Muslim community.

Several respondents intend to use their learning to contribute to multidisciplinary teams, provide consultation, and support service development, to support both quality

clinical experience for tāngata whai ora, and cultural safety. One respondent noted, their learning activity supported their development as a culturally responsive practitioner who can work within marginalised communities, including refugees and Muslim populations within the mental health and addiction sector. Some indicate that through their learning activity, they have learned to communicate with empathy and confidence, that they now listen more and use open-ended question during assessments. In the quotes below some comments are highlighted.

“Firstly, I will apply this knowledge in my day-to-day practice to deliver culturally safe, respectful, and effective care to people of Muslim faith accessing mental health and addiction services. I now have a much stronger understanding of how faith, culture, and values influence help-seeking, engagement, and recovery, which allows me to build stronger therapeutic relationships and improve client outcomes. Secondly, I will use this learning to strengthen my clinical assessments and care planning by incorporating cultural and spiritual considerations into mental state examinations, risk assessments, and recovery planning. This ensures care is more holistic, person-centred, and aligned with best practice, which directly improves the quality and safety of care delivered within services” (Grant recipient).

“There is a lot of stigma within the Muslim community around mental health and disability. In some cultural beliefs, a disability may be seen as the result of a parent’s sin. When working with the Muslim community, I would aim to address these misconceptions by sharing accurate information and raising awareness. I would provide education in a respectful and culturally sensitive way, and deliver evidence-based practices that support understanding, reduce stigma, and promote better access to mental health services” (Grant recipient).

## Strengthening support for Muslim communities through shared learning

Respondents intend to share their knowledge and new learning from the grant funded activity by supporting others understand the cultural and religious needs of people with Muslim faith, such as prayer times, modesty, gender preferences, food requirements, and the importance of family and community support. Many said they would support their kaimahi to understand about Islamic values, migration experiences, intergenerational issues, and the role of spirituality in healing, so that teams can work with more confidence and respect.

Some respondents shared they plan to advocate for changes in services, like creating prayer spaces or improving policies to reduce barriers for Muslim people. Others described mentoring staff, running workshops, or presenting insights during team meetings to build wider cultural capability. Several people also shared how their own lived experience as Muslims helps them model respectful practice and create more inclusive, empowering experience for Muslim people.

“I would share what I’ve learned with my colleagues, such as the importance of understanding cultural and religious dynamics, modesty needs, intergenerational and immigration/refugee struggles - and the role of family and community in healing. I can offer practical insights during team meetings or informal discussions, helping colleagues feel more confident and respectful when engaging with Muslim clients in a New Zealand/Aotearoa context” (Grant recipient).

“Advocating for culturally safe and faith-responsive practice within clinical teams. Supporting colleagues to increase understanding of Islamic values, family dynamics, and spiritual coping practices. Engaging Muslim service users and whānau in ways that uphold dignity, respect, and strengths-based practice” (Grant recipient).

“This funding has enabled me to not only improve my own practice but also contribute positively to the wider service. I will share this knowledge with colleagues and fellow students by promoting culturally responsive approaches when working with Muslim clients, helping to improve understanding, reduce barriers to engagement, and strengthen service delivery” (Grant recipient).

## Respondents valued the grant and support Te Pou provided

Grantees said the support provided by Te Pou through the grant made a big difference in their lives. They added that the funding eased financial stress, helped them save, and gave them peace of mind. One recipient said it improved their wellbeing and allowed them to focus on study, work, and caring for whānau. Another appreciated that Te Pou engaged in culturally safe and respectful ways, along with the encouragement provided to Muslim learners. They advocate for future professional development opportunities through the Muslim grant.

“I am extremely grateful for the support provided through this grant. The funding removed financial barriers to learning and allowed me to fully engage in training that has had a meaningful and lasting impact on my professional development. This investment has directly strengthened my ability to contribute to the mental health and addiction workforce and to provide safer, more inclusive, and higher-quality care to diverse communities in Aotearoa New Zealand” (Grant recipient).

“The Te Pou grant made a meaningful impact on my journey. It supported my academic growth and allowed me to balance work, study, and placement. I’m especially grateful that it prioritised Muslim learners. I look forward to completing my final year and becoming a qualified Mental Health and Addiction Nurse” (Grant recipient).

“I would appreciate future opportunities to professionally develop using Muslim faith grants to support my community. I am very grateful for Te Pou for being so culturally safe/intelligent regarding these opportunities” (Grant recipient).

## Conclusion

Feedback from respondents suggests the grants have had a positive impact on the recipients, Muslim communities, and the wider mental health and addiction workforce. Respondents reported gaining new skills, knowledge, and confidence through their learning activity. Many also valued the support they received through the online support group, which helped them stay motivated and connected throughout their learning journey.

The grants helped respondents strengthen their ability to work effectively with Muslim communities. Many people said their learning supported them to provide culturally responsive and respectful care; understand the influence of faith and culture on wellbeing; and communicate more effectively with *tāngata whai ora* and *whānau*.

Looking ahead, recipients intend to share their new knowledge with colleagues and their communities. They plan to promote culturally safe practice, advocate for inclusive environments, and support others to better understand the needs of people of the Muslim faith seeking mental health and addiction support. This will support improvements not only in individual practice, but also in service delivery and team capability.

Sustaining the grant funding will build on the positive impact already demonstrated. It will also support workforce diversity and growth by enabling more people with valuable cultural insight, lived experience, and strong commitment to enter the sector and contribute to better health outcomes for Muslim communities.

# Appendix A

## List of courses undertaken

- Bachelor of Art- Majoring in Psychology and Organisational Studies
- Masters in Psychotherapy
- Master's in counselling
- Post graduate diploma in clinical supervision
- Certificate in Mental Health
- Mental Health Coaching Certificate
- Study a Postgraduate Diploma in Psychological Practice
- Diploma in Psychology in counselling/ Postgrad in counselling and guidance skills
- Bachelor of Arts (Psychology)/Bachelor of Health Science
- Bachelor of Bicultural Social Work.
- Health & Wellbeing, Mental Health and Addictions level 4.
- Psychology, Counselling and Mental Health bundle
- Master of Social Work - Master of Social Work Thesis (SOWK695)
- Post graduate diploma in clinical Mental Health Professional supervision.
- Master of Nursing Science
- Bachelor of Bicultural Social Work - Year 1
- New Zealand Certificate in Health and Wellbeing (Social and Community Services) (Level 4) (Mental Health and Addiction Support)
- Addiction101
- Intern Psychologist
- Post Graduate Certificate in Responding to Trauma
- New Zealand Certificate in Health and Wellbeing (Level 4)
- Bachelor of Nursing Year 3
- Bachelor of Counselling and Addiction Practice
- Postgraduate Diploma in Health Sciences in Alcohol and Drug Studies.
- Bachelor of Occupational Therapy
- Motivational Interviewing Training
- Clinical Psychology Preparatory Year under a Certificate of Proficiency
- Health & Wellbeing (AOD) L4 Auckland
- Nursing with a Mental Health Focus
- Bachelor of Science level 7 (Nursing) And DAPAANZ
- Bachelor of Nursing & DAPAANZ
- Diploma in Mental Health and wellbeing (Applied practice)
- Psychology, Youth Counselling, and Mental Health Bundle
- Diploma in Family Wellness and Crisis Intervention

## References

Health New Zealand | Te Whatu Ora. (2024). Mental Health and Addiction workforce plan 2024 – 2027 (2025 Refresh). [Mental-Health-and-Addiction-Workforce-Plan-2024-27-refresh.pdf](#)

Stats NZ. (2024). 2023 Census Population, Dwelling, and Housing Highlights. [2023 Census population, dwelling, and housing highlights | Stats NZ](#)

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