“Whiria te muka harakeke, whiria te muka tangata. Puritia ngā taonga a ō tātou tūpuna hei taonga mā ngā uri whakatupu”

Plait the flax fibres, plait the fibres of mankind. Hold on to the treasures of our ancestors as a taonga for future generations.

Nā kaumatua Witi Ashby

Ko tā te Rangatira kai, he kōrero, ko tā te ware, he muhu kai.

Nāia mātou o Whare Tukutuku e tuku mihi atu ki a koutou I whai wā ke te tautoko I tō mātou mahi rangahau, ara, tō mātou tatauranga.
Koutou rā e aku rau Rangatira mā, ko tā te Rangatira kai he kōrero, ā, I takoha mai o koutou whakaaro, o koutou kōrero hoki, nō mātou te whiwhi.
Mei kore ake I a koutou, heoi anō, tēnā koutou katoa.

The chief’s sustenance is discussion, but that of the commoner is inattention.

On behalf of us at Whare Tukutuku we would like to extend our thanks to you all for taking the time to support the research we are undertaking through He Ara Waiora Survey.
To one and all, the sustenance of chiefs is discussion, and you gifted your thoughts and your words for our gain.
We are fortunate to have your participation, so again, thank you all for your contribution.
Kaimahi and whānau Alcohol and Other Drug support

Through Whare Tukutuku, Te Rau Ora (TRO) in partnership with The New Zealand Drug Foundation (NZDF) seek to increase the range of early Alcohol and Other Drug (AOD) interventions available for whānau Māori. TRO and NZDF support AOD services to advance early interventions in collaboration with Māori whānau, and broaden access to interventions that improve equity of care. Whare Tukutuku aims to create a future AOD workforce that is whānau-centred, community-focused, designed for new scopes of practice, culturally capable and willing to innovate to improve Māori health outcomes. Both organisations believe that whānau should inform and describe what an inclusive pathway – fit for purpose care workforce looks like. We aimed to have a conversation with kaimahi, via survey, based on their whakaaro about the work they do with whānau and their insights into this sector.

This is a written report discussing the analysis results of a survey developed by TRO to gain an understanding of kaimahi and whanau Māori AOD workforce experiences. It will describe the rationale behind the survey, the questions included and an in-depth analysis of the outcomes using key themes. This approach is about what is happening in our communities in the AOD workforce and strengthening our collective ability to grow solutions. Whare Tukutuku will use what we learn to form an approach that is informed by AOD practitioners experiences and insights, mātauranga Māori and framed in Te Tiriti o Waitangi. It will be used to design training and educational activities for both the AOD workforce and whānau Maori.

The survey was advertised through various networks utilising a snowball method. An email was sent out to key contacts in the AOD sector. A panui was published onto both the Te Rau Ora and New Zealand Drug Foundation website and Facebook page, and an E-panui was also issued into Te Rau Ora’s newsletter. The advertisement and survey gained interaction from 112 respondents of which approximately 48 participants completed the full survey. The survey utilises a mixed methods research methodology, including both qualitative and quantitative data collection. Quantitative questions allow us to get a numerical descriptive picture of the extent of alcohol and drug use, community need, and service delivery, while the qualitative questions allow us to capture the voices and experiences of the AOD kaimahi. In drawing upon the strengths of both research approaches, we can gain a comprehensive understanding of the AOD sectors currently – who is in the workforce and an understanding of AOD workforce experiences. The survey was designed to answer the following broader questions:

• What does wellness and well-being mean to people within your community?
• What activities/places/relationships/spaces do people associate contributing to their or their whānau well-being and wellness?
• What activities/places/relationships/spaces do people currently access for their or their whānau well-being and wellness?
• What supports this access, what prevents it?
• What would it take for activities/places/relationships/spaces to thrive in their communities?
The following report is structured around the key themes that emerged during the in-depth analysis. The themes were initially created from the survey questions and further developed during the analysis of the results. Demographic information provides us with a brief overview of the location of kaimahi and AOD-related activities. Pae Ora encapsulates their view of wellbeing, hapori represents flax roots\(^1\) community-based insights, kaimahi identifies essential skills and attributes, and moemoeā discusses future aspirations.

**Demographic information – who is in the AOD workforce?**

The survey opened by collecting demographic information from the kaimahi. These questions gave us an insight into the support available in different locations around Aotearoa. It also provided information about the amazing flax roots people who mahi within our hapori, including gender, age, and their role, formal or otherwise, in relation to AOD harm reduction within their community. The results are represented in the following graphs and give some context to the contributions within this report.

The demographic questions were at the beginning of the survey therefore had a higher response rate than the questions that followed. The later questions were open-ended and require participants to give a written free-formed answer, rather than a closed-ended question that require a yes or no response or selecting an age category or role. This may have also contributed to less respondents completing these.

Figure 1 represents the role Kaimahi have in relation to AOD harm reduction\(^2\) within their communities. The majority of the kaimahi who took part in the survey identified as AOD practitioners (55), followed by 10 as counsellors and 7 psychologists. Twenty kaimahi selected ‘other’ as their role and specific responses included public health advocates, medical students, psychologists, recovery coaches and researchers.

\(^1\)The term flax roots can be used interchangeably with the term grass roots.

\(^2\)Harm reduction refers to the community-led strategies and ideas to enhance alcohol and other drug safety.
Figure 1. Description of kaimahi roles in relation to AOD harm reduction.

Figure 2 indicates the type of services kaimahi who took part in the survey work in. The majority of participants, 46 (42%) reported working in Kaupapa Māori organisation, 44 (40%) from mainstream establishments, and 20 (18%) selected ‘other’ stating voluntary work, education, health policy and research as some of the services they are involved.

Figure 2. The type of service kaimahi work in.
The survey asked kaimahi their age range with seven options provided from age 18 to over 70. As shown in Figure 3, the majority of the kaimahi who completed the survey are between 35 and 64 years of age. 15 kaimahi were between 65 and 74-years old, with two kaimahi reported being 75 years or older.

![Figure 3. The age-range of kaimahi.](image)

The graph in Figure 4 represents the number of wāhine and tāne kaimahi that contributed to the survey. Sixty six percent of the kaimahi who completed the survey were wāhine in comparison to tāne at thirty four percent. It suggests there are a larger number of wāhine working within the AOD space than tāne. No participants identified as gender diverse, prefer not to say, or self-describe.

![Figure 4. The gender of kaimahi.](image)

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1Kaimahi were also given three other options including gender diverse, prefer not to say and self-describe.
AOD kaimahi observations, experiences, reflections, and advice.

In this section we cover the key themes from the survey results which speak to the observations and experiences of AOD kaimahi, and highlight their reflections and advice moving forward.

Pae Ora

Me mahi tahi tātou mo te oranga o te katoa
We should work together for the wellbeing of everyone

Pae Ora is referred to in the Government’s vision for Māori health and considers the effects of global, local, environmental, and family determinants on Māori. Within the He Ara Waiora survey, Pae Ora encapsulates the meaning of wellbeing that kaimahi and hapori have described. The kaimahi views of wellbeing were widespread throughout the survey analysis and align with the holistic aspects of Pae Ora. It is a key part of understanding what communities desire to support AOD harm reduction, which is reflected in the number of wellbeing questions included in the survey. The questions explored the meaning of wellbeing, a strengths-based approach to wellbeing and activities whānau do to promote wellbeing within their communities.

Holistic Wellbeing

When asked about the meaning of wellbeing, almost all kaimahi referred to one or more aspects of Te Whare Tapa Whā. They talked about a holistic approach to wellbeing and many specifically mentioned taha tinana, taha whānau, taha hinengaro, and taha wairua.

“Well-being means different things to different people and their individual priorities. Some people would just like to be able to feed their whānau, some people have physical health issues that need attention, mental health issues also need exploring.”

Taha tinana was simply referred to as physical health with no further explanation about this. Taha wairua included healthy thoughts along with positive energy output, represented in the following response:

“...healthy thoughts send good energy to the good things in life you have otherwise missed if you had been emotionally, physically and psychologically stressed.”

Many kaimahi talked about the importance of taha whānau, with different aspects of community highlighted as a significant part of wellbeing. Whakawhanaungatanga, whānau relationships, support and community integration were a few that were mentioned, for example.

“Feeling well integrated within my community and sense of belonging.”

Kaimahi frequently referred to taha hinengaro in relation to personal fulfillment, self-determination, resilience, and empowerment. Self-identity, self-belief, and potential were the most common descriptions discussed:

“Wellbeing is about having a strong identity, knowing who you are. It’s knowing you have potential and purpose in life.”
Strengths-based approach

Kaimahi were asked what a strengths-based approach to AOD harm reduction looks like in their community. Te Ao Māori, pathway planning and journey were three themes from the responses. Te Ao Māori represents an approach that is based on mātauranga Māori, mana enhancing, culturally competent and entrenched in whakapapa. One statement stood out in the analysis, which signifies the value of whakapapa in a person's journey:

“Everything has a whakapapa so exploring what it is that started them on the road to addiction.”

Pathway planning is about a person's plan to achieving their desired outcome. Kaimahi talked about autonomy, whānau involvement, choice in treatment and self-guidance. They also frequently mentioned empowerment emphasizing its importance in a person's pathway plan:

“Strengths-based approach is focusing on...those who support whānau to empower, educate, evaluate AOD reduction.”

As well as a person's potential strength:

“Using their existing strengths or even strengths that they identify that they had prior to substance use to help them rise above the addiction.”

Journey refers to a person travelling from one place to another, a process of personal change or development that is guided by pathway planning. Responses related to people having control of their own journey, self-guidance, and working alongside kaimahi who have patience and are caring. Three interesting points emerged from the analysis that positively contribute to a strengths-based approach to wellbeing and are mentioned below with direct responses from kaimahi. This first point discusses everyone having 'good' within them:

“We work with young men who everyone else has labelled as ‘too hard’ or ‘too messed up’ or ‘too far gone’. However, EVERYONE has good within them and everyone has mana.”

The second point refers to the person being the kaitiaki of their own journey:

“Seeing the mana (strengths) in everyone. That everyone is the kaitiaki (guardian) in their recovery...”

And the third emphasizes celebrating small gains:

“Celebrate small gains, don't sweat the small stuff in effort to step back from dramas.”
Promoting wellbeing: What is available and accessible within their communities?

The final wellbeing question asked what things whānau do to promote wellbeing and of these, what is available and accessible within their communities. Whānau are building and maintaining connections both within their whānau and wider community. They are also facilitating events and activities such as, kapa haka, kōhanga, and sport. The following statement discusses the leadership mahi one community is promoting. They are utilizing various types of leadership and mentoring roles to improve access to support as well as guide a person’s journey of growth:

“Whānau have an ability to provide different roles of leadership within their whānau contexts. They have whaea and matua roles that rangatahi access for support when they need too for guidance and emotional support. They rely on tuakana and teina roles to teach them how to adjust to their relative developmental roles. They provide leadership roles regarding sporting and cultural activities.”

One kaimahi did refer to whānau support as a potential barrier to promoting wellbeing:

“Whānau often try and ‘control’ the situation rather than encourage assistance. Having said that they can be helpful in supporting the recovery process with encouraging engagement in all of the above areas if required.”

The survey results show there are activities and events to promote wellbeing within our communities, but unfortunately there are also barriers to accessing these. A few of the events, services and facilities include, Kaupapa Māori services, free access to parks, gyms, marae, and the outdoor environment. Some of the barriers highlighted were transport and location:

“Barriers is always petrol and transport... most whānau who live in outer suburbs.”

Lack of facilitators to organize events:

“No facilitators availability/time long work hours – whānau unable to attend because of mahi or tamariki.”

Government funding the wrong services:

“The one thing that I get annoyed with is the agencies and programmes funded by the government do next to nothing for Māori while programmes running on fresh air have done so much... Most funded programmes don’t work but are the ones always offered to offenders addicts and troubled rangatahi which is frustrating.”

As talked about at the beginning of this section, wellbeing is an important aspect of this survey. The kaimahi have mentioned various responses of what wellbeing means to them and highlighted that each person has a different understanding of what wellbeing means to both themselves and whānau. The results support the need for a flexible approach to AOD harm reduction that can serve a range whānau and hapori. It is also vital that the barriers to accessing the services and events are considered throughout the design process.
Hapori

_E hara tōku toa i te toa takitahi, he toa takatini_

My strength is not due to me alone, but due to the strength of many

Our mission is to support whānau who mahi in AOD harm reduction and encourage flax roots people to be part of a workforce that is connected to whānau. It is important to understand what is happening within our communities to inform a community centred AOD harm reduction approach. Kaimahi were asked to provide a snapshot of what they see happening within their communities and describe the type of AOD care available to whānau.

Figure 5 below displays the kaimahi insights of key AOD-related activities and challenges present in our communities.

### Snapshot of Community Insights

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A need for more whānau support</td>
<td>92%</td>
</tr>
<tr>
<td>A need to strengthen connection to culture</td>
<td>92%</td>
</tr>
<tr>
<td>A need for more life opportunities (education, jobs)</td>
<td>92%</td>
</tr>
<tr>
<td>Prescription drug use</td>
<td>80%</td>
</tr>
<tr>
<td>Cannabis use</td>
<td>94%</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>96%</td>
</tr>
<tr>
<td>Methamphetamine use</td>
<td>92%</td>
</tr>
<tr>
<td>Restrictive criteria</td>
<td>63%</td>
</tr>
<tr>
<td>Long wait times</td>
<td>73%</td>
</tr>
<tr>
<td>Primary care support for trauma, depression, anxiety</td>
<td>49%</td>
</tr>
<tr>
<td>Access to treatment</td>
<td>37%</td>
</tr>
<tr>
<td>Stigma when accessing AOD support</td>
<td>78%</td>
</tr>
<tr>
<td>Access to local AOD kaimahi who are a good fit</td>
<td>59%</td>
</tr>
<tr>
<td>Access to local AOD kaimahi</td>
<td>73%</td>
</tr>
<tr>
<td>Other</td>
<td>29%</td>
</tr>
</tbody>
</table>

Figure 5. A snapshot of what kaimahi can see happening in their community

The key findings within the graph are the presence of drug-use within communities, the need to include a different approach to support and the number of local kaimahi available. Cannabis use, alcohol use and methamphetamine use were recorded by approximately 90% of kaimahi. They commonly expressed the need for more whānau support, a stronger connection to culture and more life opportunities such as education and employment. A positive finding was the relatively high number of local kaimahi available in
communities with approximately 70% noting this, however, only 59% stated that there was access to kaimahi who were a good fit.

While there is a high need, only 37% of kaimahi stated that there was access to treatment, noting also that there were long wait times (73%) and restrictive criteria to entering services (63%). Stigma remains an issue (78%) and possible barrier to accessing AOD harm reduction services.

More broadly, beyond the services provided there is a need for more whānau support (92%), strengthening of culture (92%) and more life opportunities (92%). A lack of primary care support is also identified, with only 49% stating there is access to primary care support for trauma, depression, and anxiety. Other observations of kaimahi included institutional racism within services, lack of safe accommodation, the need for a national and flexible programme, and for whānau to understand what their loved ones are going through.

AOD care present in communities
Kaimahi identified many forms of AOD care present in their communities, which are either mātauranga-centred or non-Māori models. These included detox, counselling, and secondary services, with rangatahi development activities being applied within one specific community. They also talked about the importance of flexibility, building rapport, engagement, and time. There was a large emphasis on engagement and time to ensure kaimahi can provide support when a person presents for help:

“Being able to see people in need of support during the time frame that they present.”

As well as the time spent with a person for whakawhanaungatanga:

“Engaging with people breaking down barriers having the conversation.”

Te Whare Tapa Whā, Kaupapa Māori and community-based care were among the other positive features mentioned. In comparison, things that do not work well are process of procedure, restrictive criteria, working in silos, limited resources, a one-size fits all approach, and problem-focused care. The time it takes to engage with a person who presents for help is far too long, with one kaimahi writing:

“Process procedure is time consuming, often 2-3 weeks until engagement.”

And a single approach to care is not serving the needs of our whānau who require support:

“Only having one way of doing things. Expecting that one hour of counselling a week will be enough to empower someone to change.”

Other barriers respondents stated are Ministry contracts, lack of funding and resources, brief interventions and not being culturally responsive.

The survey analysis revealed there are many events and types of activities available within our communities. Although the responses that do not work well outweigh what does work well, kaimahi identified many key messages that are working. A holistic, Māori and community-centered approach to reducing AOD harms are
These responses support Whare Tukutuku’s direction in advocating for change, counteract the barriers kaimahi are facing and give insight to an improved level of AOD care.

**AOD care gaps**

The survey asked kaimahi to identify what AOD care gaps they could see. Many of the key messages talked about access to services, while other responses were related to the services processing procedures. It is evident there is a lack of access to services in rural areas, a lack of follow-up care and no after-hours care. Follow up care is an important aspect of a person’s journey, which is represented in the following response:

“Lack of persistent and follow up care to ensure people continue to do well.”

A lack of access to an alternative approach was also mentioned, with one kaimahi stating the need for a therapeutic retreat:

“Whānau can stay and access a wide range of support from counselling, rongoā, mirimiri, mindfulness, trauma counselling.”

Other emerging themes that are missing from AOD care relate to time and criteria. The wait times from the point whānau reach out to services for support, to the point of meeting is far too long:

“Whānau are keen to engage with B.I [brief intervention] but after 3 weeks (that’s with the B.I team rushing through, which we are grateful) whānau no longer want to engage, we need to get them seen as soon as possible.”

Once people have started the process within a service, very restrictive criteria becomes a major barrier to continuing their journey:

“I feel like the workforce tells people they have a problem and when they don’t meet the criteria, we aren’t able to support them. Some people just need skills to cope with life.”

This then leads to being set up to fail, a statement that stood out in the data analysis:

“I feel at times that by placing these ‘plans’ on whānau it often makes them feel like they are incapable when things don’t turn out and ultimately sets our whānau up to fail.”

Access to services throughout a person’s journey, location of services and the importance of time were identified as key gaps within AOD care. To improve these barriers, services within rural communities need to be established and funded. There is a need for further resources to be invested into current services to provide AOD care outside of brief interventions and reduce wait times. Addressing these gaps will enable communities the tools to support whānau in reducing AOD harm.
Kaimahi perspectives

Ma tini ma mano ka rapa te whai
Many hands make light work, unity is strength

This survey enables Whare Tukutuku to gain insights on new scopes of practice and what makes a fit for purpose kaimahi. The survey asked questions about what skills and attributes they feel a successful kaimahi should have. Many of the terms and phrases in the skills question overlapped with the attribute’s responses. Kaimahi skills related to their expertise and ability to engage and help people plan their pathway. While attributes referred to the personal qualities and characteristics of kaimahi that allow them to support whānau through the journey.

Skills kaimahi should have

Given the respondents experiences in the AOD workforce, they were asked to identify what skills they feel kaimahi should have. A range of answers were provided, and when categorized, once again fell into Te Ao Māori, pathway planning and journey. An understanding of Te Ao Māori is a vital skill for kaimahi to successfully work with whānau. The responses for Te Ao Māori include skills in tikanga, whanaungatanga, manaaki, mana enhancing practice and cultural fluency:

“Cultural fluency – this should always be ongoing education…”

Pathway planning is important to enable kaimahi to advocate, facilitate and walk alongside people on their journey. It is important kaimahi do not tell people what to do but rather guide them. They can do this by having empathy, understanding vulnerability, listening, and being non-judgemental. The following statement highlights the value of being open-minded when working with whānau:

“Be open and not just able to work from only a couple of theory bases be able to adapt for the client’s needs not just their and what they think they clients’ needs are.”

Journey follows on from pathway planning and refers to kaimahi working with people on their hīkoi to health. This includes skills that kaimahi use to relate to people and support them to their desired outcome. Kaimahi talked about a strengths-based approach, health qualifications and legal knowledge. There was also mention of training to help kaimahi handle unpredictable situations:

“They also have a higher threshold for high-risk individuals, so they are more capable of handling violent outburst more than that of a person who has never been exposed to violence drug and alcohol addictions.”

Finally, lived experience has been prevalent throughout the entire survey analysis, particularly within the kaimahi section. One kaimahi talked about the balance of both lived experience and qualifications:

“We can’t learn everything from a book, but we also can’t learn everything just from our own life experience.”
Attributes kaimahi should have
Like the skills question, the survey also asked what attributes a successful kaimahi should have. Attributes differ from skills referring to kaimahi qualities but as expected there were some overlaps in the responses given for both the skills and attributes questions. Aroha, patience, motivation, and team member were a few of the key attributes recorded in the survey. Other key attributes that kaimahi commented on include, kai and kōrero to sit and relate:

“Kaimahi to actually have overcome an addiction themselves and be able to share their journey with whānau. Relatable Relaxed – have a kōrero and kai/coffee.”

Have a desire to want to help:

“Overall desire to want better for our people Māori.”

Practice self-care for their own health and wellbeing:

“Ability to not personalize their mahi and strategies to manage stress and switch off from mahi.”

Understand self-reflection:

“An ability to analyse and reflect on their own inherent bias.”

Kaimahi provided insights into what skills and attributes they feel a successful kaimahi should have from their own experience. There was a large overlap of terms and phrases discussed in the analysis of both questions including mātauranga-Māori, rapport, communication, and holistic services, which highlighted several key messages to inform future training and wānanga.

Moemoeā for hapori whānau in relation to AOD harm reduction

Mehemea ka moemoeā ahau, ko ahau anake. Mehemea ka moemoeā tātou, ka taea e tātou.
If I dream, I am alone. If we dream, we can

The final question in the kaimahi section asked respondents what their moemoeā for hapori whānau in reducing harm would be. It was an interesting question that showcased what their future aspirations were. There were many responses based on services, systems, Māori involvement or lack of involvement in government decision making, in addition to a lack of recognition flax roots level kaimahi receive. There is a strong desire for mātauranga-Māori centered care, re-introducing papakāinga and using a by Māori for Māori approach. One respondent identified an idea for a kaiāwhina position to be established to directly help whānau:
“A casual role for a Kaiāwhina or something along those lines – to go with whānau homes when parents are overcoming addictions...or it could be funding to support an extended whānau member to come and tautoko.”

Aspirations for our tamariki and mokopuna:

“My vision for our people is to see our tamariki and mokopuna excel in all they can and want in life.”

To minimize industries influence:

“That the influence of the liquor industry on Government is reduced or completely negated.”

Additional whakaaro

The final survey question provided kaimahi an opportunity to express any additional whakaaro they would like to share. There were some strong messages conveyed in the following quotes, which can potentially be used to inform future recommendations for AOD harm reduction.

First, kaimahi are working tirelessly in their communities and feel undervalued:

“Please value the workforce more – it’s not an easy job because people don’t come to an AOD service when things are going smoothly in their lives. The workforce only sees problems...day in day out.”

“Fieldwork is NOT valued and this needs to change. A degree is not the same as years in the field, but experience is not treated as worthwhile. It’s not good enough.”

Second, they identified the need for Māori to be present in Government decision-making:

“Until Government senior management include Māori into Pākehā driven teams and learn to give up their control and power to Māori there won’t be change.”

Third, the importance of identity was highlighted from a kaimahi who has been on the journey themselves:

“I have been through this journey myself so understanding who I am and where I want to be was important to my journey.”

The whakaaro written above are a great conclusion to the survey as they identify valuable experiences and thoughts of people working within communities. They feel undervalued, lack resources, and are overworked, yet they continue to work day in and day out to provide community with AOD care.
Summary of findings

He Ara Waiaora survey offered kaimahi the opportunity to give their whakaaro about the mahi they do with whānau in the AOD sector. The survey provided an insight into what wellbeing means to them and their community, AOD-related challenges they see in their community, what skills and attributes a successful kaimahi should have, and their future aspirations. The results show that there are many AOD challenges within communities that flax roots kaimahi are working tirelessly to help improve. Communities have resources, services and whānau that are available to support AOD harm reduction, and kaimahi require many skills to ensure they are purposeful in how whānau are supported.

Key findings in relation to the AOD Workforce:

- This survey allows us to understand the make-up of the current workforce, and consider any changes needed to create a “purposeful” and sustainable AOD workforce.
- Noteworthy, the survey indicates an ageing workforce. As shown in Figure 3, 49 kaimahi were over 55 years old and 17 Kaimahi were over the retirement age of 65 (15 kaimahi were aged between 65 and 74-years old, with two kaimahi reported being 75 years or older), and only eight kaimahi were younger than 34. While this may indicate an experienced workforce, if this is reflective of the overall workforce, consideration must be given to supporting more young people into this work, to ensure a sustainable diverse workforce long-term. Further, there appears to be more wāhine than tāne in these roles.
- Consideration must be given to how this could be impacting AOD harm reduction care services and engagement, if at all.

Key findings for Whare Tukutuku and the AOD sector more broadly

- Overall, this research supports the positioning of Whare Tukutuku, and the need for a Kauapapa Māori based understanding of, and approach to AOD harm reduction.
- There is a strong desire for mātauranga-Māori centered care and using a by Māori for Māori approach to AOD harm reduction, which empowers individuals and whānau as well as strengthens identity.
- This survey reinforced what is known anecdotally in the sector, with regards to a high level of need and few services meeting this need, in addition to barriers, such as transport, and restrictive criteria.
- Any further AOD harm reduction initiatives should consider holistic wellbeing and the need for a strengths-based approach, alongside autonomy, whānau involvement, choice in treatment and self-guidance.
- Further, key skills and attributes were identified which will be considered by Whare Tukutuku (and the sector more broadly) for training and development. This includes a need to develop workforce skills such as, cultural fluency (including knowledge of tikanga, cultural values and practices); the ability to guide people through the process by listening and using an empathetic and non-judgemental approach; and understanding vulnerability. Key attributes such as aroha, patience, motivation, and being relatable were identified. Alongside a
genuine desire to help, an ability to practice self-care for one's own health and wellbeing, and the ability to self-reflect.

- Despite their contribution and much needed cultural expertise, the lack of recognition and support for flax roots kaimahi Māori was highlighted in the survey.
- There is a clear need to rethink service delivery, both the accessibility, parameters, and restrictions, as well as the process in which whānau go through when receiving services.
- Overall, the tremendous value that comes from lived experience was highlighted in the survey. This should be a key consideration for any sector-wide education as well as any design of service delivery or practice models.
- There was a call for Māori to be more involved in the decision-making process, at local and government levels, this reflecting a Treaty partnership approach to AOD harm reduction. The importance of this can be seen in the additional comments of the current research, which highlights the government funding restrictions and service preferences.

This survey values and centers the voices of kaimahi Māori and their experiences, in a way that ensures experience and knowledge guides the future mahi Whare Tukutuku undertakes, as well as that of TRO more broadly. In using a mixed-methods design, this research has provided an understanding of the AOD workforce and the community need, including what is and what is not being met. It has also presented an in-depth understanding of kaimahi experiences, whānau need, and recommendations for the sector. Another strength of this research was the inclusion and representation of kaimahi working in both mainstream and Kaupapa Māori health providers, and responses from kaimahi throughout the motu.

Whare Tukutuku will utilise the results from the survey to create training modules and wānanga, to assist the AOD workforce. The kaimahi have identified the need for workforce and services to be culturally aware and responsive to our whānau seeking care. This requires training, practice and services which are immersed in Te Ao Māori, that are holistic and reflect on Te Whare Tapa Whā. There needs to be a strengths-based approach to harm reduction that empowers whānau to be the kaitiaki of their own journey to health. Kaimahi will have the skills to walk alongside whānau with aroha, manaaki, patience, and a desire to help. Whare Tukutuku aim to shine a light on the great work being done by kaimahi Māori working to reduce AOD harm. To provide wānanga to flax roots whānau who are doing mahi in their communities, whānau who have lived experience and those who have a desire to learn skills and attributes to be able to help their whānau.

**Conclusion**

Te Rau Ora in partnership with The New Zealand Drug Foundation have created a collaborative approach to workforce development through an integrated model of prevention, called Whare Tukutuku. The objective is to form a whānau-centered, community-focused, and culturally capable future AOD workforce. The insights gathered from the survey are invaluable and highlight the need to celebrate our kaimahi working with whānau Māori. It is essential that we listen and act on their whakaaro to ensure we build an AOD workforce that contributes to improving Māori health outcomes.
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aroha</td>
<td>To love, feel compassion, empathise</td>
</tr>
<tr>
<td>Hapori</td>
<td>Community</td>
</tr>
<tr>
<td>Hikoi</td>
<td>Walk</td>
</tr>
<tr>
<td>Hinengaro</td>
<td>Mind, thought, consciousness</td>
</tr>
<tr>
<td>Kai</td>
<td>To eat, consume</td>
</tr>
<tr>
<td>Kāiwhina</td>
<td>Helper, assistant, advocate</td>
</tr>
<tr>
<td>Kaimahi</td>
<td>Worker, employee, staff</td>
</tr>
<tr>
<td>Kaitiaki</td>
<td>Guardian, minder</td>
</tr>
<tr>
<td>Kapa Haka</td>
<td>Māori cultural group</td>
</tr>
<tr>
<td>Kōhanga</td>
<td>Nest, nursery, Māori language preschool</td>
</tr>
<tr>
<td>Kōrero</td>
<td>Speak, talk</td>
</tr>
<tr>
<td>Mahi</td>
<td>To work</td>
</tr>
<tr>
<td>Mana</td>
<td>Prestige, spiritual power, influence</td>
</tr>
<tr>
<td>Manaaki</td>
<td>To support, take care of</td>
</tr>
<tr>
<td>Matua</td>
<td>Father, parent, uncle</td>
</tr>
<tr>
<td>Mātauranga</td>
<td>Knowledge, wisdom, understanding</td>
</tr>
<tr>
<td>Mirimiri</td>
<td>Massage</td>
</tr>
<tr>
<td>Moemoea</td>
<td>Dream, vision</td>
</tr>
<tr>
<td>Mokopuna</td>
<td>Grandchild</td>
</tr>
<tr>
<td>Motu</td>
<td>Country</td>
</tr>
<tr>
<td>Papakainga</td>
<td>Whānau-based communal living</td>
</tr>
<tr>
<td>Rangatahi</td>
<td>Youth</td>
</tr>
<tr>
<td>Rongoa</td>
<td>To treat, remedy, medicine</td>
</tr>
<tr>
<td>Tamariki</td>
<td>Children</td>
</tr>
<tr>
<td>Tautoko</td>
<td>Support</td>
</tr>
<tr>
<td>Teina</td>
<td>Younger brothers (of a male), younger sisters (of a female)</td>
</tr>
<tr>
<td>Tikanga</td>
<td>Custom, correct procedure</td>
</tr>
<tr>
<td>Tinana</td>
<td>Physical health, body</td>
</tr>
<tr>
<td>Tuākana</td>
<td>Elder brother (of a male), elder sister (of a female)</td>
</tr>
<tr>
<td>Wairua</td>
<td>Spirit, soul</td>
</tr>
<tr>
<td>Wānanga</td>
<td>Educational seminar, meet and discuss, deliberate, consider</td>
</tr>
<tr>
<td>Whaea</td>
<td>Mother, aunty</td>
</tr>
<tr>
<td>Whakaaro</td>
<td>Thought, opinion, understanding</td>
</tr>
<tr>
<td>Whakawhanaungatanga</td>
<td>Relationship, kinship</td>
</tr>
<tr>
<td>Whānau</td>
<td>Family group, extended family</td>
</tr>
</tbody>
</table>
Appendix 1. Copy of the survey questions.

1. How would you describe your role in relation to AOD harm reduction?
2. What type of service do you work in?
3. What is your age?
4. What is your gender?
5. What rohe do you work in?
6. What are your iwi affiliations?
7. Briefly describe what wellbeing means to you and people within your community?
8. What does a strengths-based approach to AOD harm reduction look like in your community?
9. Can you give us a snapshot of what you can see happening in your community?
10. Can you describe the AOD care in your community? From your experience, what works well, and what doesn’t work well?
11. Given your experience, what are the skills a kaimahi should have?
12. Given your experience, what are the attributes a kaimahi should have?
13. What are the things whānau do to promote wellbeing? You may consider relationships, places, and activities, as well as different aspects of wellbeing such as tinana, hinengaro, wairua and whānau.
14. Which of those things do you have availability and access to in your community? Are there any barriers?
15. What are the AOD care gaps that you can see?
16. What would be your moemoeā for haporī whānau in reducing AOD harms?
17. Do you have any other comments or whakaaro you would like to share? If so, please share below.