

# Te Wai Taramea 2023

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Māori Alcohol & Other Drug Workforce Report

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**Whare Tukutuku**

## Te Wai Taramea: Māori Alcohol & Other Drug Workforce Report

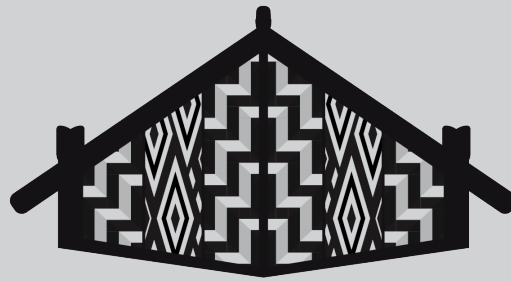
**Te Aka Whai Ora**  
Māori Health Authority



### Whare Tukutuku Report - Hakihea 2023

Te Wai Taramea was the name given by kaumātua Koro Hata Temo. It represents the insightful narratives shared by the Māori alcohol and other drug (AOD) workforce, flowing seamlessly like sweet-scented waters. The stories mirror the fluidity of water, contributing to an expanding pool of knowledge that serves as a tributary to the overarching whakaaro guiding the Whare Tukutuku kaupapa. The name Te Wai Taramea encapsulates the essence of these narratives, connecting the past, present, and future of the Māori AOD workforce journey. As the waters of Te Wai Taramea continue to flow sweetly, so does the collective strength and resilience of the Māori AOD workforce, leaving an enduring fragrance on the workforce landscape.





# Whare Tukutuku

*“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*

Te Rau Ora is a Māori organisation that strengthens Māori health and wellbeing through nationally navigated and locally-led solutions. The organisation aims to improve Māori health through leadership, education, research and evaluation, health workforce development, and innovative, systemic transformation. Te Rau Ora aspire for health workforces to support Māori in a flourishing state.

Whare Tukutuku is the National Māori Addiction Centre that sits within the korowai of Te Rau Ora. Our vision is to eliminate AOD harm for Māori. The approach is to elevate an AOD workforce that is whānau-centred and community-focused, and awahi whānau to improve equity of care. We want to create a future AOD workforce that is culturally capable, willing to innovate and support a Māori approach to improve Māori health outcomes.



“He kōrero iti, He kai ngā te rangatira”  
Tēnā koutou, ngā rangatira o te motu.

E whakawhetai ana te roopu Whare Tukutuku ki te tautoko I ngā mahi rangahau.  
E ngā rau rangatira, tēnei te mihi mō o koutou whakaaro nui.  
No reira e ngā Rangatira huri noa I te motu, tēnā koutou, tēnā koutou, tēnā koutou kātoa.

“Whilst your kōrero may seem brief, your words indeed have status”.  
On behalf of Te Whare Tukutuku we extend our warmest gratitude for your contribution to Te Wai  
Taremea Workforce Survey.

We acknowledge and thank you, for your diligent thoughts and words of wisdom.  
To you all, we are privileged by your contribution and time. Once again thank you.

*Nā Roopu Whakahaere o Whare Tukutuku*

He mahi kai takata, he mahi kai hōaka  
It is work that consumes people, as greenstone consumes sandstone.

*The above whakataukī was spoken by Tā Tipene O'Regan (Kāi Tahu) as a reference to the intergenerational fight for justice to settle the Kāi Tahu Tiriti o Waitangi claim.*

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## He Whakatakinga | Introduction

There have been many reviews of mental health and addiction services over the years, reporting care gaps and making recommendations in key government reports. For example, He Ara Oranga recognised Māori aspirations that highlighted the need for a holistic approach to health, recommending an increase in funding for addiction services that are culturally safe and offer whānau a choice in care options. The Mental Health and Addiction Workforce Action Plan 2017-2021 and the Access and Choice Programme Report highlighted the need for effective Māori leadership, workforce pathways readily available for Māori kaimahi, better access to and more choice in services, and investment to address staffing shortages. Oranga Hinengaro System and Service Framework was published in April 2023, and sets the direction for the next 10 years of mental health and addiction services. It provides guidance on how to commission, design and deliver services with support that is grounded in equity and ao Māori values. The framework stipulates that the next steps in mental health and addiction will be guided by the wants and needs of whānau, hapū, and hapori Māori.

Since last year's Te Wai Tareamea Māori AOD workforce report, the political and health system environment has changed dramatically. In June 2022, the Pae Ora (Healthy Futures) Act was passed to disestablish the 20 district health boards across the motu and replace them with Te Whatu Ora, the national health service. As part of this review, Te Aka Whai Ora (Māori Health Authority) was also established, to support whānau Māori to have greater autonomy of their hauora, commission Māori health services, and to monitor the outcomes of the wider health system. The Pae Tū: Hauora Māori Health Strategy, released by Manatū Hauora in July 2023, outlined five key priorities to build on the health reforms, including to grow "the Māori health workforce and sector to match community needs". Similarly, the Workforce Development and Leadership for the Addiction Treatment Sector report, commissioned in June 2023 by Te Whatu Ora, identified "addressing how the Māori workforce...can express their tino rangatiratanga and mana motuhake" as crucial. Te Wai Tareamea 2023 contributes to addressing both these priorities by seeking to better understand the make-up of the Māori AOD workforce and its challenges, as well as offering some recommendations.

Te Wai Tareamea 2023, completed by Whare Tukutuku with the support of Te Aka Whai Ora, aimed to re-evaluate the Māori AOD workforce. The research gathered current insights, experiences, needs and aspirations from kaimahi with the goal of advancing health equity. The findings will build on the previous insights, gather new knowledge, and will determine if there has been any progress made on the key recommendations outlined in the 2022 report.

### *Workforce Environment*

Accurate workforce data is important to show the number of Māori kaimahi that make up the AOD workforce, which can give an insight into how responsive AOD care is for Māori. Te Wai Tareamea 2022 along with previous Te Rau Matatini research identified the difficulty in accessing accurate and up-to-date Māori health workforce data, in particular within the AOD space. In 2018 a stocktake survey by Te Pou found that Māori made up 26% of the non-clinical and 16% of the clinical mental health and addiction workforce. Whare Tukutuku estimated that about 1 in 4 Māori kaimahi work within the AOD space. It is vital to understand the Māori AOD workforce environment as 27% of people accessing mental health and addiction services in 2018 were Māori.

In 2018 and 2020 it was estimated that the mental health and addiction workforce had 10,832 FTE positions, growing by 9% since 2014. It appears approximately 461 FTE positions were peer support and/or people with lived experience. It is estimated that alcohol and other drug services employ around 17% of the peer support and lived experience workforce. Further information from the infant, child and adolescent mental health and addiction field shows 20% of kaimahi Māori make up this workforce. The clearest source of Māori-specific workforce data for the AOD space appears to be between the years 2014 and 2017, where Māori made up approximately 24% of the total addiction workforce, which is around 460 kaimahi. The addiction workforce made up nearly 4% of the total Māori health workforce, and majority of the addiction workforce worked within non-government organisations (NGOs).

Whare Tukutuku want to acknowledge the mātauranga and experiences of kaimahi, whānau, and hapori Māori. Te Wai Taramea 2023 will help to increase the cultural capability of the existing workforce, ensure it is fit for purpose, and supports the narrative of kaimahi, whānau, and hapori Māori. The findings will also be useful in evaluating information from key government reports and action plans to determine if they reflect the insights of the Māori AOD workforce. It will further inform a Māori AOD strategic workforce action plan, that will guide AOD training development activities.

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## Tāera | Method

Te Wai Taramea 2023 utilises a mixed method design with both a survey and qualitative interviews to collect data. National data bases provided up-to-date information on the number of kaimahi Māori within the AOD workforce, including regulated, unregulated, non-government organisations, iwi, and voluntary staff. Whare Tukutuku and Te Rau Ora previous workforce reports played a critical role in shaping the methodology for the survey and interview questions. The survey aligns with Whare Tukutuku objectives and was administered online through Survey Monkey. Rigorous testing was conducted to ensure its efficiency in capturing meaningful insights. To maximise reach it was disseminated throughout the AOD workforce, including through stakeholders, Māori health organisations, primary health organisations, and Te Rau Ora's social media platforms. Snowball sampling was utilised, encouraging kaimahi, whānau, and hapori to further share and distribute the survey to reach a wider audience. The survey was open/live for two months, and a target was set to reach at least fifty percent of kaimahi Māori in the AOD workforce.

Qualitative research interviews were conducted with key health professionals from the AOD workforce. The interviews enhanced the survey data by offering an understanding of the environment and a deeper dive into the needs and experiences of kaimahi. A small number of six kaimahi were invited to take part in a semi-structured interview, to have a kōrero and share their mātauranga. The interviews were completed virtually via Microsoft Teams. An information sheet and consent form were provided and discussed with the participants prior to their interview. The survey and interview data were collated and analysed to show patterns and key themes, which informed the written report findings.



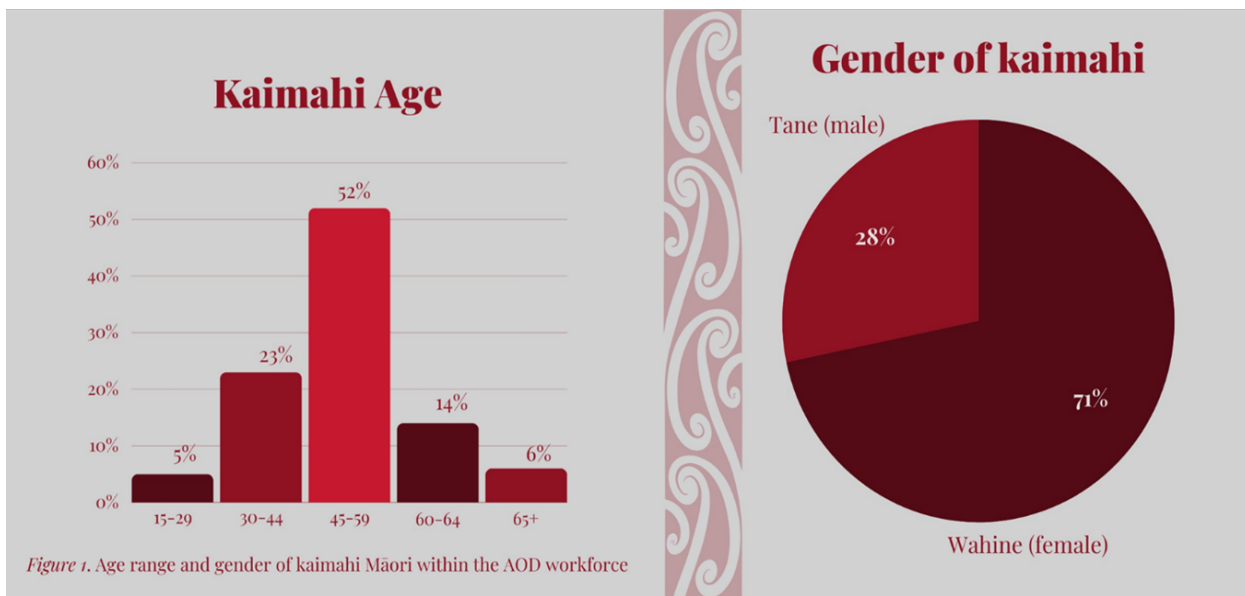


## Ārohi | Survey Findings

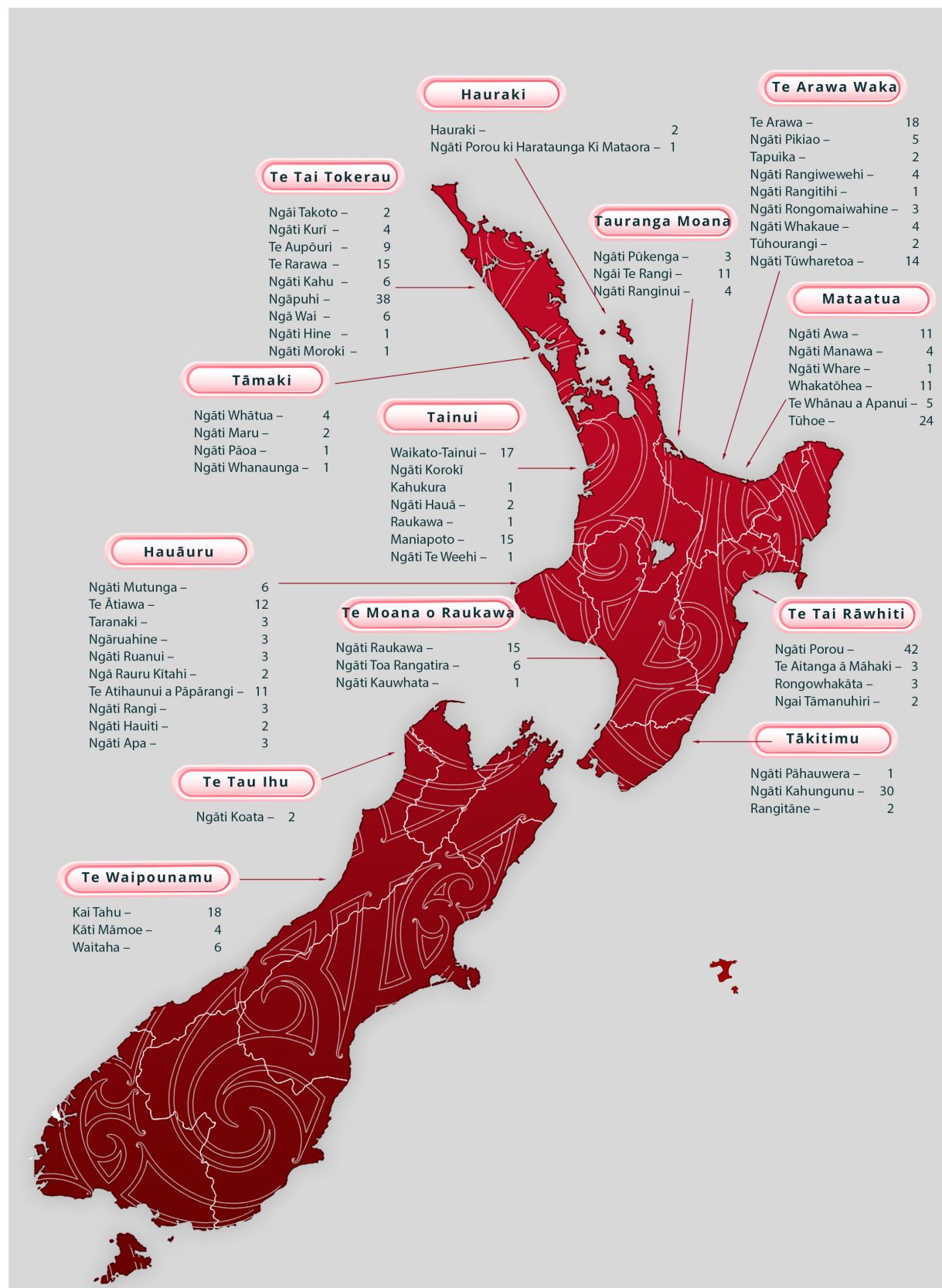
### *No hea, ko wai*

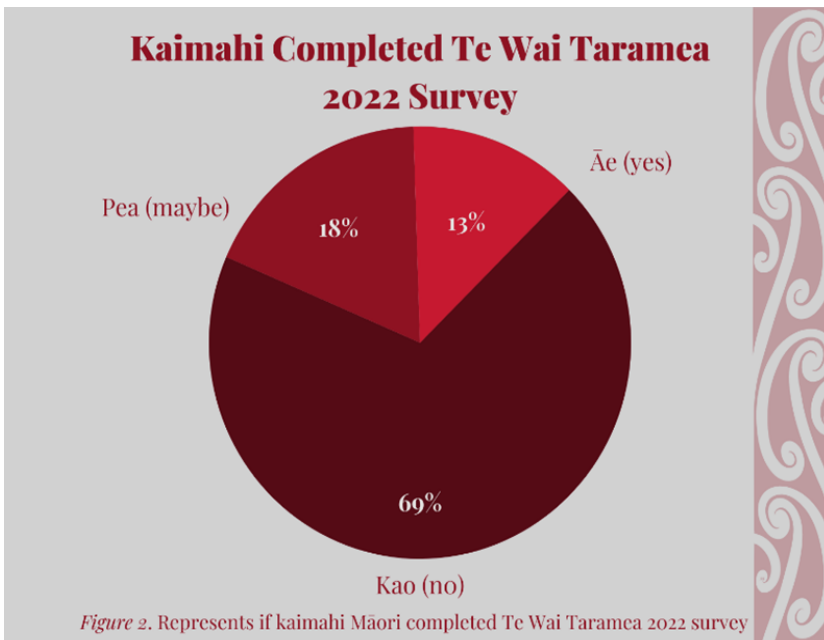
Te Wai Tareamea Māori Alcohol and Other Drug Workforce survey 2023 collected information to understand the demographic landscape of the workforce. This helps to give context to the contributions of kaimahi throughout the remainder of the report as well as analyse any changes in workforce data from Te Wai Tareamea 2022.

The two graphs in figure 1 below shows that the majority of people who responded (52%) were between the ages of 45-59 years of age, while the smallest group were aged 15-29 years (6%). There also appears to be a much higher number of wāhine Māori kaimahi with over 2/3 of respondents identifying as wāhine.



Map 1 shows the majority of kaimahi who completed the survey whakapapa to Ngāti Porou, followed by Ngāpuhi then Ngāti Kahungunu. When comparing this information with map 2 on page 13, it shows that the majority of kaimahi live and work outside of their tribal rohe.





It is interesting to see in figure 2 that only 13% of respondents completed Te Wai Taramea survey in 2022, while the majority (87%) said they did not complete last year's survey or were unsure.

Figure 2. Represents if kaimahi Māori completed Te Wai Taramea 2022 survey

Ngā Pūkenga Mahi | Mātauranga – Experience and Education

Understanding the experience and education journey of kaimahi Māori entering the AOD workforce is crucial to building the capability and capacity within this field. Over half (66%) of the respondents indicated passion/interest and 61% noted lived experience as a key driver that led them into the AOD workforce. The 20% of respondents that selected 'other', offered a diverse range of motivations and pathways that led them to work in the AOD space. Some key themes include a deep concern about the impact AOD has in their communities, a desire to help and support whānau Māori and opportunities to engage in professional development pathways. Overall, the respondents affirmed a commitment to whānau, community well-being and the importance of addressing AOD harm in the broader context of mental health and social challenges.

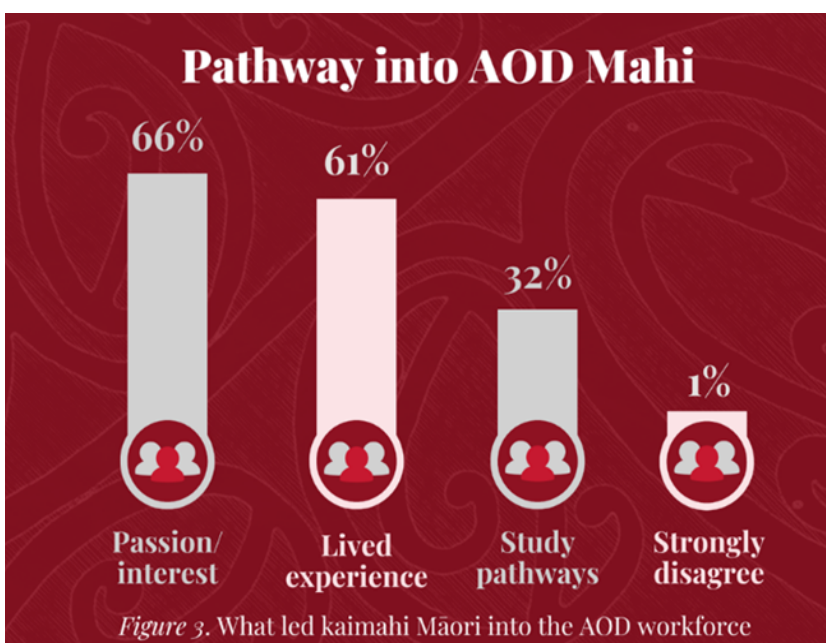
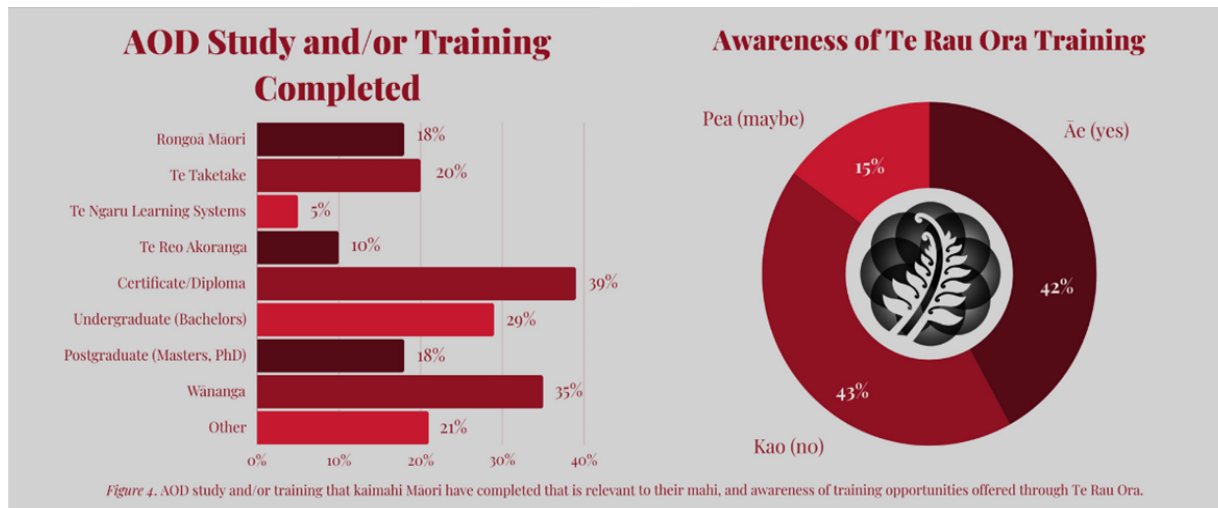


Figure 3. What led kaimahi Māori into the AOD workforce

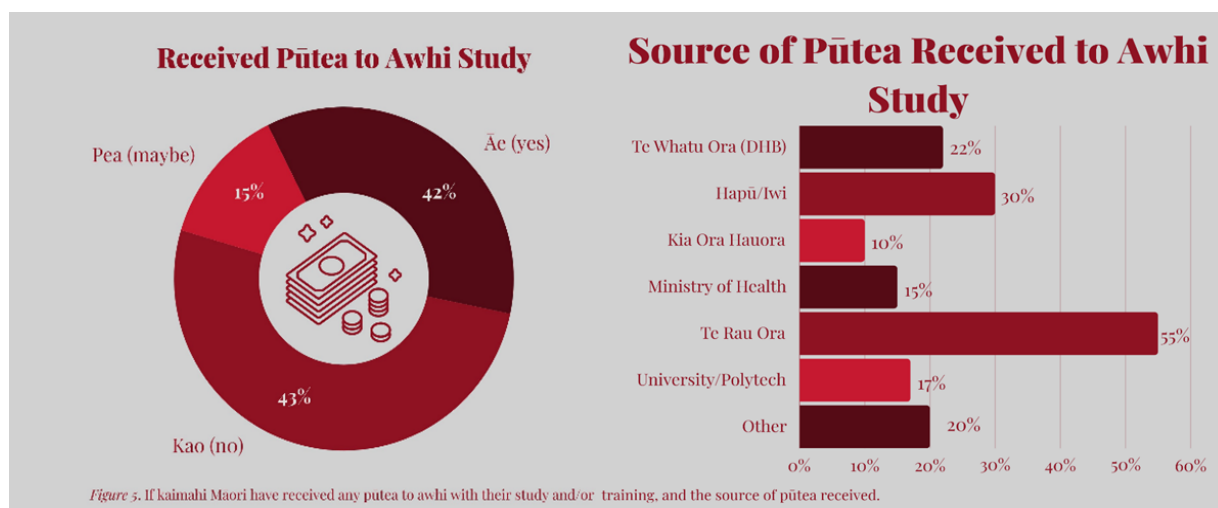
Figure 4 below shows a large number of the workforce have completed AOD study and/or training. The majority (88%) have completed some form of Te Ao Māori training and have also gained some kind of tertiary education (86%). 'Other' study and/or training reflects a diverse range of training, education, and qualifications, with a focus on mental health, addiction, and Māori cultural perspectives. Some kaimahi have completed specific certifications such as criminal justice, whānau ora, health and wellbeing – mental health and addiction certificate, and diplomas in various health-related areas.



Several kaimahi referred to ongoing education, studying or planning to complete higher levels of education, including postgraduate diplomas and certificates. Additionally, cultural components, such as kapa haka, rongoā, and Whakapapa te Oranga (Whānau Constellations training), are mentioned.

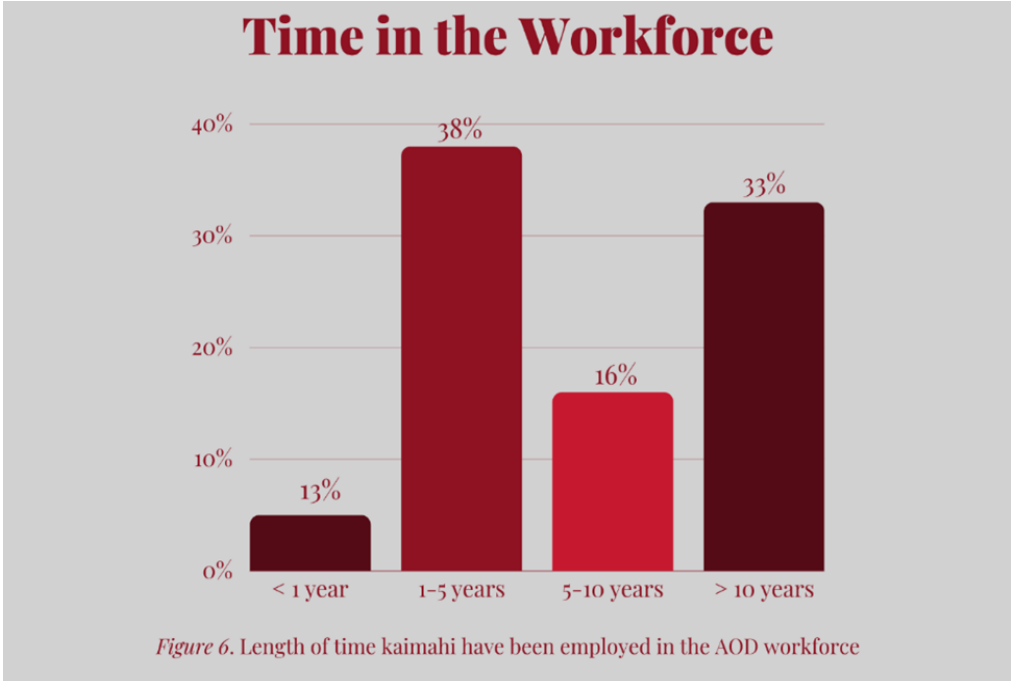
The respondents commented on affiliations with organisations like Te Rau Ora and participation in specific training programs, such as Peer Employment Training and IPS (Individual Placement and Support). Some kaimahi highlighted their life experiences and community involvement as integral parts of their learning pathway.

The following two graphs represent the pūtea kaimahi Māori have received to support study and/or training. Figure 5 shows that 59% of respondents had not received any scholarships/grants/pūtea to support professional development. Of those who had received pūtea, over half (55%) was through Te Rau Ora, and a further 30% through hapū/iwi. Respondents that selected 'other' identified specific funding that was received through tertiary institutions and workforce organisations.

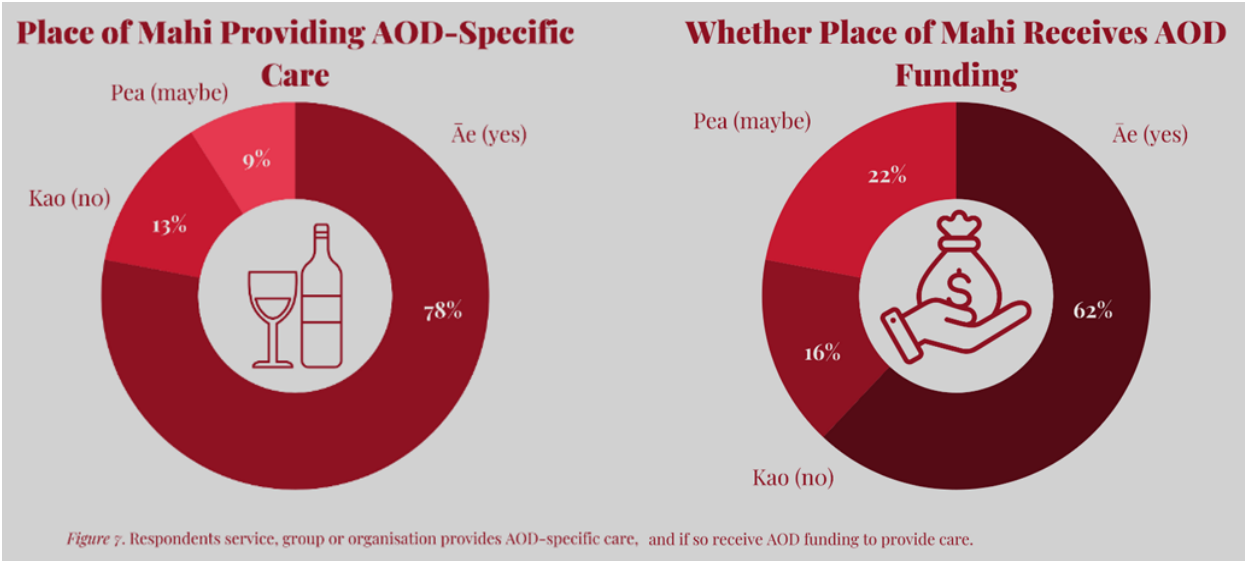


Mahi | Work

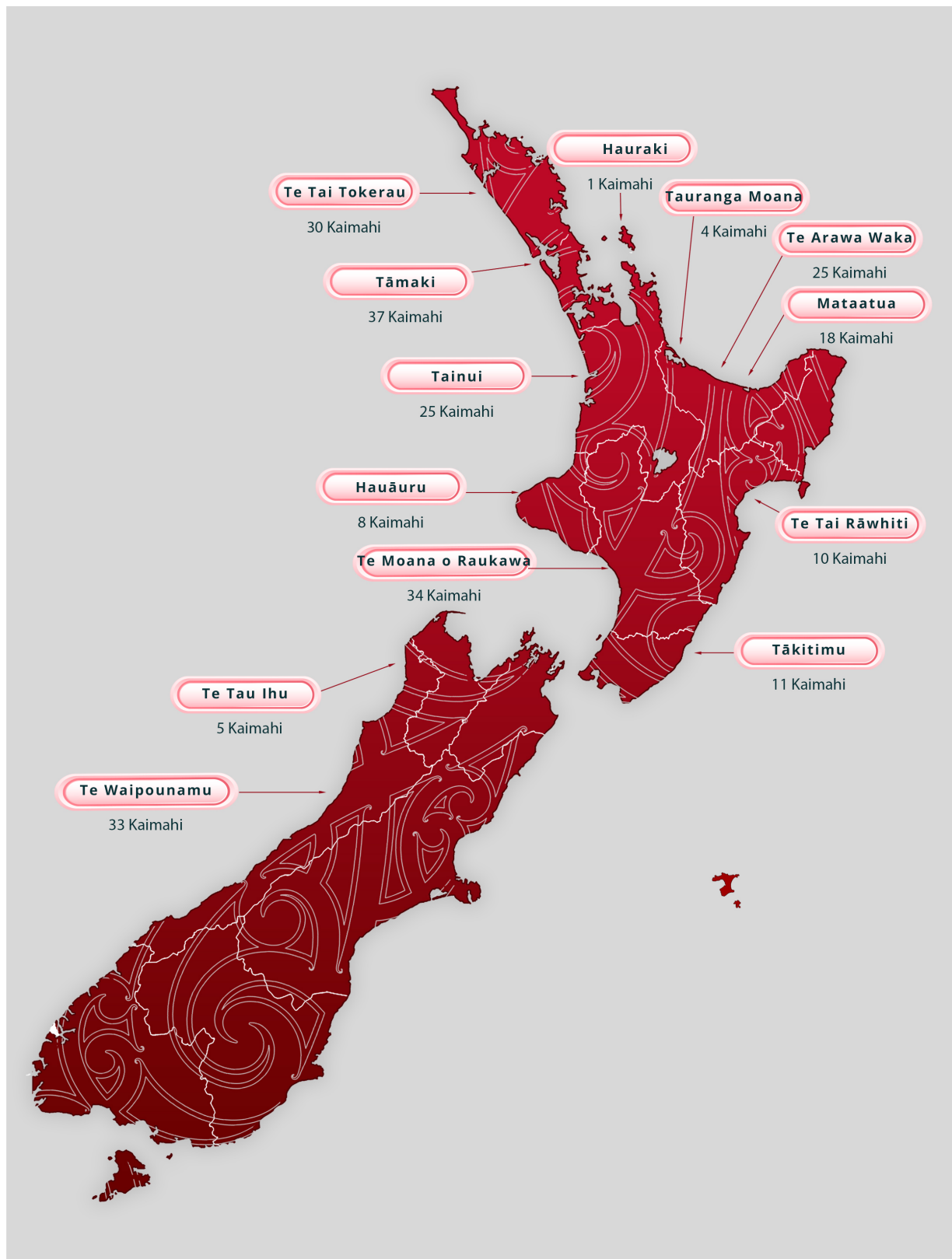
Te Wai Taremea 2023 gathered up-to-date data about the employment backgrounds of kaimahi Māori. It includes various aspects such as the roles that people work in, impacts on the workforce, leadership dynamics, and inclusion of new AOD kaimahi. The survey also explored workplace wellbeing – the importance of valuing the knowledge, experience, and needs of kaimahi within the workforce to enhance the quality of care. Figure 6 below shows that 38% of respondents have worked in the AOD space between one and five years and 33% have worked for over 10 years.



The two graphs in figure 7 shows that almost 80% of respondents did mahi for a service or organisation that provides AOD-specific care, while 9% were unsure. In comparison, slightly less (62%) said that their place of mahi received AOD-specific funding, with a larger number of 22% who were not sure.



Map 2 below shows that survey respondents are working in various rohe across Aotearoa. Majority mahi within the Tāmaki region (15%), with 14% in Te Moana o Raukawa, and 12% in Te Tai Tokerau. Te Wai Taramea 2023 also had a small representation from Rēkohu/Wharekauri and Ahitereiria.



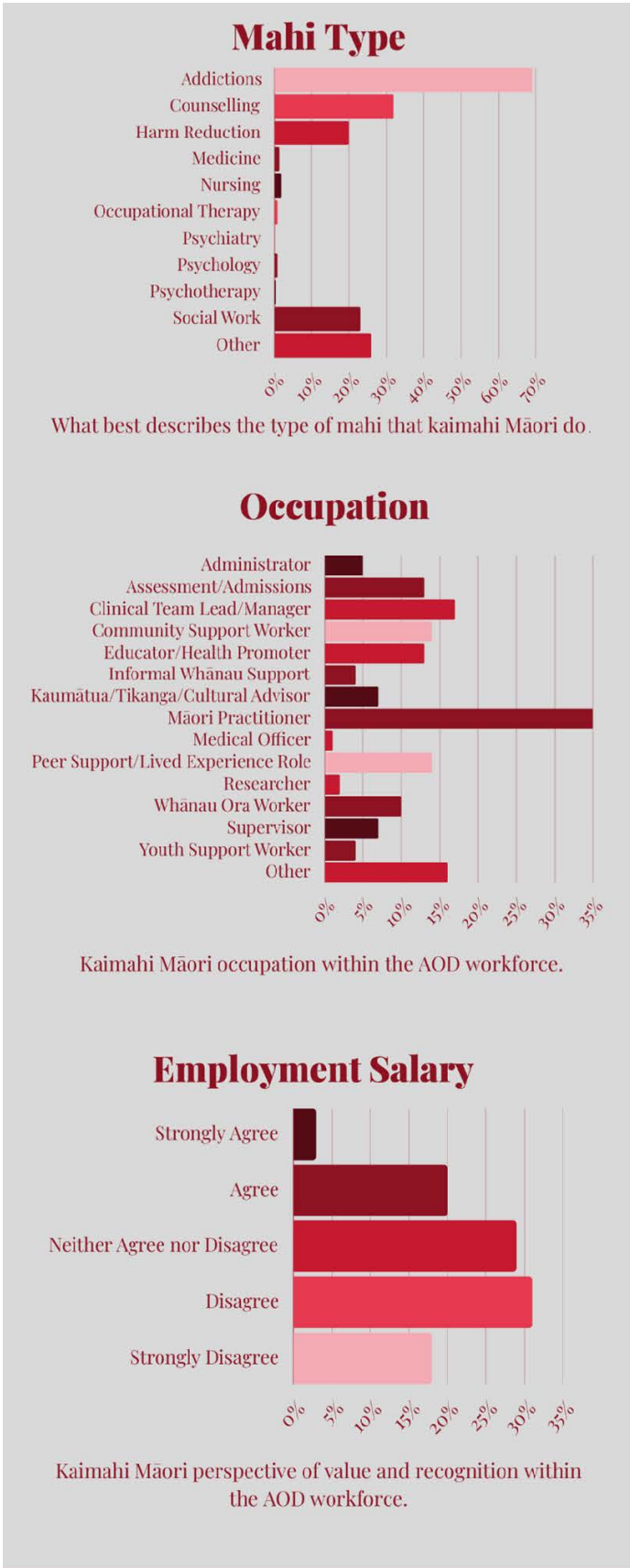
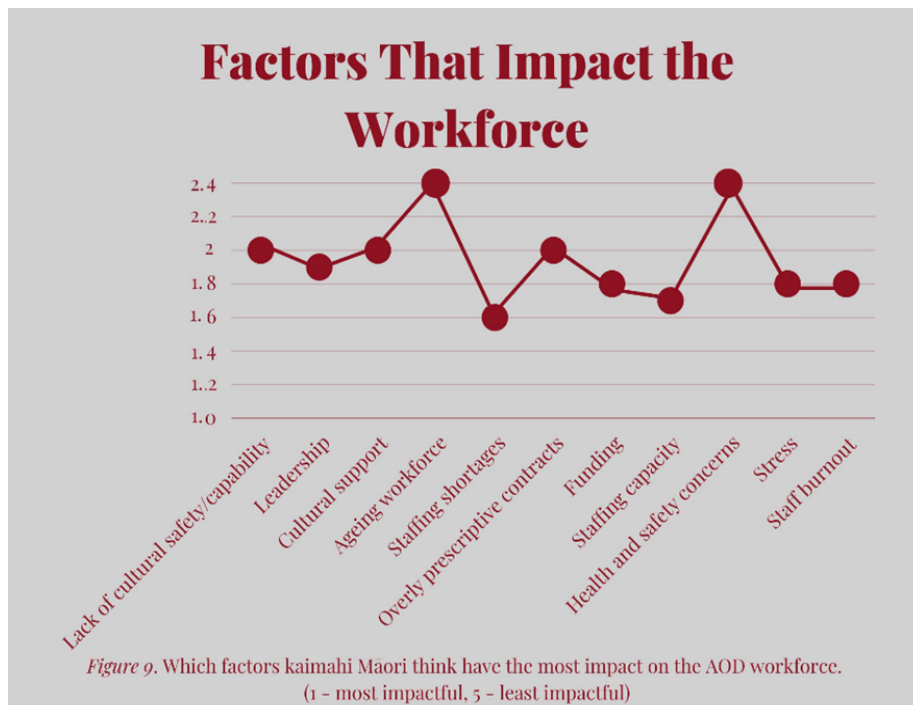


Figure 8. Kaimahi employment

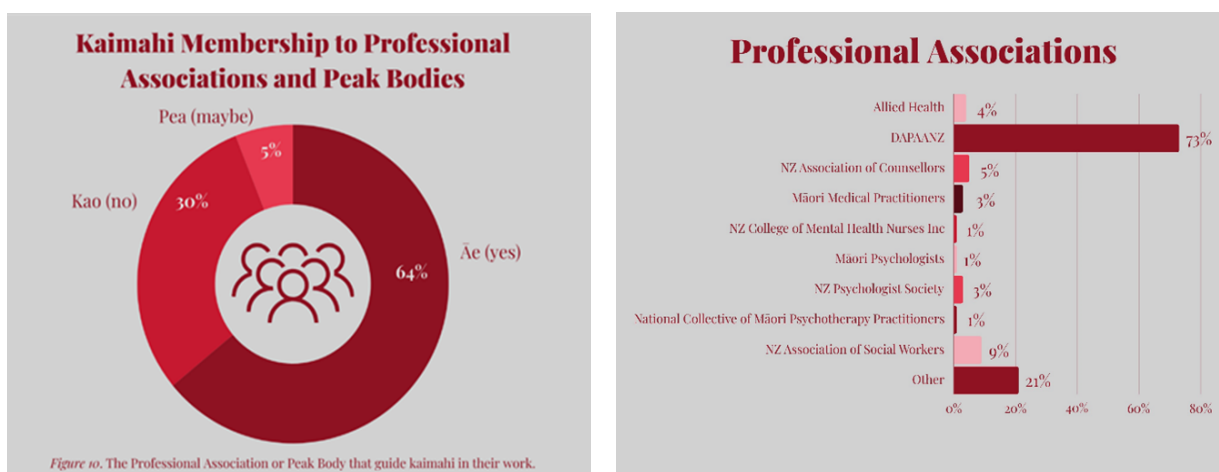
The graph in figure 8 shows that the majority (69%) feel that addictions best describes the area of mahi they work in, followed by counselling (32%) and social work (23%). Of the 26% that selected 'other', respondents talked about the cross-over between the different areas of work that were offered as options in the question, which are visible in the graph on the left. They also mentioned a number of occupations that were included in the question that followed.

Kaimahi Māori describe the mahi that they do with whānau in many different ways, but most commonly referred to themselves as a Māori Practitioner (35%). The information given when respondents selected 'other' reflected occupations that were very similar to the options offered in the question. Almost half (49%) of kaimahi disagree or strongly disagree that their salary reflects their contribution, only 23% agree that they are paid well, and a significant number (29%) were unsure.

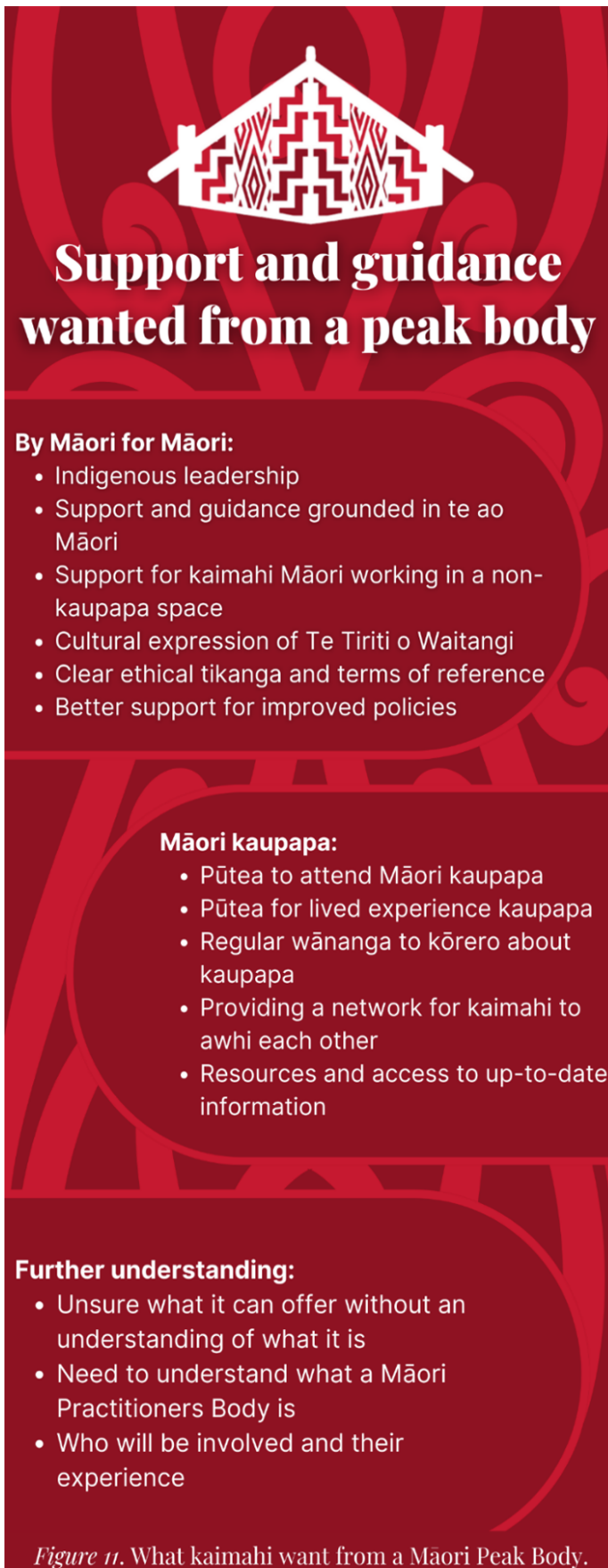
Figure 9 represents kaimahi Māori perspectives around factors that currently have the most impact on the AOD workforce. The survey question allowed respondents to rank each option from 1 (very impactful) to 5 (not impactful) as shown below. The majority of respondents identified all factors as being neutral, impactful, or very impactful on the AOD workforce. It appears staffing shortages, capacity, and burnout were identified as having the most impact on the AOD workforce.



The left graph in figure 10 shows that 30% of kaimahi said they were not a member of a professional association or peak body. The right graph represents the professional association or peak body that 64% of respondents are members of, with the majority (73%) registered with Dapaanz. The survey was shared through Dapaanz networks which may account for this large number. Twenty one percent of respondents selected 'other' and stated they were members of smaller working groups of boards.







The survey gathered insights from the respondents that are not currently a member of a professional association or peak body, to understand what benefits they might hope to gain from a Māori Practitioners Peak Body. An overview of the responses is represented in figure 11. Kaimahi are very supportive of a by Māori for Māori roopu that would be able to provide authentic leadership, be able to support kaupapa as well as kaimahi throughout Aotearoa. The roopu could provide more spaces for the workforce to come together. There were a small number of respondents that were unsure about what they might gain from a Māori Practitioners Peak Body and they wanted further information to understand more about the idea and its development.

The survey gathered information to build on Whare Tukutuku previous reports about the needs of kaimahi within the AOD workforce. This helps to inform workforce development opportunities, resources, and continue to provide pathways for the emerging workforce to increase the options for whānau Māori seeking help and improve AOD care. Over half of the respondents identified that all three development opportunities are relevant and would enhance their abilities as kaimahi.

Figure 12 below shows the workforce development activities that kaimahi thought would enhance their mahi. The total sum of the data exceeds 100% as respondents were able to select more than one option. There is overwhelming support (78%) for more opportunities to wānanga and gain mātauranga, with leadership and research/training also well supported. The 10% that selected 'other' responded with specific ideas that fit within the options offered in the question, while one respondent was disheartened by the lack of progress despite the current availability of mātauranga and clinical experience.

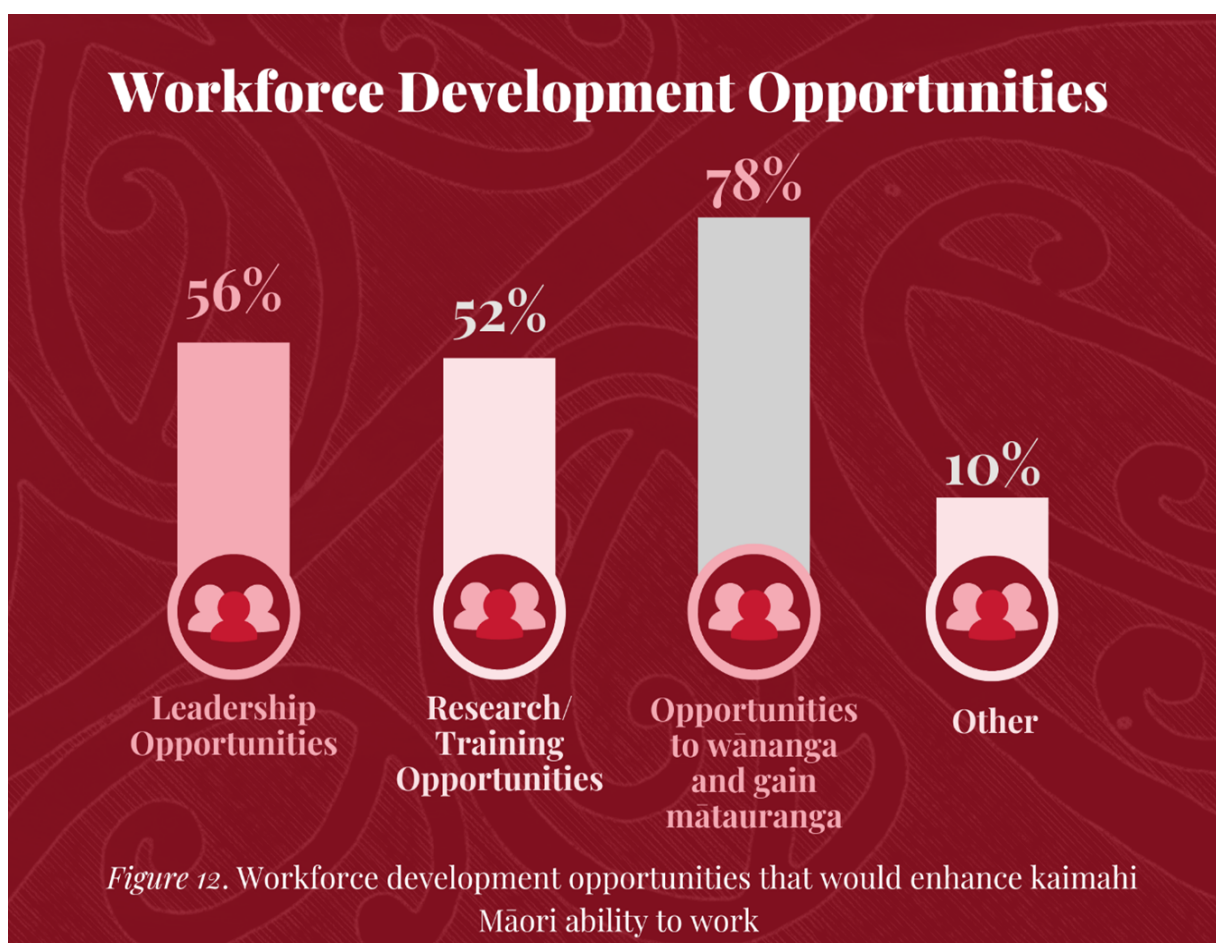
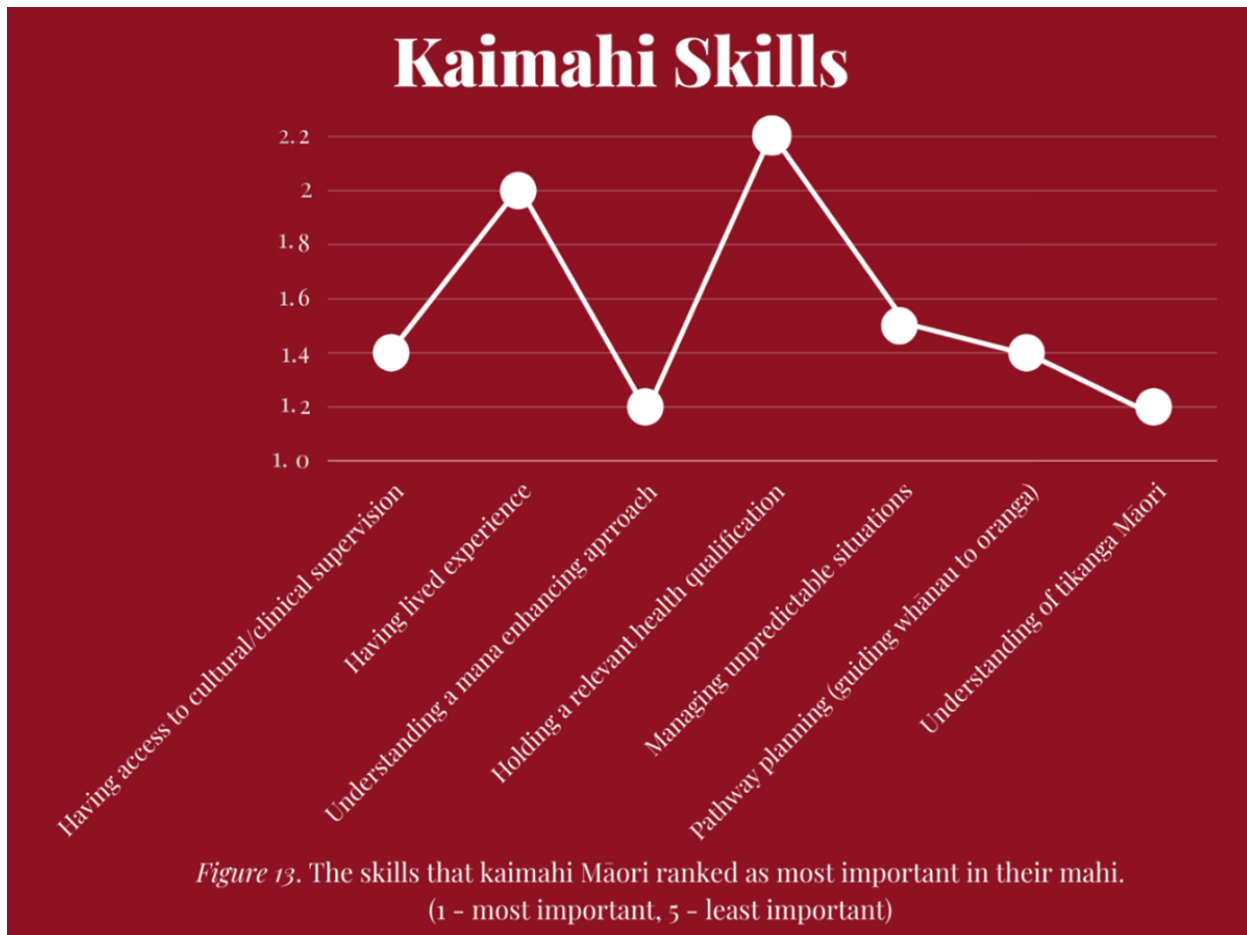


Figure 13 represents perspectives around the most important skills that kaimahi should have within the AOD workforce, 1 being most important and 5 being least important. Almost all the respondents thought each of the skills were important, especially understanding tikanga and mana enhancing approaches. Of all the options, respondents identified that it was less important for kaimahi to hold a relevant health qualification or to have lived experience.



Kaimahi Māori feel that a mana enhancing approach to addressing AOD care is focused on allowing the person who is seeking help to lead their journey, providing a safe space to awhi them along the way, and embracing a te ao Māori path to oranga. The responses highlighted the absolute importance of mana motuhake, providing guidance alongside the needs of the person seeking help, their whānau, and their community. Kaimahi will allow time for whakawhanaungatanga and let the journey move forward authentically, always encouraging ways to reduce harm along the way. Among the responses presented in figure 14, the majority of respondents talked about a Māori approach grounded through tika, pono, and aroha. The key themes that emerged from their responses were:



Figure 14. Kaimahi responses about a mana enhancing approach

*Cultural Sensitivity and Inclusivity:*

- Incorporating Māori cultural practices, language, and traditions.
- Recognising the importance of whakapapa, whānau, and ancestral connections.
- Emphasising cultural fluency, tikanga Māori, and te reo Māori.
- Addressing colonialism and sharing indigenous resources.

*Empowerment and Person-centred Approaches:*

- Supporting people to make informed choices about substance use.
- Recognising the strengths and potential of individuals and whānau.
- Encouraging self-determination and autonomy in the recovery journey.
- Person-centred goal setting and decision-making.

*Holistic Well-being and Harm Reduction:*

- Promoting overall well-being, including physical, mental, emotional, and spiritual health.
- Focusing on harm reduction strategies and minimising negative consequences.
- Acknowledging addiction as a symptom of trauma or distress.
- Providing holistic care and addressing the whole person.

*Whānau-Centred Approaches:*

- Recognising the importance of whānau in the recovery process.
- Involving whānau in goal setting, planning, and support services.
- Whānau-driven practices and acknowledging the role of whānau in care.
- Building and sustaining relationships with whānau members.

*Leadership, Knowledge, and Training:*

- Focusing on leadership and knowledge development.

- Utilising lived experiences and aligning with cultural models.
- Seeking continuous improvement through training and development.
- Acknowledging the importance of having a Māori workforce.

*Community Engagement and Action:*

- Mobilising communities to address alcohol and drug-related harm.
- Providing community outreach and drop-in places for support.
- Involving communities in education around substance use.

*Informed Care:*

- Recognising AOD as a symptom and addressing its causes.
- Providing people-informed care and support.

*Respectful and Non-Judgmental Approaches:*

- Creating open and safe spaces for non-judgmental conversations.
- Respecting boundaries and acknowledging the expertise of people.
- Approaching whānau with unconditional positive regard.

*Whakawhanaungatanga and Relationships:*

- Building and maintaining respectful relationships.
- Practicing whakawhanaungatanga and connecting with people and their whānau.
- Recognising the importance of relationship-building and rapport.

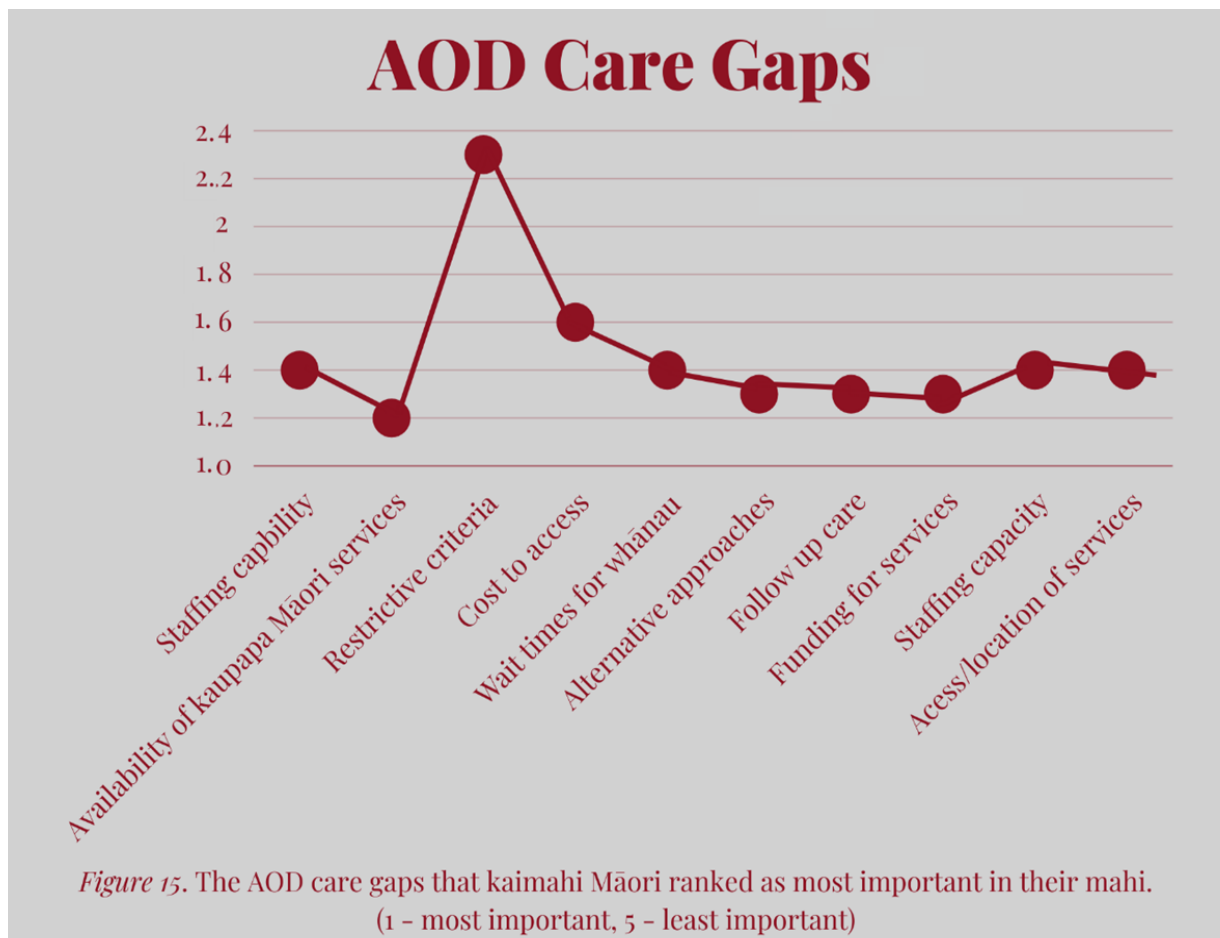
*Mātauranga and Cultural Practices:*

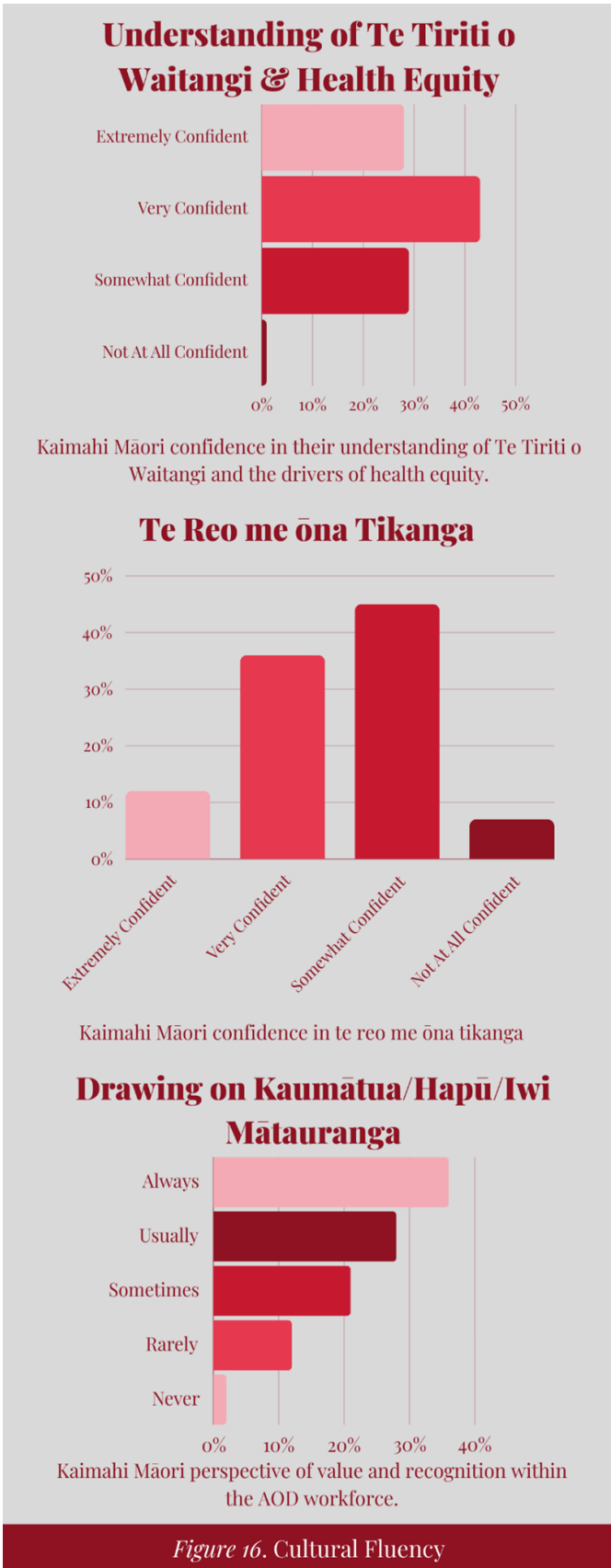
- Incorporating mātauranga in practice and decision-making.
- Using traditional rituals such as karakia, waiata, and kapa haka.

The themes highlight the holistic, cultural, and community-oriented approaches that are prevalent in the provided feedback. The emphasis on empowerment, inclusivity, and community engagement reflects a comprehensive strategy for addressing AOD challenges in the Māori context.



Kaimahi Māori were asked to rank AOD care gaps from 1 (most important) to 5 (least important) and the results below represent the weighted average, where respondents thought all care gaps are important. Kaimahi feel the availability of kaupapa services and follow up care are the most important gaps for whānau accessing services, while restrictive criteria appear to be the least important in the current workforce environment.





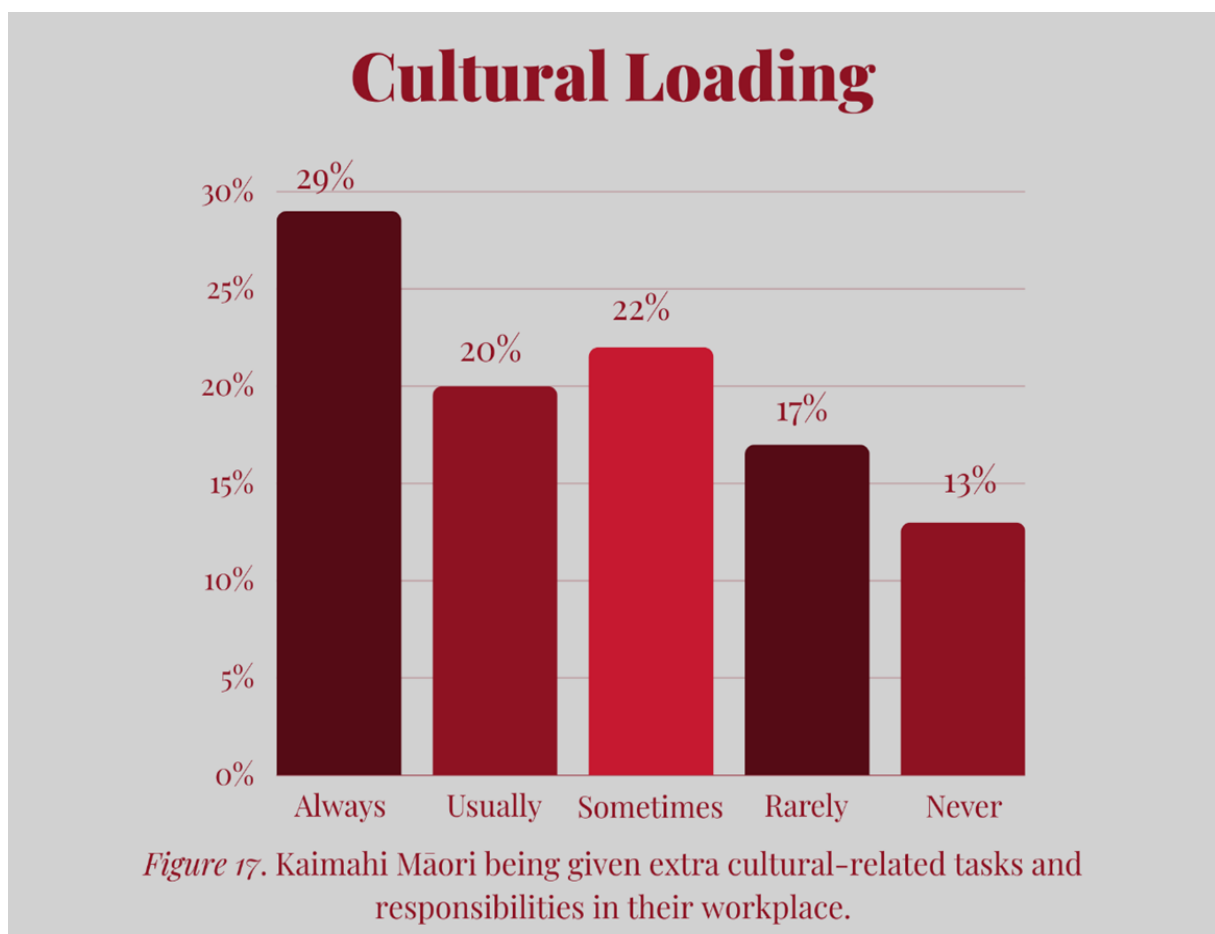
*Mātauranga me ngā tikanga – Cultural Fluency*

This section asked respondents about cultural fluency. It is clear that almost all respondents aside from one person have some confidence in their understanding of Te Tiriti o Waitangi, with 43% of respondents saying that they are very confident.

The results for kaimahi Māori confidence in te reo me ōna tikanga show 45% feel somewhat confident and 7% are not at all confident.

The majority of kaimahi (85%) draw on mātauranga from local kaumātua, hapū, and iwi at least some of the time, with the highest number of respondents (36%) always incorporating this into their mahi, while a low number of 2% do not.

This year's survey included a question about cultural loading, which refers to extra cultural-related tasks and responsibilities given to kaimahi that are outside of their position description. Figure 17 below shows that most respondents have been given extra cultural-related tasks and responsibilities in their workplace, with 29% experiencing this all of the time, and only 13% that have never experienced any form of cultural loading.







### *Moemoeā – Dreams or Aspirations*

Whare Tukutuku wanted to hear the future dreams and visions of kaimahi for the alcohol and other drug workforce in five years time. A common aspiration among kaimahi is the reduction in the need for AOD services and therefore AOD kaimahi. They hope that the future will have more focus on prevention, education, and harm reduction. Kaimahi want lived experience to be acknowledged in the workforce, reducing qualification barriers to entry, and further recognising a wānanga style of learning. Kaimahi continue to voice the need for less restrictive contracts, more funding for kaupapa Māori and alternative service models, and freedom for services to operate in a way that best suits them and the whānau they serve.

Ultimately, the Māori AOD workforce aspire for whānau, hāpori, hapū, and iwi to be able to self-manage and exercise mana motuhake. They wish for a by Māori for Māori approach with indigenous owned and operated kaupapa, an AOD workforce that honours Te Tiriti o Waitangi, and a workforce that is well-versed in mātauranga. Many kaimahi Māori stated the way forward is for the AOD workforce to come in together in kotahitanga, to support one another, and to apply more community empowerment models.

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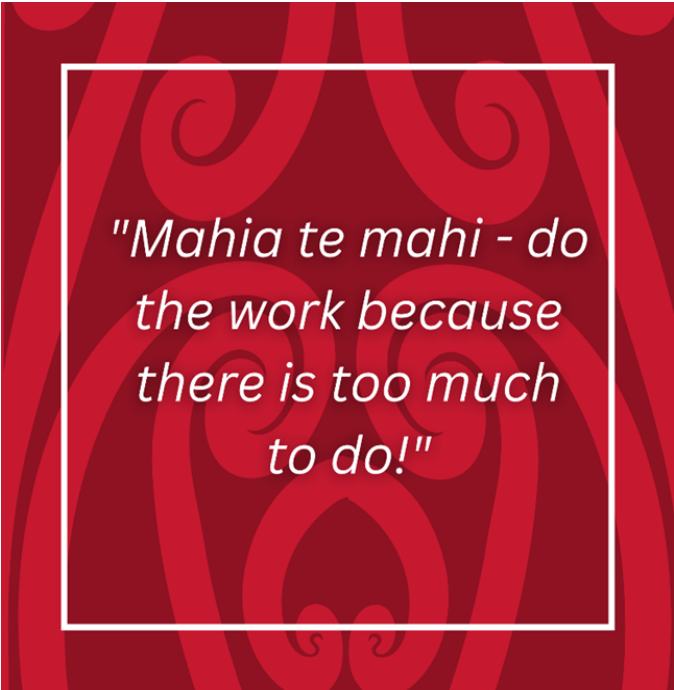
### *Additional survey whakaaro*

The survey finished with an invitation for kaimahi to express any additional thoughts. Comments largely mirrored views expressed throughout the survey reinforcing key points previously made. The prominent barrier identified is the geographical location of services, which significantly hinder whānau access to AOD treatment and care. Kaimahi Māori advocate for more flaxroots services in smaller rohe.

A unified workforce, kotahitanga, is seen as important for collective strength, with an emphasis on leadership. It was suggested that the Māori Practitioners Peak Body include representation from iwi. They also talked about regular Māori AOD workforce gatherings for discussions, including kōrero about leadership and successful solutions to reduce AOD harms. Additional insights highlight the crucial need to recognise Fetal Alcohol Spectrum Disorder (FASD) as a concern, currently categorised as a disability.

Kaimahi expressed gratitude to Paraire Huata, acknowledging him as an outstanding Māori leader with tino mātauranga in the AOD sector. Appreciation was extended to Te Rau Ora for instilling belief and support for Māori AOD workforce pathways. Ultimately, it is evident that the Māori AOD workforce is deeply dedicated. It is clear they are passionate, committed to the future, and open to doing things differently. Kaimahi are engaged in continuous learning and a holistic approach that incorporates who they are and the communities they mahi in, they do this because they care:

*[We] don't get paid enough but I don't care because I love it.*



*"Mahia te mahi - do the work because there is too much to do!"*

Despite the challenges both kaimahi and whānau are experiencing within the AOD workforce, at the end of the day they are just keen to get on with the job at hand:

*Mahia te mahi – do the work because there is too much to do.*

## Interview Findings

Te Wai Taramea 2023 conducted semi-structured interviews to enhance the survey findings and gather a more in-depth insight into the Māori AOD workforce. Six kaimahi Māori from across Aotearoa completed an interview. They have worked in the AOD space for a range of years in roles such as counsellors, practitioners, managers and other leadership roles. The kōrero included a discussion around concerns for the workforce, Māori approaches to care, leadership, workforce pathways, cultural loading, and moemoeā for the AOD workforce.

### *Concerns for the AOD workforce*

The interview pātai gathered insights from kaimahi Māori about some current concerns they experience that they would like to see addressed. The kōrero generated a range of challenges, and include a lack of care available to whānau, staffing capacity, reinventing the wheel, and the impacts that these have on whānau trying to access help.

Whānau try to access AOD care, however, there are a number of barriers that make this difficult. For instance, contract criteria and staffing capacity challenges make it difficult for services to take whānau:

*We have got people that don't fit our criteria but we're struggling to get them into more moderate to severe services...And people keep coming back to us and they're going around and around...no one will take them. (kōrero tahi)*

*Everything, the transport, actually getting them into services, stupid criteria that shouldn't even be a thing anymore, but it is. (kōrero rima)*

A big concern that was discussed throughout the kōrero is the way the system continues to do things the same way, despite it not working for people. Part of the challenge is leadership and management roles are occupied by the same person for many years, who often struggles with being open to change:

*Nothing's changed in the 30 years that I've been [in the space], it's still the same, same people...the only difference...now is that there are fewer residential treatment options, they closed heaps of them. (kōrero rua)*

*Concerns me most I think is just a lack of kind of movement, lack of innovation, lack of trying different things...one of the concerning parts is the way that the kind of people who have been in influential positions for the last 10, 20, 30 years still are... (kōrero rua)*

A key message that has consistently come through Whare Tukutuku insight gathering, and Te Wai Taramea 2023 are resource and staffing capacity challenges:

*The sector is massively under resourced within teams, we're clearly not resourced to be able to provide what we need to provide. (kōrero wha)*

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A further concern refers to the future generation of pēpi, that are born into families with methamphetamine challenges:

*But I wonder if we are remotely ready for the swarm of methamphetamine babies that are coming. And I wonder how we're going to, as an AOD sector, support and work with that when it comes time. (kōrero ono)*

#### *Māori approaches to AOD care*

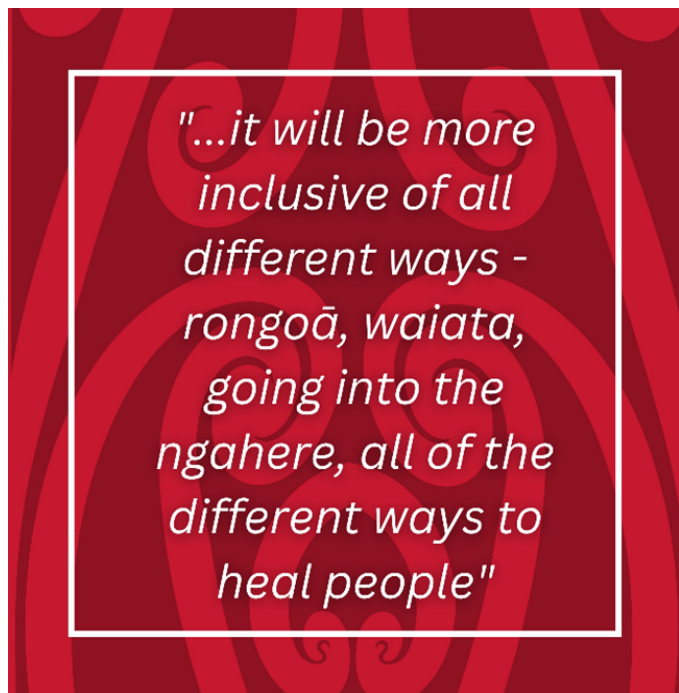
A further key theme that has been discussed by kaimahi is the need for Māori approaches to AOD care, that better suit whānau who have AOD challenges. It is important to gather insights from kaimahi Māori around what this might look like in their mahi and how they might be able to implement it. The kōrero reaffirmed that it is difficult to work in a Māori way within a non-Māori system, and to move closer to Māori care approaches we need to include the voices of kaimahi, whānau and hapori Māori.

Many of the kaimahi talked about needing to alter the way contracts are audited, to allow a Māori way of working:

*If it is a Māori service it is cool to have a Māori kaupapa. The trouble is, they're still dictated by non-Māori systems and audited in a Pākehā way. (kōrero tahi)*

In shifting to Māori approaches of care, it is important to include whānau and hapori, in particular those that are dealing with AOD challenges:

*I think by creating our own again...What it will look like I can't say because it would be too prescriptive. We need to go through a process of bringing people into the tent. (kōrero rua)*



*...it will be more inclusive of all different ways – rongoā, waiata, going into the ngahere, all of the different ways that people heal. (kōrero rua)*

Furthermore, it is difficult to work in a Māori way with whānau when the spaces kaimahi Māori are occupying are non-Māori, with little resource and time to change this:

*...we don't have culturally appropriate space, we don't have any discussion about getting some toi Māori or things to kit out our spaces...they forget that actually like a major part of engagement and feeling safe in a space and people wanting to be welcome in, in secondary setting is that stuff. (kōrero wha)*

*...I think our boss, our team lead is very much pushing us to do that sort of mahi [Māori practices] but I do know that there's a lot of team leads or CE's out there who aren't very supporting of their team changing the way they're supporting whānau... (kōrero rima)*

#### *Māori Practitioners Peak Body*

Whare Tukutuku have hosted hui in the past two years where kaimahi Māori have voiced their want and need for a Māori Practitioners Peak Body. This kōrero has been spoken about over many years but only recently have Whare Tukutuku taken up the wero to scope what this might look like. There are currently many associations that kaimahi are members of, so we are interested to hear how a Māori Practitioners Peak Body might be different to current associations from those interviewed.

A clear message that was highlighted in all of the interviews was an overarching ao Māori lens that a Māori Practitioners Peak Body would provide:

*It would look different because it would be indigenised and have an indigenous lens... Its about being able to do that [work in a Māori way] without having to justify ourselves. (kōrero tahi)*

Further whakaaro talked about being more inclusive and innovative around the workforce:

*We would be as narrow in view about what constitutes an alcohol and drug worker. (kōrero rua)*

The association would organise Māori-specific wānanga for the AOD workforce and ensure the right leadership is guiding the kaupapa:

*They would be in charge of organising our wānanga together and however that may look, they would be in charge of ensuring that there is a cross sector of representation that sit on whoever is that peak body, they would ensure that it's a fair process... (kōrero toru)*

It is clear there needs to be change, including at leadership level, and while one kōrero was optimistic about a new innovative idea, a second kōrero was hesitant that we might be reinventing a wheel, which may end up being challenging for Māori:

*I think any type of improvement for anybody is good and change happens all the time...leadership and management need to keep changing because they need to keep improving. (kōrero rima)*

*Are we providing options or are we duplicating? (kōrero wha)*



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### *Cultural loading*

Cultural loading is a relatively new terminology that refers to kaimahi Māori being given extra cultural-related tasks that are not within their job description, including karakia, kōrero, and waiata to name a few. All of the kaimahi interviewed had experienced this at some time of their career, but only a few had heard of the term cultural loading. It appears that this experience is normal for kaimahi and they often just do it due to no one else appropriate being available. Because some of the kaimahi interviewed had only worked in kaupapa Māori services, they had not experienced as much as those who had worked in non-kaupapa environments.

Often there was an obligation to accept the task as there was no-one else appropriate to do so:

*If I don't get up and speak am I going to be happy with a non-Māori getting up and speaking? (kōrero tahi)*

*Personally, I don't see it as a big deal when it was happening to me because there wasn't sort of an alternative. (kōrero rua)*

Those who were in more senior positions thought they had the authority to protect themselves from cultural loading, but understood that more junior staff might not be able to:

*I made it really clear that I'm not doing that...but remember, I was always in a senior position so when we have staff that aren't in those positions, they wouldn't have the power to push back. (kōrero toru)*

And, kaimahi Māori have become used to cultural loading:

*As a Māori [worker] it's not something you can avoid, it's always coming for you. (kōrero whā)*



### Workforce pathways

A major concern across the workforce is staffing capacity challenges, the need for more care options for whānau and therefore more kaimahi Māori. A more innovative workforce and a different approach to AOD care also adds to the kōrero about staffing capacity. We need to think about the emerging workforce and how we can better use our current resources across the health and social spaces.

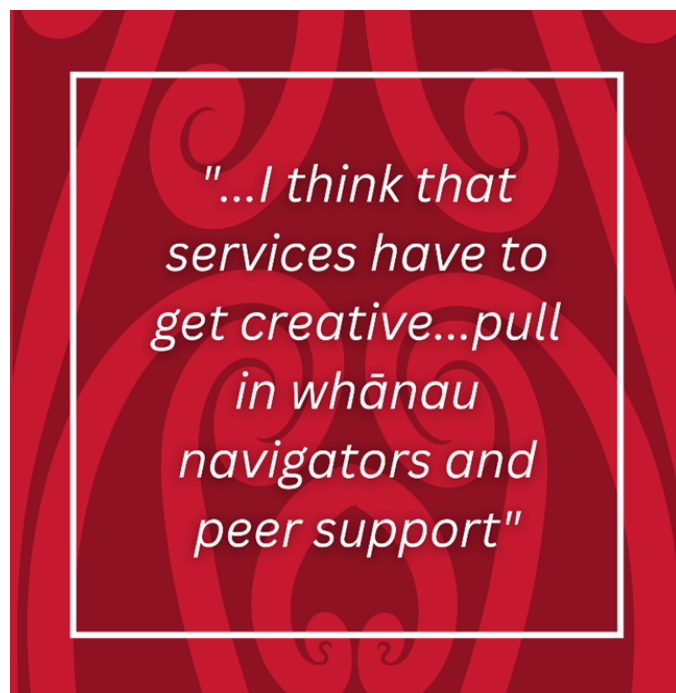
Whare Tukutuku talk about the emerging workforce, which includes whānau supporting whānau and insight gathering has supported this highlighting the importance of lived experience whānau. Although Te Wai Taramea interview kōrero supported this, there are some challenges about how to best support lived experience whānau in this space:

*...if we have people in lived experience and they've come from convictions or quite hard backgrounds, how do we look after them and how we do nurture them in the space...? (kōrero tahi)*

A big challenge for the AOD workforce is encouraging people to enter this type of mahi:

*How do we encourage people to take it up as a profession and that's a really hard one because to get involved in the helping part of it as a career choice isn't that attractive to a lot of people. (kōrero rua)*

*But I think just like educating our ones who are coming through the education system at the moment, but also like just putting it out there that working in alcohol and drugs isn't actually a bad thing. (kōrero rima)*



An innovative way to help address staffing capacity and resources is to educate other professions across the health, social and justice spaces, so they are able to have basic kōrero about alcohol and other drugs:

*How do we give as many allied kind of profession workers the skills they need to confidently ask questions about alcohol and drug use, and then refer when appropriate? (kōrero rua)*

Kaimahi outside of the AOD workforce itself are likely to engage with whānau that have alcohol and other drug challenges before and more often than AOD clinicians:

*I think that services have to get creative...pull in whānau navigators and peer support. And as the case worker, can just concentrate fully on the AOD work with the tangata whaiora and the whānau navigator was able to do other stuff. (kōrero toru)*

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A further challenge within the AOD workforce is resource and in particular FTE funding rates for services. The funding inequity between Māori NGOs, non-Māori NGOs, and Te Whatu Ora services has created a competitive recruitment environment:

*People work in sewers for the right money, I'm sure we can convince people to have discussions and do audit screens with people with drug and alcohol problems if we paid them the right money. (kōrero wha)*

#### Moemoeā

The interview kōrero ended by gathering the moemoeā, dreams or visions for a future AOD workforce. The kaimahi interviewed aspire to have less barriers with easier access to care, including location and the type of care options available. There is hope that there will be a reduction in stigma surrounding alcohol and other drugs, and it will be treated as a health matter rather than a criminal justice issue:

*Alcohol and other drug problems are almost normalised, like oh well just another thing that people have, most people can get help from going to see a GP or some online resources or something in the community. (kōrero rua)*

Kaimahi Māori want to empower whānau, hapū, and iwi to be able to support and look after their own:

*I think we have to look at self-sufficient communities...including [addressing] kai, poverty...communities looking after themselves. (kōrero tahi)*

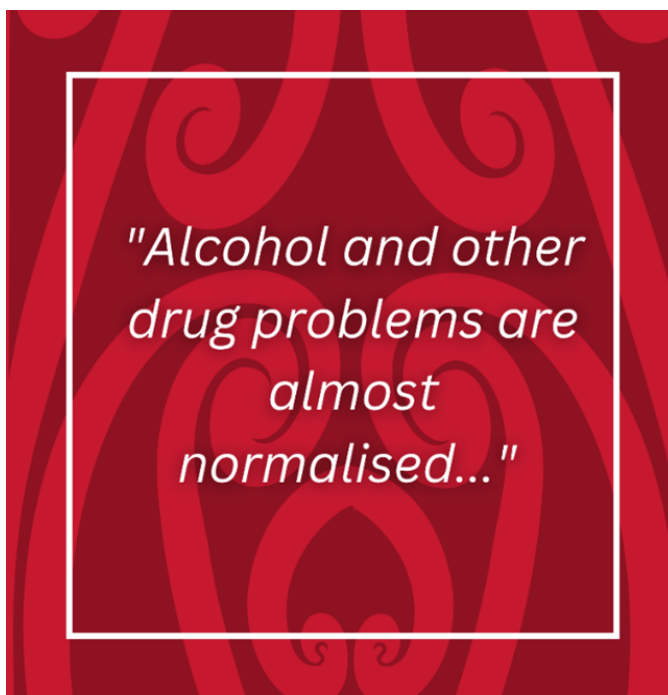
They wish to increase the number of services and improve their locality:

*In an ideal world for me, firstly it wouldn't matter if you were in Bluff or Kaitia or anywhere in between, you would have access to...majority of the services, rather than it being reliant on where you are which sucks. (kōrero rua)*

Again, reducing the barriers to accessing care through improving resourcing and funding of services:

*Enough staff in the specialised areas and non-specialised, no wait lists, and adequate funding models to support tangata whaiora from free entry to continuing care. (kōrero toru)*

*I'll brief intervention with someone in the supermarket and not then come around to the checkout and go, "can you buy my kai because I did that". Yeah, we shouldn't have to worry about how we're going to fund these things for our people. (kōrero ono)*

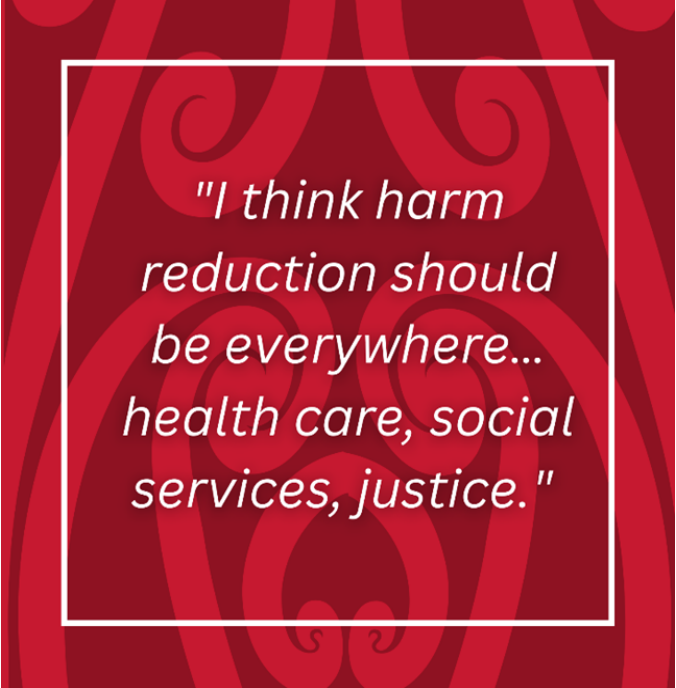




A change in the approach to how all systems operate, moving to a harm reduction model:

*I think harm reduction should be everywhere...health care, social services, justice. (kōrero wha)*

The ultimate moemoeā for majority of kaimahi are that their services and expertise will no longer be needed. It is likely there will always be a need for AOD care throughout Aotearoa, but it is hoped that the demand will reduce and whānau, hapū, and iwi will eventually be able to provide AOD care themselves, within their own rohe, in their own way.



*"I think harm  
reduction should  
be everywhere...  
health care, social  
services, justice."*

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## Te Wai Taramea Report Summary

Te Wai Taramea 2023 re-evaluated the Māori AOD workforce to gather up-to-date insights about kaimahi experiences and needs to continue working to improve health equity. The survey and interview results have reaffirmed the findings from Te Wai Taramea 2022. There have been some new insights to build on the previous kōrero, in particular within the interview data. Kaimahi appear to be more challenging in their insights, offering stronger perspectives, and a sense of togetherness has emerged after gatherings over the last two years. This has strengthened connections within the Māori AOD workforce. The 2023 report affirms the ongoing need for better and different care throughout Aotearoa and that kaimahi continue to support a Māori approach to the way they work with whānau experiencing AOD challenges.

The demographic data of Te Wai Taramea 2023 respondents is very similar to that of Te Wai Taramea 2022 even though 69% of respondents did not complete last year's survey. Kaimahi talked about the high number of full-time AOD jobs available, which contributed to their pathway into the workforce. This may be associated with the high number of new respondents that did not fill out last year's survey. This year the highest representation was from kaimahi Māori that work in the Tāmaki region (15%), whereas last year's largest representation was from Te Arawa Waka (10%). There was a much larger number representing Te Moana o Raukawa in this year's survey with 14% working in that region. The age range of kaimahi and gender are almost identical to last year's survey, with majority of the participants identifying as wāhine and aged 45-59. It appears there has been little movement in the number of young people entering the workforce and older people exiting the workforce. This is evident in the amount of time kaimahi have been employed in the workforce, with an increase of 3% for new entrants since 2022 and 1% decrease for those that have been employed for more than 10 years. Staffing challenges are not being met as there are not enough new kaimahi entering employment to sustain the AOD workforce.



The Māori AOD workforce appear to be very qualified, with many respondents completing certificates, diplomas, bachelor's and postgraduate study. The 2023 findings reveal a decrease in the number of postgraduate qualifications and an increase in certificates/diplomas. This indicates that a different group of kaimahi responded to this year's survey, which correlates with the 69% of new people that participated. It also signals that the high need for kaimahi that are qualified in specialty, co-existing complex care is not being met, which results in whānau who are at the highest end of their drug use not receiving awahi. An equal number of respondents were aware and unaware of Te Rau Ora training opportunities, suggesting there may need to be a wider reach during promotion. Over half of the respondents have not received pūtea to support their study, which is consistent with the findings from the 2022 report and is interesting considering many respondents stated funding for study and/or training would be helpful. It is great to see that 55% of those who have received pūtea for their study have been supported by Te Rau Ora.

Majority of kaimahi Māori work at an organisation that provides AOD-specific care and over half of those receive AOD-specific funding. Over half of the respondents feel addictions best describes the area that they mahi in, with majority of those a Māori practitioner. There was a change in kaimahi perspective of their salary reflecting their contribution with the highest number (31%) of respondents disagreeing with this statement, whereas in 2022 majority agreed their salary reflected their contribution. This correlates with kaimahi pathways into the workforce, which shows 66% entered this mahi due to passion/interest and 61% because they have lived experience. It is clear people do not choose this area of employment for the pūtea and it lacks resource to remunerate kaimahi for their important roles in the health system.

Kaimahi continue to be concerned about the barriers to access for whānau seeking AOD support and care, including the number of services available. There has been a lack of change in the AOD space for over 30 years and there is an urgent need for innovation, new leadership, and flexibility to do things differently. Over the past two years, kōrero about a Māori Practitioners Peak Body has re-entered the AOD workforce. There is overwhelming support for this, to provide an indigenous ao Māori association that will support and guide kaimahi Māori from a tikanga perspective. There is some apprehension among respondents who would like to know more about this idea and raised a question about if we are duplicating what is currently available, for example Dapaanz.

Kaimahi are very confident in their understanding of Te Tiriti o Waitangi and the drivers of health equity. There is strong support for a Māori way of working and Māori approaches that are grounded in tika, pono, and aroha. The survey found that nearly half of the respondents (45%) are only somewhat confident in their understanding of te reo me ōna tikanga. This shows there is some work to do to ensure kaimahi are culturally capable to better engage with whānau Māori. Twenty nine percent of respondents always experience cultural loading in their workplace, with only 13% never given extra cultural-related tasks. Kaimahi feel it is expected that you will experience cultural loading in the workplace, and they feel responsible to ensure that cultural-related tasks are done correctly.



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Staffing capacity and resource continues to be a major challenge within the AOD workforce. Kaimahi Māori feel we can be more innovative in this space, to utilise the wider workforce, for example Whānau Ora kaimahi, to upskill their knowledge in basic alcohol and other drug information. A surprise finding from this year's survey is respondents' perspective that it was less important for kaimahi to have lived experience as a skill to enhance their mahi. This is the opposite whakaaro to our previous insight gathering, and the findings throughout this report. Respondents have expressed their moemoeā for kaimahi to have lived experience, 61% of participants entered this mahi as a result of their lived experience, and the interview kōrero highlighted the importance of lived experience in the workforce. This maybe a reflection of the way lived experience is being expressed in the broader workforce space.

It will continue to be difficult to encourage whānau into the AOD workforce with restrictive contracts and a lack of funding to remunerate kaimahi at equal levels as non-Māori services. To encourage whānau into the workforce, activities need to be focused on targeting those with passion, interest and lived experience of AOD. Kaimahi Māori feel the government need to be more open and supportive of a Māori way of working and allow Māori the flexibility to provide their own care. Unfortunately, this appears to be a difficult battle within the current political environment and kotahitanga among the Māori AOD workforce is more important now than ever.

Consistent with Te Wai Taremea 2022, kaimahi Māori have a vision for a future Aotearoa that is free from AOD harms, the need for services is reduced, and whānau, hapū and iwi Māori are able to take care of their own people. A key message that was highlighted was the hope for more innovation within the AOD workforce and a change in the way we do things, which requires amendments across all of the systems and structures that impact doing it better and different. Ultimately, the Māori AOD workforce want mana motuhake, a system that honours Te Tiriti o Waitangi, Māori owned and operated kaupapa, and kotahitanga.



*"...we spent a lot of time in the past 10 years trying to prove to the sector that we have a good effect on our people...we already know that because we've been doing this for hundreds of years."*

*I think we spend a lot of time in the past 10 years trying to prove to the sector that we have a good effect on our people. I think we already know that because we've been doing this for hundreds of years. (kōrero ono)*

### Key findings from survey and interview respondents

*Consistency in Demographic Data:* The demographic data of respondents in Te Wai Taremea 2023 remains similar to the previous year, showcasing stability despite a considerable number of new respondents. This includes the representation of regions and demographics such as age and gender.

*Qualifications Shift:* There is a noticeable shift in the qualifications of respondents, with a decrease in postgraduate qualifications and an increase in certificate/diplomas. This suggests a different group of kaimahi participated, possibly linked to the number of new respondents.

*Staffing Challenges:* Staffing capacity and resource remain significant challenges within the AOD workforce. There is a call for innovative solutions, including upskilling whānau and kaimahi in basic AOD information and education to address capacity issues.

*Importance of Lived Experience:* Despite a surprising finding that perceived lived experience is less important as a skill, the majority of respondents entered the workforce due to passion/interest and personal experience. This highlights a potential shift in the broader workforce perspective on how lived experience is being used and understood in the term.

*Vision for the Future:* Kaimahi Māori envision a future Aotearoa free from AOD harms, emphasising the need for innovation and structural change. There is a call for a Māori-owned and operated kaupapa, kotahitanga, and a system that honours Te Tiriti o Waitangi.



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## Key recommendations

*Targeted Recruitment:* Encourage activities focused on attracting people with passion, interest, and lived experience to increase the workforce. This is crucial for addressing staffing challenges and diversifying the workforce.

*Innovation and Flexibility:* Urgently foster innovation, new leadership, and flexibility within the AOD workforce to address ongoing challenges. This includes exploring new approaches to care and leadership dynamics.

*Māori Practitioners Peak Body:* Continue exploration and engagement regarding the establishment of a Māori Practitioners Peak Body. Despite some apprehension, there is overwhelming support for an association to guide kaimahi Māori from a tikanga perspective.

*Cultural Fluency Development:* Provide further workforce development opportunities to enhance existing kaimahi confidence in te reo me ōna tikanga. This includes addressing the need for cultural development, to better connect with whānau Māori needing care.

*Advocacy for Resources:* Continue advocating for better funding, resources, and salaries to recognise and remunerate kaimahi Māori adequately for their significant contributions within the AOD workforce.

*Whānau Engagement:* Focus on encouraging whānau into the AOD workforce through targeted activities, acknowledging the importance of passion, interest, and lived experience. Advocate for more openness and support from the government for a Māori way of working.

*Cultural Loading Awareness:* Address the prevalent cultural loading kaimahi experience by creating awareness and exploring ways to distribute and value cultural-related tasks more equitably.

*Lived Experience Inclusion:* Despite the shift in perceived importance, continue to emphasise the significance of lived experience in the workforce. Explore ways to include lived experience effectively and recognise its value.

*Vision for the Future:* Align strategies and initiatives with the shared vision of the Māori AOD workforce for a future Aotearoa free from AOD harms. Support innovation and systemic changes that align with Māori principles and values.

## Whakamutunga – Conclusion

Te Wai Taramea 2023 provides a deeper understanding of the Māori Alcohol and Other Drug (AOD) workforce, building upon insights from the previous year. The report highlights a strengthened sense of togetherness among kaimahi, emphasising the ongoing desire for a Māori-led, culturally focused approach to AOD care. While demographic data is consistent with 2022, challenges in kaimahi capacity remain, and require urgent attention.

The Māori AOD workforce envisions an Aotearoa free from AOD harms, emphasising a need to grow whānau supporting whānau as a workforce. The call for innovation and system change reinforces the need for mana motuhake, honouring Te Tiriti o Waitangi, Māori-owned kaupapa, and kotahitanga. The challenges and aspirations support ongoing dialogue and collaborative efforts to transform the AOD workforce to better align with Māori values and the priorities outlined in Pae Tū: Hauora Māori Health Strategy 2023.

Whare Tukutuku firmly believes that Māori do have the solutions to some of the challenges outlined in this report. Every door that whānau ends up at is an opportunity to whakamana who they are. Whānau deserve to receive care in a way that is meaningful to them and supports their journey to wellness.

*Toitū te whenua, toitū te mana, toitū te mauri ora*



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## Kuputaka – Glossary

Aroha	To love, feel compassion, empathise
Ārohi	To look for, findings
Awhi	Support
Hakihea	December
Hapori	Community
Hapū	Subtribe
Hauora	Health
Hui	To gather
Hunga mahi whanake	Workforce development
Ihirangi	Content
Iwi	Tribe
Kai	Food
Kaimahi	Employee
Kapa Haka	Māori cultural group
Karakia	Recite a ritual, chant or prayer
Kaumātua	Elder
Kaupapa	Initiative
Kōrero	Discussion
Kotahitanga	Unity, togetherness
Mahi	To work
Mana	Prestige, spiritual power, influence
Mana motuhake	Autonomy
Mātauranga	Knowledge
Moemoeā	Dream or vision
Ngahere	Bush, forrest
Ono	Six
Oranga	Health, wellness
Pātai	Question
Pono	To be true
Pūtea	Funds, money
Rangatahi	Youth
Rangatira	Leader, chief, to be of high rank
Rima	Five
Rohe	Region
Rongoā	Traditional healing system of Māori
Rua	Two
Roopū	Group, association
Tahi	One



Takatāpui	Intimate companion of the same sex
Tangata whai ora	A person seeking health
Te Ao Māori	Māori worldview
Tika	To be correct
Tikanga	Custom, correct procedure
Tino rangatiratanga	Self-determination
Toi Māori	Māori arts
Toru	Three
Wāhine	Women
Waiata	To sing, song
Wānanga	To gather and discuss
Wero	Challenge
Whā	Four
Whakaaro	Opinion or understanding
Whakamana	To empower
Whakamutunga	Ending
Whakapapa	Genealogy
Whakatakinga	Introduction
Whakataukī	Proverb
Whakawhanaungatanga	Relationship, kinship
Whānau	Family group, extended family

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**Appendix 1. Te Wai Tareamea 2023 AOD Workforce Survey Pātai****Nō hea, ko wai koe?**

1. He aha to ingoa (name)?
2. Do you have Māori whakapapa? [If no, exited from the survey]
  - Āe (yes)
  - Kao (no)
3. He aha ō iwi (iwi affiliations)?
4. Which rohe (region) do you mahi in?
5. E hia ō tau? (age)
  - 15-29
  - 30-44
  - 45-59
  - 60-64
  - 65+
6. Do you identify as?
  - Wahine (female)
  - Tāne (male)
  - Takatāpui
  - Transgender
  - Intersex
  - Non-binary
  - Prefer not to say
  - Other (please specify)
7. Did you complete Te Wai Tareamea Workforce survey in 2022?
  - Āe (yes)
  - Kao (no)
  - Pea (maybe)

**Ngā Pūkenga Mahi/Mātauranga – Experience and Education**

8. What led you to enter the alcohol and other drug workforce? Please select all that apply.
  - Passion/Interest
  - Lived experience
  - Study pathways
  - Other (please explain)

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9. What AOD study and/or training have you completed that is relevant to your mahi? Please select all that apply.

- Te Taketake
- Te Ngaru Learning System
- Te Reo Akoranga
- Certificate/Diploma
- Undergraduate (Bachelors)
- Postgraduate Rongoā Māori
- (Masters, PhD)
- Wānanga
- Other (please explain)

10. Are you aware OR have you heard about Te Rau Ora study and/or training opportunities?

- Āe (yes)
- Kao (no)
- Pea (maybe)

11. Have you received any scholarships/grants/pūtea to support your study and/or training?

- Āe (yes)
- Kao (no)
- Pea (maybe)

12. Was it through any of the following? Please select all that apply.

- Te Whatu Ora (DHB)
- Hapū/Iwi
- Kia Ora Hauora
- Ministry of Health
- University/Polytech
- Te Rau Ora
- Other (please specify)

### **Mahi - Work**

13. How long have you been employed in the AOD workforce?

- Less than a year
- 1-5 years
- 5-10 years
- More than 10 years

14. Does your service, group, or organisation provide AOD care to whānau?

- Āe (yes)
- Kao (no)
- Pea (maybe)

15. Does your service, group, or organisation receive AOD funding to provide this care to whānau?
- Āe (yes)
  - Kao (no)
  - Pea (maybe)
  - Is there anything you would like to add about pūtea?
16. Which of the following best describes the area that you mahi in?
- Addictions
  - Counselling
  - Harm Reduction
  - Medicine
  - Nursing
  - Occupational Therapy
  - Psychiatry
  - Psychology
  - Psychotherapy
  - Social Work
  - Other (please explain)
17. Which occupation best describes the mahi that you do with whānau?
- Administrator
  - Assessment/Admissions
  - Clinical/Team lead
  - Community support worker
  - Educator/Health Promoter
  - Informal Whānau Support
  - Kaumātua/Tikanga/Cultural Advisor
  - Māori Practitioner
  - Medical Officer
  - Peer support/Lived Experience Role
  - Researcher
  - Whānau Ora Worker
  - Supervisor
  - Youth support worker
  - Other (please explain)
18. As someone working within the AOD workforce, do feel that your salary reflects your contribution?
- Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree

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19. In your opinion, which of the following factors have the most impact on the alcohol and other drug workforce? Please rank each option from very impactful (1) to not impactful (5).

- Staff burnout
- Stress
- Health and safety concerns
- Staffing capacity
- Funding
- Overly prescriptive contracts
- Staffing shortages
- Ageing workforce
- Cultural support
- Leadership
- Lack of safety/capability

20. Are you a member of a professional association or peak body?

- Āe (yes)
- Kao (no)
- Pea (maybe)

21. Which of the following associations are you a member of?

- Ngā Pou Mana (Allied Health)
- Drug and Alcohol Practitioner's Association Aotearoa New Zealand (DAPAANZ)
- Te Roopu Kaiwhiriwhiri o Aotearoa (New Zealand Association of Counsellors)
- Te Ora (Māori Medical Practitioners)
- Te Kaunihera o Ngā Neehi Māori o Aotearoa (National Council of Māori Nurses)
- Te Ao Māramatanga (New Zealand College of Mental Health Nurse Inc)
- Royal Australia & New Zealand College of Psychiatrists (RANZCP)
- He Paiaka Tōtara (Māori Psychologists)
- Rōpū Mātai Hinengaro o Aotearoa (New Zealand Psychologist Society)
- Waka Oranga (National Collective of Māori Psychotherapy Practitioners)
- Te Rōpū Whakaora Hinengaro (New Zealand Association of Psychotherapists)
- Te Rōpū Tauwhiro i Aotearoa (New Zealand Association of Social Workers)
- Other (please explain)

22. What support and guidance would you hope to gain from a Māori Practitioners Peak Body?

23. What development opportunities would enhance your ability as a kaimahi?

- Leadership opportunities
- Research/Training opportunities
- Opportunities to wānanga and gain mātauranga
- Other (please explain)

24. Briefly describe what a mana enhancing approach to addressing alcohol and other harm looks like in your mahi.

25. How important are the following skills in the mahi that you do? Please rank each option from very important (1) to not important (5).

- Understanding of Tikanga Māori (aroha, manaaki, and whanaungatanga)
- Pathway planning (guiding whānau to oranga)
- Managing unpredictable situations
- Holding a relevant health qualification
- Understanding a mana enhancing approach
- Having lived experience
- Having access to cultural/clinical supervision

26. Please rank each of the following AOD care gaps from very important (1) to not important (5).

- Access/location of services
- Staffing capacity
- Funding for services
- Follow up care
- Alternative approaches (rongoā Māori, therapeutic retreats)
- Wait times for whānau
- Cost to access
- Restrictive criteria
- Availability of kaupapa Māori services
- Staffing capability

### **Mātauranga me ngā tikanga Māori – Cultural fluency**

27. How confident are you in understanding Te Tiriti o Waitangi and the drivers of health equity?

- Extremely confident
- Very confident
- Somewhat confident
- Not at all confident

28. How confident are you in te reo Māori me ōna tikanga?

- Extremely confident
- Very confident
- Somewhat confident
- Not so confident
- Not at all confident

29. As a kaimahi, how often do you draw upon the mātauranga of local kaumātua, kuia, hapū or iwi?

- Always
- Usually
- Sometimes
- Rarely
- Never

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30. Does your workplace give you extra cultural-related tasks and responsibilities that are not included in your role description because you are Māori?

- Always
- Usually
- Sometimes
- Rarely
- Never

Do you have any further comments about your experience?

31. What would be your moemoeā (dream or vision) in five years' time for the alcohol and other drug workforce in Aotearoa?

**Kōrero whakamutunga – Closing comments**

32. Do you have any further comments or whakaaro you would like to share?



## Appendix 2. Te Wai Taramea 2023 AOD Workforce Interview Pātai

1. What concerns you most about the mahi you do in the alcohol and other drug space?
2. From your experience and perspective, how do we increase Māori approaches to alcohol and other drug care?
3. What would a Māori-specific alcohol and other drug Peak Body look like for you?
4. Have you heard of the term 'cultural loading'?
5. How do you think we can improve workforce pathways into alcohol and other drug mahi?
6. What would be your moemoeā, dream or vision for the alcohol and other drug workforce in Aotearoa?







# TE RAU ORA

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