

Te Wai Taramea 2024

Māori Alcohol & Other Drug Workforce Report



Whare Tukutuku

Te Wai Taramea: Māori Alcohol & Other Drug Workforce Report 2024



Whare Tukutuku Report - Whiringa ā Nuku 2024 *Meremoana Potiki (Kai Tahu, Kati Mamoe)*

“Te Wai Taramea is the name given by kaumātua Koro Hata Temo to capture the essence of the kōrero shared by Māori alcohol and other drug (AOD) kaimahi; a flow of life-giving wai, imbued with the precious fragrance of taramea, connecting the past, present and future of the Māori AOD journey.”





*“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 kaumātua 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 aspires 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 supports a Māori approach to improve Māori health outcomes.



Picture 1. Roopū Whakahaere

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.

On behalf of Whare Tukutuku we extend our warmest gratitude for your contribution to Te Wai
Taramea 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

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Kupu Whakataki | Introduction

Since publication of the 2023 Te Wai Tareamea report, significant shifts within the health sector have emerged, driven by government changes to the environment in which the Māori AOD workforce operates. The evolving New Zealand health landscape presents both opportunities and challenges for health providers, communities, and policymakers.

In February 2024, the passing of the Pae Ora amendment Bill led to the disestablishment of Te Aka Whai Ora (The Māori Health Authority) in June and its subsequent amalgamation back into Te Whatu Ora (Health New Zealand). This restructuring marks a pivotal change in how Māori health services are delivered and coordinated. Originally established to provide a distinct Māori voice in health governance and to address inequities, Te Aka Whai Ora's integration back into Te Whatu Ora raises questions about how Māori health needs will continue to be addressed, what level of autonomy will be afforded Māori health services, and what will happen with existing equity initiatives.

*The Mental health and addiction service monitoring report*¹ published by Te Hiringa Mahara (The Mental Health and Wellbeing Commission) in June 2024, recommends that Health New Zealand develops an action plan that meets the needs of Māori and whānau accessing specialist mental health and addictions services. It is encouraging that the government intends to work in partnership with Iwi Māori Partnership Boards (IMPB)'s, as stated in the recently released Mental Health and Addiction Workforce Action Plan 2024-2027; however, there is very little clarity provided about how Māori inequities regarding alcohol and other drug use will be addressed².

Additionally, the *Health Practitioners Competence Assurance Act 2003* (HPCA Act) is currently under review by Manatū Hauora (the Ministry of Health)³. The outcome of this review has the potential to significantly impact the AOD workforce, particularly in areas related to competence standards, registration requirements, and workforce sustainability. It is crucial for the sector to remain adaptable to any new regulations that could influence professional practices, training, and the scope of services provided.

These developments collectively reflect a shifting health landscape, with ongoing reform and realignment presenting unique challenges and opportunities for the AOD workforce and broader health sector. Ensuring that the aspirations and needs of Māori are upheld within this changing environment remains a key priority, requiring vigilance, advocacy, and a continuing commitment to culturally responsive care.

Workforce Environment

Accurate and up-to-date data is crucial for understanding the contributions of Māori kaimahi within the AOD workforce and for gauging how responsive AOD care is to Māori communities. *Te Wai Tareamea 2023*⁴, alongside previous research by Te Rau Matatini, highlighted the ongoing difficulty with accessing

¹Te Hiringa Mahara Mental Health and Wellbeing Commission. (2024). Mental health and addiction service monitoring report. Mental Health and Wellbeing Commission. <https://www.mhwc.govt.nz/news-and-resources/kua-timata-te-haereenga/>

²Te Whatu Ora | Health New Zealand (2024). Mental Health and Addiction Workforce Action Plan 2024-2027. Health New Zealand. <https://www.tewhatauora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027>

³Manatū Hauora | Ministry of Health. (2024). Review of health workforce regulatory settings: Outcomes and objectives (Briefing No. H2024037463). <https://www.health.govt.nz/system/files/2024-09/H2024037463%20%20Briefing%20-%20Review%20of%20Health%20Workforce%20Regulatory%20Settings%20-%20Outcomes%20and%20Objectives.pdf>

⁴Brausch, S. (2023). *Te Wai Tareamea 2023: Māori alcohol and other drug workforce report*. Te Rau Ora. <https://wharetukutuku.com/wp-content/uploads/2024/02/Te-Wai-Tareamea-2023-Final-Master-for-pataka.pdf>

reliable Māori health workforce data, particularly in the AOD sector. An examination into the current alcohol and other drug workforce by the Drug and Alcohol Practitioners' Association Aotearoa (Dapaanz)⁵ noted that AOD practitioners made up approximately 9% of the Te Whatu Ora mental health and addiction workforce and 18% of the NGO mental health and addiction workforce. It is however unclear how many of those practitioners identified as Māori further emphasising the difficulties in sourcing accurate Māori AOD workforce data. Whare Tukutuku continue to highlight this challenge as a recommendation to address in the near future.

The Mental Health and Wellbeing Commission in 2024 have recognised the importance of further investment in kaupapa Māori training pathways to enhance the depth of expertise and leadership in the Māori AOD workforce. These pathways are already contributing to a growing leadership presence within the sector, as more Māori professionals assume key roles in clinical and governance positions⁶. While kaimahi Māori continue to uplift the AOD sector there is still work to be done.

Whare Tukutuku acknowledges the mātauranga and lived experiences of our kaimahi, whānau, and hapori Māori. The insights gathered through Te Wai Taramea Māori Alcohol and Other Drug Workforce Survey 2024 (Te Wai Taramea 2024) will play a pivotal role in enhancing the cultural capability of the workforce, ensuring it is fit for purpose and aligned with the aspirations of Māori communities. Furthermore, these findings will provide a valuable lens for evaluating key government reports and action plans, helping to ensure they accurately reflect the realities and needs of the Māori AOD workforce. Together, these efforts will support the ongoing narrative of empowerment and progress for ngā iwi Māori.



Picture 2. Kaimahi

⁵Dapaanz. (2024). *A closer look: The addiction workforce in Aotearoa New Zealand* (Snapshot 1a). https://dapaanz.org.nz/wp-content/uploads/Addiction-Resource-Snapshot-1a_Final.pdf

⁶Te Hiringa Mahara Mental Health and Wellbeing Commission. (2024). *Mental health and addiction service monitoring report*. Mental Health and Wellbeing Commission. <https://www.mhwc.govt.nz/news-and-resources/kua-timata-te-haerenga/>

Rautaki Rangahau | Research Method

Te Wai Taramea 2024 uses a mixed-method approach, combining a survey and qualitative interviews to gather data. Current data on the number of Māori workers within the alcohol and drugs sector, including those in regulated, unregulated, non-governmental organizations, iwi, and volunteer roles, has been sourced from national databases. Methodology for the survey and interview questions has been significantly influenced by previous workforce reports from Whare Tukutuku and Te Rau Ora.

The survey has been designed to align with the objectives of Whare Tukutuku and has been administered online through Survey Monkey, with thorough testing to ensure its effectiveness in capturing valuable workforce insights. To maximise reach, the survey has been distributed across the AOD workforce, via stakeholders, Māori health organisations, primary health organisations, and Te Rau Ora social media channels. Snowball sampling has been employed, encouraging kaimahi, whānau, and hapori to further disseminate the survey, broadening its reach. The survey was open for one month and over 180 kaimahi Māori shared their whakaaro.

Building on findings from the 2023 survey, we have sought to understand what the recommendations would look like in practice. For example, what might new and innovative leadership look like to our kaimahi, and what barriers prevent the implementation of new and innovative leadership within the sector? We have interviewed 11 kaimahi Māori from throughout the sector to better understand what “good” looks like in practice. All interviews were conducted online via Microsoft Teams. Each interview lasted approximately one hour and all kaimahi were given a koha in appreciation of their time and valuable knowledge.



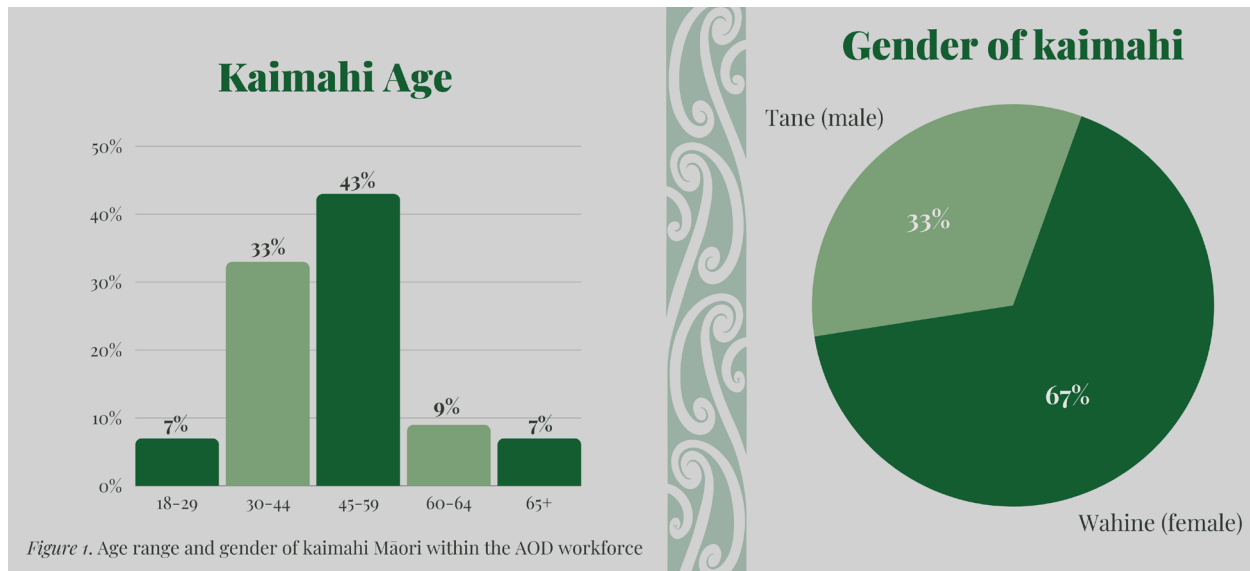
Picture 3. Whakaeke

Ngā Putanga o te Tatauranga | Survey Findings

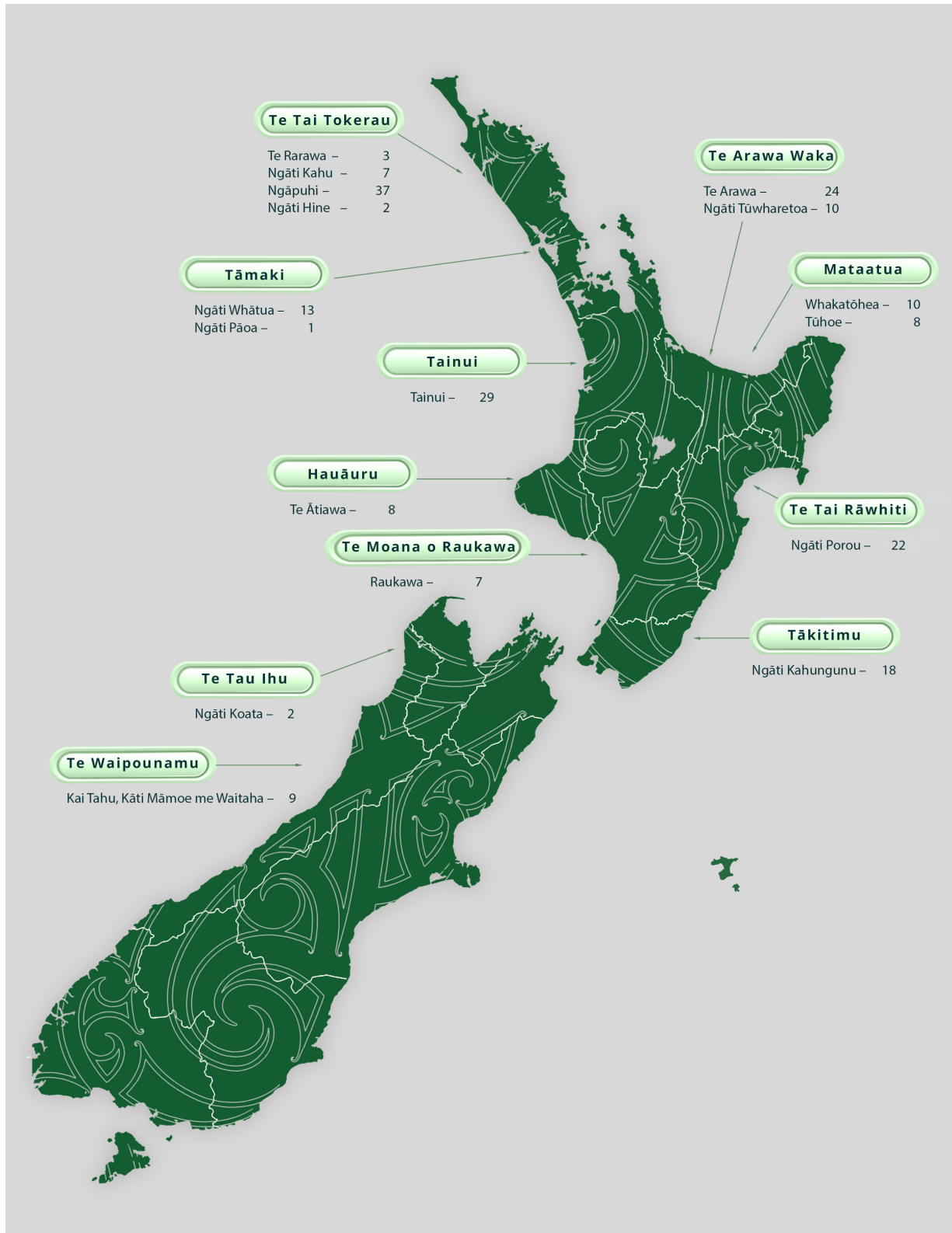
Nō hea, ko wai

Te Wai Taramea 2024 has gathered data to understand the demographic makeup of the workforce. This provides context for the contributions of kaimahi throughout the report and allows for the analysis of any changes in workforce data since *Te Wai Taramea 2023*.

These two graphs show that most kaimahi responding to the survey are aged between 45-59 while a small number (7%) are aged between 18-29 and 65+. Data also shows that there are more wahine (67%) than tāne (33%) and there has been a slight increase (28%) in the number of tāne that completed this year's survey compared to last year.



Map 1 Shows rohe/hapu/iwi kaimahi affiliations. Kaimahi were able to select multiple iwi and where > 5 responses were given, this was not included on the map. However, the majority of kaimahi in the 2024 survey affiliate to Ngā Puhi, Waikato and Te Arawa iwi while last year's survey results found the majority of respondents whakapapa to Ngāti Porou.



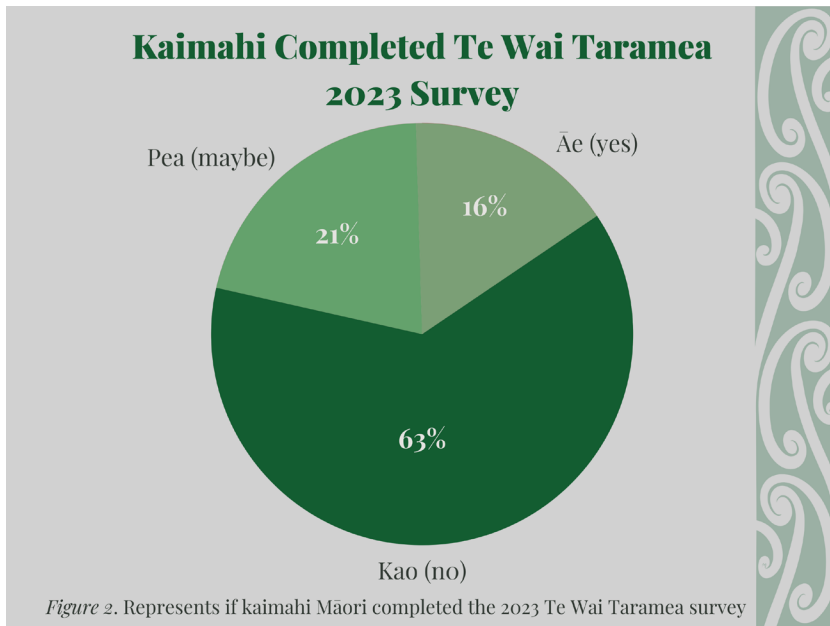


Figure 2 shows the number of kaimahi who completed Te Wai Taramaea in 2023. Similar to last year, most kaimahi (63%) have indicated that this was their first time completing the survey, which enables us to identify key commonalities and differences across both years.

Ngā Pūkenga Mahi | Experience and Education

Gaining insight into the experiences and educational pathways of kaimahi Māori entering the AOD workforce is essential for strengthening the sector. A significant number of kaimahi (63%) say they entered the workforce due to having a passion or interest in the work, while the majority of kaimahi (67%) note lived experience as the primary motivator for joining the AOD field. A smaller number (17%) mention varied reasons for their involvement, including concerns about the effects of AOD on their communities, a desire to support whānau Māori, and opportunities for professional growth. Overall, respondents emphasise their dedication to whānau, community well-being, and addressing AOD-related harm within the broader mental health and social issues landscape.

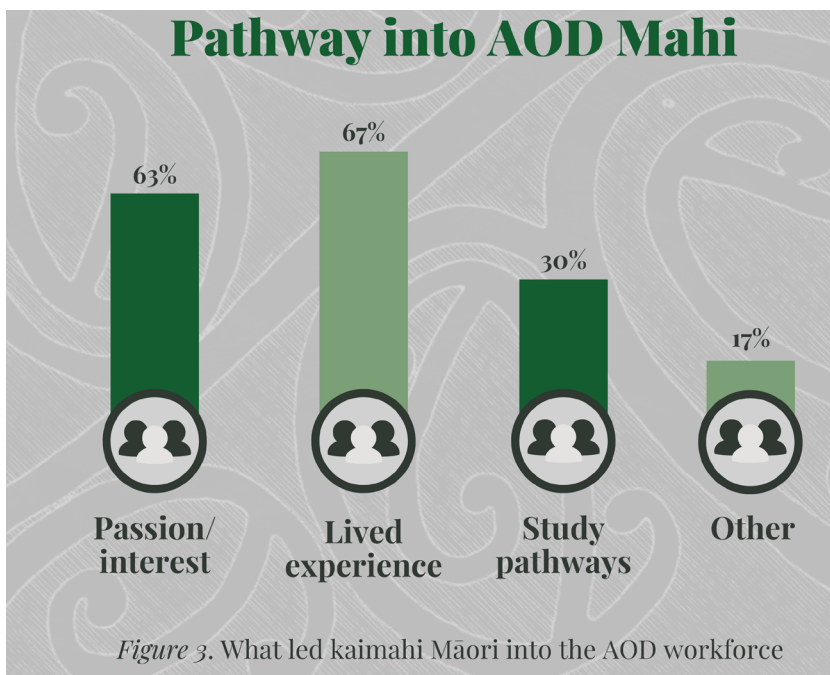
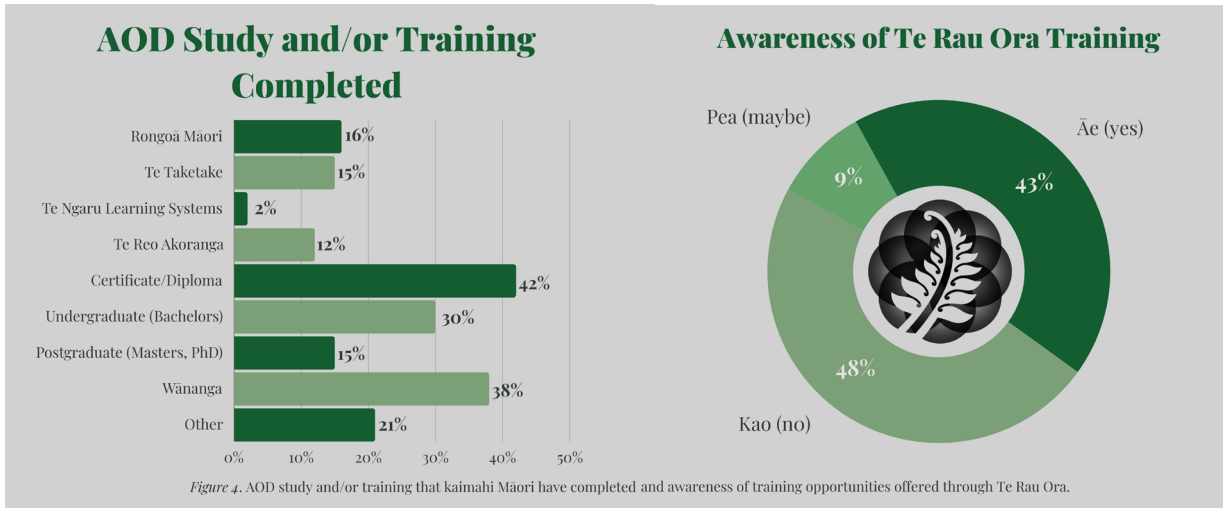
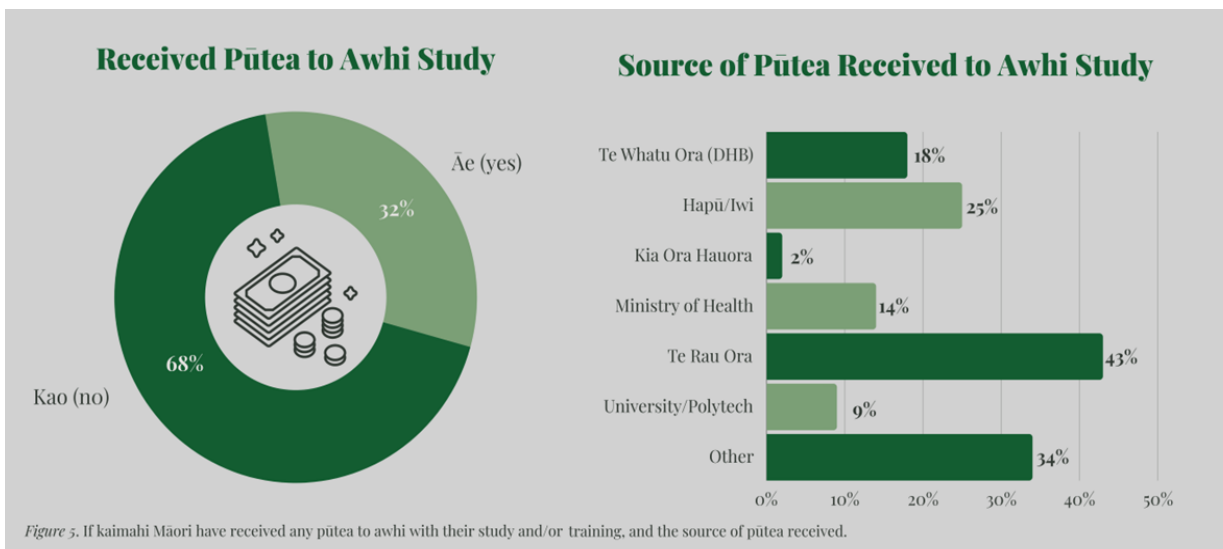


Figure 4 below shows that a large number of the workforce have completed AOD study and/or training. The majority (88%) have completed some form of te ao Māori training and have also gained some kind of tertiary education (86%). "Other" study and/or training reflects a diverse range of training, education, and qualifications, with a focus on mental health, addiction, and Māori cultural perspectives. Some kaimahi have completed specific certifications such as in criminal justice, whānau ora and health and wellbeing, including mental health and addiction certificate, and diplomas in various health-related areas. Of those kaimahi who answered "other", the majority are in the process of completing their studies.



Similar to the 2023 survey, most kaimahi (48%) have said they are not aware of the training offered through Te Rau Ora. This is important as it signals a need to focus on promoting courses and extending our reach across the workforce so kaimahi are aware of all opportunities provided through Te Rau Ora.

The following two graphs represent the "pūtea," kaimahi Māori have received to support study and/or training. Most kaimahi (68%) indicate they have not received any funding to aide their training/study while (32%) say they have. Of those who have received pūtea, most kaimahi (43%) say that this was money received through Te Rau Ora while (25%) received an iwi/hapū grant and (18%) received support through Te Whatu Ora. It is encouraging to see the amount of kaimahi utilising the funding available through Te Rau Ora.



Mahi | Work

Te Wai Taramea 2024 has 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 has also explored workplace wellbeing – the importance of valuing the knowledge, experience, and needs of kaimahi within the workforce to enhance the quality of care.

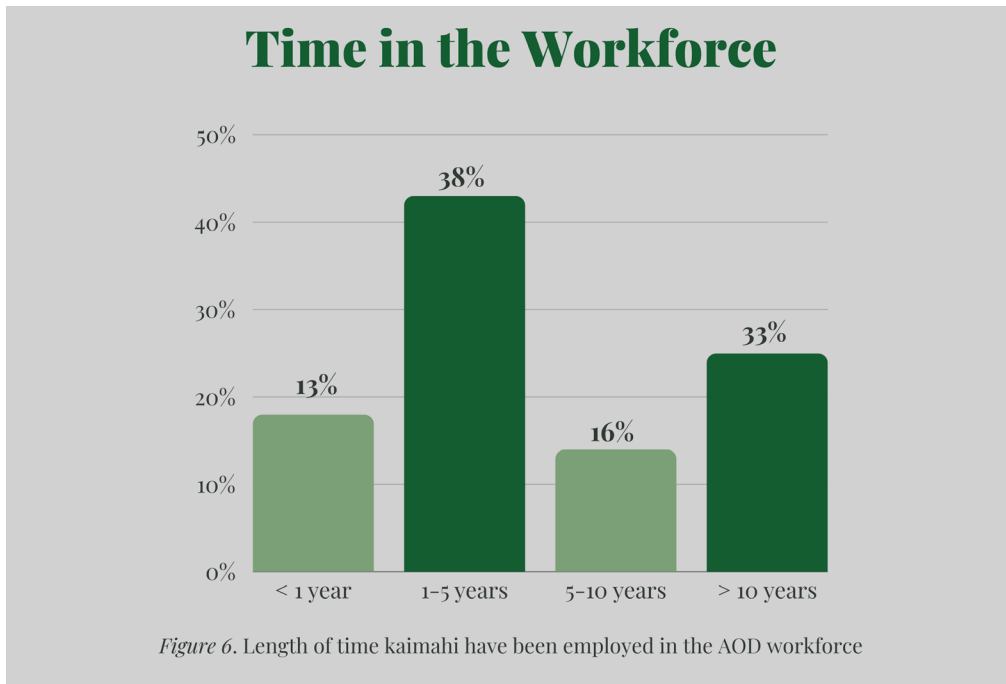
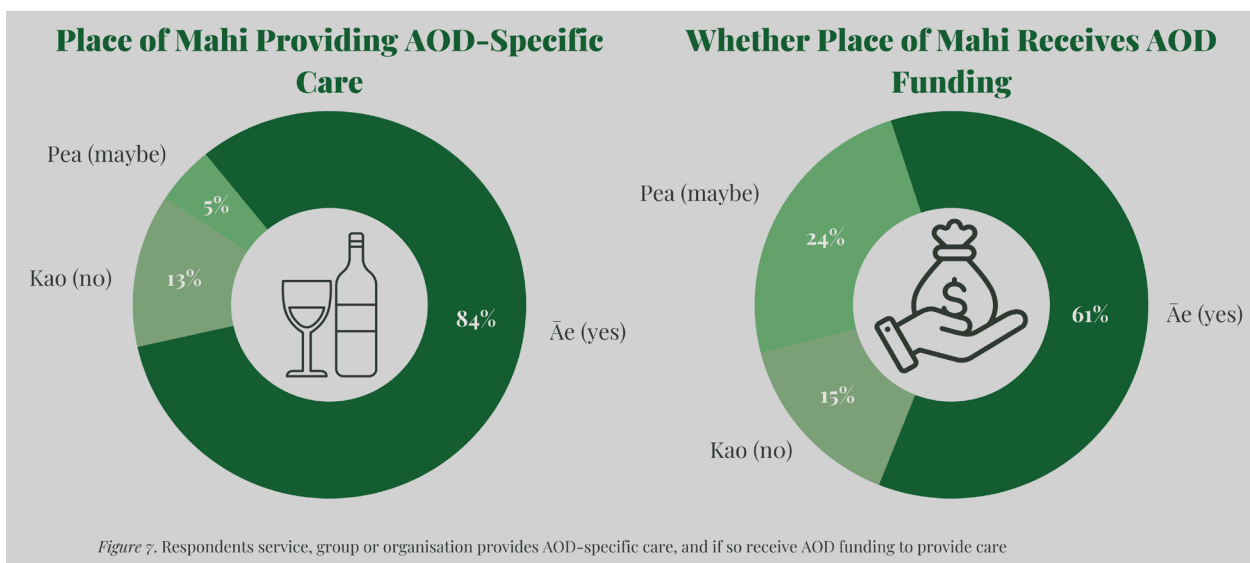


Figure 7 shows that the majority of kaimahi (43%) have worked in the AOD sector between 1-5 years. Interestingly, there has been an increase in those newly entering the field from (13%) in 2023 to (18%) in 2024, which is a positive sign given the lack of staffing capacity within the workforce.



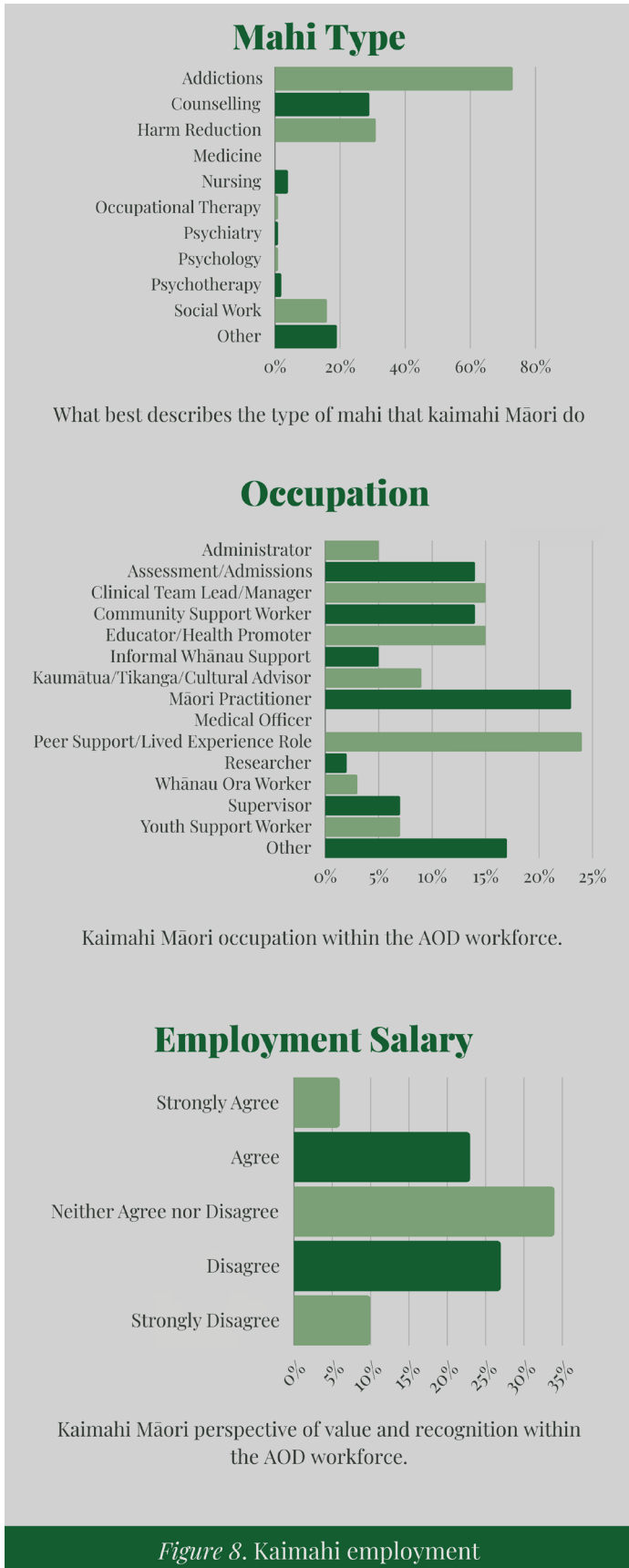


Figure 8 "Mahi Type" shows (72%) of kaimahi feel that addictions best describes the area they work in while (31%) say their mahi is harm reduction related, (29%) counselling, and (16%) social work. Of the (19%) who have answered "other", areas of mahi are best described as, rangatahi support, gambling harm, public health and cultural supervision.

The "Occupation" graph shows most kaimahi work in a peer support/ lived experience role (24%) or as Māori practitioners (23%). The majority of those who have answered "other" list specific role titles that fall under the categories listed. However, kaimahi have requested that gambling harm and gambling harm practitioners be included as an area of work and occupation in future, which we have noted for next year's survey.

The "Employment Salary" graph shows a majority of kaimahi (34%) are neutral about whether they feel their salary reflects their contribution to the AOD workforce. (37%) who disagree or strongly disagree feel their salary is not reflective of their contribution; compared with last year's survey where nearly (49%) of kaimahi felt their contribution to the workforce was not reflected in their salary.

Figure 8. Kaimahi employment

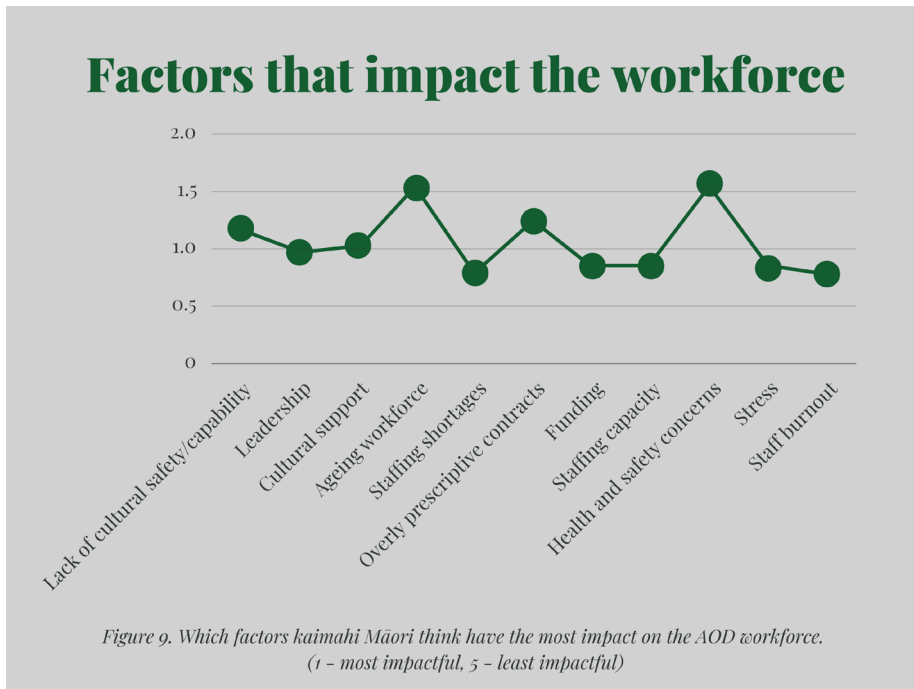
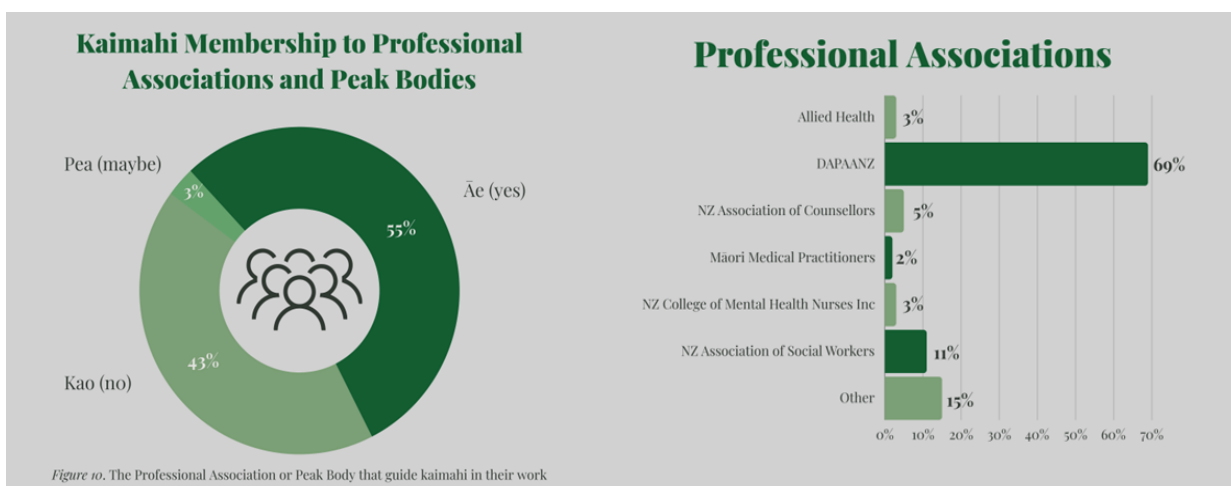


Figure 9 shows Māori staff views on factors affecting the AOD workforce. Respondents have rated each factor from 1 (very impactful) to 5 (not impactful). While all factors are seen as influential, funding is identified as the most impactful (55%). Staffing shortages (50%) and burnout (49%) are also major concerns. Unlike last year's survey, where staffing shortages were the top issue, funding has now become the main concern, signalling that a shift in priorities will be needed.

Just over half (55%) of the kaimahi who have completed this survey say they belong to a professional association or peak body, while (43%) say they have no such membership and (3%) are unsure. Though this is a different cohort, there appear to be slightly fewer kaimahi reporting they hold a membership to professional associations or peak bodies. The survey has been shared through DAPAANZ (Drug and Alcohol Practitioners' Association of Aotearoa New Zealand) networks, which may account for this large number. Twenty one percent of respondents have selected "other" and state they are members of smaller working groups and boards.



A consistent theme in kōrero with kaimahi over the last two-three years has been the need for a Māori specific professional peak body within the sector. Kaimahi have thus also been asked what support they would hope to gain from a peak body.

The key areas of support, guidance and action wanted from a peak body are:

- By Māori for Māori approaches including the development of Māori specific competency frameworks and training pathways
- Cultural expression of Te Tiriti and implementation of mātauranga Māori
- Developing a network of competent Māori clinical supervisors
- Support for kaimahi Māori working in non-Māori spaces
- Clear and ethical tikanga and terms of reference
- Mentoring and training opportunities
- New or revised best practice models and a point of contact for updated data
- More cultural, youth and lived experience training for kaimahi.

Hunga Mahi Whanake | Workforce Development

This report builds on previous reports about the needs of kaimahi within the workforce. Understanding what our kaimahi are experiencing on the ground, and what their aspirations are, helps us provide better support and opportunities for kaimahi, whānau and hapori Māori.

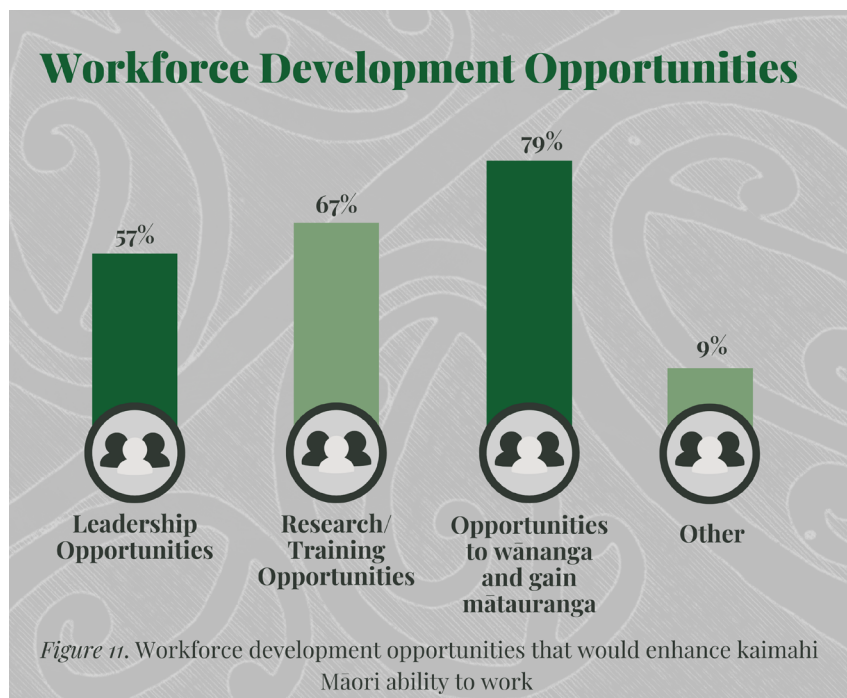


Figure 11 shows the workforce development opportunities that kaimahi feel would enhance their practice. The total sum of the data exceeds 100% as respondents were able to select more than one option. A majority of kaimahi (79%) feel that opportunities to wānanga and gain mātauranga would be most beneficial to enhancing their practice. More respondents in this year’s survey (63%) feel that research and training opportunities would be useful compared to (52%) in 2023.

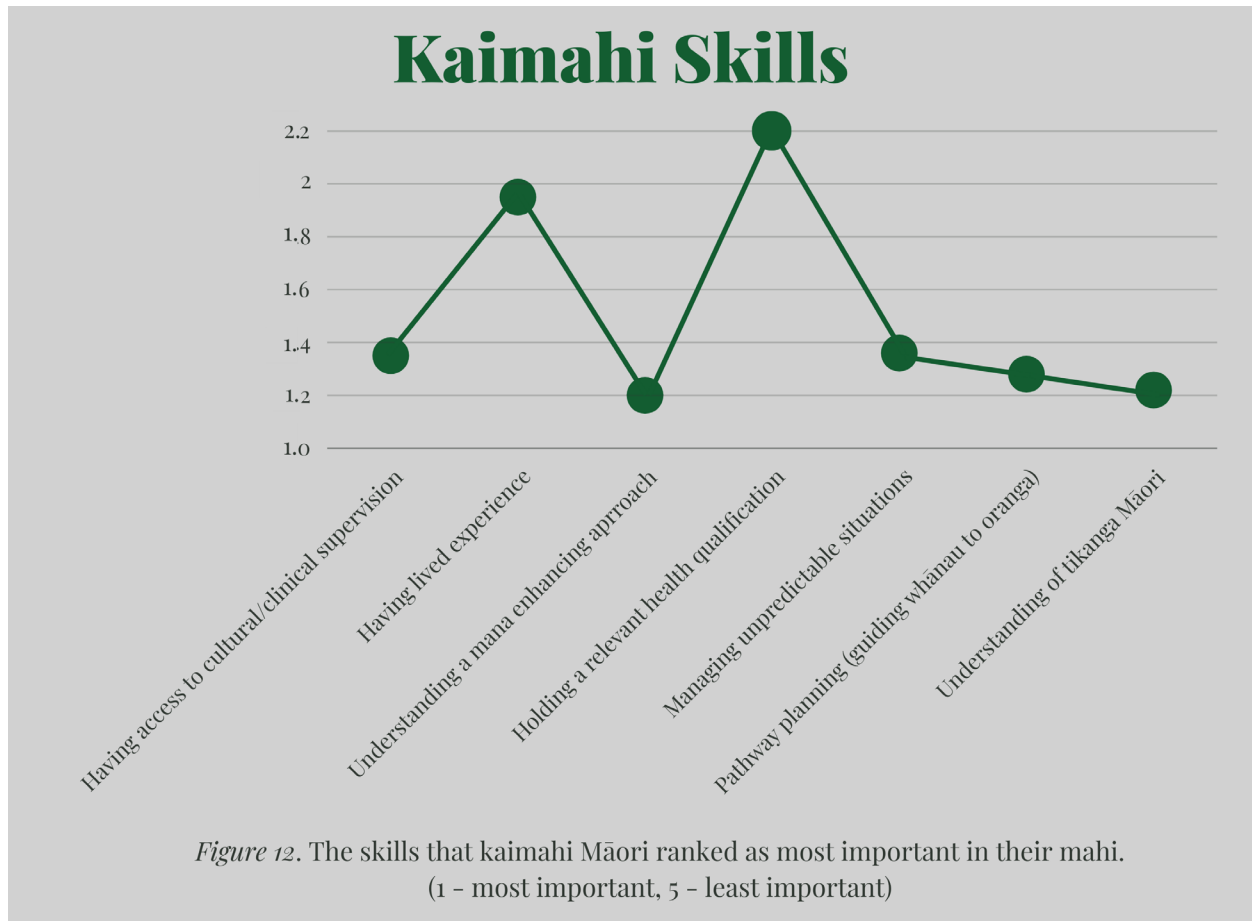


Figure 12: Kaimahi Māori were asked to rank skills that were most important in their mahi from 1 (most important) to 5 (least important). While most kaimahi consider all skills listed to be important, understanding of tikanga is considered to be the most important skill in the work that kamahi do. Similarly, pathway planning and managing unpredictable situations are rated as very important while understanding a mana-enhancing approach and having lived experience have moderate importance.

A significant and consistent finding over the last two years is that holding a relevant health qualification is seen as the least important skill/factor in the work kaimahi do. When we consider the structure and entry points into the sector through the likes of DAPAANZ, where having a qualification is a prerequisite to register, there is a difference in understanding about what “good” looks like and this highlights the value of culturally aligned, experience-based competencies within the workforce.

Mana Enhancing in Practice

Since understanding a mana-enhancing approach has been identified as the most important skill in both 2023 and 2024, we have explored what this approach looks like in practice and how our kaimahi apply it in their work. Interestingly, even though most kaimahi didn't participate in last year's survey, the key practices remain largely the same.

Practices included:

- Manaakitanga, tino rangatiratanga and whanaungatanga
- Acceptance that harm reduction is best practice, non-judgmental support
- Accepting whānau for who they are and where they are, and enhancing their strengths (being

- strengths-based) ensuring all engagement is done with consent and in partnership
- Promoting Māori health and wellbeing that is beneficial to whānau and community, aiming to grow and enhance wellbeing in all areas
- Engaging whānau in a way that uplifts their mana and mauri so they feel supported and not judged. So they can move forward without labels that the system has imposed on them and ensuring they can live positive, self-determining lives for themselves and their whānau.

The themes highlight the holistic, cultural, and community-focused approaches evident in the feedback. The focuses on empowerment, inclusivity, and community involvement showcase a well-rounded strategy for tackling AOD challenges within the Māori context.

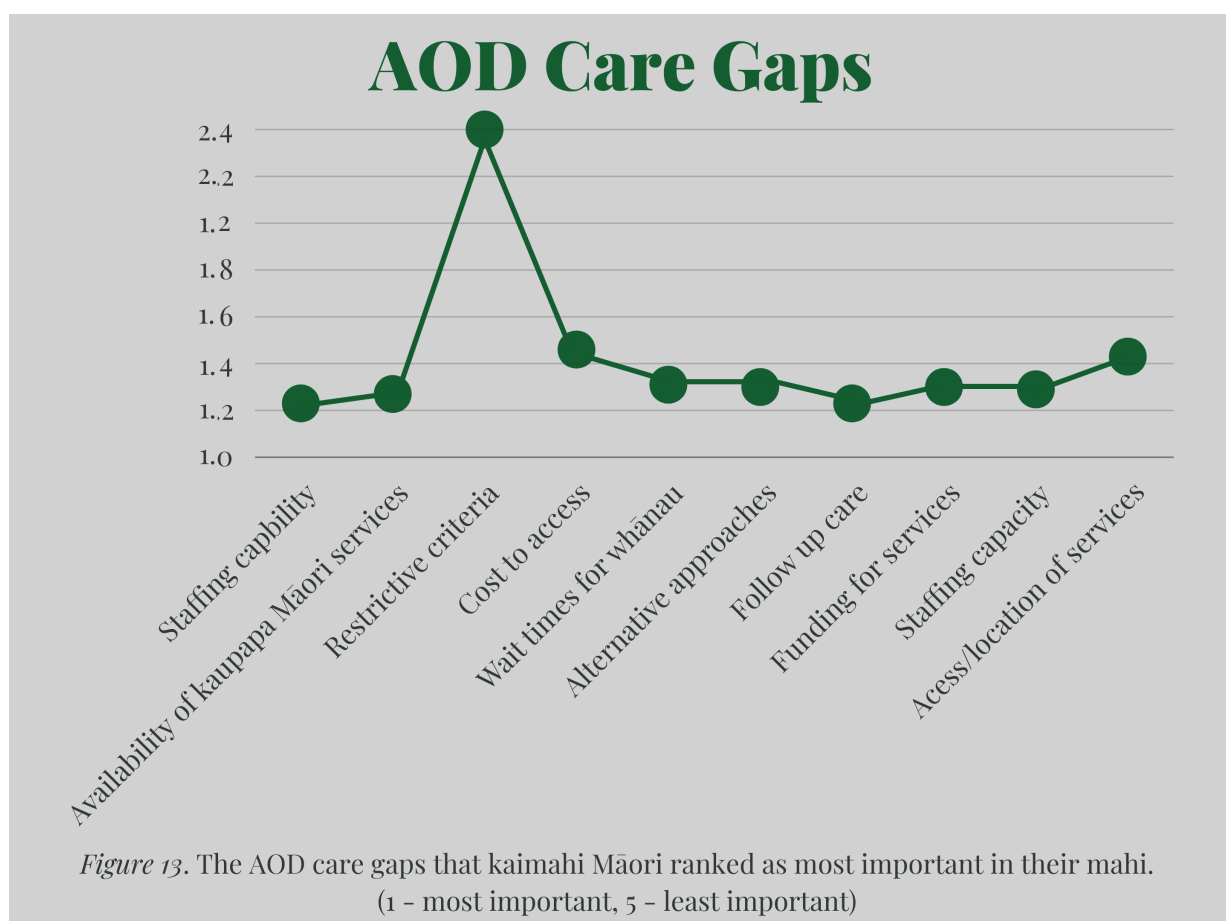


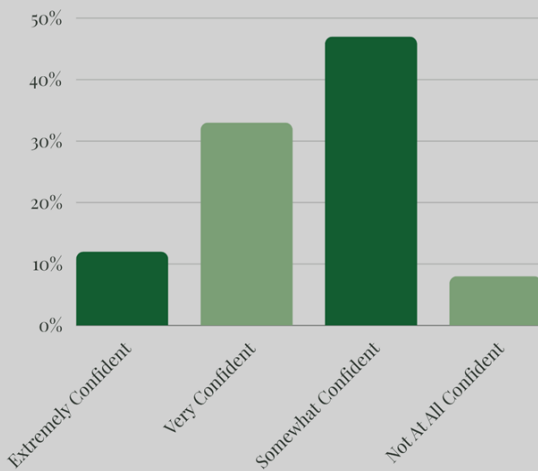
Figure 13: Kaimahi Māori were asked to rank AOD care gaps from 1 (most important) to 5 (least important) and the results above represent the weighted averages. This graph shows that overall, the majority of the gaps identified are considered highly important by kaimahi. Staffing capacity is identified as the most important care gap, which highlights the continued need for adequate staffing to address AOD care needs. Funding for services and access/location of services and availability of services are also a concern among kaimahi. While still important, “cost to access” is less of a concern than the other gaps listed. This suggests that improving staffing, funding, accessibility and culturally responsive services are top priorities for addressing the gaps in AOD care. “Restrictive criteria” is seen as least important in the current workforce context.

Understanding of Te Tiriti o Waitangi & Health Equity



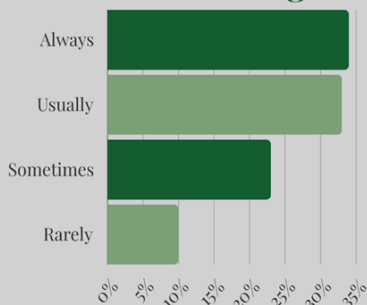
Kaimahi Māori confidence in their understanding of Te Tiriti o Waitangi and the drivers of health equity.

Te Reo me ōna Tikanga



Kaimahi Māori confidence in te reo me ōna tikanga

Drawing on Kaumātua/Hapū/Iwi Mātauranga



Kaimahi Māori perspective of value and recognition within the AOD workforce.

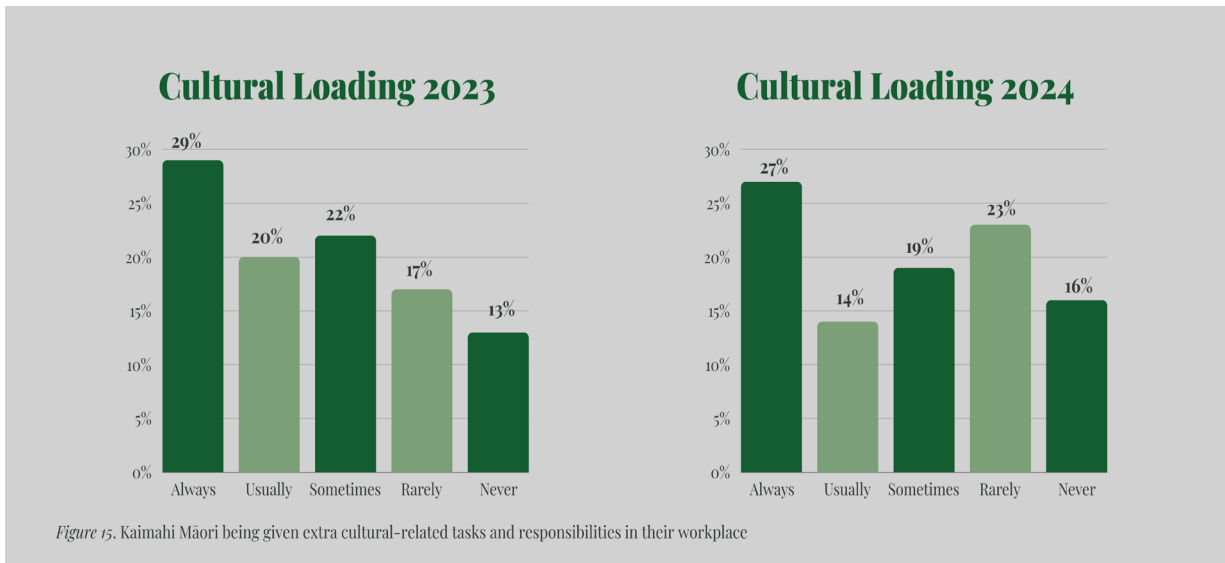
Āheinga Ahurea | Cultural Capability

This section explores respondents' cultural capability. Nearly all respondents express some level of confidence in their understanding of Te Tiriti o Waitangi, with (43%) stating they are very confident. In terms of kaimahi Māori confidence in te reo and tikanga, most kaimahi (47%) report feeling somewhat confident, while 7% say they are not confident at all. A large majority (85%) of kaimahi draw on mātauranga from local kaumātua, hapū, and iwi at least occasionally, with the largest group (36%) always incorporating this knowledge into their work, while only (2%) do not.

Figure 14. Cultural Fluency

In line with last year's survey, we asked kaimahi about cultural loading, which refers to additional culture-related tasks and responsibilities given to kaimahi that are outside of their job description.

Figure 15: shows that Māori are still experiencing cultural loading within their workplaces, though in 2024 there has been a notable increase in kaimahi reporting that they have never (16%), rarely (23%) or sometimes (19%) experienced cultural loading, which is a positive sign.





Moemoeā | Dreams and Aspirations

Whare Tukutuku has gathered the future aspirations and visions of kaimahi for the AOD workforce over the next five years. A shared goal is to see decreased demand for AOD services, ultimately reducing the need for AOD workers. Kaimahi envision a future that emphasises prevention, education, and harm reduction. They advocate for recognising lived experience in the workforce, easing qualification barriers, and valuing a wānanga style of learning. They also consistently call for less restrictive contracts, increased funding for Kaupapa Māori and alternative service models, and greater autonomy for services to operate in ways that best meet the needs of whānau.

The ultimate goal of the Māori AOD workforce is for whānau, hapori, hapū, and iwi to be self-sufficient and exercising mana motuhake. They envision a "by Māori, for Māori" approach, with initiatives that are owned and operated by Māori, a workforce that honours Te Tiriti o Waitangi, and one that is knowledgeable in mātauranga. Many kaimahi believe that the way forward involves fostering kotahitanga within the AOD workforce, supporting one another, and enhancing community empowerment.

Interview Findings

Whare Tukutuku conducted semi-structured interviews to build on the survey results and gain a deeper understanding of the Māori AOD workforce. A total of 11 kaimahi Māori from various parts of Aotearoa participated in the interviews. These kaimahi have diverse experience levels, working in the AOD sector as counsellors, practitioners, managers, and in other leadership positions. The discussions centred on the professional and community effects of recent governmental changes in Aotearoa, as well as thoughts on leadership, innovation, and strategies for adapting to these shifts while maintaining cultural integrity in their work.

Concerns for the workforce

Given the significant changes in the health landscape over the last nine months, it is crucial that we give voice to and actively address the challenges and concerns of our kaimahi. These interview questions have built on previous findings from Te Wai Taramea 2023.



"It's always been a struggle. Prior to this government trying to implement and get Māori approaches integrated into the service and now it's even more difficult because now there's this knowingness that 'oh we don't have to'...I have to justify everything I do because it's Māori and if there's no support from the top to implement cultural approaches, no one does."

Navigating governmental changes

The quotes reflect the challenges faced by kaimahi due to recent government reforms in the health sector. There has been a notable shift away from honouring Te Tiriti obligations, and this has made it harder to implement Māori approaches to care. This shift is perceived as a reduction in support for culturally aligned practices, necessitating constant justification for Māori approaches. Many kaimahi speak about the recent disestablishment of Te Aka Whai Ora and having to revert to procuring contracts through Te Whatu Ora. They express sadness and frustration at the lack of Māori representation within the sector at a government level whilst also acknowledging the significant contribution of Te Aka Whai Ora in ensuring providers were

resourced short term prior to the disbandment. Additionally, they talk about policy changes and their impact on whānau seeking help through Māori AOD services. As one kaimahi said:

"The disestablishment of Te Aka Whai Ora has probably been the biggest punch in the face, you know, from a health perspective, and other sectors are suffering as well... even the recent announcement for our whānau that are receiving benefits and that has flow on effects to our AOD space because a good chunk of our whānau suffering with mental health and addiction problems are in that job seeker space because they need that space to breathe."
(Kōrero rua)

"The policies coming out of government don't seem to follow any rhyme or reason, apart from just being blatantly racist." (Kōrero toru)

Increases in community need

The growing demand for AOD services within Māori communities is a recurring theme within the kōrero. In addition to the rising mental health and addiction issues, the increase in the use of community resources, such as pātaka kai, highlights the socioeconomic struggles faced by whānau. Rising crime, particularly among rangatahi, and increasing family violence are also identified as emerging concerns among kaimahi.

"I've definitely noticed the impact on whānau, we have a pātaka kai outside our office here... I walked out the other day and there was a line of cars so yeah... it's there." (Kōrero rima)

While others describe a notable increase in crime particularly with rangatahi and throughout their communities.

"In terms of community, particularly for our rangatahi, there's a lot more crime and more going through the courts. For the last month, I've been going to court on a weekly basis. Also, the lack of housing is putting pressure on whānau, and family violence rates are going up." (Kōrero whā)

"It's always been hard here in [town], but in recent months the police have stopped attending call outs and whānau are left to deal with issues on their own. We had one kuia trying to get help for her mokopuna on drugs who becomes violent but with no police support and its incredibly dangerous... what is she supposed to do, we try but we're not trained for these situations and we ourselves are scared too." (Kōrero ono)

Competitive contracting and resourcing

Uncertainty around contracts and future funding continues to be a primary concern for our kaimahi. These concerns have been exacerbated by the recent changes within the health sector and the disestablishment of Te Aka Whai Ora. One kaimahi we spoke to describes a feeling of being "left in limbo" with no guaranteed funding whilst also having to ensure that whānau are not burdened with that uncertainty.

"But right now our services are left in limbo, the great thing Te Aka Whai Ora did was they locked in the funding for some of our organisations for another 1-3 years but at the same time that doesn't give a lot of our organisations certainty and when a lot of our organisations are doing a lot of the coal face mahi... our organisations are really good at hiding the things that are going on in the background which is cool on one hand, we're talking about whānau who are going through some of the highest distress moments in their lives and they don't need to know and we're giving them our best but they don't know that actually we might be losing our funding in a years' time. So, for our services, they're having to deal with the duality of dealing with the stress of our whānau seeking assistance plus keeping the lights on. Compared to some of our non-Māori organisations they don't have those problems and end up winning all the contracts." (Kōrero rua)

There is also a feeling of increased competitiveness among providers, which has led to additional stress. One kaimahi has had to take on additional whaiora they're not funded for because the need within their community is so great. There is a sense of unfairness and lack of accountability from mainstream providers.

"I guess the obvious one is lack of funding and a real lack of cultural responsiveness. As a result of that we end up picking up the slack of one mainstream provider, but they have the contract you know? We don't get funded for them, so it feels like our whānau are left in limbo... it's like they're getting all the funding but not helping the people in our communities." (Kōrero whā)"

Kaimahi also describe the increased tensions between Māori and non-Māori service providers now competing for considerably less resource than was available in previous years.

"But then on the other side, as kaimahi, we're an NGO who bid through RFPs and we work collaboratively but we're all talking to each other because there aren't many opportunities for services that we had seen in the past, they're more than innovative stuff that we need here... We need Community focus solutions and some of the RFP that are coming out recently, they're regionally focused so we're up against services across the entire rohe." (Kōrero whā)

Māori approaches to care

Feedback from kaimahi over the last few years has emphasised a want for new and innovative approaches to care and leadership in the Māori AOD sector. We asked kaimahi to explain what they think a new and innovative approach to care might look like and what actions might be required to get there.



Utilising mātauranga Māori

When asked about what "good" approaches to Māori care look like within the sector, the Mahi ā Atua approach is commonly referred to by kaimahi as one that utilises both Māori and non-Māori knowledge systems while prioritising mātauranga Māori as the gold standard.

"Yes kaupapa Māori models of practice should be always paramount and prioritised in terms of engagement with whānau. One of the things I think Mahi ā Atua did really well in terms of models of care was the really great feedback loops to ensure that the continuity of the model and the continuity of care for our whānau is staying high. Yes, we're pro Māori but sometimes we need to look over to non-Māori models and practices to see if there is a better way of doing things that we can use in our way. So, they had feedback informed treatment.... Essentially, what I think about the care part is around making sure that we prioritise our own bodies of knowledge and our own mātauranga in that space." (Kōrero rua)

"If you look at Mahi ā Atua and what they've done, they've identified a problem, sat down and really thought about it and pulled in the right people and now it is the gold standard in mental health and good on them because someone needed to do it." (Kōrero toru)

"We have an iwi programme at home, we've run for a few years now. It focuses on our pūrakau, our mātauranga – similar to Mahi ā Atua... Nothing wrong with going to university but that's not where you go to learn about Te Ao Māori because they're analysing our culture through their lens which is all about the authority of knowledge." (Kōrero toru)

Most kaimahi describe the importance of utilising mātauranga Māori in creating solutions to issues within the sector:

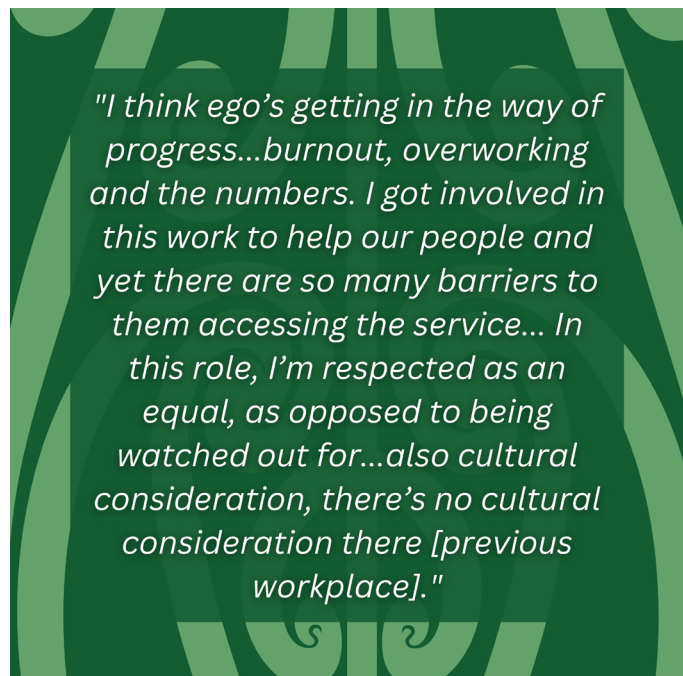
"...I think the continuity of care stuff we need to expose our whaiora into new ways of thinking and at the same time, our kaimahi need to be exposed to new ways of thinking and be brave and fearless in being innovative with these bodies of knowledge. Innovation is gonna be the thing that helps us through, and innovation and collaboration will be the waka that helps the addiction space to thrive." (Kōrero rua)

Kaimahi also emphasise the unique skill we bring as Māori that differentiates us from our non-Māori colleagues:

"...because when I see our Māori working out there with our whānau we don't just go with all models we learn but when you have the ability to really sit with that distress with our people that's the difference and in my opinion our Māori are much better at doing that. Have to do that with care and I think when you can sit in those spaces and have likeminded conversations with our whānau you know, you don't get that in textbooks and it's the one thing that our non-Māori whānau don't have. You can't buy that." (Kōrero rua)

New and innovative leadership

Over the last three years, kaimahi have expressed a want for new and innovative leadership within the sector. While kaimahi believe that there are many hard working, inspiring leaders within the sector, they note the opportunity for innovation going forward. We asked kaimahi what good and innovative leadership might look like based on their experience.



Nearly all those we spoke to describe good and innovative leadership as having rangatiratanga within the sector to resource, train and support our workforce in a way that is by Māori for Māori. Most are quick to identify the barriers preventing new leadership dynamics, as detailed below.

While some kaimahi feel that the current leadership and direction of the AOD workforce is heading in a positive direction, ego-centric leadership dynamics are a theme throughout the kōrero. Important to note here is that when kaimahi speak about ego-centric leadership dynamics they speak of experiences in both Māori and non-Māori organisations that have ultimately influenced them to leave their previous places of employment.

"I changed roles because I was so burnt out. The amount of work, the expectations and the inability to affect any kind of change in the organisation... it was stuck in the past using mainly Western approaches." (Kōrero whitu)

When asked about the barriers to improving leadership dynamics, some kaimahi feel that there is a lack of collaboration across the sector which is made more difficult given the competitive nature of procurement practices across service providers. As one kaimahi says:

"I think what's lacking is collaboration. Everyone at least where I am is siloed. We're slowly progressing little by little and we have a network here which is good but it's still not very cohesive. Like if we had a MOU between all the services so we were all working together collectively we could do some real good work." (Kōrero rima)

The ongoing discussions within the AOD sector in New Zealand reflect the growing call from kaimahi for a Māori-specific peak body. While many kaimahi acknowledge and value the contribution of DAPAANZ, there is a sense that it does not fully address the specific needs of the Māori workforce. The desire for a dedicated Māori alternative stems from the limitations some kaimahi feel exist within the current systems, which are largely shaped by non-Māori frameworks, policies and practice.

"A requirement is that you have to have clinical supervision and then there is a lack of competent supervisors. All you have to do is tick a box, it doesn't talk about how competent in mātauranga you are, all you have to do is tick a box. I think we should be heading, in the next ten years, to have a registration body that acknowledges our competency in te ao Māori to deliver and practice in a Māori-specific way. We need our competency frameworks and training pathways."(Kōrero rima)

There are also concerns about the governing legislation and the registration pathway. As one kaimahi notes when referring to the impact of the HPCA Act on the Māori AOD workforce:

"I think there were a whole bunch of our Māori who were in their mid-30s or 40s when the HPCA came in, and they were expected to go back to university and get a tohu. I know people say they accounted for that, but you're talking about Māori whānau whose time is already taken up in their communities. When did you expect them to do that? There needs to be some kind of provision that allows – if you've given 15 years of service to the sector, you should be an honorary member. But yet you've gotta pay to be a supervisor, and I think that sort of stuff would encourage our Māori whānau to stay in the field. But the road to becoming a supervisor... hoha!" (Kōrero rua)



Picture 4. Kaimahi at Oraka Ararau 2023

Te Wai Taramea Report Summary

Te Wai Taramea 2024 has revisited the Māori AOD workforce to gather updated insights into the experiences and needs of kaimahi, with the aim of continuing efforts towards improved health equity. The survey and interview results see new insights emerging, particularly around the need for training pathways that are designed, led and implemented by Māori for Māori. Kaimahi have provided more critical and assertive viewpoints and after two years of Te Wai Taramea workforce reports, a stronger sense of unity is apparent, indicative of strengthening relationships within the Māori AOD workforce. The 2024 report emphasises the ongoing need for enhanced and varied care options across Aotearoa, and reinforces that kaimahi remain committed to using a Māori approach in their work with whānau dealing with AOD challenges.

The results of the quantitative data collected are similar to those from 2023, despite (63%) of kaimahi stating they had not previously filled out the survey. This helps reaffirm the key focus areas going forward. For example, we continue to be a wahine dominated workforce and there is a need to entice more tāne into the sector. There was however a slight increase in the number of tāne completing the survey this year.

Māori AOD kaimahi remain a qualified workforce with many completing certificates and diplomas, or holding undergraduate degrees. While the 2023 survey noted a decrease in the number of kaimahi with postgraduate qualifications, this year's results found a slight increase in those with certificates and diplomas (from 39% in 2023 to 42% in 2024). Similarly, (29%) of kaimahi in the 2023 survey reported holding a bachelor's degree, compared with (30%) of this year's respondents.

Survey responses show most kaimahi are unaware of the training opportunities offered by Te Rau Ora, and this signals a need to increase the reach and effectiveness of our promotion across the workforce. While the majority of kaimahi say they have not received any funding to support their studies, a large majority of those that have note they received funding from Te Rau Ora.

A majority of survey respondents work in organisations providing AOD specific care and receiving AOD specific funding. Similar to last year, most kaimahi feel addictions best describes their area of mahi and most describe their occupation as a peer support/lived experience role. While some kaimahi believe their salary is not reflective of their contribution to the workforce, the majority are unsure if their salary is reflective of the work they do. In terms of development opportunities, the majority (79%) of kaimahi feel that more opportunities to attend wānanga and gain mātauranga would be most beneficial to their professional development, alongside other research and training opportunities (63%).

In recent years there has been a strong desire within the workforce for a Māori Practitioners Peak Body that would provide support and guide kaimahi Māori. Though there has been some concern around how this would operate, kaimahi are largely positive about this. Ultimately, a Māori specific peak body could enable kaimahi to work in a way that is uniquely Māori without restriction, ensure cross sector representation, and provide a unified body for all Māori practitioners across the workforce.

Cumulatively, (61%) of kaimahi indicate being extremely or very confident in their understanding of Te Tiriti o Waitangi and the drivers of health equity, while (37%) are somewhat confident in their understanding and (2%) are not at all confident.

Forty-five percent of kaimahi say they are extremely or very confident in their knowledge of te reo me ōna tikanga, and the largest group (47%) say they are somewhat confident in their understanding. This highlights the need for further efforts to ensure kaimahi are culturally equipped to effectively engage with whānau Māori. The survey has found that kaimahi continue to experience cultural loading, with (27%) indicating they are often required to complete culturally related tasks outside of their respective job description, while


(16%) report they are never expected to complete such tasks. The number of kaimahi who report never experiencing cultural loading has increased slightly from (13%) in 2023 to (16%) in 2024, which is a positive sign.

The survey has found that staffing capability, access to funding and access to Kaupapa Māori services are highlighted as the most critical gaps for whānau seeking services, whereas restrictive criteria are seen as less of a concern in the current workforce landscape. Interestingly, last year's survey found that access to Kaupapa Māori services was considered the most prominent gap, which suggests that kaimahi are struggling to find the right people with the appropriate expertise to provide quality care to whānau.

When asked about the most important skills in their practice, kaimahi rank an understanding of tikanga as the highest priority. Additionally, pathway planning (guiding individuals through services) and the ability to manage unpredictable situations are also considered very important. In contrast, holding a relevant health qualification is seen as less critical. Notably, this is the second consecutive year that kaimahi have indicated that while health qualifications are valued, they are less important than having a strong cultural foundation in tikanga and the ability to provide mana-enhancing care. This perspective is significant when considering the DAPAANZ registration process and the potential misalignment with kaimahi Māori ideals of what constitutes effective AOD care practices.

Like last year's survey results, kaimahi continue to aspire for a well-staffed, well-resourced workforce with more Māori AOD services and better service integration, where kaimahi with lived experience are valued and remunerated for their extensive expertise. While encouraging whānau into the workforce remains important, this year's results show kaimahi are challenged with increasingly less funding, indicating that retaining kaimahi while supporting and resourcing Māori services will be priorities in the coming years, requiring a targeted workforce approach.

In looking to the future of the workforce, the aspiration is for a more integrated and holistic approach that breaks down existing silos within the sector. As highlighted by kaimahi, addressing AOD issues should not be the exclusive domain of specialists; rather, everyone should be competent enough to support those experiencing AOD challenges. By adopting an oranga, mauri-focused and mana enhancing understanding, the sector can shift towards empowering more whānau and communities to respond to the complexities of whānau needing care. Online training and other resources offer opportunities for broader skill development, allowing a wider range of whānau to contribute effectively to their communities. This vision emphasises collective responsibility, accessibility, and a move away from overly specialised models, fostering a more inclusive and culturally aligned support network for whānau AOD care.



"Our sector is only part of the problem, one of my concerns is that everything is silo'd - I think everybody should be competent enough to support someone with a drug and alcohol issue. I think if we're all oranga focused, Mauri focused then our sector would be not so specialist... you don't need to be a counsellor to help people with their AOD issues, it helps with certain things but I think that's where it's heading because there are online trainings and that which help to support more whānau to help respond to the complexities of our people."

Key Survey and Interview Findings

The changing political environment is impacting kaimahi and whānau: Kaimahi see a growing need for support in their communities, and some find that their work conditions are becoming increasingly more restrictive in terms of being able to use Māori approaches in their mahi. They note that previous challenges related to procurement, funding and resources have been made worse by budget cuts and new procurement rules, affecting their job satisfaction and their ability to assist whānau in their communities.

Retention and resourcing: will be more important going forward than in previous years. Perhaps unsurprisingly, the cost-of-living crisis is having an impact on kaimahi, and some indicate that they have considered or are in the process of leaving the workforce temporarily in search of higher paying jobs. Though it is a long-standing sector wide issue, it is important to consider how we're enticing new kaimahi into the sector, and what supports are required and how we can manaaki those who continue to lead and are nearing retirement.

Value and recognition of Lived Experience: remains undervalued in many non-Māori organizations. Kaimahi say the value of their personal experiences is often overlooked in their mahi, reflecting broader concerns about the current structure of the workforce. It is critical to address this gap by ensuring that the value of lived experience continues to be recognised and integrated into organizational structures.

Succession planning should be a key priority for the workforce going forward: This year's survey results have reaffirmed the way in which the AOD workforce continues to age.

Moemoeā: Kaimahi envision a more integrated workforce that shifts the power imbalance away from specialist western knowledge systems and structures. Mātauranga Māori and Māori ways of understanding and doing things need to be at the forefront of any care offered. There is a strong belief among kaimahi that this would provide a more inclusive, culturally competent approach that addresses many of the challenges kaimahi currently face.



Picture 5. Kaimahi at Oraka Ararau 2023

Key Recommendations

Recruitment: Promote activities aimed at attracting kaimahi with passion, interest, and lived experience to strengthen and grow the existing workforce. This will be crucial in addressing the increased demand for existing services.

Advocacy for equitable pay and resourcing: When looking at Te Wai Taramea insights over the last three years, pay parity and resourcing continue to be significant challenges for Māori AOD kaimahi. These challenges are long standing and have been exacerbated by the recent refocus on specialist service investment proposed by the new government. Advocacy is critical for equitable resourcing of Māori community services and pay parity for their kaimahi so they can retain and build a future fit for purpose workforce.

Increased and strengthened support networks for our kaimahi: Create more opportunities for kaimahi to collaborate and come together in Māori specific spaces. Whether in-person or virtually, activities that foster whanaungatanga and kotahitanga would be beneficial for our kaimahi Māori in the current workforce climate.

Lived experience inclusion: Kaimahi with lived experience are still experiencing discrimination within their mahi. There is a need to continue empowering kaimahi and seeking ways to effectively incorporate and acknowledge their immense contribution to the AOD workforce.

Cultural capability development: Offer more workforce development opportunities to build confidence in te reo me ōna tikanga among existing kaimahi and address cultural development needs to better connect with whānau Māori.

Vision for the Future: Align with the shared vision of the Māori AOD workforce for culturally safe and nurturing harm reduction support, and systemic changes consistent with Māori principles, values and practice.

Whakakapi | Conclusion

Te Wai Tareamea 2024 provides a unique perspective on the Māori alcohol and drug workforce, expanding on the insights from previous years. The report highlights the current challenges faced by kaimahi and reaffirms the ongoing commitment to a culturally focused, Māori-led approach to AOD interventions, treatment and care. Significant shifts in the health landscape over the past year have introduced further challenges related to funding, implementing Māori approaches to care, and staff capacity and retention, which require urgent focus and targeted investment.

The Māori AOD workforce continues to aspire for an Aotearoa free from AOD-related harms; highlighting the importance of developing a workforce that strengthens both kaimahi and whānau while providing support that meet the unique needs of Māori communities. The challenges and aspirations identified in this report create an opportunity for ongoing dialogue and collaboration aimed at reshaping the existing AOD landscape so that whānau have more options to get the help they need at the earliest stage of their journey to wellbeing.



Picture 6. Handing over of the mauri

Rārangi Kupu | Glossary

Hapori	Community
Hapū	Subtribe
Hauora	Health
Hui	To gather
Hunga mahi whanake	Workforce development
Iwi	Tribe
Kaimahi	Employee
Kaumātua	Elder
Kaupapa	Initiative
Kōrero	Discussion
Kotahitanga	Unity
Kupu whakataki	Introduction
Mahi	To work
Manaaki	To support
Mana Motuhake	Autonomy, self determination
Mātauranga	Knowledge
Moemoeā	Dream or vision
Oranga	Health, wellness
Pātai	Question
Pātaka kai	Community food pantry
Pūrākau	Myth, legend, story
Pūtea	Money
Rangatahi	Youth/young person
Rangatira	Leader, chief to be of high rank
Rohe	Region
Rongoā	Traditional Māori medicine
Roopu	Group
Tāne	Men
Tangata Whaiora (whaiora)	Person seeking wellness
Tauīwi	Non-Māori
Wāhine	Women
Wāhi mahi	Workplace
Wānanga	To gather/ discuss
Whakaaro	Thought, opinion, understanding
Whanaungatanga	Kinship, relationship
Whānau	Family, group, extended family

Appendix 1: Te Wai Taramea 2024 AOD Workforce Survey Pātai

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 work 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 Taramea Workforce survey in 2023?
 - 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)

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

- Rongoā Māori
- Te Taketake
- Te Ngaru Learning System
- Te Reo Akoranga
- Certificate/Diploma
- Undergraduate (Bachelors)
- Postgraduate (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

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

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?

32. What does mana-enhancing practice look like in your mahi?

Kōrero whakamutunga – Closing comments

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

Appendix 2: Te Wai Taramea 2024 information sheet

Te Wai Taramea 2024– Alcohol and Other Drug (AOD) Workforce Insights

INFORMATION AND CONSENT FORM

About this project

Te Wai Taramea 2024 will gather insights from kaimahi working within the AOD workforce and provide up-to-date information about their experiences and needs. The research findings will help us identify workforce trends and provide more targeted support to kaimahi. The whakaaro shared in the interview will enhance Te Wai Taramea 2024 AOD workforce survey findings, giving a more in-depth insight into the Māori AOD workforce, what kaimahi need, and inform the future direction of AOD care in Aotearoa.

What to expect in the interview

Our interview will take approximately one-hour either by zoom or on the phone. We will make sure that our kōrero occurs at a time that is most convenient for you. You will also receive a koha as reimbursement for your valuable time. The kōrero will be audio recorded (with your consent) and transcribed, with notes taken throughout the interview.

What information will be collected, shared and used?

The information you share with us is a taonga and will only be shared with project team members. We will make sure that your kōrero is anonymised and you will not be identified in the report. Following the end of the interview we are more than happy to send you a copy of your interview before we begin analysing it for the report. You are also free to withdraw from the research at any stage.

Any pātai?

If you have any pātai, additional comments, or concerns at any point, please contact

Tracey Potiki (Kaiwhakahaere – Whare Tukutuku) – tracey.potiki@terauora.co.nz

- I understand the purpose of this research.
- I understand that my participation is voluntary, and I can withdraw at any time.
- I would like a copy of my interview transcript before it is analysed
- I understand the findings will be published and that any identifying information will be excluded to ensure my anonymity.

I agree to take part in this research.

.....
(Signature)

.....
(Date)

Appendix 3: Te Wai Taramea Interview Questions

Te Waitaramea Interview guide 2024

Interviewer:

Interviewee:

Role:

Date:

Verbal consent and permission to record:

Te Wai Taramea aims to re-evaluate the Māori AOD workforce. This research will gather 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 2023 report.

Current climate

We've had a drastic change to the AOD landscape with the recent government changes in the Hauora sector over the last year...

1. As a kaimahi, what are some of the impacts you are seeing and experiencing working in the AOD space both professionally and in your community as a result of these changes? (positive or negative).

In the last Te Waitaramea report, kaimahi expressed an urgent need for new leadership, and flexibility within the AOD workforce to address ongoing challenges. There was a real desire to explore new approaches to care and leadership dynamics.

Based on your knowledge and experience:

1. What might a new approach to care look like within the Māori AOD sector?
2. What would a new approach need to include that isn't seen in current approaches?
3. What do you think are some of the barriers to improving leadership dynamics across the AOD sector? (eg: lack of resource, accountability, recruitment and retention in the workforce). How might we change this?
4. What might a new approach to leadership within the AOD workforce look like?

Future aspirations

A key message from the last Te Waitaramea report was that there was a want for more innovation within the AOD workforce and a change in the way we do things. This would require amendments across all of the systems and structures. Ultimately, the Māori AOD workforce want mana motuhake, a system that honours Te Tiriti o Waitangi, Māori owned and operated kaupapa, and kotahitanga.

Based on your experience and knowledge:

1. What does this look like in practice within your current role?
2. What are the key factors we need to consider when advocating for systemic change and implementing mana motuhake within the sector?



TE RAU ORA

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