

# Te Wai Taramea 2026

---

Māori Alcohol & Other Drug Workforce Report

---



**Whare Tukutuku**

---

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



## Whare Tukutuku Report – Paenga-whāwhā 2026

### *Meremoana Potiki (Kāi Tahu, Kāti Māmoe)*

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 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 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 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.



1. *Whare Tukutuku Roopu Whakahaere and guest*

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.  
Nō reirā, e ngā rangatira huri noa i te motu, tēnā koutou, tēnā koutou, tēnā koutou katoa.

On behalf of Whare Tukutuku we extend our warmest gratitude for your contribution to Te Wai Tareamea Workforce Report.

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 te 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.*

**Rārangi Take | Contents**

He Whakatakinga   Introduction	6
Rautaki Rangahau   Research Method	8
Ngā Putanga o te Tatauranga   Survey Findings	9
Nō hea, ko wai	9
Ngā Pūkenga Mahi   Education and Experience	11
Mahi   Work	13
Hunga Mahi Whanake   Workforce Development	16
Āheinga Ahurea   Cultural Capability	19
Moemoeā   Vision for the workforce	20
Interview findings	22
Te Wai Taramea Report Summary	26
Key Survey and Interview Findings	28
Key Recommendations	29
Whakakapi   Conclusion	31
References	32
Appendix 1: Interview Guide	33
Appendix 2: Survey Questions	34
Appendix 3: Rārangi kupu   Glossary	39

## He Whakatakinga | Introduction

Following the publication of Te Wai Taramea (2024), the mental health and addiction system in Aotearoa New Zealand has continued to experience significant structural reform. Entering the 2025–2026 period, these changes are increasingly shaping the environment in which the Māori alcohol and other drug (AOD) workforce operates. While recent changes signal an intent to strengthen wellbeing, equity, and workforce sustainability, the emerging literature indicates a growing divergence between legislative ambition and on-the-ground workforce capacity, particularly within Māori-led and specialist AOD services.<sup>1</sup>

### Workforce Reforms 2025-2026

Workforce reforms introduced in 2025 under the Minister for Mental Health reflect a renewed emphasis on expanding capacity across mental health and addiction services through accelerated training pathways and role diversification. Central to these reforms is the introduction of a new associate psychologist training pathway, alongside continued growth in clinical psychology internships.<sup>2</sup> These initiatives are intended to address long-standing workforce shortages by enabling psychology-trained graduates to enter clinical roles more efficiently and contribute to service delivery within multidisciplinary mental health and addiction teams.

While these reforms are framed as system-wide solutions, they have relevance for AOD services, which continue to experience persistent workforce constraints. The expansion of psychology pathways is expected to increase access to therapeutic interventions within community-based and specialist AOD settings, although these pathways are not designed as AOD-specific specialisations.<sup>3</sup> It will be interesting to see how effectively these workforce reforms respond to the distinctive complexity of addiction practice, particularly within our Māori-led services.

### Workforce Supply Pressures and AOD Service Demand

National workforce monitoring consistently highlights ongoing supply pressures across the sector. Te Pou workforce reports identify high vacancy rates, challenges in recruitment and retention, and uneven workforce growth across roles and regions.<sup>4</sup> Demand for AOD services continues to increase, with workforce capacity failing to keep pace with rising complexity, acuity, and co-occurring needs. These pressures are particularly pronounced in services working with Māori communities, where social inequities, trauma exposure, and justice-system involvement are overrepresented.

For the Māori AOD workforce, these system pressures intersect with structural inequities in funding, career pathways, and access to specialist training. The literature suggests that without targeted Māori workforce investment, workforce growth strategies may do little to address longstanding inequities and may instead reinforce reliance on Māori practitioners to carry disproportionate cultural, relational, and clinical responsibilities.<sup>5</sup>

### Implications of Psychology Pathway Expansion for Māori AOD Services

The expansion of psychology training pathways presents both opportunities and risks for Māori AOD services. Increased access to psychology-trained practitioners may strengthen multidisciplinary teams, support stepped-care models and reduce pressure on a small number of specialist clinicians. However, Te Pou and the Mental Health and Wellbeing Commission analyses caution that rapid role expansion can introduce challenges related to role clarity, scope of practice, and supervision capacity.

<sup>1</sup>Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2025). System performance monitoring report.

<sup>2</sup>Doocey, M. (2025). Associate psychologist role to strengthen the mental health workforce. Beehive.govt.nz.

<sup>3</sup>New Zealand Psychologists Board. (2025). Associate psychologist role: Scope and intent.

<sup>4</sup>Te Pou. (2025). Mental health and addiction workforce supply: June 2025.

<sup>5</sup>Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2024). Te Hiringa Mahara: Six shifts to improve mental health and wellbeing.

For our sector, where practice frequently involves trauma-informed, whānau-centred, and culturally responsive approaches, insufficient preparation of new psychology roles may shift additional supervisory and cultural labour onto kaimahi Māori.<sup>6</sup> This risk is particularly acute where kaupapa Māori services are expected to absorb new workforce roles without corresponding investment in cultural supervision, leadership development, and workforce wellbeing.

### **Community-Based Responses and Workforce Diversification**

Alongside clinical workforce reforms, the expansion of community-based crisis responses, including peer-led crisis recovery cafés, signals a broader shift toward less medicalised and more relational models of care. The Mental Health and Wellbeing Commission identifies these services as increasingly important components of the crisis response continuum, including for people experiencing substance-related distress.<sup>7</sup>

For our workforce, the growth of peer-led and community-based services creates new roles for lived-experience workers and broadens the definition of the addiction workforce beyond traditional clinical positions. However, this expansion also increases demand for consistent training, accreditation, and culturally grounded supervision frameworks.<sup>8</sup> Without adequate resourcing, there is a risk that workforce diversification may outpace the infrastructure required to support safe, sustainable practice.

### **Equity, Cultural Capability, and Workforce Sustainability**

Across the literature, a consistent theme is the need to align workforce reform with equity, cultural capability, and Te Tiriti o Waitangi obligations. The Mental Health and Wellbeing Commission emphasises that system improvement will not be achieved through workforce expansion alone, without targeted strategies to support Māori workforce development and retention.<sup>9</sup> For the Māori AOD workforce, the success of 2025–2026 reforms will depend on whether new roles and pathways are accompanied by sustained investment in cultural safety, leadership development, and practitioner wellbeing.

Whare Tukutuku recognises the mātauranga and lived experience of kaimahi, whānau, and hapori Māori. Insights from the Te Wai Taremea Māori Alcohol and Other Drug Workforce Survey 2025/26 will be central to strengthening the cultural capability of the workforce, ensuring it is responsive, fit for purpose, and grounded in the aspirations of Māori communities. These findings also offer an important perspective for reviewing government reports and action plans, helping to ensure they genuinely reflect the experiences and priorities of the Māori AOD workforce. Collectively, this work contributes to an ongoing kaupapa of empowerment and advancement for our sector.



*2. Purapura Whetū kaimahi at Oraka Ararau*

<sup>6</sup>Te Whatu Ora – Health New Zealand. (2024). Mental Health and Addiction Workforce Plan 2024–2027.

<sup>7</sup>Te Pou. (2024). Cultural supervision and workforce wellbeing in mental health and addiction services.

<sup>8</sup>Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2025). Monitoring the mental health and wellbeing system.

<sup>9</sup>Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2025). Equity and system accountability briefing.

## Rautaki Rangahau | Research Method

*Te Wai Taramea 2025/26* adopts a mixed-methods approach, integrating both a survey and qualitative interviews to collect data. Up-to-date information on the number of Māori working across the AOD sector, including those in regulated and unregulated roles, non-governmental organisations, iwi settings, and volunteer positions has been drawn from national databases. The development of the survey and interview questions was strongly informed by earlier workforce research undertaken by Whare Tukutuku and Te Rau Ora.

The survey was designed to align with the goals of Whare Tukutuku and was delivered online via SurveyMonkey. The survey underwent comprehensive testing to ensure it effectively captured meaningful workforce insights. To maximise participation, the survey was distributed widely across the AOD workforce through key stakeholders, Māori health organisations, primary health organisations, and Te Rau Ora social media platforms. A snowball sampling approach was also used, encouraging kaimahi, whānau, and hapori to share the survey within their networks to extend its reach.

The survey remained open from December 2025 to January 2026 during which time more than 140 Māori kaimahi contributed their whakaaro. Building on the findings of the 2024 survey, this phase of the research aimed to explore how recommendations could be realised in practice. Five kaimahi Māori from across the sector were interviewed to gain deeper insight into what “good” looks like in real-world settings. All interviews were conducted online via Microsoft Teams, each lasting approximately one hour. Participants received a koha in recognition of their time and the valuable knowledge they shared.



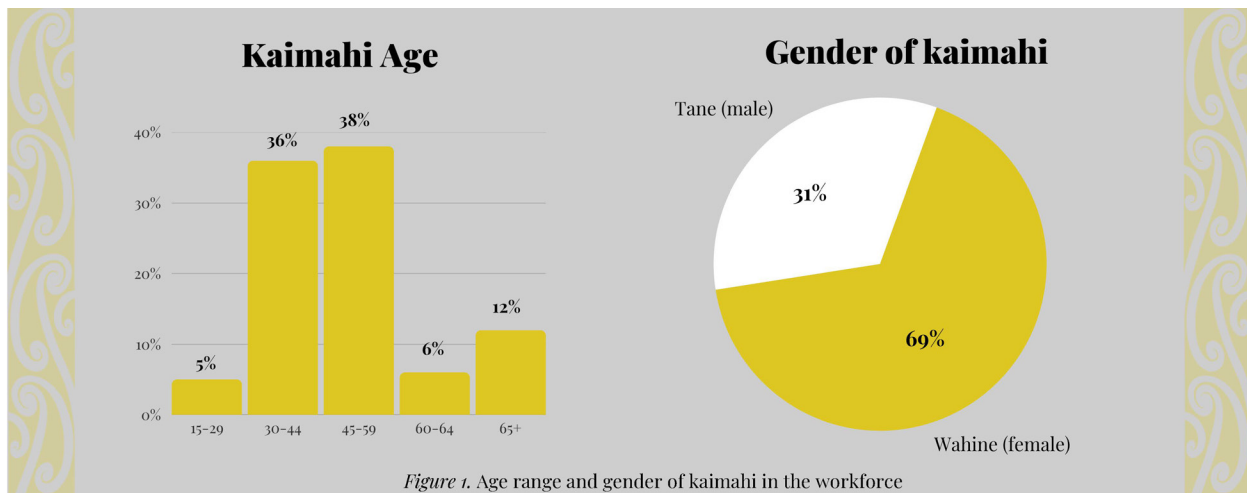
3. AOD Workforce at Oraka Ararau

## Ngā Putanga o te Tatauranga | Survey findings

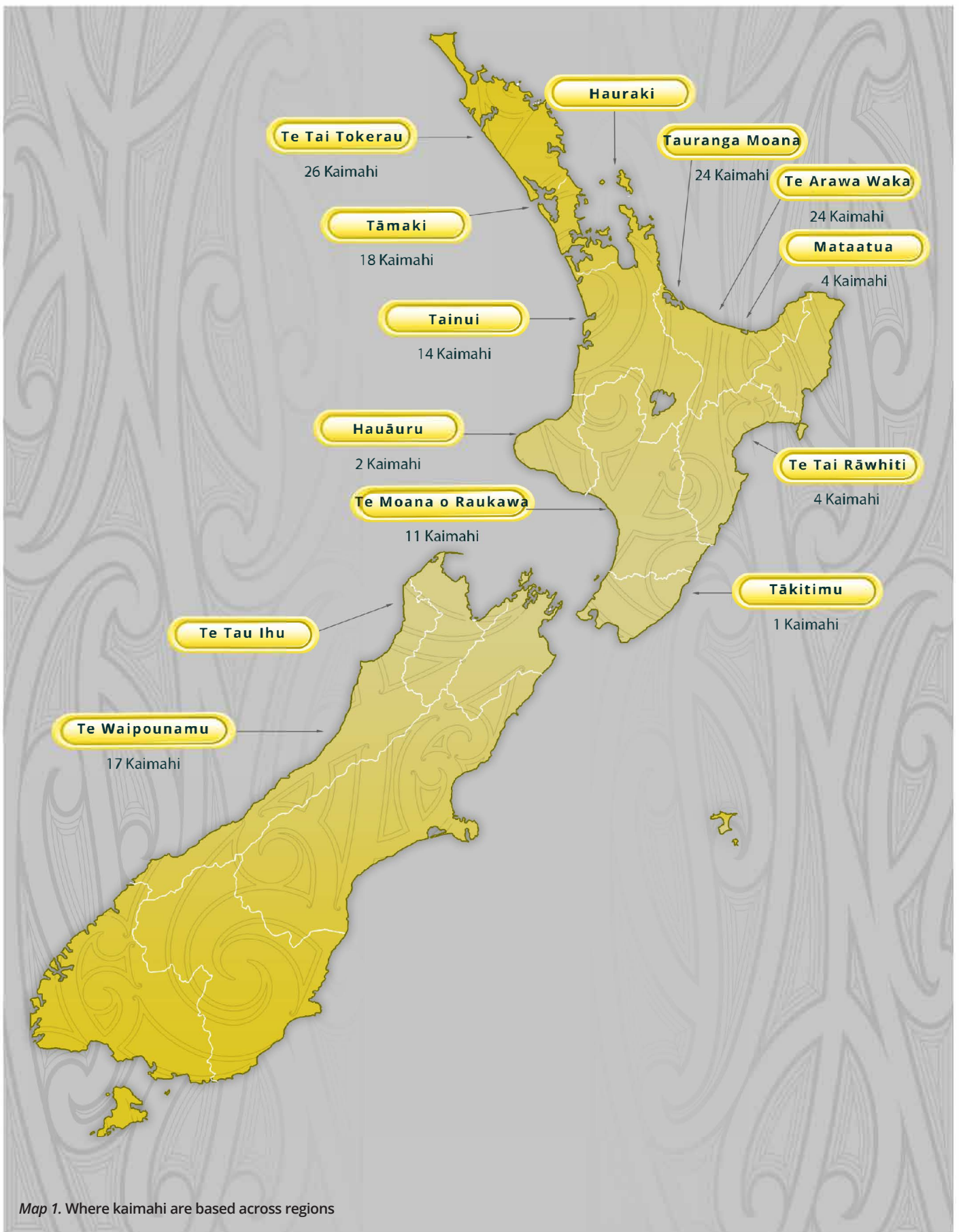
### Nō hea, ko wai

*Te Wai Taramea 2025/26* 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 2024*.

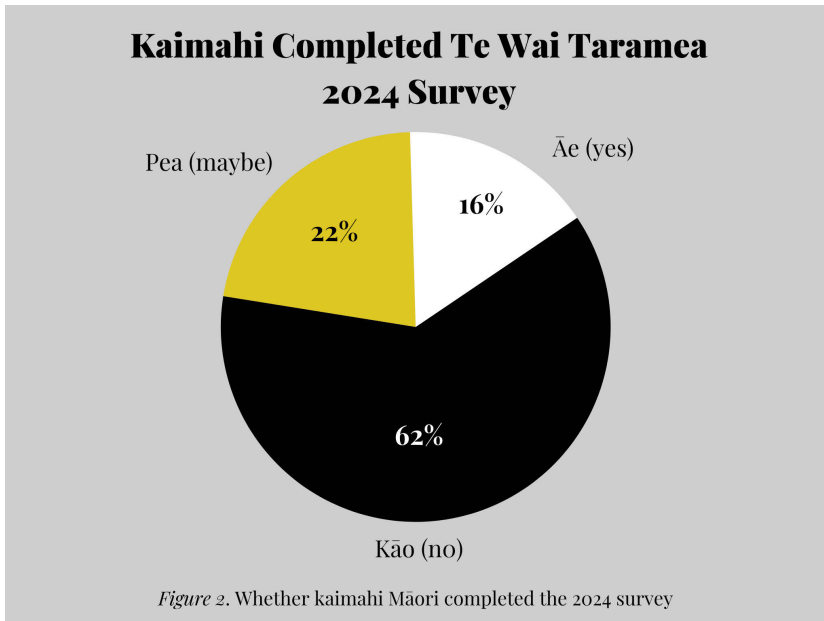
The data presented in **Figure 1** indicates that (38%) of respondents were aged between 45-59 years and (36%) were aged between 30-44 years. Five percent of kaimahi were aged between 15-29 years. The gender makeup of this year's kaimahi who had filled out the survey were wahine at (69%) and tane at (31%), a distribution that is reflected in the wider workforce, and consistent with findings in the 2024 survey.



**Map 1** (on the following page) shows that most kaimahi who answered this question worked across the Te Tai Tokerau and Tāmaki regions. It is worth noting that there was less of a diverse range of kaimahi working across the regions in this year's survey compared to other years. There was also a large number of people who specified holding national roles which is reflected in the lower reported numbers relative to the total number of kaimahi who completed the survey.



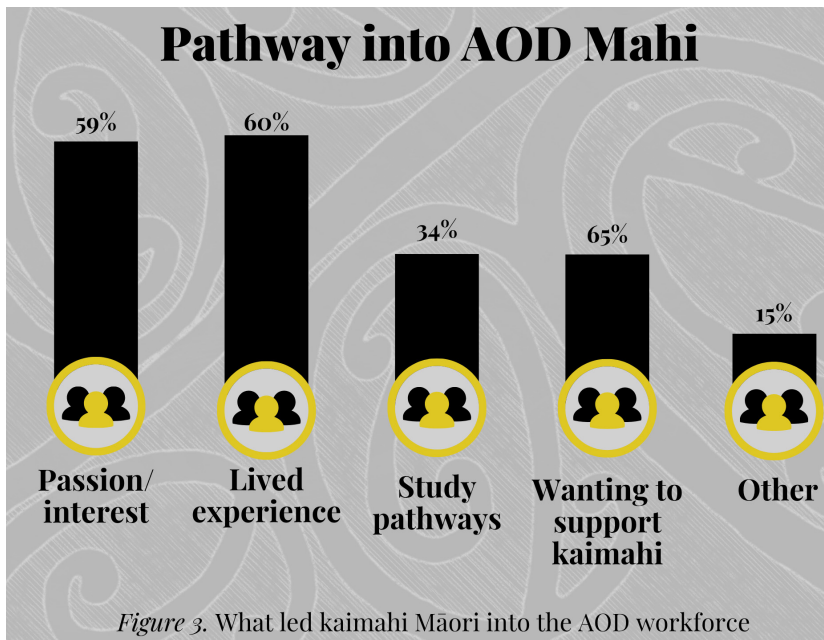
Map 1. Where kaimahi are based across regions



**Figure 2** shows the percentage of kaimahi who completed the 2024 Te Wai Taramaea Survey. The majority of respondents had not previously completed the survey (62%). These results are consistent with the 2023 findings, where (63%) of kaimahi were first-time respondents, suggesting that each survey round continues to engage new participants and reach a broader cross-section of the Māori AOD workforce. This trend indicates ongoing

interest and willingness among kaimahi to contribute their perspectives, while also highlighting the importance of capturing both new and experienced voices to better understand workforce experiences over time.

**Ngā Pūkenga Mahi | Education and Experience**



Exploring how kaimahi enter the AOD workforce provides valuable insight into ways to strengthen and sustain the sector. Participants reported a wide range of entry points, often shaped by personal experiences with addiction or recovery, a strong commitment to supporting their whānau and communities, and pathways offered through education, volunteering, or targeted recruitment programs. When reflecting on their reasons for joining the workforce, kaimahi highlighted

supporting their hāpori (65%), drawing on their own lived experience (60%), and a deep interest or passion for the kaupapa (59%) as key motivating factors.

When asked to elaborate further about their pathways into the workforce, kaimahi gave the following reasons:

- **Lived experience of addiction and recovery** – personal experiences with substance use, recovery, and the criminal justice system motivated many participants to support others on similar journeys.

- **Experiences of addiction within whānau** – witnessing the impacts of addiction on family and children inspired some to help others access support.
- **Commitment to supporting communities** – a desire to uplift whānau, rangatahi, and underserved communities through non-judgemental support and mentorship.
- **Community leadership and advocacy** – prior roles as mentors, sponsors, or trusted voices within their communities led to formal employment in the sector.
- **Education and training pathways** – study in mental health, addiction, or wellbeing supported entry into the workforce.
- **Career opportunities within related sectors** – transitions from social services, community wellbeing, youth work, or administrative roles into AOD services.

Figure 4 shows that the majority of kaimahi have completed AOD-related study and or training. A large number have completed tertiary level study (33%) and or some form of Te Ao Māori training (52%). More kaimahi were aware of the training opportunities available through Te Rau Ora (52%) this year compared to (43%) in 2024 which is promising as increasing awareness and extending the reach of Te Rau Ora and Whare Tukutuku across the workforce was an important focus over the last year.

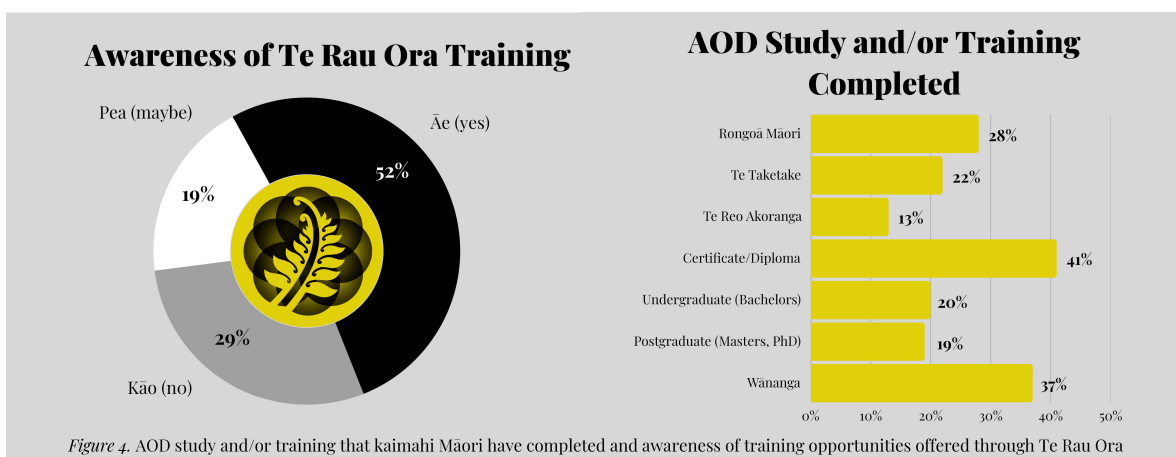
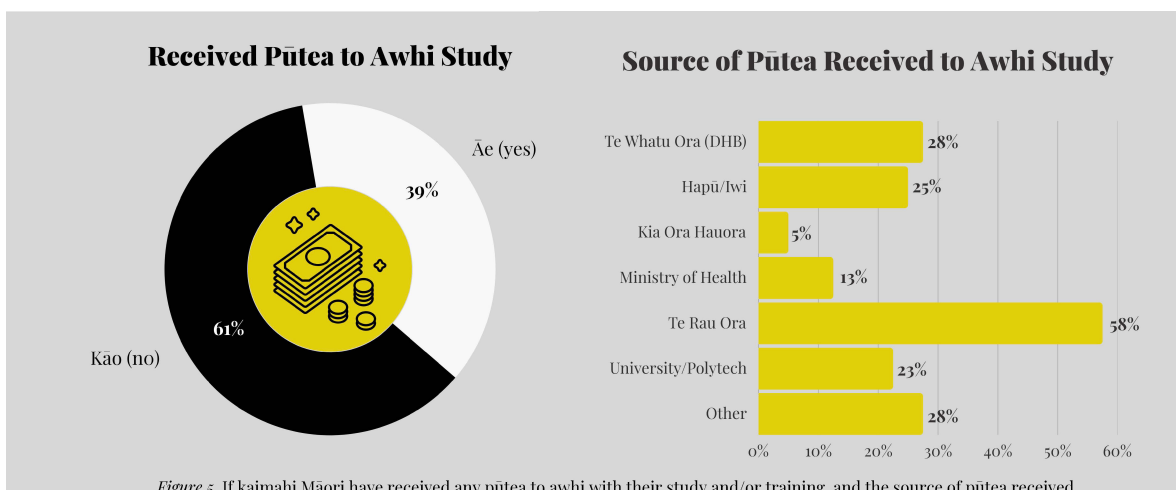
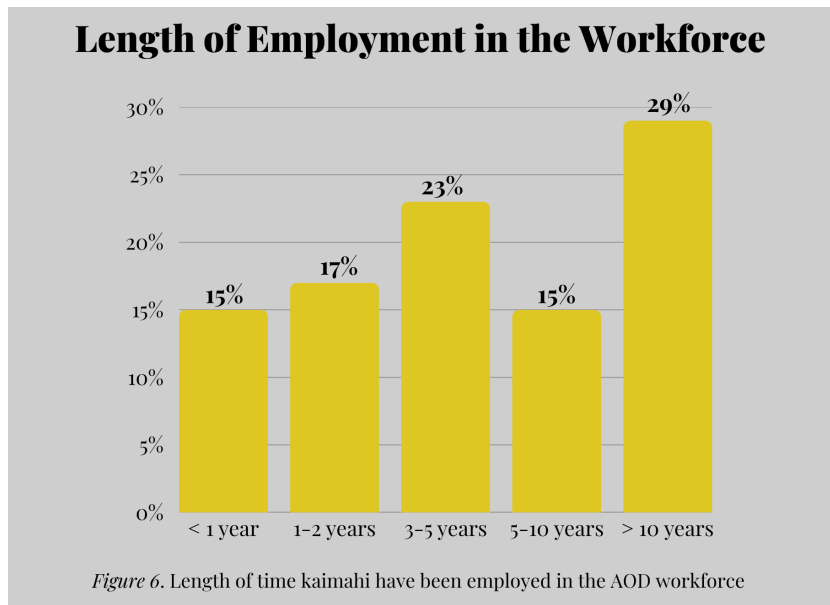


Figure 5 below depict the pūtea kaimahi Māori received to support their studies. Similar to 2024, most kaimahi (61%) said they had not received any funding to support study while 39% said they had. Of those who had received financial aid (57%) said they received this money through Te Rau Ora.



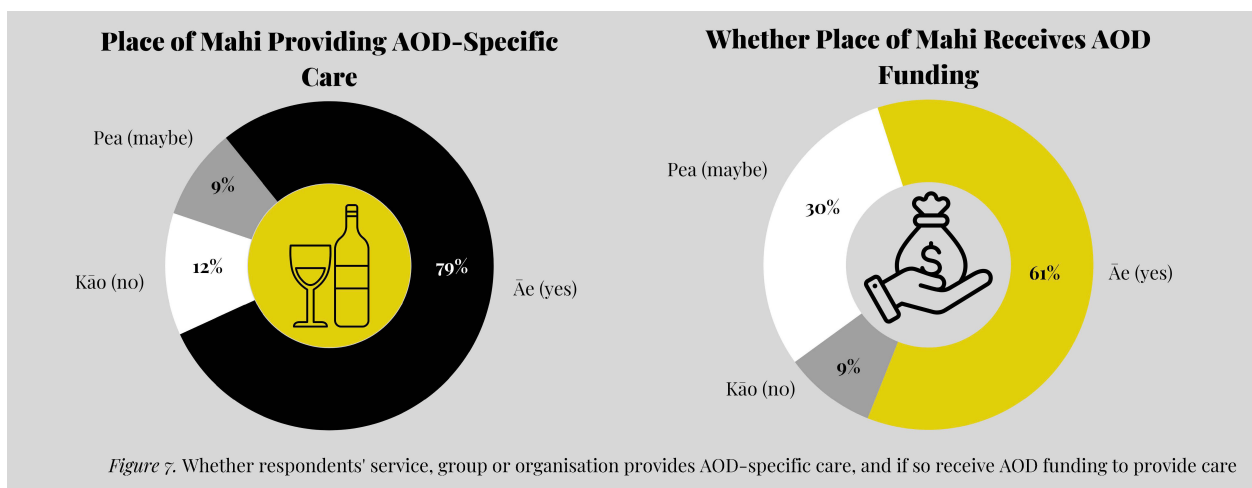
### Mahi | Work

*Te Wai Taramea 2025/2026* offers a current snapshot of the working landscape for kaimahi Māori in the AOD sector. It looks across several dimensions, including the positions kaimahi hold, pressures and influences shaping the workforce, approaches to leadership, and how new workers are entering and being supported within the sector. The survey also explores wellbeing in the workplace, highlighting the need to better acknowledge and uphold the expertise, lived experience, and contributions of kaimahi as a foundation for strengthening both workforce sustainability and the delivery of care.



**Figure 6** shows that most kaimahi (29%) said they had been employed in the AOD workforce for more than 10 years, (23%) have been in the field for between 3-5 years, (17%) 1-2 years and (15%) had been working for both 5-10 years and also less than one year. There was a slight increase in those entering the workforce from (13%) in 2024 to (15%) in 2025/26.

**Figure 7** revealed that the majority of workplaces (79%) provide AOD specific care and (61%) are funded to do so.





4. Kaimahi at Oraka Ararau

**Figure 8.** Sixty four percent of kaimahi feel that ‘addictions’ best describes the area they work in, (29%) describe their field as counselling and (29%) feel harm reduction is the best descriptor. Of the (25%) who answered ‘other’, responses included peer support, mahi a wairua, health promotion and rongoa Māori as kupu that better describe their area of mahi. In terms of their roles, (32%) described themselves as Māori Practitioners, (29%) said they hold a peer support/lived experience role and (20%) of kaimahi described their roles as support worker.

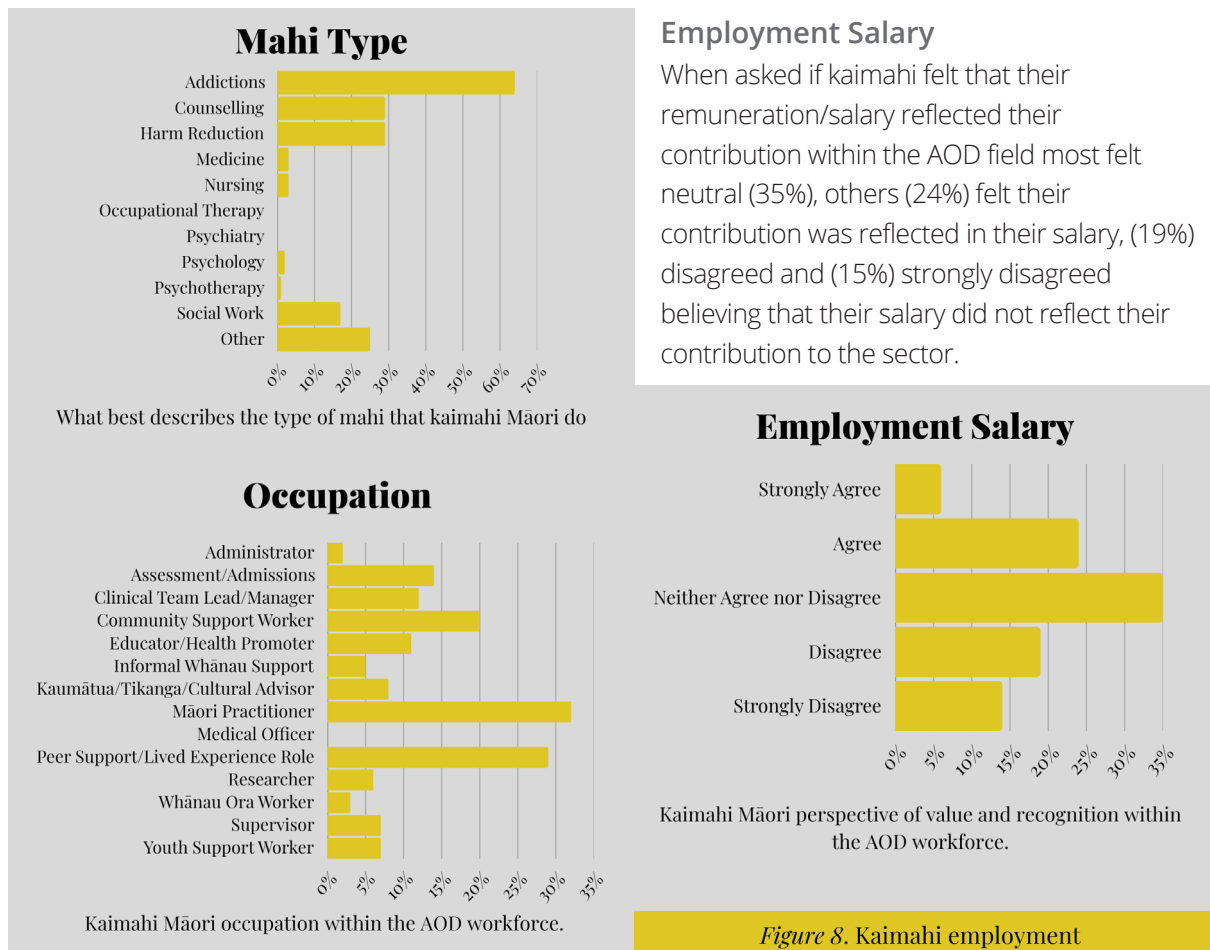


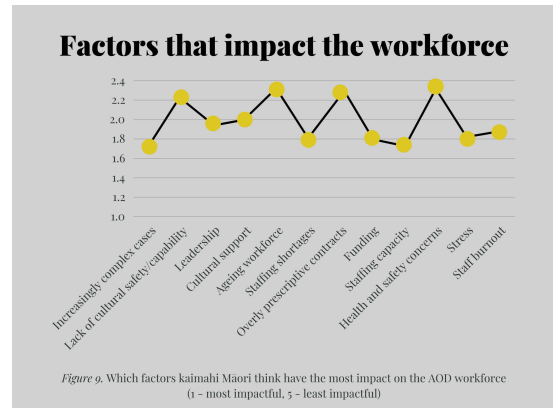
Figure 8. Kaimahi employment

### Factors that impact the workforce

**Figure 9** shows that kaimahi felt the most impactful factors on the AOD workforce were staffing shortages (54%), followed by staffing capacity (50%) and increasingly complex cases (51%). Staff burnout and funding also rated highly as impactful factors across the workforce (50%). When considering what factors they felt were less impactful, kaimahi rated having an aging workforce (23%) and having overly prescriptive contracts (27%) as less impactful right now.

Kaimahi reflected on their oranga over the past 12 months and identified a range of factors that have both positively and negatively impacted their wellbeing. Many noted that increasingly complex client presentations are placing pressure on services, highlighting the need for more highly trained practitioners and better access to support options. Concerns were also raised about gaps in leadership professionalism and accountability, which can affect the quality and consistency of service delivery. Broader social issues such as housing shortages and limited community understanding of mental health were seen to contribute to challenges like evictions, depression, and substance use among whānau.

In addition, some kaimahi felt that current policies can undermine Te Tiriti o Waitangi and culturally informed practice, with organisations at times appearing disconnected from frontline realities. High caseloads, unrealistic policy expectations, limited referral pathways, and complex contractual requirements were also described as significant stressors. Finally, kaimahi emphasised the importance of strengthening cultural capability and understanding of Te Ao Māori within the workforce, noting that reliance on Western models can at times conflict with or diminish culturally grounded approaches.



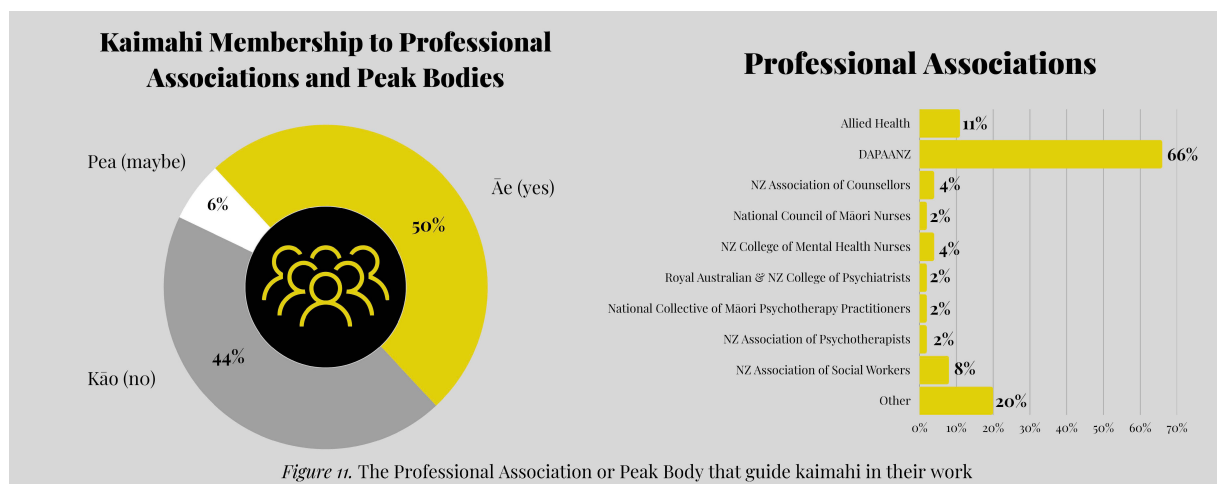
### Factors impacting kaimahi wellbeing over past 12 months

- Gaps in leadership professionalism and accountability affect service delivery.
- Housing shortages, low community tolerance for mental health issues, and resulting evictions, depression, and substance abuse.
- Policies undermining Te Tiriti o Waitangi and culturally informed practice.
- Organisations often disconnected from on-the-ground realities.
- Overloaded caseloads, unrealistic policies, lack of referral services, and complex contracts.
- Need for staff cultural capability and awareness of Te Ao Māori.
- Western models can undermine culturally informed practice.

Figure 10. Factors impacting kaimahi wellbeing

## Professional associations

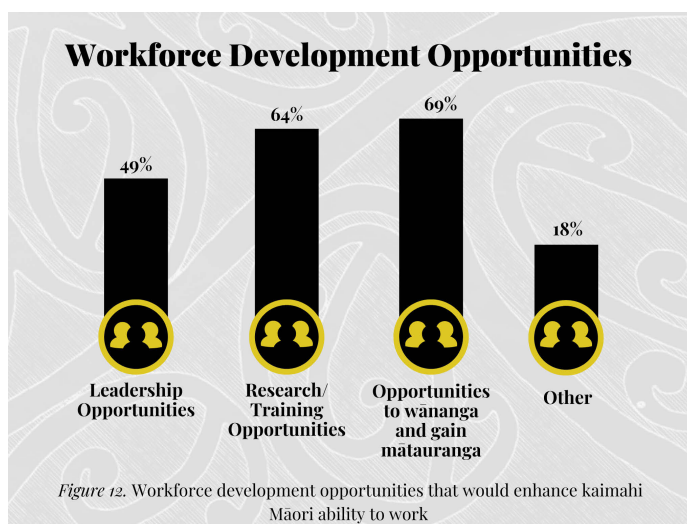
Half of the kaimahi who completed the survey this year said they were a member of a professional association or peak body while (44%) said they were not members and (6%) were unsure. Of those who are members of an association, (66%) said they were a member of the Drug and Alcohol Practitioner's Association Aotearoa New Zealand (Dapaanz), (11%) were part of Ngā Pou Mana (Allied Health) and (8%) were part of Te Rōpū Tauwhiro i Aotearoa (New Zealand Association of Social Workers).



## Hunga Mahi Whanake | Workforce Development

This report extends earlier work examining the needs of kaimahi across the workforce. Gaining insight into their day-to-day experiences, alongside their hopes and aspirations, enables a more informed approach to strengthening support and creating meaningful opportunities for kaimahi, whānau, and hāpori Māori.

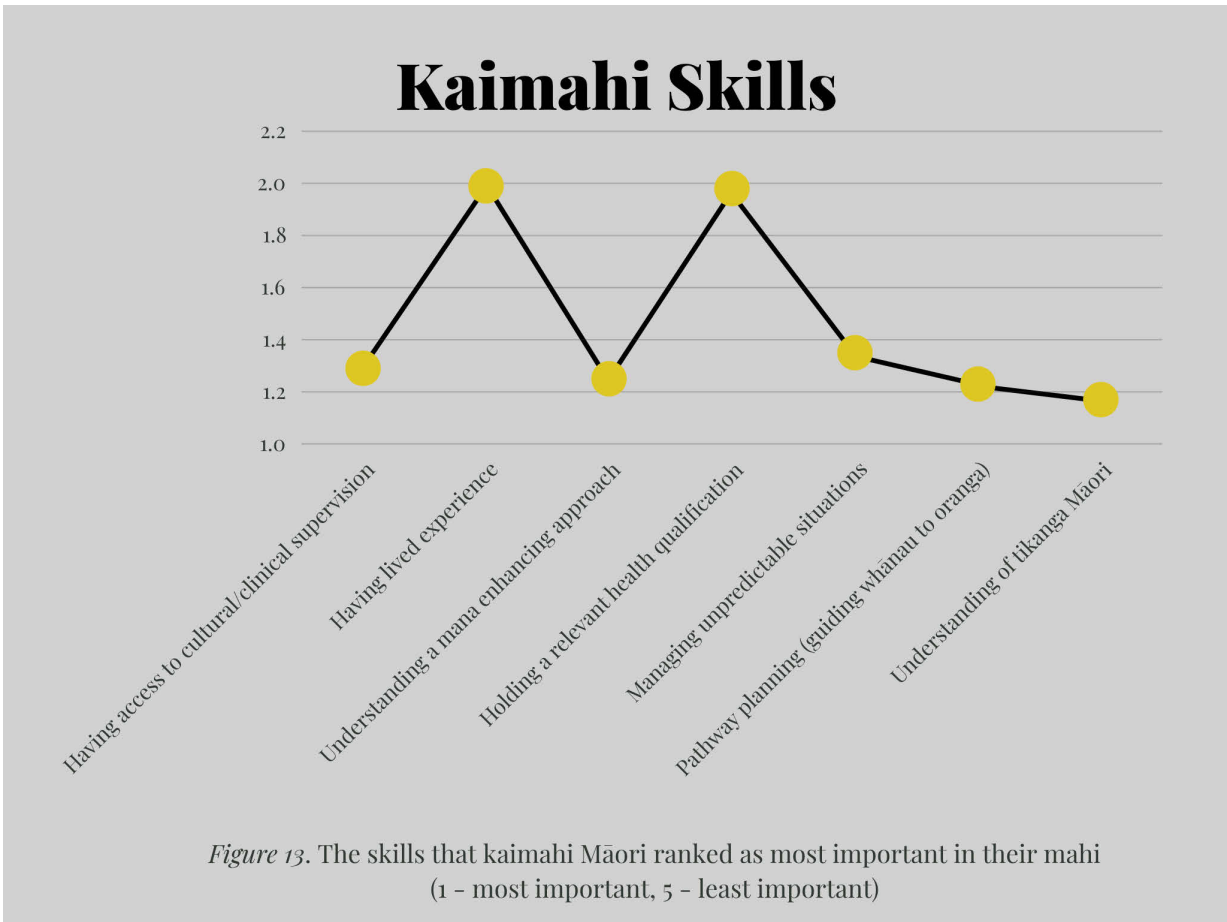
**Figure 12** shows that most kaimahi, (34%) said they believe more opportunities to wānanga and gain mātauranga would be most beneficial in developing their ability as kaimahi, (32%) would also like more research and training opportunities and (25%) believe leadership opportunities would best support their development.



Kaimahi felt that having an understanding of tikanga Māori (aroha, manaaki, and whanaungatanga) was by far the most important skill to possess in the mahi they do (87%), followed by pathway planning (guiding whānau to oranga) (81%) and the ability to manage unpredictable situations (80%). Though still important skills, kaimahi felt that holding a relevant health/AOD qualification was comparatively less important (23%). Respondents were also asked to briefly describe what a 'mana enhancing' approach to reducing alcohol and drug harm looks like in their mahi.

Kaimahi described a mana enhancing approach to addressing alcohol and other drug harm as one that centres on dignity, strengths, and self-determination. Rather than focusing on “fixing” individuals, this approach supports people and whānau to reconnect with their own inner resilience and make decisions that align with their wellbeing. Creating safe, culturally respectful environments was seen as essential, enabling individuals to feel empowered and supported throughout their journey. Kaimahi also highlighted the importance of providing practical tools, knowledge, and prevention strategies, alongside fostering reconnection with whānau. Underpinning this approach is a strong commitment to Te Tiriti o Waitangi, including upholding tino rangatiratanga, strengthening relationships with mana whenua, supporting organisations to act as responsible kaitiaki, ensuring equitable outcomes for Māori, and enabling the integration of wairuatanga and culturally grounded practices where needed.

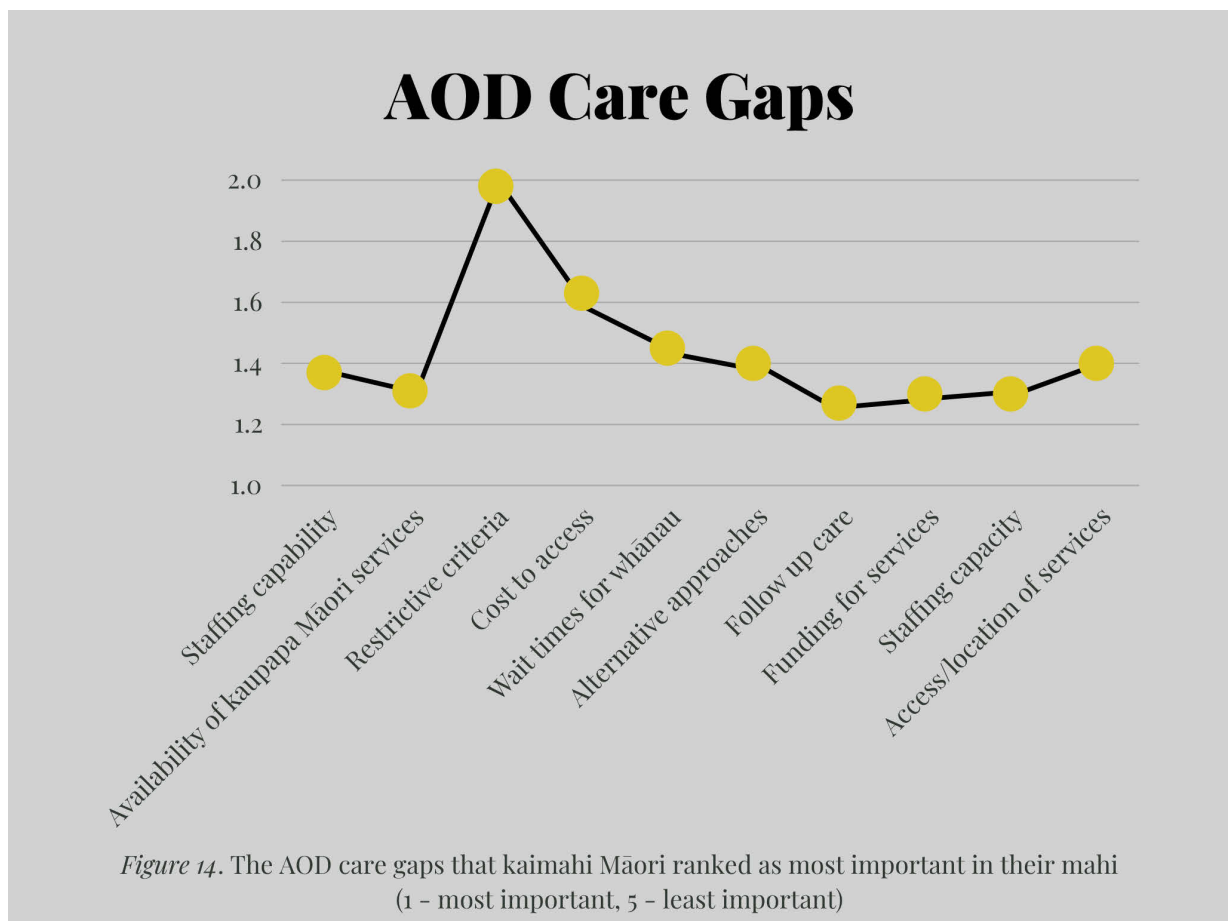
*“A mana-enhancing approach means supporting people in a way that builds their dignity, strengths, and confidence as they navigate alcohol and other drug challenges...I do this by creating safe, culturally respectful environments where individuals and whānau feel empowered to make choices that support their wellbeing.”*



This tells us that kaimahi need support, resources, and environments that enable them to practice in a mana-enhancing, culturally grounded way. They require training and tools to facilitate strengths-based approaches, guidance on working safely and respectfully with whānau, and clarity on how to integrate cultural practices and wairuatanga into their work. Additionally, kaimahi need organisational and systemic backing including partnerships with mana whenua, commitment to Te Tiriti o Waitangi, and equitable policies so they can uphold dignity, self-determination, and empowerment for those they support.

### AOD Care Gaps

Kaimahi were asked to rank AOD care gaps from 1 (most important) to 5 (least important) and the results above represent the weighted averages. **Figure 14** shows that overall, the majority of kaimahi felt that the current lack of availability of kaupapa Māori services was the most important gap (78%) as well as a lack of follow up care for tangata whaiora (77%) and a lack of funding for services (77%). These answers are reflective of the previous sentiment that kaimahi are struggling with resource and funding restraints particularly our Māori services throughout the motu.



### Āheinga Ahurea | Cultural Capability

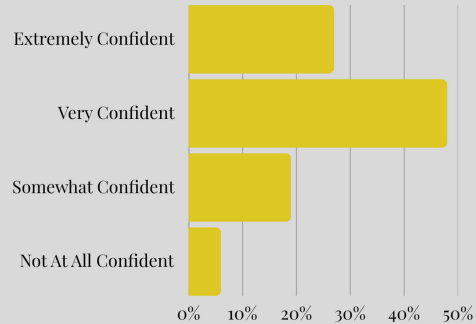
This section reviews respondents' cultural knowledge and skills.

A large majority of the kaimahi who completed this year's survey said they were somewhat (42%) or very confident (37%) in their knowledge of te reo me ōna tikanga. Additionally, many (48%) describe being very confident in their understanding of Te Tiriti and the drivers of health equity in Aotearoa. Twenty seven percent said they were extremely confident in their understanding while (19%) were somewhat confident and (6%) were not at all confident. When asked how often kaimahi draw on the knowledge of local kaumātua, hapū or iwi, majority either always or usually look for guidance in their mahi (61%) while (24%) said they do this sometimes and (16%) of kaimahi either rarely or never draw upon mātauranga from these sources.

Following last year's survey, we explored kaimahi experiences of **cultural loading**, meaning additional cultural-related duties beyond their formal role.

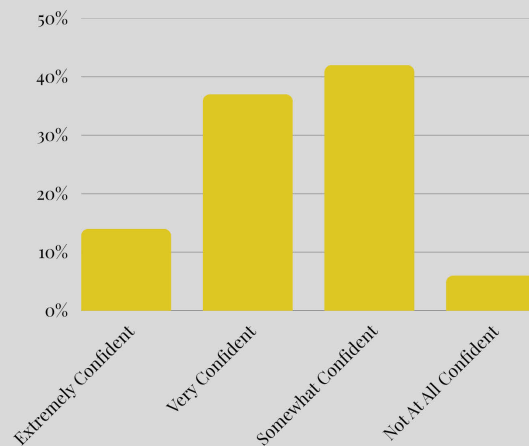
**Figure 16** Interestingly, compared to both the 2023 and 2024 survey results, there was a noticeable decrease in kaimahi experiencing cultural loading. In 2023, (29%) of kaimahi reported always experiencing cultural loading, which slightly decreased to (27%) in 2024. This year, only (19%) described it as a regular occurrence, while the majority (34%) said it happened sometimes. This suggests a positive trend, indicating that the additional culture-related responsibilities outside of formal job roles may be becoming more manageable or better supported.

### Understanding of Te Tiriti o Waitangi & Health Equity



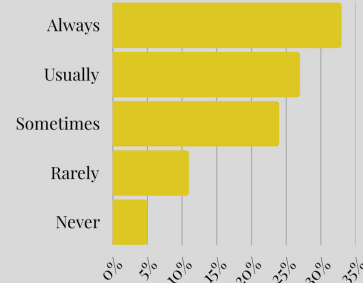
Kaimahi Māori confidence in their understanding of Te Tiriti o Waitangi and the drivers of health equity

### Te Reo me ōna Tikanga



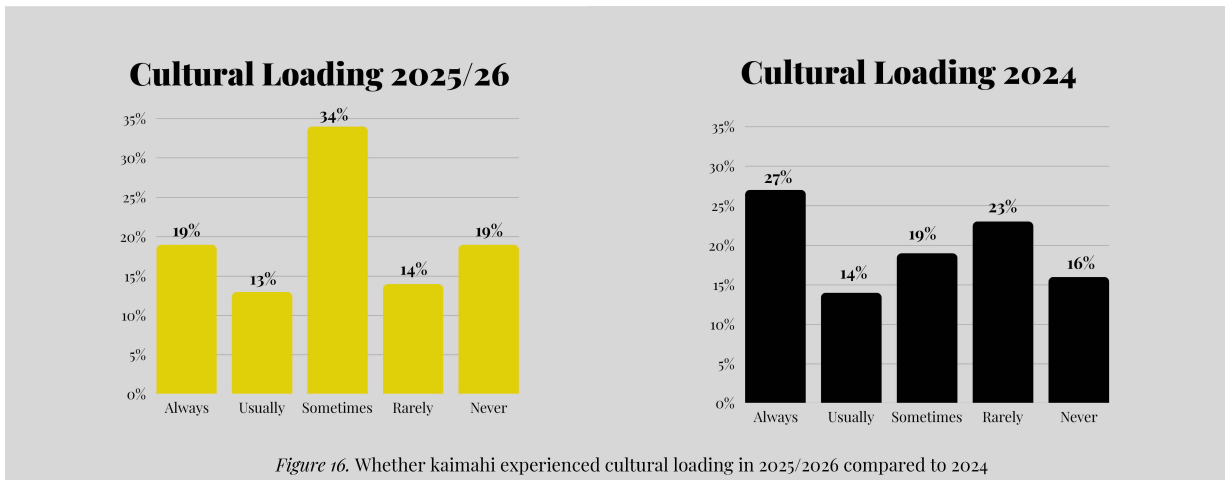
Kaimahi Māori confidence in te reo me ōna tikanga

### Drawing on Kaumātua/Hapū/Iwi Mātauranga



Kaimahi Māori perspective of value and recognition within the AOD workforce

Figure 15. Cultural Fluency



### Moemoeā | Vision for the workforce

When asked about their future vision for the AOD workforce, kaimahi responses highlight a strong vision for a culturally grounded, well-supported, and future-focused AOD workforce. Kaimahi expressed the need for services to be fully embedded in the community, including marae and hapū-led initiatives, with mobile teams able to meet whānau where they are. They emphasised the importance of valuing diverse experiences, recognising participation in kaupapa like Mahi ā Atua through professional accreditation, and using technology, including AI and systems like Feedback Informed Treatment, to reduce administrative burdens so that face-to-face work with whānau is prioritised.

Respondents also stressed the need for workforce growth, accessibility, and equitable resourcing. Expanding the AOD workforce and improving funding would support culturally appropriate, timely, and effective interventions, ensuring kaimahi can thrive rather than merely survive. There was a strong call for career development, leadership opportunities, and recognition of lived experience, particularly for Māori, including more tāne Māori in the sector. Access to cultural and clinical supervision, professional pathways, and whānau-centered practices were seen as essential to maintaining both kaimahi wellbeing and effective service delivery.

Overall, these responses point to a vision of an AOD system that is mana-enhancing, Tiriti-honouring, and whānau-centered, where mātauranga Māori and clinical expertise are equally respected, kaimahi are supported to flourish, and services are accessible, innovative, and responsive to community needs. This reflects an understanding that the wellbeing of kaimahi is directly linked to the outcomes and oranga of the whānau they serve.

*“My moemoeā is for a well-resourced, valued, and culturally grounded AOD workforce where kaimahi are supported to thrive, not just survive. This includes equitable funding, strong kaupapa Māori services in every region, recognised workforce pathways, and access to cultural and clinical supervision. I envision an AOD system that is mana-enhancing, whānau-centred, and Tiriti-honouring, where lived experience and mātauranga Māori are respected alongside clinical expertise, and where kaimahi wellbeing is prioritised as essential to achieving oranga for whānau and communities.”*

*“For all AOD services to be in the community and away from secondary mental health and addictions services. AOD service will be community, marae, hapū run and that the kaimahi are fully mobile so that they can meet where our whanau are. This would mean that they are technologically savvy and AI supported so that the administrative task is completed so that the harder and more significant mahi of working with our whānau face to face is prioritised. That all backgrounds of experience were valued in the AOD sector. That attending kaupapa like Mahi ā Atua is recognised by a Māori AOD professional body. And that we use technology that implements a system like Feedback informed treatment to keep our kaimahi accountable to our whānau.”*

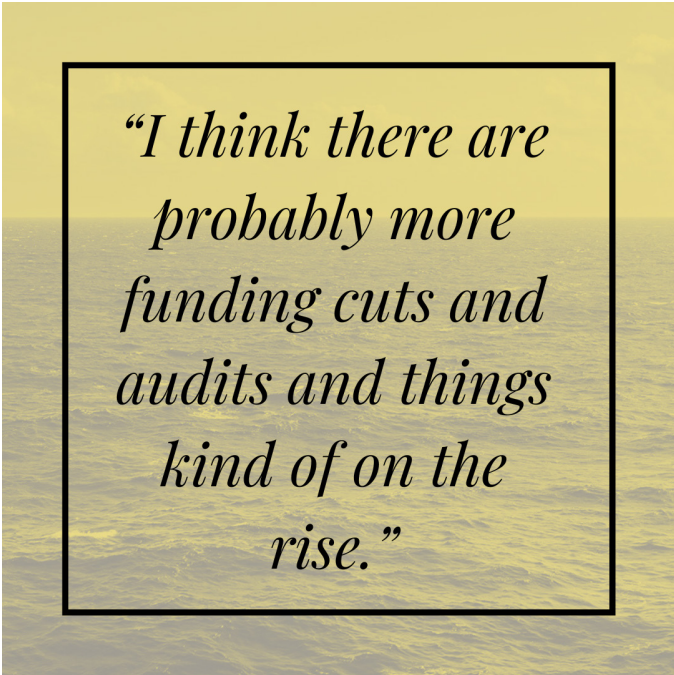
## Interview findings

This research forms part of *Te Wai Taramea 2025/26* report and uses a mixed-methods approach combining a national survey and qualitative interviews. The interview questions were informed by previous workforce reports. While interview discussions were guided by participants, all key questions were addressed. The kōrero was shaped by the whakaaro shared, enabling rich and detailed information to be gathered and contributing meaningfully to the findings of this report.

Building on the 2024 findings, five kaimahi Māori from across the sector were interviewed to explore what the recommendations look like in practice and to better understand what “good” means in real-world contexts. Interviews were conducted online, each lasting approximately one hour, with participants receiving a koha in acknowledgement of their time and expertise.

### Policy and Funding Uncertainty

Kaimahi consistently described a growing sense of uncertainty associated with the current political and policy environment and the impacts this may have on the alcohol and other drug (AOD) sector. Participants highlighted concerns about the stability of funding, future contracting arrangements, and the potential implications of shifting government priorities. This uncertainty was seen as creating additional pressure for services already responding to complex and increasing needs within communities. Kaimahi also reflected on the broader social and economic context, noting that financial hardship and the availability of harmful substances are increasingly affecting whānau at the flaxroots level.



*“I think there are probably more funding cuts and audits and things kind of on the rise.”*

Within this environment, participants expressed concern that rising audits, funding reductions, and administrative requirements may further strain providers and limit their ability to focus on supporting tangata whaiora.

*“There seems to be a lot of unease about what's going on, you know, what's going on politically. Some of the stuff that's going on politically is having an impact on the people. At grassroot levels people are really struggling financially. All those things and all of that has big impacts. And as we both know, all the drugs that are coming through our borders having huge impacts. That contractual stuff is a concern.”*

*(Kaikōrero Tuarua)*

### Workforce recruitment and retention

Workforce challenges remain a significant theme, particularly regarding interdisciplinary tensions, and retention. Throughout previous *Te Wai Taramea* surveys, we've consistently seen an age gap in those who enter the Māori AOD health workforce, so retention and impact were a focus for this year's survey.

One kaimahi observed a highly mixed workforce within the AOD field including social workers, counsellors, psychologists, and AOD practitioners. While interdisciplinary practice can be a strength, it was also described as a site of hierarchy and perceived undervaluing. For example, counselling perspectives were sometimes viewed as less authoritative than psychological frameworks. Kaimahi described subtle professional hierarchies that could undermine collaboration and morale.

*“Think what I’ve noticed here in [city] is there’s a lot of differences. There’s a lot of different disciplines working in the AOD field, so social workers, counsellors, AOD practitioners, you know, psychologists. And I think sometimes that can be a place where people might feel undervalued, because they come from different perspectives and so for example psychologists will think in a particular way and may look down on a counselling perspective, which is my perspective or a social worker operates in a very different environment.” (Kaikōrero Tuawhā)*

Retention is further complicated by burnout, under-resourcing, and limited career progression pathways. The emotional demands of AOD work, combined with structural pressures, contribute to workforce instability.

### Cultural Load

A significant theme throughout the interviews was the concept of cultural load. As kaimahi Māori who carry deep cultural commitment, kaimahi described both pride and burden in bringing their whole selves into the workplace. Cultural responsibilities such as mihi, karakia, and pōwhiri were often expected of Māori staff, regardless of role or workload. While these practices are integral to culturally safe service delivery, kaimahi described experiences where these expectations felt extractive rather than genuinely supported.

Kaimahi described feeling “used” or tokenised when called upon to perform cultural functions without systemic investment in Māori leadership or structural change. In some services, cultural practices were described as superficial additions rather than embedded practice. This created tension between authentic cultural expression and institutional appropriation.

*“As a Māori kaimahi and somebody who loves my culture, I sort of carry that with me and it’s who I am. So, when I go into a service, sometimes, you know, there might be a feeling of being used, of getting up to mihi, to welcome people, to do karakia, um, those types of things and you know, sometimes it doesn’t sit well with me and I find it’s a bit patronising at times, with different services I’ve been in. (Kaikōrero Tuatoru)*

### System-Level Funding Constraints

Funding instability was consistently identified as a core barrier to effective service delivery. Many kaimahi described unclear or shrinking budgets, unfilled Full-Time Equivalent (FTE) positions, and long-term vacancies due to financial uncertainty.

One participant metaphorically described the situation as “paying Paul with Peter’s money,” illustrating the reallocation of limited resources to cover shortfalls. Managers were described as operating without clear visibility of future funding, making strategic planning difficult.

*"There seems to be a lot of unease about what's going on, you know, what's going on politically. Some of the stuff that's going on politically is having an impact on the people. At grassroots levels people are really struggling financially. All those things and all of that has big impacts. And as we both know, all the drugs that are coming through our borders having huge impacts. That contractual stuff is a concern."*

*(Kaikōrero Tuarua)*

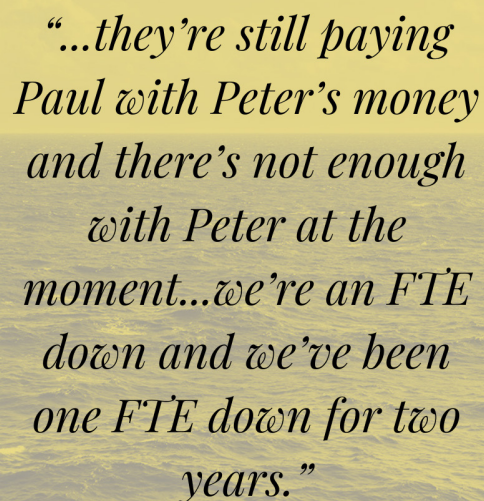
Being one FTE down for extended periods (in one case, two years) places sustained pressure on remaining staff. This not only increases burnout risk but also limits the quality and depth of support available to tangata whaiora. Importantly, kaimahi expressed frustration that funding does not always flow directly to whānau in meaningful ways, despite intentions for it to do so.

### Lived Experience and Organisational Support

The value of lived experience was evident throughout the interviews, yet kaimahi identified gaps in organisational support for those with lived experience of addiction.

An interviewee shared the experience of a wahine who had successfully completed a rehabilitation programme and later returned as a staff member. While deeply committed to her role, she continued to navigate personal triggers and wellbeing challenges. Although peer support conversations occurred informally, there was limited structured organisational support to prioritise her wellbeing.

This further highlighted a broader systemic issue: individuals with criminal records may feel "trapped" in their roles due to limited alternative employment options. This creates vulnerability as they may remain in roles despite burnout or distress because leaving feels too risky. This finding suggests a need for structured supervision, trauma-informed workforce policies, and genuine investment in the wellbeing of lived-experience practitioners.



*"...they're still paying Paul with Peter's money and there's not enough with Peter at the moment...we're an FTE down and we've been one FTE down for two years."*

*"I totally do. And I think about, for example, when I was in my previous role, a wahine who had completed the program herself several years before, she was still struggling, I think, with some issues around her own she was recognising some of her own triggers and the things of it for her own work, and she and I would have big conversations about her own wellbeing coming first and all of that sort of stuff, but she didn't necessarily have that support from her organisation and she was really scared to give up her job because she knows she has a criminal record and she and she's not likely to be able to get back into that space which is what she loves" (Kaikōrero Tuarima)*

### Barriers to Culturally Safe, Māori-Led AOD Systems

Kaimahi reflections on what a culturally safe, Māori-led AOD system could look like highlight several key gaps in the current system. A strong system would be underpinned by sustainable and transparent funding, pay parity across disciplines, and genuine investment in Māori leadership. It would also recognise and appropriately compensate cultural labour, reduce excessive compliance requirements, and operate with greater trust in providers. In addition, support structures for lived-experience kaimahi would be embedded, and resourcing would prioritise the needs of whāiora rather than administrative outputs. These insights suggest that cultural safety cannot be achieved through surface-level practices alone, but instead requires meaningful structural change across funding models, governance, accountability, and workforce support.

## What a culturally-safe, Māori-led AOD system would look like

- Sustainable and transparent funding
- Pay parity across disciplines
- Genuine investment in Māori leadership



- Reduced compliance burden and increased trust
- Embedded support structures for lived-experience kaimahi



- Resourcing that prioritises whānau needs over administrative outputs
- Recognition and compensation for cultural labour



Figure 17. Vision for a Māori-led AOD system

## Te Wai Taramea Report Summary

*Te Wai Taramea 2025/2026* report again engages with the Māori AOD workforce to better understand the current realities, challenges, and aspirations of kaimahi Māori from across the sector. This work continues to support progress toward greater equity in health outcomes. Feedback from surveys and interviews highlight growing calls for workforce development opportunities that are created and guided by Māori perspectives and leadership. Compared with earlier reporting, kaimahi voices appear more confident in identifying systemic issues and advocating for meaningful change. Over time, *Te Wai Taramea* reports have also contributed to stronger connections and a sense of shared purpose among those working within the Māori AOD sector. The findings reinforce the importance of expanding culturally responsive support options throughout Aotearoa and confirm that many kaimahi remain deeply committed to supporting whānau through approaches grounded in Māori knowledge, values, and ways of working.

Taken together the quantitative results of the 2025/2026 survey are like those of the 2024 in relation to demographic data. For example, most kaimahi (62%) who completed this year's survey had not completed the previous *Te Wai Taramea* survey in 2024. Similarly, we remain a wāhine dominated workforce with (69%) of this year's survey respondents identifying as wāhine and (31%) as tāne. A large number of kaimahi who completed this year's survey held AOD specific qualifications. This year, (19%) reported having a postgraduate qualification compared to (15%) in 2024. Moreover, this year saw an increase in kaimahi who held a Rongoa Māori qualification (27%) compared to just (15%) in 2024.

Interestingly, there was more awareness of the training opportunities offered through *Te Rau Ora* with (52%) of kaimahi saying they were aware of the training opportunities offered compared to only (48%) being aware of training opportunities in 2024. This is a positive sign in that the effort to increase national awareness of the training opportunities available has been effective.

The majority of kaimahi (79%) worked in services that provided AOD specific care and receive AOD specific funding. Respondents felt 'addictions' best described their area of mahi and most described themselves as working in a peer support/lived experience role. Similar to the last *Te Wai Taramea* survey, some feel their experience is not reflected in their salaries and the majority of kaimahi are unsure if it is reflective of the work they do. A large number of kaimahi (69%) believed that more opportunity to wānanga and gain mātauranga would be most beneficial to their professional development alongside more research and training opportunities (64%).

More recently work has begun on the establishment of a specific AOD Māori Peak Body and most respondents in this survey (48%) said they would be interested in joining this entity. A Māori Peak Body would allow kaimahi to work in a way that is uniquely Māori without restriction and ensure cross-sector representation providing a unified body for all Māori across the workforce.

As a whole, kaimahi report being very confident in their understanding of *Te Tiriti o Waitangi* and the drivers of health equity (48%). Twenty seven percent are extremely confident and (19%) report being 'somewhat confident'. In terms of knowledge of *te reo me ōna tikanga*, most (42%) said they are somewhat confident in their understanding while (37%) describe themselves as 'very confident'.

Evidence from this year's survey suggests that kaimahi consider the lack of availability of Māori services as the most critical gap in the AOD workforce currently (78%), in addition to lack of follow up services for whaiora (77%) and funding for services (77%). The lack of availability of Māori services has been consistently identified as a crucial gap in the sector across the last three surveys, which signals a need to prioritise the development and resourcing of kaupapa Māori AOD services, strengthen workforce capacity, and ensure equitable access to culturally grounded care for whānau.

When reflecting on the skills kaimahi felt were most important in their mahi, having an understanding of tikanga Māori was rated most important (87%) followed by pathway planning (guiding whānau to oranga) and understanding a mana enhancing approach. Like the last survey's findings, kaimahi felt that holding a relevant qualification was less critical to their practice.

Kaimahi identified the availability of Māori services as the most important gap in AOD care (78%), which reflects the critical need for culturally grounded, whānau-centered support that upholds Māori values, practices, and self-determination in treatment and recovery pathways. Respondents also felt the lack of follow up care for whānau following their engagement with services was an ongoing issue which undermines continuity of support, limits the effectiveness of interventions, and increases the risk of relapse or disengagement from care.

In looking to the future, kaimahi aspire to a well-resourced, culturally grounded, and community-embedded AOD workforce where services are accessible, mobile, and led in partnership with marae and hapū. They want their diverse experiences and participation in kaupapa Māori to be recognised and valued, alongside opportunities for professional development, leadership, and career progression. There is a clear desire for equitable funding, strong workforce pathways, and access to cultural and clinical supervision to ensure kaimahi can thrive rather than just survive. Kaimahi also envision an AOD system that is mana-enhancing, whānau-centered, and Tiriti-honouring, integrating mātauranga Māori with clinical expertise. Ultimately, their aspiration is for a workforce where wellbeing, accountability, and culturally responsive practice are central to achieving positive outcomes for whānau and communities.

## Key Survey and Interview Findings

***The current political and funding environment*** is affecting both kaimahi and whānau. Kaimahi described increasing concern about the stability of the AOD sector as government priorities, funding arrangements, and contracting processes continue to shift. Many reported that uncertainty around budgets, audits, and service contracts is creating additional pressure within organisations and affecting workforce morale. At the same time, kaimahi observed growing levels of need within their communities, with financial hardship and the availability of harmful substances placing further strain on whānau. Participants noted that these pressures make it more challenging for services to respond effectively, while ongoing administrative and compliance demands can limit the time and resources available to focus on supporting whaiora.

***Recruitment and retention*** remain a primary concern among kaimahi Māori across the sector. With continued restraints on resourcing and funding, there are less training pathways to recruit new kaimahi into the AOD field.

***Cultural responsibilities continue to place additional expectations on kaimahi Māori.*** Many kaimahi spoke about the cultural load they carry within their roles. While bringing Māori values, practices, and ways of being into their mahi was often described as a source of pride and commitment, it has also created additional pressures. Kaimahi Māori are frequently expected to lead cultural practices such as mihi, karakia, and pōwhiri, regardless of their role or workload. Kaimahi noted that these expectations are not always recognised, resourced, or formally supported within organisations. Some participants described feeling tokenised when cultural practices were called upon without meaningful investment in Māori leadership or systemic change. These experiences highlight ongoing tensions between the value placed on cultural knowledge and the lack of structural support for those expected to carry it.

## Key Recommendations

### 1. Establish Stable and Transparent Funding Models

AOD services require long-term, predictable funding to ensure continuity of care and workforce stability. Government agencies and commissioning bodies should implement multi-year funding arrangements that allow organisations to plan staffing, programme delivery, and service development with greater certainty. Transparent funding processes would reduce organisational instability and allow services to focus on supporting tangata whaiora rather than navigating financial uncertainty.

### 2. Address Workforce Capacity and Recruitment Challenges

Investment is needed to strengthen the AOD workforce. This includes funding additional Full-Time Equivalent (FTE) positions to reduce workload pressures and prevent burnout. Workforce development strategies should include clear career pathways, training opportunities, and recruitment initiatives that encourage new practitioners to enter the sector while supporting retention of experienced staff.

### 3. Implement Pay Parity Across Disciplines in the AOD Sector

Pay disparities across disciplines working within the AOD sector can contribute to feelings of undervaluation and workforce attrition. Establishing pay parity across roles such as counsellors, social workers, psychologists, and AOD practitioners would promote equity and support interdisciplinary collaboration.

### 4. Recognise and Resource Cultural responsibility

Kaimahi Māori often carry additional cultural responsibilities within organisations, including leading mihi, karakia, and cultural engagement practices. These contributions should be formally recognised within role descriptions, workload allocations, and remuneration structures. Organisations should also invest in building broader cultural capability among all staff to ensure cultural practices are not disproportionately placed on Māori employees.

### 5. Strengthen Māori-Led and Kaupapa Māori AOD Services

To support culturally safe and effective service delivery, increased investment in Māori-led and kaupapa Māori AOD services is essential. Funding frameworks should prioritise Māori governance, leadership, and decision-making to ensure services are designed and delivered in ways that align with tikanga and the needs of Māori communities.

### 6. Improve Support Structures for Lived Experience Practitioners

Individuals with lived experience play a valuable role in supporting whānau within AOD services. Organisations should develop structured support systems for these practitioners, including access to regular supervision, wellbeing support, and professional development. Policies should also recognise the unique pressures faced by lived-experience staff and provide safeguards to protect their wellbeing.

### 7. Reduce Administrative Burden and Compliance Pressures

Participants identified increasing audits and reporting requirements as a growing strain on services. Government agencies and funders should review compliance frameworks to ensure reporting requirements are proportionate and meaningful. Reducing unnecessary administrative burden would allow practitioners to dedicate more time to direct support for whānau.

## 8. Ensure Funding Directly Supports Whānau Engagement

Resourcing should prioritise tools, materials, and environments that enhance engagement for whānau. This includes funding for programme resources, therapeutic materials, and culturally appropriate activities that support recovery. Small but meaningful resources can significantly improve engagement and outcomes.

## 9. Strengthen Community-Level Responses to Drug Availability

Kaimahi highlighted the growing impact of the availability of alcohol and other drugs in communities. Strengthening prevention, harm reduction, and community-based responses will be essential to addressing increasing substance-related harms. This includes collaboration between health services, community organisations, and policymakers.



5. Te Ahi Wairua at Oraka Ararau

## Whakakapi | Conclusion

The *Te Wai Taramea 2025/26* findings highlights both the strengths and ongoing challenges within the AOD workforce. Kaimahi continue to demonstrate deep commitment to culturally grounded, whānau-centered practice, yet persistent gaps, particularly the limited availability of Māori services, insufficient follow-up care for whānau and constrained funding remain significant barriers. There is a clear aspiration for a workforce that is well-supported, mobile, and equipped with the resources, training, and supervision needed to thrive, alongside equitable opportunities for career development and leadership. Respondents consistently emphasised the importance of integrating mātauranga Māori, lived experience, and clinical expertise to create services that are mana-enhancing and Tiriti-aligned. Addressing these gaps will be critical to building an AOD system that not only meets community needs but also strengthens kaimahi wellbeing, ensuring sustainable and effective outcomes for whānau and communities.



6. Building the workforce at Oraka Ararau

## References

Doocey, M. (2025). *Associate psychologist role to strengthen the mental health workforce*. Beehive.govt.nz.

New Zealand Psychologists Board. (2025). *Associate psychologist role: Scope and intent*.

Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2024). *Te Hiringa Mahara: Six shifts to improve mental health and wellbeing*.

Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2025). *Equity and system accountability briefing*.

Te Hiringa Mahara – Mental Health and Wellbeing Commission. (2025). *System performance monitoring report*.

Te Pou. (2024). *Cultural supervision and workforce wellbeing in mental health and addiction services*.

Te Pou. (2025). *Mental health and addiction workforce supply: June 2025*.

Te Whatu Ora – Health New Zealand. (2024). *Mental health and addiction workforce plan 2024–2027*.

Whare Tukutuku. (2024). *Te Wai Taramea 2024: Māori Alcohol & Other Drug Workforce Report*.

## Appendix 1: Interview Guide

**Starter question:** Over the past year, there have been significant government-led changes in the AOD and Hauora sector. From your perspective as a kaimahi, what impacts have you seen or experienced — professionally and within your community?

**Topic #1: Recruitment & Retention** (Key focus: Passion, lived experience, workforce sustainability)

1. What do you think attracts kaimahi with passion, interest, or lived experience into Māori AOD work today?
2. What feels missing or could be strengthened to improve recruitment?
3. Can you share an example of when you felt valued or undervalued in your role?
4. What would make the biggest difference to retaining committed Māori AOD kaimahi?

**Topic #2: Pay Parity & Resourcing** (Key focus: Equity, capacity, service delivery)

5. How have pay parity or resourcing issues affected you, your team, or your ability to support whānau?
6. What impacts do these challenges have on morale, workload, or staff retention?
7. From your view, what needs to change at a system or funding level?

**Topic #3: Support Networks, Whanaungatanga & Kotahitanga** (Key focus: Wellbeing, connection, collaboration)

8. What types of support, networks, or Māori-specific spaces would strengthen your wellbeing and effectiveness as a kaimahi?
9. Can you describe a time when collaboration with other Māori kaimahi enhanced your mahi?
10. What made that experience work well, and how could it be replicated?

**Topic #4: Lived Experience & Cultural Capability** (Key focus: Inclusion, cultural confidence, discrimination)

11. How is lived experience currently recognised or valued in your workplace?
12. Where do you still see discrimination or barriers for lived-experience kaimahi?
13. What practical shifts would better uplift and protect lived-experience voices?
14. What development opportunities would most strengthen your confidence in te reo me ōna tikanga?
15. Are there personal, organisational, or systemic barriers that limit access to cultural development?
16. How does cultural capability (or lack of it) impact engagement with whānau Māori?

**Topic #5 Future Vision & Closing** (Key focus: System change, Māori-led solutions)

17. Looking ahead 5–10 years, what does a culturally safe, Māori-led AOD system look like to you?
18. What are the most critical steps needed now to reach that future?
19. Is there anything else you feel is important to share that we haven't covered?



## Appendix 2: Survey Questions

### No hea, ko wai

1. He aha tō 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)
  - a. 15-29
  - b. 30-44
  - c. 45-59
  - d. 60-64
  - e. 65+
6. Do you identify as?
  - a. Wahine (female)
  - b. Tāne (male)
  - c. Takatāpui
  - d. Transgender
  - e. Intersex
  - f. Non-binary
  - g. Prefer not to say,
  - h. Other (please specify)
7. Did you complete Te Wai Taremea Workforce survey in 2023?
  - a. Āe (yes)
  - b. Kao (no)
  - c. 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.
  - a. Passion/Interest
  - b. Lived experience
  - c. Study pathways
  - d. Other (please explain)
9. What AOD study and/or training have you completed that is relevant to your mahi? Please select all that apply.
  - a. Rongoā Māori
  - b. Te Taketake
  - c. Te Ngaru Learning System
  - d. Te Reo Akoranga
  - e. Certificate/Diploma
  - f. Undergraduate (Bachelors)
  - g. Postgraduate (Masters, PhD)
  - h. Wānanga
  - i. 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)

- j. Waka Oranga (National Collective of Māori Psychotherapy Practitioners)
  - k. Te Rōpū Whakaora Hinengaro (New Zealand Association of Psychotherapists)
  - l. Te Rōpū Tauwhiro i Aotearoa (New Zealand Association of Social Workers)
  - m. 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?
- a. Leadership opportunities
  - b. Research/Training opportunities
  - c. Opportunities to wānanga and gain mātauranga
  - d. 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).
- a. Understanding of Tikanga Māori (aroha, manaaki, and whanaungatanga)
  - b. Pathway planning (guiding whānau to oranga)
  - c. Managing unpredictable situations
  - d. Holding a relevant health qualification
  - e. Understanding a mana enhancing approach
  - f. Having lived experience
  - g. Having access to cultural/clinical supervision
26. Please rank each of the following AOD care gaps from very important (1) to not important (5).
- a. Access/location of services
  - b. Staffing capacity
  - c. Funding for services
  - d. Follow up care
  - e. Alternative approaches (rongoā Māori, therapeutic retreats)
  - f. Wait times for whānau
  - g. Cost to access
  - h. Restrictive criteria
  - i. Availability of kaupapa Māori services
  - j. 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?
- a. Extremely confident
  - b. Very confident
  - c. Somewhat confident
  - d. Not at all confident
28. How confident are you in te reo Māori me ōna tikanga?
- a. Extremely confident
  - b. Very confident
  - c. Somewhat confident
  - d. Not so confident
  - e. 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 3: 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
Kupu whakataki	Introduction
Mahi	To work
Manaaki	Support
Mana Motuhake	Self-Determination
Mātauranga	Knowledge, wisdom, understanding
Moemoeā	Aspirations
Oranga	Wellness
Pātai	Question
Pūtea	Money
Rangatahi	Youth
Rangatira	Leader
Rohe	Region
Rongoā	Māori traditional medicine/healing practices
Roopu	Group
Tāne	Men
Tangata Whaiora	Person seeking wellness
Wāhine	Women
Wāhi mahi	Workplace
Wānanga	To gather / discuss
Whakaaro	Thought / opinion / understanding
Whanaungatanga	Kinship / relationship
Whānau	Family / group / extended family



# TE RAU ORA

Copyright © Te Rau Ora 2026  
Printed in Aotearoa  
[www.wharetukutuku.com](http://www.wharetukutuku.com) | [www.terauora.com](http://www.terauora.com)