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Māori Lived Experience  
Survey Report

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## Te Kete Pounamu National Rōpū: Whakapapa

At a series of hui in 2015, Māori with lived experience of mental health and or addiction from around the motu came together to share their aspirations for a National voice for Māori to improve Māori Health outcomes. From these hui, Te Kete Pounamu was formed.

From the 1st of April 2018 – 31 March 2019 hui were held across the country from Kaikohe to Ōtepoti. This has resulted in opportunities for whaiora Māori to provide feedback and input at local, regional, and national levels, including presenting to the Government Mental Health and Addiction Inquiry Panel in 2016.

Three key themes were present at the hui:

- Increased opportunities for solutions that align with Te Ao Māori.
- The need to end the use of restrictive practices.
- Increased opportunities to use their lived experience in meaningful ways.

### Vision

Kia rārangahia e tātou te kete kia kotahi. Hei kawea atu te pounamu tawhito - Let us weave the basket together as one. To hold the ancestral treasures of old.

### Mission Statement

Kia tū kotahi tātou kia purea ai tātou e ngā hau o Tāwhirimātea - We stand in unity for our future wellbeing and health solution.

### Values

- Tikanga Māori: Sensitive to, and responsive to the cultural needs of Māori. Honours customary practices and beliefs of Māori.
- Te Tiriti o Waitangi: Honouring Te Tiriti o Waitangi.
- Tuākana – Teina: Work collaboratively to the strengths of the membership by supporting others to also develop and enhance their capabilities.
- Awhi mai – Awhi atu: Being helpful to each other and showing manaakitanga to others by engaging in a process of reciprocity.

### Objectives and Purpose

The purpose of Te Kete Pounamu is to:

- Provide Māori with lived experience, independent forums to come together to whānaungatanga, to kōrero in their regions, and to share regional aspirations.
- Ensure and challenge bias, as well as institutional racism.
- Strengthen workforce development for Māori with lived experience.
- Advocate for Māori to receive high-quality care and support from mental health and addiction services.
- Influence change and improvement for whānau whaiora through active leadership, mentorship, and advocacy.
- Influence service delivery at local, regional, and national levels to provide services that are meaningful and promote 'Pae Ora' (wellbeing) for Māori.
- Address issues of stigma and discrimination.
- Support and strengthen local, regional, national, and international indigenous networks associated with the perspectives of whānau whaiora.

## Te Kete Pounamu National Rōpū: Members

### Te Kete Pounamu National Rōpū Membership 2022

Wi Huata (Co-Chair)  
Leilani Maraku (Co-Chair)  
Hori Kingi (Kaumātua)  
Hinewirangi Kohu-Morgan (Kuia)  
Barry Bublitz  
Joanne Henare  
Gloria Sheridan  
Tania Noa  
Kiriana Te Huki  
Jimika-Ley Parnell-Downey  
Rangimaria Warbick  
Alisha Tamepo-Pehi  
Danielle McEachen





## Māori Lived Experience Survey Report

### Background

Māori with lived experience of mental distress and addiction are increasingly being recognised as integral to the Māori mental health and addiction sector as a workforce and more broadly to Hauora Māori. However, little is known about the Māori lived experience workforce in Aotearoa.

This report presents the findings of an online survey that was administered by National Organisation of Māori Lived Experience: Te Kete Pounamu.

The aims of the survey were to:

- Build a profile of Māori workforces with lived experience.
- Understand the enablers and barriers to developing and employing Māori Lived Experience Workforces.
- Identify the professional development needs of Māori Lived Experience Workforces.

### Method

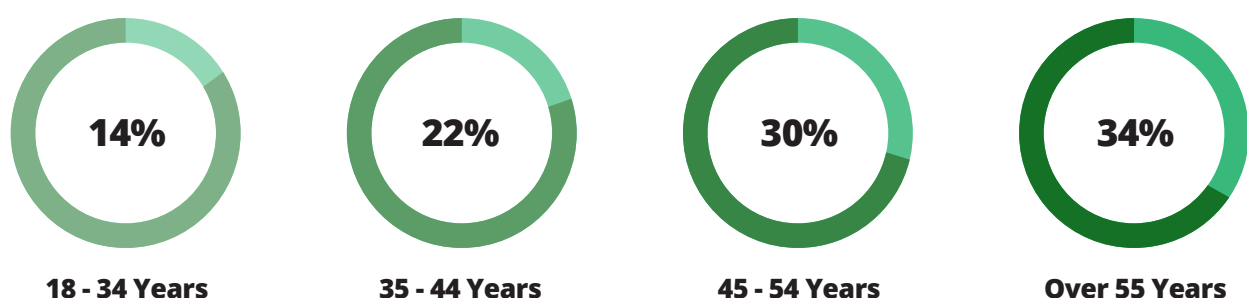
The survey was designed by the National Organisation for Māori with Lived Experience: Te Kete Pounamu and hosted by the online survey platform SurveyMonkey®. The survey was then promoted amongst Te Kete Pounamu networks and in online forums (websites and social media), inviting Māori with lived experience who were working or volunteering in the mental health and addiction sector to participate in a purpose designed online survey.

### Results

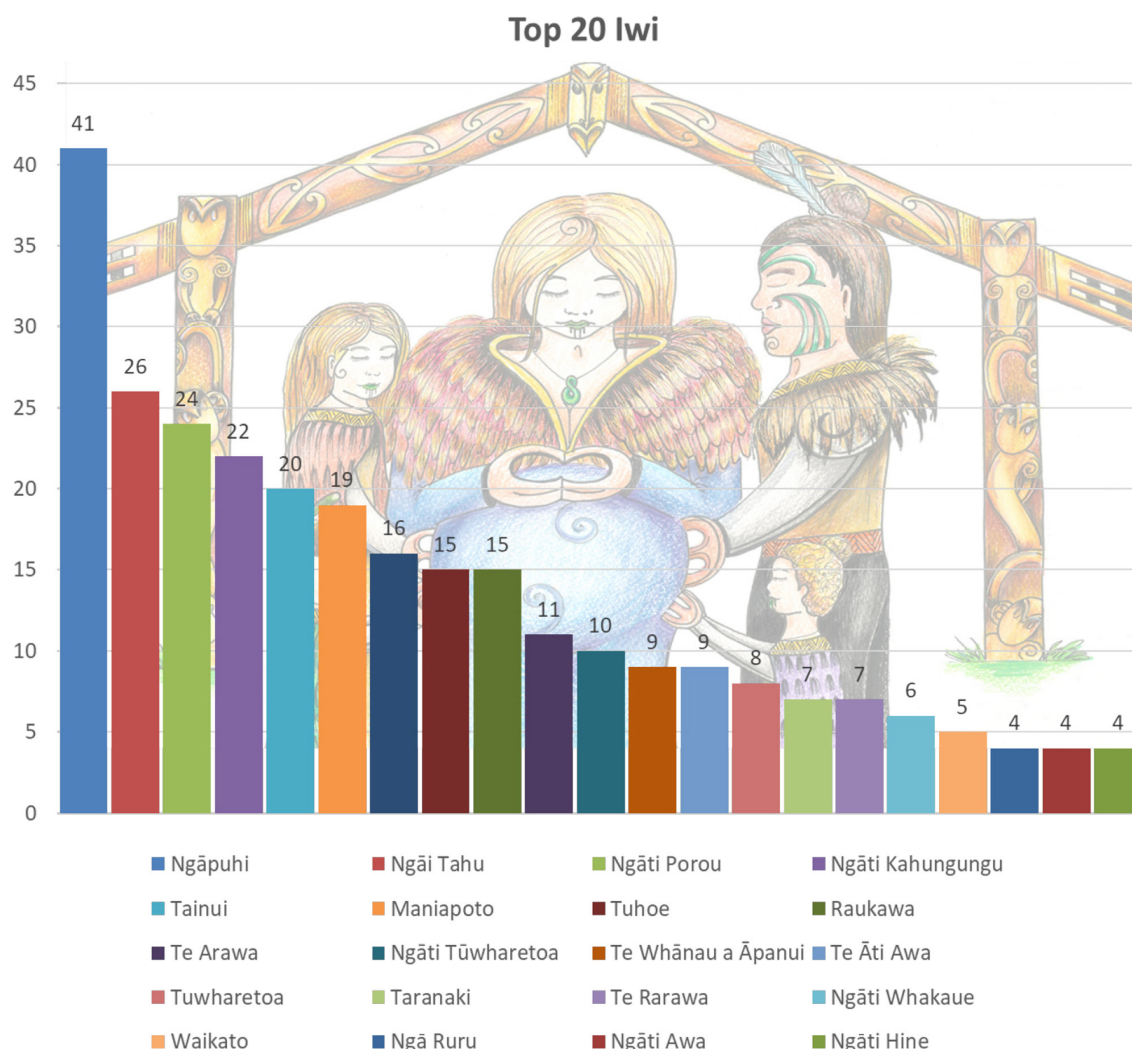
Two hundred and fifty Māori workers with lived experience responded to an online survey by Te Kete Pounamu. Anecdotally, Te Kete Pounamu estimate that the Māori Lived experienced workforce is larger than it is, comprising of approximately twenty percent of all health and social care workers.

Māori lived experience workers were more likely to be female (66%) followed by male (32%), and amongst those who identified as Takatapuī, Transgender, Intersex comprised of two percent of respondents.

The largest age group (34 %) of this workforce were over the age of 55 years of age, followed by (30%) those aged between 35- 44 years of age, then there were those (22%) who were aged 35 to 44 years or age and 14% were those between the ages of 18 and 34 years of age.



Over 100 Iwi were represented amongst the 250 respondents with Ngāpuhi, Ngāti Porou, Ngāti Kahungunu, Tainui, Maniapoto being the most common.



## Qualifications

The majority of respondents were professionally qualified with bachelor's degrees, diplomas, certificates, and postgraduate degrees. It is evident that the Māori Lived Experience workforces are interested in formal educational pathways and acquiring formal qualifications.

Variable	Percent of Lived Experience Workforce
<b>Highest Qualification:</b>	
School	6%
Certificate	19%
Diploma	21%
Bachelors Degree	18%
Postgraduate Degree	18%

## Lived Experience

Lived experience was assessed by asking respondents to indicate whether they had experienced a range of items. Respondents were asked to indicate whether they had disclosed their lived experience in the workplace (Y/N) and whether their current role was an identified lived experience position (Y/N).

Respondents were also asked if they were employed for their specific skill set that included lived experience which they drew upon purposefully in their work. They were also asked if they felt that their lived experience added value to the work they are employed to do.

Variable	Percent of Lived Experience
<b>Mental Distress</b>	<b>85 %</b>
<b>Mental health diagnoses</b>	<b>42%</b>
<b>Substance Use</b>	<b>44%</b>
<b>Addiction</b>	<b>46%</b>
<b>Trauma</b>	<b>60%</b>
<b>Significant Loss</b>	<b>41%</b>
<b>Addiction treatment</b>	<b>26%</b>
<b>Mental health treatment</b>	<b>7%</b>
<b>Voluntary mental health treatment</b>	<b>21%</b>
<b>Discrimination &amp; Racism</b>	<b>32%</b>
<b>Whānau</b>	<b>44%</b>

In all, 85% of respondents identified as having lived experience with mental distress, followed by 60% who have lived with trauma, and 44% with substance use and experience with supporting whānau with lived experience. Five percent of respondents preferred not to share specifically about their lived experience.

## Employment

Almost half of respondents (48%) work in lived experience roles and the other half (52%) do not work in roles that specify a lived experience characteristic to their role.

Most of the respondents were employed by Non-Government Organisation (NGO) mental health services (21%) and Kaupapa Māori mental health services (20%). There were a proportion of respondents employed in a range of environments such as University, Whānau and Lived Experience led organisations, Problem Gambling, Private practice, Education settings, Māori Communications, ACC, Telehealth services and Education.

Employment Setting	Percentage
<b>Secondary care mental health service</b>	<b>7%</b>
<b>Addiction Treatment Service</b>	<b>2%</b>
<b>Hauora Māori Organisation</b>	<b>9%</b>
<b>Whānau Ora Provider</b>	<b>4%</b>
<b>Primary Health Care Provider</b>	<b>2%</b>
<b>NGO Mental Health Service Provider</b>	<b>21%</b>
<b>NGO Addiction Treatment Service</b>	<b>11%</b>
<b>Kaupapa Māori mental health service</b>	<b>20%</b>
<b>Residential Service</b>	<b>7%</b>
<b>Other</b>	<b>15%</b>

Respondents shared their main tasks consisted of providing lived experience and peer support (28%), programme facilitation (12%), being involved in Governance or Management (2%), Whānau wellbeing (10%), clinical practice (8%), advocacy (8%), holistic care (6%), counselling (7%), residential care (3%), and other (8%) tasks.

### Job Titles

There were multiple job titles and roles amongst these respondents, highlighted in the below table.

The majority of respondents were employed as support workers (20%), team leaders or service managers (15%), Alcohol and Other Drug practitioners (12%) and peer support workers (11%). Five percent were employed as kaimahi and Managing Directors, four percent as operations managers and whānau advisors, three percent as consumer advisors and Counsellors, two percent as Registered Nurses, Kaiāwhina, Social Workers and Administrators, one percent as Co existing problem (CEP) facilitators, Coordinators, Health and Wellbeing Advisors, Psychologists and working in Residential mental health.

<b>Support Worker</b>	<b>Peer Support</b>	<b>Consumer Advisor</b>	<b>Administration</b>	<b>Kaiawhina</b>
<b>Service Manager / Team Leader</b>	<b>Kaimahi</b>	<b>Counsellor</b>	<b>CEP Facilitator</b>	<b>Kaitautoko</b>
<b>AOD practitioner</b>	<b>Managing Director</b>	<b>Registered Nurse</b>	<b>Coordinator</b>	<b>Psychologist</b>
<b>Operations Manager</b>	<b>Whānau Advisor</b>	<b>Social Worker</b>	<b>Health &amp; Wellbeing Advisor</b>	<b>Residential mental health</b>

### Hours of Work & Remuneration Rates

Sixty five percent of respondents were employed full time and worked 40 hours per week. Ten percent of respondents worked an estimated 36 hours per week, 19% worked between 20 – 35 hours per week and six percent worked less than 20 hours per week.

Ninety percent of respondents were paid over the living wage rate per hour, eight percent were paid at the living wage rate and two percent reported being below the standard rate.

### Years in Practice

Thirty four percent of this cohort of respondents had more than seven years of working experience in their current roles, this was followed by a more youthful workforce, 30% had been in their roles from one to two years, and 29% less than one year. Seven percent of the respondents had worked in their roles for a three-to-five-year period.

Most respondents were satisfied (34%), very satisfied (33%) and extremely satisfied (26%) with their roles. A small cohort of respondents reporting being dissatisfied (5%) and very dissatisfied (2%).



## Lived Experience

Eighty two percent of respondents shared they disclosed about their lived experience in the workplace. A core theme was that people were not ashamed of their lived experience, they considered it was important to ensure they could bring this talent into their reality and to be able to speak about it in safe spaces where they felt comfortable. A few respondents mentioned disclosing about their lived experiences at the interview process to their roles and for most it was part of the body of knowledge for their roles.

*"I am pretty open with my lived experience, depending on the situation or person" (Respondent).*

*"I am open to in depth kōrero about my lived experience in order to advocate for whānau that we support or encourage kaimahi or management about how we can support whānau" (Respondent).*

*"It can help tangata whaiora and staff feel less stigmatised, more engaged, empathetic, boundaries and familiarity" (Respondent).*

The respondents who did not disclose their lived experience, felt sharing their lived experiences was not relevant to their roles, or they did not want to be judged by their colleagues unnecessarily when it was not relevant.

*"Fear judgment and discrimination. It is not relevant, so I do not disclose" (Respondent).*

However, almost all respondents (99%) felt their lived experience added value to their practice and work.

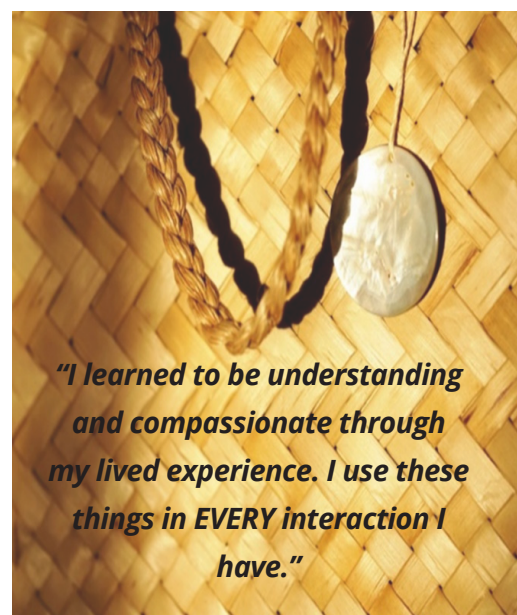
*"Absolutely – it gives me empathy and the drive to advocate" (Respondent).*

*"The expanded knowledge that can be tapped into to inform kōrero, provide an alternative viewpoint, or bring nuance to a topic has been invaluable and beneficial for whānau" (Respondent).*

*"I understand feeling trapped and despair, having support but not wanting to hear or accept it. Remembering that it takes time for someone to accept and want to change their situation" (Respondent).*

*"Whānau have given feedback regarding lived experience and the difference between speaking to someone with experience and those without. They don't feel judged" (Respondent).*

*"I learned to be understanding and compassionate through my lived experience. I use these things in EVERY interaction I have" (Respondent).*



Ninety percent of respondents felt respected by their colleagues. Those that did not feel respected noted it was often so by colleagues who held higher qualifications, who treated them as being inferior to them.

*"There are still a few who do not understand or perhaps are just ignorant of the lived experience space because I can't provide a tohu for my lived experience or they expect me to validate my role and its importance in the mental health space." (Respondent)*

*"Sometimes staff without lived experience behave as if they can't take my direction seriously. The fact I did drugs a long time ago means direction from me is second guessed and questionable." (Respondent)*

*"Less acceptance and support from upper levels but supported by my team. My team leader always makes me feel inadequate due to his higher qualification" (Respondent).*

As mentioned earlier, ninety nine percent of respondents felt their lived experience added value to the work they are employed to do and warrants an identification of the Māori Lived Experience Workforce as its own identity.

*"My LE and how I have harnessed and applied it to my work has contributed immensely to the roles I have been involved with. The expanded knowledge that can be tapped into to inform korero, provide an alternative viewpoint, or bring nuance to a topic has been invaluable. and will continue to do so in the future" (Respondent).*

The majority of respondents felt that having lived experience provided them with empathy, it gave them the ability to authentically advocate for others with similar experiences. Whilst most importantly, lived experience provided a foundation to connect and relate well with the people with whom they are working.

*"Having been through it I have an understanding of it, if you haven't been through it you'll really never truly understand it. Most have lived experience in this sector" (Respondent).*

Respondents provided feedback about the people that they have supported who had also said that lived experience had mattered to them and this had made significant differences to their recovery experiences.

*"I can relate to whaiora in a way that my colleagues who don't have lived experience. The whaiora can pick up on my authenticity and [some have] commented on the lack of empathy from my colleagues who didn't have lived experience" (Respondent).*

*"I see and hear whānau when they korero about their past history, they feel seen not for the crimes, mental health diagnosis or addiction but as a person who came to be who they are due to their experiences. From this they feel ready and trust that I will support and guide them in ways that are going to bring more meaning, hope, purpose, and healing" (Respondent).*

Being supported by a workforce with lived experience has the ability to eliminate stigma and discrimination associated with living with mental distress and addiction. There is a natural acceptance shared between lived experience workforces and people working through their health challenges.

*"Speaks louder than words. The people I work with know they need not repeat themselves they know i know, they know I understand their dialect" (Respondent).*



### Features to a conducive Employer of Māori Lived Experience Workforces

For Māori lived experience workforces to make a substantial contribution to improve health and wellbeing, the organisation, and employers in which they are employed by need to be ensured that their environments are conducive to maximising the benefits of lived experience workforces.

*"Resources need to be made available to workers in the lived experience space - often activities and groups, social networks are run on the smell of an oily rag or through the generosity of the lived experience worker" (Respondent).*

There were a range of respondents who shared that their health and social care service employers valued lived experience workforces and were doing well to take care of them as a unique workforce.

*"The company I work for holds tāngata with high regard they are recognized as Peer Support Specialists" (Respondent).*



*"Our NGO is already doing well in growing people from the community knowing their lived experiences" (Respondent).*

*"Our organisation looks after lived experience staff very well" (Respondent).*

*"Organisation I work for is amazing. I feel supported and valued as an employee wholeheartedly. They understand and work with who we are, our skills, talents and koha that we bring to the table" (Respondent).*

Respondents shared further that their roles were valued for their unique perspectives and that as a workforce, there were aspects they could offer as lived experienced workers differently in comparison to those workforces without lived experience.

*"We can relate to our tangata whaiora more compassionately and authentically, than someone without lived experience. We are also able to build a rapport through whakawhanaungatanga a lot more quickly than through a Westernised mode" (Respondent).*

*"I think that we are valued for the stuff that the clinicians haven't felt or done" (Respondent).*

There were eight core areas of knowledge that respondents had recommended to Employers which are presented in the following table which may provide a framework for Employer capabilities when employing Māori Lived Experience Workforces:

<b>Respect for and knowledge of lived experience</b>	<b>Equality and Equity focused</b>	<b>Opportunistic with lived experience workforce contributions</b>	<b>Te Reo me o ngā Tikanga</b>
<b>Relational Trusted Relationships Being inclusive</b>	<b>Mechanisms and strategies to ensure safety</b>	<b>Organisational commitment to have lived experience across all levels of the business</b>	<b>Investment in lived experience workforce development and employment.</b>

Employers do need to work on their own knowledge and skills when they employ lived experience workforces who may experience their own vulnerabilities such as the need for flexible approaches, such as mental health days off, lower caseloads, and a variation of working terms and conditions.

*"Training for management about implications of employing people whose tinana and mind experience the long-term effects of trauma" (Respondent).*

*"Employers need to understand that employees with lived experience will also at times fall over - understanding, support, and time to recover and get better without the fear of losing their job needs consideration" (Respondent).*

Amongst a small proportion of respondents there was a perception that the lived experience role may have negative impacts on the mental health of the lived experience worker themselves, since they were managing their own mental distress and recovery, while working in an intensive environment.

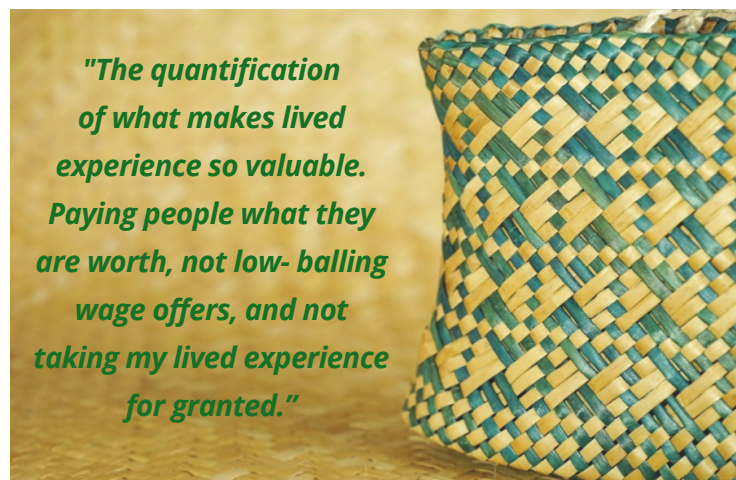
Employers are asked to consider additional supports for lived experience workforces such as lived experience led supervision, support, and mentoring. In addition to accessing information and training for lived experience workforces that inform them about professional boundaries, strengths, and limitations of the role.



*"Realise we have a past that can come with criminal convictions and trauma, even though we have Learnt tools to manage our mental health sometimes we can be triggered by something and organisation's need to understand that" (Respondent).*

*"Having a wellbeing plan in place would be helpful. Open conversations. Being asked by management if you're ok and need any extra support" (Respondent).*

Remuneration rates and pay equity was raised occasionally highlighting the need to ensure lived experience workforces are paid their worth.



Respondents made an emphasis on whanaungatanga or relational factors rather than theoretical aspects of a lived experience workforce to frame the knowledge and understanding by employers and service-delivery assumptions.

*"There is more support for community empowerment approaches, less emphasis on transactional relationships and more investment in real trusted relationships – whanaungatanga." (Respondent).*

This shift, respondents considered was important from a position of being on an equal placing with other colleagues. Their preference was of being viewed as an equal in the whānau - user-provider relationship. In this way, Māori lived experience workforces sense they are decolonising the westernised service-delivery space, toward a Māori professional workforce in helping relationships.

*"To understand lived experience has excellent resources to interact with whaiora, whānau, health professionals, and kaimahi can make a difference" (Respondent).*

A small proportion of respondents shared about the lack of support they receive for their lived experience roles and for lived experience more broadly. Some explained that this was due to institutional racism and stigma associated with mental distress that persists with mainstream health service employers.

*"I don't have support. I have to really be firm with them depending at which level I am working" (Respondent).*



## PROFESSIONAL DEVELOPMENT & TRAINING

The majority of respondents had either received training or were in the process of completing a range of training for their roles. More than half of respondents want further professional development and formal education that contributes to a valued set of qualifications. The majority of respondents are currently pursuing further qualifications to better serve the whānau they work with, but some are unable to engage with the required study due to a lack of support from their workplace to manage workloads, personal circumstances, and study requirements. Many see Professional Development as a mechanism to remain effective in their roles.

*"Professional development to upskill, tertiary qualification for recognition of lived experience skills, professional registration for the rules and support" (Respondent).*

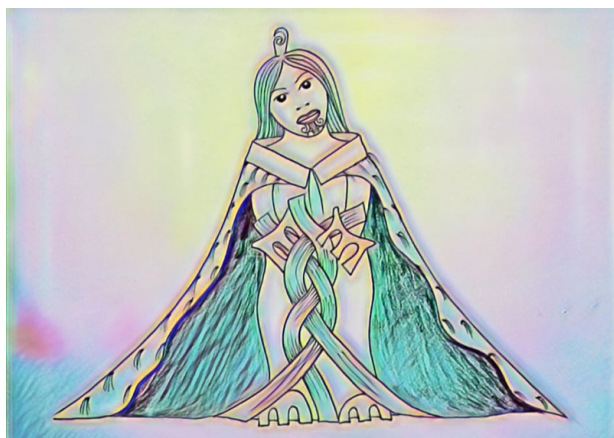
For some, their professional development was aligned to their requirement to be registered with specific professional bodies such as Social Work, Nursing and DAPAANZ. There was a significant demand by respondents for more cultural training and the increased validation of Mātauranga Māori.

### Ongoing education and professional development for your role

Almost 80% of respondents reported they needed and wanted to access ongoing education and professional development for their roles. The majority were motivated to do so in order to keep up to date and to ensure their knowledge and skills were sufficient to meet the needs of the people they are supporting.

*"I do because it means I can offer more to the whānau I work with I do because I am always learning and evolving" (Respondent).*

*"As the sector changes and new information is realised I have to upgrade my style of support as required" (Respondent).*



Some respondents were registered with regulatory bodies which stipulated that they must complete a set of hours or points of professional development per year as part of the requirements for annual practising certificates and being registered with those groups.

*"[ I have to achieve ] 20 Professional Development hours each year" (Respondent).*

For some respondents, gaining access to regular professional development is difficult, due to life commitments and at times practical access.

*"I am so busy in my present role that professional development is difficult. I work in a field [that] is very, very demanding, so for my own sake, when I finish work I clock out emotionally to protect myself" (Respondent).*

### Specific Workforce Development

The majority of respondents (84%) were interested in regular and planned workforce development opportunities, whereas 48% were keen to acquire tertiary qualifications and 38% to acquire their professional registration with specific regulatory bodies.

The respondents professional development needs have been categorised as Mātauranga Māori, Generic and Specific themes which are presented in the following table.

Mātauranga Māori	Generic Mainstream	Specific
Te Reo me ōna tikanga	Management	First Aid
Ki te ako i te mahi o te whaikōrero	Leadership	Counselling
Mātauranga Māori	Adult Teaching	Trauma Informed Care
Mahi a Atua		Dementia
Hauora Māori		Hypnotherapy
Māori Frameworks		
Tūpuna Wānanga		
Application of Pūrākau		
Rongoā Māori		

Some respondents wanted formal tertiary qualifications which are presented in the following table from certificate level through to degree.

Certificate	Diploma	Post Grad Diploma	Degree
Peer Support	Mental Health	Post Grad. Dip. Health	Social Work
First Aid	Addiction	Sciences	Social Services
Hauora Māori	Bi-Cultural Supervision		Mātauranga Māori
Wellbeing			Counselling
Mental Health			
Addiction			



## Discussion

This is the first Māori workforce survey to be completed, to examine the profile of the Māori workforce with lived experience of mental distress and addiction.

A substantial proportion of Māori lived experience workers (85%) reported having lived experience of mental distress which may indicate a supportive health sector and workplace. Though the current sample will be higher than expected. It is unknown if there has been any other study to estimate the representation of lived experience in the health and social care workforce in Aotearoa. It would be useful for future health workforce projects to further examine lived experience amongst Māori health and social care workforces. In addition to identifying the factors linked to these frontline workforces disclosing about their lived experiences in their roles and workplaces for the primary value and benefits it adds to the work they do with Māori.

Most Māori lived experienced workers in this survey were employed by NGO mental health services and Kaupapa Māori mental health services in roles such as support workers, team leaders or service managers, Alcohol and Other Drug practitioners and peer support workers. Given the diversity of roles, services, and contexts across Aotearoa, against the high needs amongst whānau, respondents recommended more funding for peer support roles and higher investment in them and the people.

*“More funding for peer support roles will support greater outcomes for whānau in services.” (Respondent).*

*“Services need to acknowledge the value of having lived experience within the workforce and to remunerate them accordingly. We are experts in our own right.” (Respondent).*

*“Stronger emphasis on pay parity and less emphasis on formal qualifications.” (Respondent).*

A large proportion of these respondents (69%) had been in the roles for less than two years, and the majority of all respondents (93%) were satisfied with their roles. Seventy percent of respondents stated they needed to receive training for their roles, and half of the respondents wanted more tailored professional development opportunities.

A large proportion of respondents (80%) stated the need for more Mātauranga Māori, kaupapa Māori and whānau centred approaches for their ongoing professional development.

There is a need to further investigate what the requirements would be for a comprehensive Māori Lived Experience workforce development plan that is centred in Mātauranga Māori, with tailored investment and policies to better support Māori workforces with lived experiences – firstly in the mental health and addiction sector and across all of health and social care sectors.

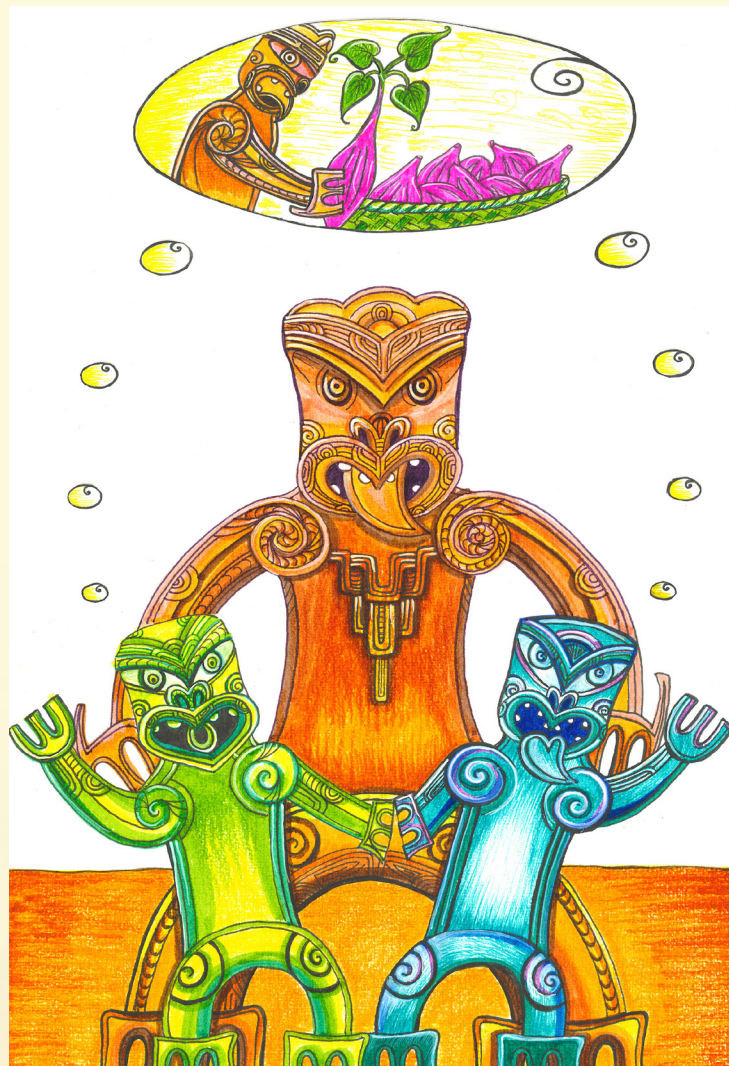
These respondents came from a range of Iwi, communities and backgrounds and more work is required to understand what will be required for the future Māori lived experience workforce and their professional development needs. Te Kete Pounamu anticipate this work is just the tip of a much larger health and social care workforce, who identify as Māori who are likely to have lived experience of all forms of adversities that have and will add value to care and support of other Māori.

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## NOTES



Acknowledgement - Ngatoia Skipper-Whaanga Pincott Ringa Toi



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