

# Tupu-a-nuku ki te Wheiao

---

Alcohol and Other Drug Lived  
Experience Workforce  
Framework 2023

---



Whare Tukutuku





TUPU A NUKU KI TE WHEIAO:

Alcohol and Other Drug Lived Experience Workforce  
Framework 2023, © Te Rau Ora 2023.

For more information please visit [terauora.com](https://terauora.com) and  
[wharetukutuku.com](https://wharetukutuku.com)



## Karakia a Papatūānuku

*Mā te rā e kawē mai te ngoi ia rā ia rā  
Mā te marama e whakaora i a koe i waenga pō  
Mā te ua te horoi ōu māharahara  
Mā te hau e pupuhi te pākahukahu ki roto i tō tinana  
I roto i ōu hikoitanga i te kia whakaaro koe  
Ki te hū marie hoki o ōu mō ake tonu atu  
Āmine*

*May the sun bring you energy every day.  
May the moon softly restore you in the middle of the night.  
May the rain wash away your worries.  
May the wind blow new strength into your being.  
In your travels on this earth may you contemplate  
its beautiful peaceful stillness all of your days for ever and ever.*

## Contents

Acknowledgement	2
Moemoeā	2
Introduction	3
Ko wai mātou	5
He Mātai Taiao	6
References	15
Glossary	16

### Acknowledgement

Te Rau Ora would like to acknowledge Hori Kingi for sharing and gifting the name for the lived experience workforce framework “Tupu a nuku ke te Wheiao”.

Whare Tukutuku and Te Kete Pounamu also mihi to the many voices that contributed their time and mātauranga through the workshops and to our kaimahi who support whānau needing care and support with their alcohol and other drug challenges.

This framework was funded by Te Aka Whai Ora, with support of Te Whatu Ora.

### Moemoeā

Tupu-a-nuku ki te Wheiao translates as “Evolve from Mother Earth to the world of light” with a simple message of “Return to Nature for guidance”. For our whānau seeking to make changes around their alcohol and other drug use and are wanting to enter into a workforce, the name it is about the process of returning to mother earth and seeking the spiritual pathway as part of the journey forward to fruition.

## Introduction

*“Mā te kimi ka kite, Mā te kite ka mōhio, Mā te mōhio ka mārama”*

*Seek and discover. Discover and know. Know and become enlightened.*

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises that groups of people have different levels of advantage, requiring diverse approaches and resources to get equitable health outcomes. Recognising the Crown's obligations under Te Tiriti o Waitangi, communications and engagement should support meaningful and active leadership and participation by and for Māori. Activities and engagement in hauora will be inclusive, culturally safe, and accessible and support our partners to engage in the same way.

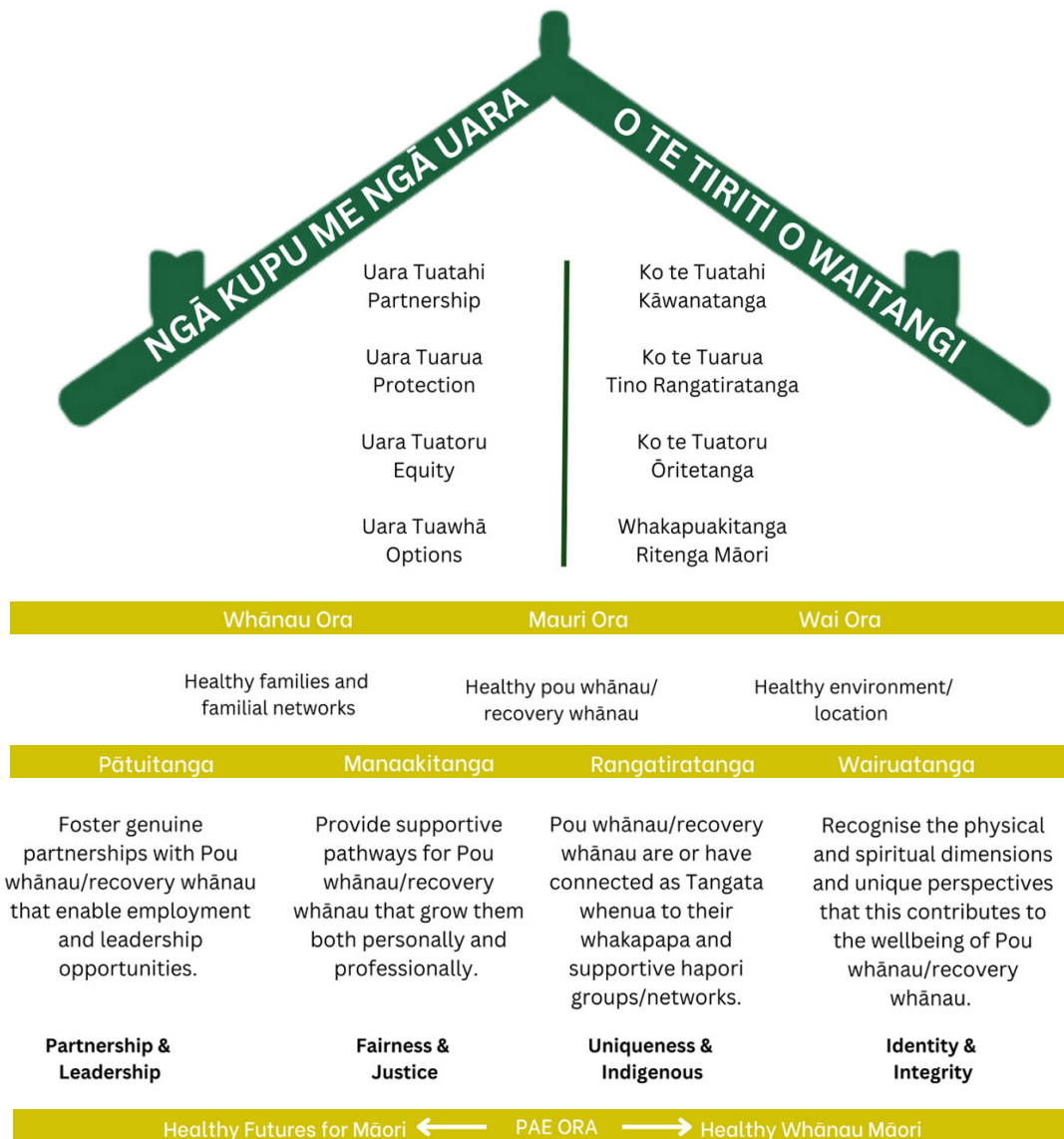
Tupu a Nuku ki te Wheiao: Alcohol and Other Drug Lived Experience Workforce Framework was developed by Te Rau Ora as part of eight special projects identified by the Addiction Group at Te Whatu Ora - Health New Zealand. These were designed to develop AOD best practice standards, guidelines, and frameworks, as well as improving AOD workforce training and leadership. The Group has made a commitment to support achieving equity and consider this can be done through these projects.

The aim of these projects was to enable improvements in the consistency, quality, cultural safety, and evidence-base of AOD services in Aotearoa and to strengthen the AOD workforce and its leadership. The Addiction Special Projects consisted of eight key projects to be delivered across four organisations: Te Pou, Dapaanz, Te Rau Ora, and the NZ Drug Foundation.

The Tupu a Nuku ki te Wheiao framework acknowledges the importance of cultural practices that strengthen relationships, language, knowledge, and connection. Te Tiriti o Waitangi guides this journey and its learnings/teachings. It is designed to support pou whānau and recovery whānau (lived experience) pathways into a workforce.

## Tupu a Nuku ki te Wheiao Lived Experience Workforce Framework

Tupu-a-Nuku ki te Wheiao translates as 'evolve from Mother Earth to the world of light' with a simple message to 'return to Nature for your foundation and guidance'. This workforce framework is designed to support for pou whānau/recovery whānau. The framework acknowledges the importance of cultural practices that strengthen relationships, language, knowledge, and connection. Te Tiriti o Waitangi guides this journey and its learnings/teachings.



## Ko wai mātou

**Whare Tukutuku** is the National Māori Addiction Workforce Centre that sits within the korowai of Te Rau Ora. Our approach is to elevate an alcohol and other drug (AOD) workforce that is whānau-centred and community-focused. We āwhi whānau who mahi in the alcohol and other drug space to improve equity of care. We encourage pou whānau to be part of a workforce that is connected to other whānau within their rohe.

Whare Tukutuku appreciates the absolute importance of whānau working within their hāpori, in places that acknowledge whānau mana, rangatiratanga, and connection to whenua. Te Rau Ora aspire for health workforces to support Māori in a flourishing state. Whare Tukutuku want to create a future AOD workforce that is culturally capable, willing to innovate and support a Māori approach to improve Māori health outcomes.

**Te Kete Pounamu** is a specialist unit within Te Rau Ora to foster, grow, and support Māori living with experiences of mental health or addiction-related issues.

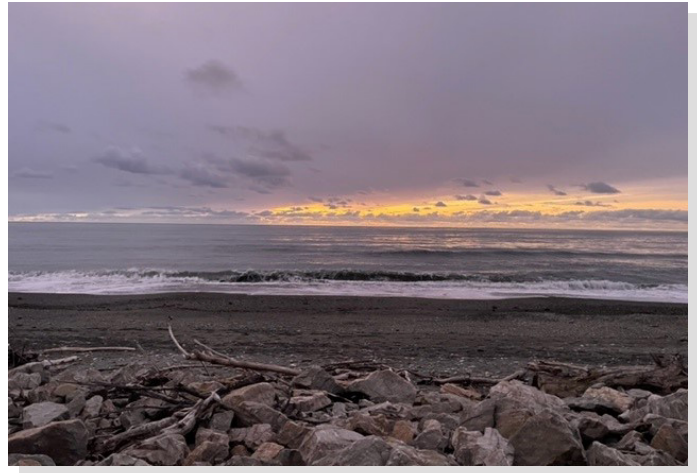
Te Kete Pounamu was formed in 2015 following a social movement to address the increasing concern of the use of harmful restrictive practices on Māori and the increasing inequities in Māori Health and Wellbeing. Since their formation, Te Kete Pounamu has established regional networks spanning the length and breadth of Aotearoa. They have enhanced lived experience leadership, advocated for systematic change across the health and social sectors, and delivered Māori Lived Experience Leadership and Workforce development programs. Today they continue to advocate for Māori to receive high-quality care and support, while also supporting the development of services that are by whaiora Māori, for whaiora Māori.





## He Mātai Taiao

This environmental scan aims to identify existing indigenous workforce frameworks that will support whānau with lived experience into the AOD workforce. The review will look at existing workforce frameworks and other indigenous frameworks globally. Firstly, it will explore the background of the Aotearoa context, including resources from Te Rau Ora and other workforce centres that have identified the need for an indigenous workforce framework, as well highlighting the difference between a Māori-led and Pākehā-led workforce programme. Then this



review will look wider at the global context, in the United States, Australia, and Canada. Lastly, following the environmental scan of the existing workforce, the review will identify some of the gaps within current strategies in education and workforce pathways that are important to establish a successful indigenous lived experience/peer-led workforce pathway in an Aotearoa context.

## Aotearoa Context

The context in Aotearoa for indigenous workforce frameworks in the AOD and mental health environment begins with Te Tiriti o Waitangi. The principles of Te Tiriti o Waitangi are foundational to whānau, hapū and iwi Māori in relation to the healthcare workforce, especially the principle of Tino rangatiratanga, which provides for Māori self-determination in the design, delivery, and monitoring

of health services.<sup>1</sup> The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori, with focal points around investment in Māori-led services. Te Tiriti o Waitangi principle of partnership is also very important in the health workforce as government-led policies do not always fit with what Māori need for their wellbeing, especially in the AOD environment. Partnership is about co-design – not being consulted at the final stages of health policy making – but at the root of the design, procurement, and delivery of all healthcare services.

Taking an environmental scan of addiction and mental health workforce pathways within Aotearoa, the two leading workforce centres are Te Rau Ora as a National Māori Health and Wellbeing Workforce Centre, and Te Pou, a National Pākehā Workforce Centre. When exploring resources that have given Māori a voice within the healthcare sectors, it is important to understand the need for an indigenous-designed framework that will support whānau who are facing AOD challenges entering the workforce. It is crucial to look at the driving forces and voices behind the call to action for indigenous workforce solutions, as well as to acknowledge that while there is some crossover between the mental health and AOD workforces, they are often lumped together with various tensions given that they require differing approaches. More focus and investment needs to be put into the AOD space, because lived experience/peer support development and resources for pou whānau and recovery whānau looks very different to the mental health described recovery pathways.

<sup>1</sup>Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164



### Workforce Centres

Te Rau Ora aims to improve Māori Health through leadership, education, research and evaluation, health workforce development and innovative, systemic transformation. They strengthen Māori health and wellbeing through nationally navigated and locally led solutions. Many workforce pathways that sit within Te Rau Ora have connections to the AOD and mental health space, and it remains a strong area of focus for the organisation. Te Rau Matatau, the education centre within Te Rau Ora, developed educational pathways for lived experience/peer support in health and wellbeing, which is a level four training qualification. This training qualification provides taura with skills such as being able to support whānau with their aspirations and “demonstrating a knowledge of kawa and tikanga and the ability to relate the unique place Māori have as tangata whenua in Aotearoa in their role.”<sup>2</sup> This is a very important skill in lived experience/peer support training and more general training when considering how education can contribute to the pathway into employment for tangata whaiora. The training is also free and can be done remotely which makes it more accessible for whānau and provides pastoral care as they travel on the recovery journey.

In addition, Te Rau Ora offers an AOD sector work-based placement programme called Hoe Rua.<sup>3</sup> This programme effectively functions as the bones of the peer-workforce pathway. It links a person who has lived experience with a host organisation to mentor and support them in a work-experience placement for up to one year. The Hoe Rua programme forms the basis of a workforce pathway because it supports whānau who may be preparing to give back what they have learnt through lived experience but are not sure how to enter the AOD mahi.

---

<sup>2</sup>Peer support. Te Rau Matatau. (2021, March 9)

<sup>3</sup> Morris, T. (2023, January 10). Funding. Te Rau Ora.

It puts them into training and a paid work-experience environment with appropriate wrap around care. This work experience then qualifies them to be employed by either the host or another organisation at the end of the placement, and it pairs with the free online education programmes that Te Rau Ora offers, as well as outside AOD qualifications. Another programme contributing to addiction workforce pathways is Te Taketake, an applied addiction course being run through Moana House and Otago Polytechnic. This is a two-year programme that gives a qualification to enter the addictions sector.<sup>4</sup> A programme such as Hoe Rua can have great results as work-based placements provide a bridge to programmes such as Te Taketake, leading to higher qualifications and provisional registration with a professional body within the AOD workforce and employment. In addition Te Rau Ora have been administering Addiction (Hoe Tahi) and Māori leadership scholarships for over a decade

In 2022, Te Rau Ora designed a framework based on the input of over 2000 key stakeholders who defined their aspirations for a workforce. The framework set out to provide guidance to advance Māori and non-Māori workforce development and service improvement plans.<sup>5</sup> Some of the key findings were career pathways to increase recruitment and retention, and promote a strong desirable Māori workforce that also offered effective responses to Māori health and social inequity challenges.<sup>6</sup> The workforce development pathway indicated many important values and that Te Tiriti principles must be incorporated into a fit-for-purpose workforce, one that is by Māori for Māori and promotes equity in the funding and resourcing of Māori-led AOD care. While this workforce pathway has a more central focus, it fits within the AOD space as a good model of the ideal workforce that pou whānau with lived experience can enter.

Te Kete Pounamu, another component within Te Rau Ora, focuses on the lived experience whānau voice. Lived experience is at the heart of a workforce pathway, as people who have faced AOD and mental health challenges are discriminated against when seeking employment. Te Kete Pounamu has established regional networks spanning the length and breadth of Aotearoa. They have enhanced lived experience leadership and advocated for systemic change across the health and social sectors.<sup>7</sup>

In addition, Whare Tukutuku is the National Māori Addiction Workforce Centre that also sits within Te Rau Ora. Patterns of Practice: Whānau Supporting Whānau is a resource published by Whare Tukutuku with a focus on whānau supporting whānau who mahi in the AOD harm reduction space.<sup>8</sup> The resource highlighted the importance of having lived experience and recovery whānau in the workforce, as it aligned with their personal recovery journey of giving back.<sup>9</sup> Patterns of Practice listened to whānau voices and reinforced the importance for a framework for flax roots people to be supported in the AOD workforce as they are the ones making the connections to whānau within their hāpori.<sup>10</sup>

A report from 2015, *Hanga i te Tū O Te Hurihanga*, was presented from a hui of Māori with lived experiences of mental illness and mental health services to explore strategies to overcome the restrictive practices of Māori within mental health service environments.<sup>11</sup> Some of the findings indicated the need for a deeper

<sup>4</sup>Moana House. (n.d.). Te Taketake. Moana House.

<sup>5</sup>Te Rau Ora. (2022, May 25). Workforce Development Outcomes Framework p2.

<sup>6</sup>Te Rau Ora. (2022, May 25). Workforce Development Outcomes Framework p2.

<sup>7</sup>Morris, T. (2022, May 11). Te Kete Pounamu national leadership & nbsp;. Te Rau Ora.

<sup>8</sup>Whare Tukutuku. 2021. Patterns of Practice: Whānau Supporting Whānau, p5

<sup>9</sup>Whare Tukutuku. 2021. Patterns of Practice: Whānau Supporting Whānau, p23.

<sup>10</sup>Whare Tukutuku. 2021. Patterns of Practice: Whānau Supporting Whānau, p5.

<sup>11</sup>Te Rau Matatini (2015). Making a Stand for Change Hui Report. Wellington: Te Rau Matatini, p4.



cultural identity and belonging, as well as how this can be best achieved by whānau-centred services, such as peer support workers with lived experience.



The calls to action that can be seen as the foundations of a workforce framework is strengthening the national Māori voice in the AOD and broader hauora workforces. This voice then transcends to the role and purpose of Māori with lived experiences who have maintained their wellbeing to have a stronger role. These calls to action were similar to those in *He kai i ngā Rangatira: He Kōrero o ngā whānau Whaiora*, with the addition of the call for more Māori strategies and cultural approaches in the AOD/mental health workforce.<sup>12</sup> *He kai i ngā Rangatira: He Kōrero o ngā whānau Whaiora* is a 2015 report from a one-day hui with people who have lived experience of mental health challenges and receiving mental health services, in order to share their thoughts of being under the Mental Health (Compulsory Assessment and Treatment) Act 1992 and of acute mental health care. Overall, both reports further enforce the absolute need for a workforce development framework that demonstrates how whānau who have lived experience but have maintained their wellbeing can be nurtured and supported into the AOD and mental health workforces in a meaningful way.

*He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* identified many recommendations in 2018, which included establishing a new Mental Health and Wellbeing Commission, taking a whole of government approach, and placing people at the centre of care.<sup>13</sup> It also recommended strengthening consumer voice and experience in mental health and addiction services. Following the He Ara Oranga report, Te Pou undertook a workforce strategy in 2020. This strategy is outlined as a consumer, peer support, and lived experience in *Mental Health and Addiction Workforce development*.<sup>14</sup> Its foundation is built on values of participation, self-determination, equity, mutuality, experiential knowledge and hope and wellbeing.<sup>15</sup> In relation to workforce for whānau focus, the values of participation and experiential

<sup>12</sup> He kai i ngā Rangatira: He Kōrero o ngā whānau Whaiora p10-12.

<sup>13</sup> Government Inquiry into Mental Health and Addiction, (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*, Wellington.

<sup>14</sup> Te Pou. (2020). *Mental health & addiction consumer, peer support & lived experience: Workforce development strategy 2020 to 2025*. Auckland p4

<sup>15</sup> Te Pou. (2020). *Mental health & addiction consumer, peer support & lived experience: Workforce development strategy 2020 to 2025*. Auckland p6.



knowledge highlight the need for whānau to lead service delivery and design in the AOD workforce. The workforce development strategy outlines three goals. Firstly, a goal of leadership and partnership focuses on developing the resources needed to be leaders in workforce to enable development and a pathway for people to enter. The second goal is to grow the workforce with consumer, peer support, and lived experience kaimahi. Te Pou have outlined the need for scholarships, grants, and other developments that increase the pathways into the workforce. Goal three references the need to develop skills and employment environments in workforce development that is co-designed with a focus on education pathways.<sup>16</sup> Both Te Rau Ora and Te Pou have highlighted the need for education that is delivered in a capacity that suits the learning needs of people, especially those with lived experience.



While this is not a clear introduction of a workforce pathway, it is the foundation and stepping stones towards a workforce frame with strong acknowledgements of what goals need to be achieved to support people recovering from AOD and mental health challenges. This strategy is goal orientated; however, while it has some key recommendations that could benefit and work towards better outcomes for Māori, it is not by Māori because Te Pou is Pākehā led.

Following the *He Ara Oranga* report, there was a Māori supplementary report called *Oranga Tāngata, Oranga Whānau*. The report acknowledged that while *He Ara Oranga* was a start to recognising some of the changes and actions necessary for a better and more equitable health system for Māori, it still overlooked many important elements that Māori need in a health care system, particularly in the mental health and AOD space.

The mental health and addiction workforce across all sectors does not reflect the communities they serve, and there is an urgent need for more Māori kaimahi in all disciplines.<sup>17</sup> The recommendations regarding workforce development echoed what hui members need and require for their people to achieve their idea of holistic wellness, which is not reflected in the current Western system.

<sup>16</sup> Te Pou. (2020). Mental health & addiction consumer, peer support & lived experience: Workforce development strategy

<sup>17</sup> Inquiry into Mental Health and Addiction. 2019. *Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction*. Department of Internal Affairs: Wellington p4

While Te Pou's workforce development attempted and in some part succeeded in identifying key changes to the addiction and mental health workforce, ultimately the change needs to reflect what Māori voices have asked for: it has to be by Māori, for Māori to truly achieve better outcomes in the workforce development area.



*"The mana of Māori workers with tikanga, experience and community connections needs to be recognised in a system that currently over-values educational qualifications".<sup>18</sup>*

Te Pou also has resources that highlight the need for a workforce framework, under their *Principles of Oranga*. Again, while not a clear framework itself, there are some values related to supporting lived experience people entering the workforce. An ideal framework would outline and affirm the need for support for lived experience whānau to be led by Māori leaders and guided by rangatiratanga.

### Other Frameworks

Outside the Aotearoa context, there is an approach that can be interpreted as forming the basis of a workforce framework called *Substance Abuse and Mental Health Services Administration's (SAMHSA) 10 Guiding Principles of Recovery*.<sup>19</sup> These principles treat recovery as a working definition to be adapted to reflect the need to be inclusive, as well as flexible to what recovery might mean to an individual.<sup>20</sup> While the framework is a Western-based approach, it does highlight the importance of community and emotional wellbeing, which can be linked to Māori and other indigenous cultural practices as a wider approach to wellbeing.

<sup>18</sup> Inquiry into Mental Health and Addiction. 2019. Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction, p28

<sup>19</sup> SAMHSA: Substance Abuse and Mental Health Services Administration '10 Guiding Principles of Recovery' (2012) USA

<sup>20</sup> SAMHSA: Substance Abuse and Mental Health Services Administration '10 Guiding Principles of Recovery' (2012) USA p2-3

One of their guiding principles is the emphasis on recovery being person driven. The principles mention the importance of self-determination and self-direction and how “individuals define their own goals and unique path(s) towards those goals.”<sup>21</sup> This can be seen as a Western approach to healthcare because it takes an individual rather than a community-first approach. However, this principle is relevant in that the healthcare provided is determined by those who know their whānau and their challenges instead of a one-size-fits-all or ‘we know what is best for you’ Western approach. Furthermore, the principle of recovery occurring via many pathways mirrors the cultural importance of a holistic view of wellbeing. The principle of ‘recovery is supported by peers and allies’ is a direct reflection of the findings of Te Rau Ora and Te Pou – that an individual’s recovery is best supported by those who have lived experience and can act and support as an ‘ally’ to the individual.<sup>22</sup> The entire framework itself has a couple of similarities to an indigenous approach to recovery and it has clear bridges to how someone who is further along in their recovery journey can then provide support and guidance to others who might have just started.

Southern New South Wales (NSW) has developed a *Framework for Mental Health Lived Experience (Peer) Work*. Its vision is for lived experience workers to engage with the mental health workforce (as well as the communities and individuals that surround it) in order to work in partnership to improve health and wellbeing and develop an infrastructure that aims to foster collective commitment to the peer workforce.<sup>23</sup> When the principles were announced in 2021, there were 70 peer workers in South Eastern NSW. South Eastern NSW wanted to increase access to professional development and career pathways into more senior roles within the workforce. SAMSHA highlights the gaps of some of the other frameworks regarding how an education pathway into a peer support role as an individual with lived experience. One of the goals of the framework was to embed and resource structured networking, including regional peer networks, as a system to further recruit and support lived experienced individuals into the workforce.



<sup>21</sup>SAMHSA: Substance Abuse and Mental Health Services Administration ‘10 Guiding Principles of Recovery’ (2012) USA p4

<sup>22</sup>SAMHSA: Substance Abuse and Mental Health Services Administration ‘10 Guiding Principles of Recovery’ (2012) USA p6.

<sup>23</sup>Southern NSW Local Health District: Framework for Mental Health Lived Experience (Peer) Work in Southeastern NSW,



The framework itself, while not indigenous led, still acknowledges very important cultural considerations. Some of these considerations are linked to the values and principles that the framework is built upon, such as mutuality. It also includes people-first values that cement the importance of overall wellbeing being more than physical, such as the social and emotional environment. The problem with government-led frameworks that attempt to help indigenous communities is that it can be yet another example of imposed approaches to indigenous health care and education systems. While some aspects can be similar in terms of positive outcomes (such as an increasing number of peer support workers), other important indigenous values and principles are looked over that are vital to providing adequate longer-term planned care for indigenous peoples within their own community.

In Canada, similar framework building in the mental health space is taking place. *Making the Case for Peer Support*, a 2010 report, interviewed 600 individuals across Canada that either worked or were connected to peer support within mental health care. The report found that peer support was most effective when the unique values and features of lived experience were backed with the funding of effective programmes. However, this is a concern because often indigenous services are given funding that is not enough to reflect both the demand for services and for more adequate care of their own people.

At the time the report also found that the most common consumer of peer support was primarily white and middle-aged people which emphasises the need for more indigenous-focused systems of peer support in the mental health workforce.<sup>24</sup> The Mental Health Commission of Canada has published guidelines for the practice and training of peer support. These guidelines are built upon values that guide those who are on a path of recovery of mental health described as a “roadmap for personal and program development”.<sup>25</sup> While not an obvious workforce pathway framework, it is still the foundation of one. However, concerns exist around implementation when this is not indigenous led, and it has the potential to increase the workforce gaps between indigenous peers and others.



<sup>24</sup>Cyr Céline, McKee Heather, O'Hagan Mary and Priest Robyn, The Mental Health Commission of Canada: "Making the Case for Peer Support": Report (2010) p41.

<sup>25</sup>The Mental Health Commission of Canada: "Peer Support Guidelines" (2017) p1.



### Review Findings – Where are the identified gaps?

Most of the existing resources sit in the middle stage of a workforce framework. The resources from Te Rau Ora sit in the centre of the mahi, placing importance on building the skills of whānau who are already in the workforce and identifying connections to reflect the whānau that the workforce supports. There is an identified gap in the pathways that lead on from the whānau in their recovery journey and how they are then supported into the workforce. While Te Pou have made the foundations of some workforce pathways, being a Pākehā-led organisation, there are legitimate concerns surrounding inclusion and outcomes for Māori.

There needs to be a direct connection to Te Tiriti o Waitangi principles as well as an in-depth understanding of whānau Māori voices in the addiction and broader healthcare sector. This is because Māori are the people who truly know what is best for the whānau who are providing and accessing the care services and are most impacted by the harms associated with AOD use.

The South Eastern NSW framework is a step closer to having a more interconnected system, not only supporting an individual in their journey, but also providing help to enter the workforce. However, it lacks an indigenous focus. In order to support tangata whaiora and whānau fully, the bones of the framework need to be more indigenous-focused, otherwise the system is as Western-centred as it is currently. Furthermore, government-implemented frameworks raise the concern of further imposition onto indigenous people when there needs to be more indigenous-led decision making to truly impact the communities the framework sets out to support. While the SAMHSA is Western-centric, it is very inclusive of differing approaches to recovery.

This environmental scan has identified that existing workforce pathways for people with alcohol and other drug challenges are limited and not well described. Also of note is the continued integration of the addiction workforce into general mental health workforce programmes, including education pathway options. This does raise issues of understanding, workforce planning, resourcing, and investment. These concerns are more pertinent when considering the process that colonisation has followed, which has allowed the privileging of some parts of the community over others. Within the time restraints of this review there is no one clear or formal peer workforce approach that Te Rau Ora have found as vital to the addiction recovery space that would flow on to new peers entering the workforce – further highlighting the need for a Māori lived experience workforce framework.



*“Mā te huruhuru ka rere te manu”*

*Adorn the bird with feathers so it may soar.*

## References

- Baker, M (2015) He kai i nga Rangatira He korero o nga whānau whaiora. Wellington: Te Rau Matatini Ltd.
- Cyr Céline, McKee Heather, O'Hagan Mary and Priest Robyn, The Mental Health Commission of Canada: "Making the Case for Peer Support": Report (2010)
- Inquiry into Mental Health and Addiction. 2019. Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction. Department of Internal Affairs: Wellington.
- Moana House. (n.d.). Te Taketake. Moana House. Retrieved January 14, 2023, from <https://www.moanahouse.net/te-taketake>
- Morris, T. (2023, January 10). Funding. Te Rau Ora. Retrieved January 13, 2023, from <https://terauora.com/funding/>
- Morris, T. (2022, May 11). Te Kete Pounamu national leadership. Te Rau Ora. Retrieved January 11, 2023, from <https://terauora.com/te-kete-pounamu-national-leadership/>
- Southern NSW Local Health District: Framework for Mental Health Lived Experience (Peer) Work in South Eastern NSW, (2021)
- Peer Support. Te Rau Matatau. (2021, March 9). Retrieved December 15, 2022, from <https://teraumatatau.com/courses/peer-support/>
- SAMHSA: Substance Abuse and Mental Health Services Administration '10 Guiding Principles of Recovery' (2012)
- Te Pou. (2020). Mental health & addiction consumer, peer support & lived experience: Workforce development strategy 2020 to 2025.
- Te Rau Ora. (2022, May 25). Workforce Development Outcomes Framework. Te Rau Ora. Retrieved January 10, 2023, from <https://terauora.com/workforce-development-outcomes-framework/>
- Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal.
- Whare Tukutuku. 2021. Patterns of Practice: Whānau Supporting Whānau. Te Rau Ora.

## Glossary

Hauora	Health
Hapori	Community
Hapū	Subtribe
Iwi	Tribe
Kaimahi	Employee
Kaumātua	Elder
Kawa	Protocol
Kāwanatanga	Government
Kupu	Word
Mahi	To work
Mana	Prestige, spiritual power, influence
Manaakitanga	Hospitality, generosity
Mātauranga	Knowledge
Mihi	Acknowledge, thank
Moemoeā	Dream or vision
Oranga	Wellbeing
Ōritetanga	Equality
Pātuitanga	Partnership
Pou whānau	Whānau with lived experience
Rohe	Region
Ritenga Māori	Māori customs
Tauira	Students
Tikanga	Custom, correct procedure
Tino rangatiratanga	Self-determination
Uara	Value
Wairuatanga	Spirituality
Whakataukī	Proverb
Whakapuakitanga	Declaration
Whānau	Family group, extended family
Whenua	Land





**TE RAU ORA**

Copyright © Te Rau Ora 2023, Aotearoa  
[www.wharetukutuku.com](http://www.wharetukutuku.com) | [www.terauora.com](http://www.terauora.com)  
Call free 0800 628 284