

Building a Sustainable Mental Health & Addiction Peer Support Workforce

Strategic Framework

November 2023

Acknowledgements

This paper presents a proposed Strategic Framework that supports a collective vision to develop a sustainable Peer Support Workforce across the Waikato district Mental Health and Addiction service suite.

The following people/organisations have been consulted with, contributed to, and/or have provided important context and guidance in development of this paper.

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Stakeholder Engagement

- Mental Health and Addiction System Transformation Peer Support Working Group
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- Te Whatu Ora National Mental Health Workforce Directorate
- Te Rau Ora — Te Kete Pounamu Rōpu
- Te Aka Whai Ora – Jordy Bealing
- Te Whatu Ora Te Manawa Taki – Belinda Walker
- Ember Innovations – Taimi Allan
- Te Awhi Whānau Charitable Trust – Name and whakatauki
- Mind & Body - Hayley Sher and Sam Farr
- Pathways Workforce Lead

Dedicated Working Group

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The below whakatauki connects those who have contributed to this Kaupapa and grounds us all as we progress towards achieving this vision for whānau seeking care and support.

“He hono tāngata e kore e motu; kā pā he taura waka, e motu”.

Unlike a canoe rope, a human bond cannot be severed.

To help frame this paper the below table defines some specific kupu (terms), concepts and roles:

Concept	Definition
Whānau	Our definition of the word whānau in this paper refers to family and close friends of tāngata whaiora engaged in mental health and addiction services.
Lived Experience Advocate/Advisor	Lived experience advocates/advisors have their own direct lived experience of mental health and or addiction. They work alongside or within organisations advising on or advocating for the rights of tāngata whaiora and whānau impacted by mental health and or addiction.
Peer Support Project Lead	The Peer Support Project Lead is presented in this paper is responsible for leading the implementation of this strategic framework. The person in this role will identify as having direct lived experience of mental health and/or addiction and a minimum of 3 years' experience working in a lived experience role in mental health and addiction services.
Peer support Workforce Lead	Peer support workforce Leads identify as having direct lived experience of mental health and/or addiction and use their common experience to support and instil hope and recovery in others seeking support. They will have a minimum of 5 years' experience as a Peer support worker and perform a dual role that combines leading a team of Peer to Peer or Whānau to Whānau Peer support Workers as well as providing direct support to tāngata whaiora and or whānau. They have experience in mentoring and supervising other peer support workers.
Peer-to-peer support workers	Peer-to-peer support workers identify as having direct lived experience of mental health and/or addiction and work directly with tāngata whaiora using their common experience to instil hope and recovery in those that they support.
Whānau -to-whānau peer support workers	Whānau-to-whānau peer workers identify as having direct lived experience supporting a loved one engaged in mental health and or addiction services. Whānau to whānau peer workers use their experience to support other whānau

	members who are supporting a loved one engaged in mental health and or addiction support services.
Peer Support Workforce Leadership Network (PSWLN)	The Peer Support Workforce Leadership Network plays a crucial role in the Waikato District by providing strong governance, structure and strategic direction to support the vision of this workstream – a flourishing and sustainable peer support workforce. Their role including influencing key stakeholders and establishing policies and procedures for competencies, training, supervision and cultural safety. Additionally, the network actively participates in national and global discussions about the role of the Peer Support Workforce in the wider mental health sector.

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Executive summary

‘I see a system that isn’t a system.

Its oranga – wellbeing

Its whānau, its hapū

Its hāpori, it's our active tino rangatiratanga

People envelop you and your whānau during your time of need. Those who hold you safe with something as simple as a kai and karakia, a presence there with you through that path. Those who bring with them clinical skills and experience, which work in harmony with cultural skills and experience.

This place – it doesn’t need a name. It just is. And we all have a place in it.’

Egan – Oranga Hinengaro, System and Service Framework. April 2023

Building a sustainable Peer Support workforce across the Waikato district Mental Health and Addiction service is one of eight key workstreams within the wider Mental Health and Addictions System Transformation (MHAST) programme and has been identified as a critical

element in delivering safe, effective, and equitable outcomes for tāngata whaiora and their whānau seeking support.

Peer Support workers and Lived Experience Advocates have the potential to fill a much-needed gap in existing adult mental health and addiction services. A gap that offers tāngata whaiora and whānau hope, validation, and belief that they will overcome their challenges and flourish because the person/whānau supporting them has done it before them.

Peer support have a good technique of rapport building with tāngata whaiora. It's one tool they have of many that is unique called "Lived Experience". Nurses, social workers, positions in management as describe further down the document. They are also mothers, fathers, grandmothers and grandfathers who look after children. Lived experience is just one tool they have that is unique. Peer Support workers understand the impacts that certain language, attitudes and actions can cause a breakdown in communication and misunderstanding. This can impact a person's identity, wellbeing, and recovery. This contributes to discrimination, perpetuates stigma and ultimately results in creation of barriers for those seeking support.

There are many documented benefits and outcomes of Peer Support:

- Recovery and Strengths Focused
- Meaningful Connection/Mutuality
- Knowledge and Navigation
- Hope, trust, and empathy
- Increased confidence and self-esteem.
- Improved relationships with whānau and friends
- A future workforce

The Peer Support Lived Experience Workforce is a diverse, unique, and small but growing part of Aotearoa's mental health and addiction services and part of a worldwide movement that aims to transition mental health and addiction systems to a more recovery and wellbeing operating model. Nationally, expansion of the Peer Support and Lived Experience workforce has been a long-standing priority. The potential for developing the Māori workforce to acknowledge mātauranga Māori, tikanga and kawa is critical in addressing the vast inequities that exist. This unique workforce is also seen by many as a significant solution for transforming the landscape of mental health and addiction services in terms of tāngata whaiora and whānau experience, outcomes and addressing workforce shortages. And in the face of a nationwide mental health workforce crisis, this opportunity is sitting firmly front and centre for the Waikato district.

Peer Support and Lived Experience roles are currently in place in Waikato but only in a limited capacity in terms of FTE numbers and accessibility across the various service settings.

Te Whatu Ora Waikato recognise the value and role of Peer Support workers with regards to their unique way of working and skills in being able to connect with tāngata whaiora and whānau, establish rapport and trust early and intentionally apply their own lived experience to enhance the recovery aspirations of tāngata whaiora and whānau they work with, therefore

this workstream is seen as a critical component in facilitating the successful implementation of the wider MHASt project vision.

The purpose of this document is to present a high-level strategic framework that supports the development of a sustainable and flourishing Peer Support Workforce across the Waikato mental health and addiction service suite. It is our belief that the mental health and addiction service experience for tāngata whaiora and whānau could be truly transformed with dedicated leadership, supervision and expansion of the Peer Support and Whānau to whānau peer support workforce.

Mental health and addictions system transformation (MHASt) project overview

Waikato Adult Mental Health and Addiction Services are committed to meeting our obligations under Te Tiriti O Waitangi to eliminate inequities and improve Māori health gain, with the aim of achieving Pae ora (healthy futures for Māori) as outlined in Te Pae Tata (the New Zealand Interim Health Plan).

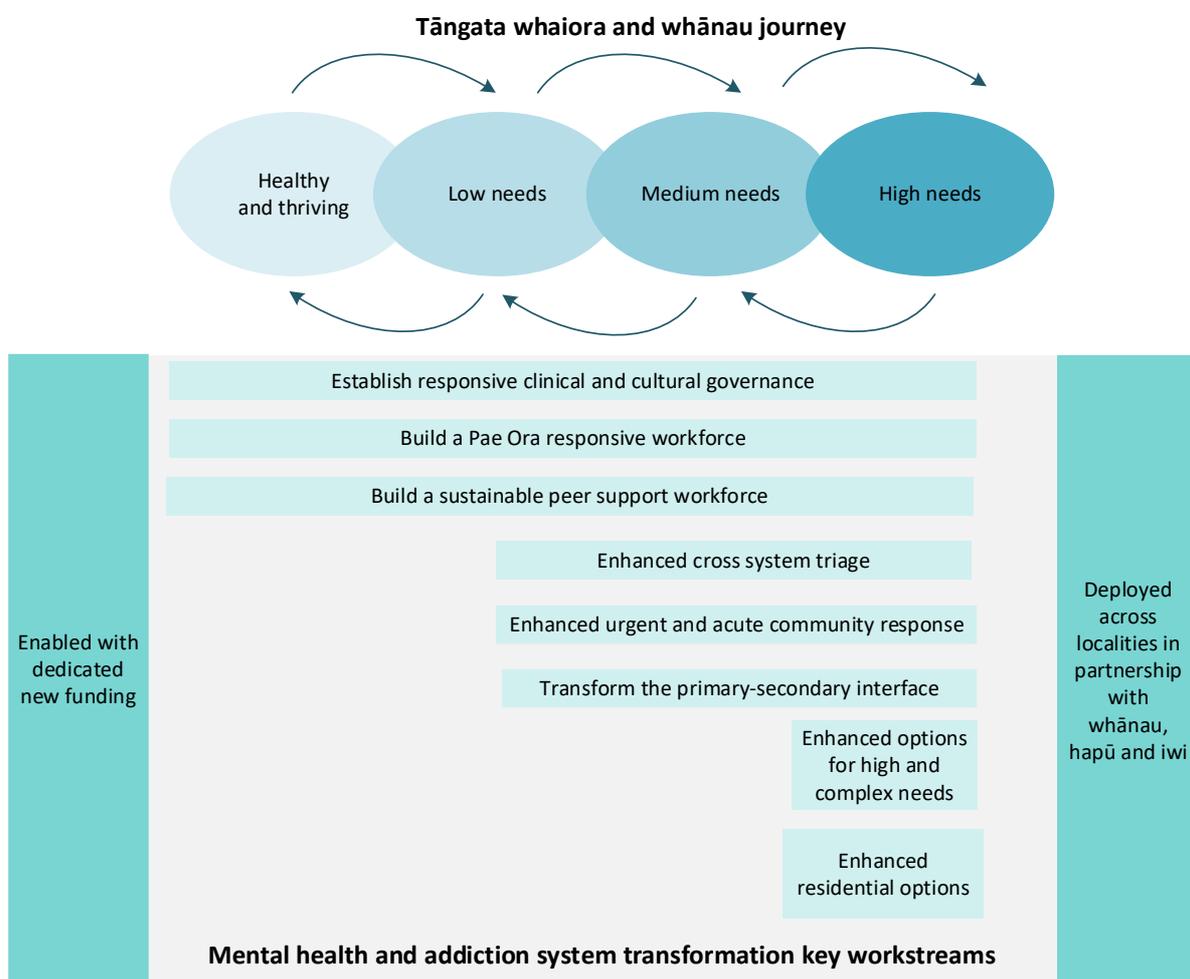
The Mental Health and Addiction System Transformation (MHASt) addresses inequities and health disparities for Māori who access Adult Mental Health and Addiction Services in the Waikato region. This includes supporting kaupapa Māori service design and delivery and building our Māori workforce capability and capacity to reflect the population that we serve.

The population in the Waikato is growing, as are the numbers of people accessing health services for mental health and addiction concerns. Transformation is necessary to minimise the number of people presenting to services and to improve the performance of those services in addressing their needs.

A whole of system response is required to provide meaningful impact to the holistic wellbeing of tāngata whaiora, whānau and communities.

MHAST workstreams

Improving access, responsiveness, options and outcomes for whānau



The graphic above illustrates the MHASt workstreams, set against a care continuum, showing the parts of the continuum each of the improvement areas is focused on.

Principles to guide MHASt workstreams.

There are five guiding principles developed for all MHASt workstreams.

Te Tiriti dynamic

A framework of overarching principles based on Te Tiriti have been agreed and are being applied across all of the MHASt workstreams, including enhanced triage. Please see Appendix A, to review the principles and framework in detail.

Whānau-centred approach

Whānau-centred approach involves planning care with whānau and thinking about the effects of care on whānau. Recognising and accepting that each person, needs and journey are different, so context must inform their treatment options.

Partnership with whānau and tāngata whaiora (person seeking wellness) at every step of tāngata whaiora care.

Human rights approach

Ensuring that tāngata whaiora hold tino rangatiratanga (self-determination) and remain central to all decisions that affect them, including decisions about their treatment and care. Tāngata whaiora receive the most appropriate care and least restrictive practices through a whānau-centred approach and a therapeutic environment.

We need to create a system that responds to the continua of diverse needs of people within the service user group and enables tāngata whaiora to live free from coercion. **When the system appropriately responds to the service user group's needs, we expect to see:**

- Increased engagement in community-based services
- Increased community wellbeing and resilience
- Decreased dependency on health and social services
- Increased engagement in social, educational and vocational activities
- Decreased comorbidities
- Improvement in current homelessness situations
- Tāngata whaiora are not stuck in inpatient units for longer than needed
- Reducing inappropriate contact with corrections and in prison.

These maximise independence including autonomy and decision-making rights.

Equity

Across the cohort, a significant proportion of people presenting with complex mental health challenges are of Māori descent and come from high deprivation background. In addition, a

large number are disconnected from their whānau. At the centre of our work is achieving equitable outcomes for Māori and meeting this need.

Active protection

We aim to provide active protection of tāngata whaiora so that tāngata whaiora can access support when needed.

Our Principles

- Pae Ora**
- Māori Health Equity**
- He waka eke noa**
- Responsive & Supportive**

Our Outcome Objectives

Pae Ora

- ✓ We work in partnership with tāngata whaiora and whānau to plan and deliver responsive mental health care
- ✓ We work in partnership with mana whenua to deliver culturally appropriate care
- ✓ Tāngata whaiora and whānau are supported to live a life of wellbeing

Māori Health Equity

- ✓ Our system provides equitable outcomes for Māori

He waka eke noa

- ✓ Our system has a coordinated approach that supports the wider health needs of tāngata whaiora and whānau
- ✓ Our system values, seeks and listens to feedback to inform our way forward
- ✓ Our services are delivered efficiently and effectively to respond to the needs of tāngata whaiora when they need it

Responsive and Supportive

- ✓ Our system supports empowered community led teams and social services to care for tāngata whaiora close to home
- ✓ Tāngata whaiora and whānau feel protected and safe
- ✓ Tāngata whaiora and whānau know how and where to access support when they need it most

Our Vision

Te Pae Tawhiti: Becoming Well Staying Well

Our System

Our Priority Actions

- Establish a system wide governance structure with clear terms of reference
- Increase Māori leadership, participation, and visibility at all levels of service delivery and planning
- Progress a community / locality development approach that works in partnership with whānau, hapū and iwi to develop effective place-based responses for Māori to improve equitable health outcomes
- Increase focus and resource for community approaches that influence wellness
- Increase access to talking therapies, and supports for tāngata whaiora and whānau through community and primary care
- Better structuring of accommodation providers and support services to meet identified needs so that tāngata whaiora are able to access suitable placements and ensure timely discharge from the acute unit
- Revitalise crisis care so tāngata whaiora can access support when they need it most
- Develop a specific integrated framework of services to cater to the specialist needs of tāngata whaiora requiring high & complex care
- Proactive planning in partnership with social services to improve access to appropriate accommodation/housing, and employment
- Enable sharing of information across the system
- Improve accountability, monitoring, and review of service performance using outcome-based measures
- Commit to and lead processes in partnership with tāngata whaiora and whānau that align with achieving the intent of least restrictive practices
- Grow and further support our workforce

Key Facts

- Our population will grow by 56,614 in the next 12 years.
- Demand for crisis support is increasing
- Demand for acute inpatient care exceeds our available beds
- About 50% of tāngata whaiora in residential accommodation have been there >2 years
- Primary Care is under pressure with increasing demand and an ageing workforce

Our Critical Enablers

- System Wide Governance
- Workforce
- Infrastructure
- Technology
- Commissioning

Background and Context

The case for system reform to support and improve mental wellbeing for all New Zealanders was clearly established in **He Ara Oranga** which set out a vision of a people centred, holistic approach that tackles inequities and the wider determinants of wellbeing, upholds the principles of Te Tiriti o Waitangi, orients the system towards mental health promotion, prevention and early intervention; and strengthens the services suite across an integrated continuum of need.

The Adult Mental Health and Addiction Service Plan (Jacob's report) was finalised in early 2022 and brought together much engagement with the sector and tāngata whaiora, background literature and Waikato service user data to inform the future direction of adult mental health and addiction services in Waikato.

This report and its recommendations were the foundation for Waikato's system transformation. Building a sustainable peer support workforce workstream and all other workstreams within the transformation workstreams are aligned to this report. This workstream is also aligned with the more recently published national documents of Kia Manawanui Aotearoa, Mā Te Rongo Ake and Oranga Hinengaro – The System and Service Framework, and just this week The Peer Support Workforce Insights Paper, published by Te Hiringa Mahara (Mental Health and Wellbeing Commission).

Increasing the Peer Support and Lived Experience workforce in the mental health and addiction sector has been a long-standing opportunity recognised by many health systems worldwide. Increasing the capacity and capability of this workforce was prioritised in multiple Manatū Hauora (Ministry of Health) action plans and workforce reviews. The Mental Health and Addiction Workforce Action Plan, 2017 – 2021 has growing the 'Peer and Consumer workforce as a key priority' including:

- Increasing its size and distribution
- Improving its diversity to better reflect people accessing services
- Developing recruitment and retention strategies to support growth
- Developing lived experience leadership and lived experience led groups
- Facilitating opportunities to work collaboratively with registered health professionals and wider health and disability workforce
- Supporting working to top of scope
- Improving data and information about the lived experience workforce.

In response to the national discussions and papers **The Mental Health and Addiction Consumer, Peer Support and Lived Experience Workforce Development Strategy: 2020-2025** authored by Te Pou in 2020 outlines three workforce development goals:

1. A leadership and partnership infrastructure that enables the workforce to lead their own development and partner in development activities with relevant sector agencies.
2. Grow the workforce and lived experience led and run services.
3. Develop skills and employment environments supporting the workforce to thrive.

Furthermore, as part of the recent health reforms, both Te Aka Whai Ora and Te Whatu Ora have actively recruited and are continuing to recruit whānau with lived experience into senior and director roles to support many areas of their organisation but in particular service design. Te Whatu Ora National has also recently commenced a programme where hospitals can trade in their vacant clinical FTE for a new Peer Support Specialist role to work as part of the MDT, acknowledging the value Peer Workers bring and enabling the registered workforce to work top of scope.

The additional documents below have also informed our thinking:

Te Pou He Arataki ki ngā kaimahi matau ā-wheako – March 2023

The Te Pou guide to the consumer, peer support and lived experience workforce in mental health and addictions settings supported us to develop the scope, values, benefits of our peer workforce and considerations for employers and colleagues to create suitable working environments for peer workers.

Te Pou Consumer, peer support and lived experience (CPSLE) competencies – July 2021

The Te Pou Consumer, peer support and lived experience competencies framework created a foundation for our working group to develop our peer values and competencies.

Te Pou Consumer, peer support and lived experience national body options paper – January 2022

The Te Pou Consumer, peer support and lived experience national body options paper provided a foundation for our Peer Support Workforce Leadership Network (PSWLN). The Te Pou paper aims to support the CPSLE workforce to make informed decisions about the development of a national professional body. It outlines conceptual options of what a national professional body may look like.

Context of Peer Support Workforce in this paper

The Consumer, Peer Support and Lived Experience Workforce includes all people who work in a job where it is a requirement to have lived experience of mental health and/or addiction challenges.

Currently most of this workforce works in dedicated hospital and secondary care settings, NGO mental health and addiction services, cultural or Kaupapa Māori services and more recently primary health care settings with the establishment of the Access and Choice Program in 2020. People are mostly paid, but some work on a voluntary basis.

The roles associated with this workforce are varied and include:

- Peer Support Workers/Coaches/Pou Awhina
- Consumer Advocates
- Consumer Advisors
- Consumer, peer and service user educators
- Consumer, peer and service user researcher and evaluator
- Consumer, peer and service user auditors
- Service user, consumer and peer supervisors/Pou Matua Awhina
- Whānau Peer Support Workers
- Peer Support Specialists (new role commencing this year)

In the context of this kaupapa we are focused on building up a sustainable Peer Support Workforce in terms of active FTE working with tāngata whaiora and whānau seeking support.

This workforce includes four role types, A Peer Support Workforce Project Lead; Peer to Peer, Whānau to Whānau peer and Peer Support Workforce Lead. A fuller description of these roles is on page 16.

The purpose of this paper is to present a strategic framework as a grounding concept that illustrates and articulates the key structures required to implement this workstream and achieve our vision. This approach is grounded in a pro-equity frame, and our working group are actively committed to ensuring that this workforce is both governed and reflective of both te ao Māori and tauwi worldviews.

Our approach

Methodology

Our workstream undertook a robust process to co-design this strategic framework and paper.

Key steps included:

1. Conducting a literature and desktop review on best practice and examples of where Peer Support Services are working well for both whānau and the workforce.

2. Conducted engagement with Kaumātua on appropriate language.
3. Conducted engagement with key health sector organisations involved as either a provider of or a commissioner of Peer Support services or responsible for the development of peer worker competencies, practice, and leadership.
4. Conducted engagement with Lived experience led organisations and Organisations working in the mental health Innovations area.
5. Established a working group of Subject Matter Experts covering representation across key areas of:
 - Lived experience
 - MHA Workforce
 - MHA Settings
 - NGO Providers
 - Te Ao Māori
 - Pacifica
 - Peer support workforce experience
 - Whānau peer support.

Our working group met in person for two 3-hour workshops in Kirikiriroa and completed extra individual and small group work over zoom and email to agree the key elements required for our framework.

6. Development of draft framework and supporting paper for presentation to the MHA project board and Te Pae Tawhiti Governance Board.

In our first working group we agreed the below values and principles to guide our Kaupapa. Kotahitanga and Tu Wātea speak to our commitment to a pro-equity frame.

Values and Principles underpinning this kaupapa



Our Vision – a Sustainable and Flourishing Peer Support Workforce

Our vision for this workstream is that peer to peer support and whānau to whānau peer support is accessible, equitable and a culturally affirming and safe experience for anyone who wants it.

It means that this workforce is anywhere that tāngata whaiora and whānau need it to be when seeking support. This workforce is accessed in spaces and places that are welcoming, culturally reflective of tāngata whaiora and whānau seeking support and mana enhancing.

It also means our workforce are diverse, flourishing, and confident in their kaupapa, they feel supported, well equipped and valued. They deliver their mahi in a context that aligns with their own worldview. They work as an integrated member of multidisciplinary teams and have a seat at the table for all decisions relating to their tāngata whaiora and whānau.

“Naku te rourou nau te rourou ka ora ai te iwi”

With your basket and my basket, the people will thrive.

- Peer Support Workforce Working Group

They have career development options and engage in regular local, regional, national forums and networks. They have a strong mentor to engage with regularly in reflective practice. They have a robust wellbeing plan to keep themselves well. They are confident to stay within their scope of practice and have structures in place to support them, yet they are invited to engage in regular training programmes to enhance their confidence and skills. They are encouraged to become leaders in the style that feels authentic to them.

They are remunerated well and can sustain a good quality of life. They are proud of their role, their team and organisation and their sector.

Our vision also includes a healthy pipeline of Peer Support Workforce Leads, and Peer Support Worker Trainees applying to be trained and placed in roles.

When this vision is a reality, we believe we will have achieved true transformational change both in our sector and in the context of equitable and self-determined whānau hauora.

“Ka hiko tatou i te taha o etahi ka kite tatou i o rātau ara e puāwai ana.”

When we walk alongside others, we can see their pathways flourish.

- **Peer Support Workforce Working Group**

Defining our Peer Support Workforce

This workstream is focused on building a sustainable Peer Support Workforce to deliver support to tāngata whaiora and whānau engaged in adult mental health and addictions services across the Waikato district. Underpinned by a pro-equity frame, it is focused on the development and growth of four key roles.

Peer Support Project Lead: The Peer Support Project lead will be a 0.6 FTE for one year to lead the implementation of this strategic framework.

Peer Support Workforce Leads: Peer support workforce leads identify as having direct lived experience of mental health and/or addiction who intentionally use their common experience to support and instil hope and recovery in others seeking support. They have a minimum of 5 years' experience as a Peer support worker and perform a dual role that combines leading a team of Peer to Peer or Whānau to Whānau Peer support workers as well as providing direct support to tāngata whaiora. They have experience in mentoring and supervising other peer support workers.

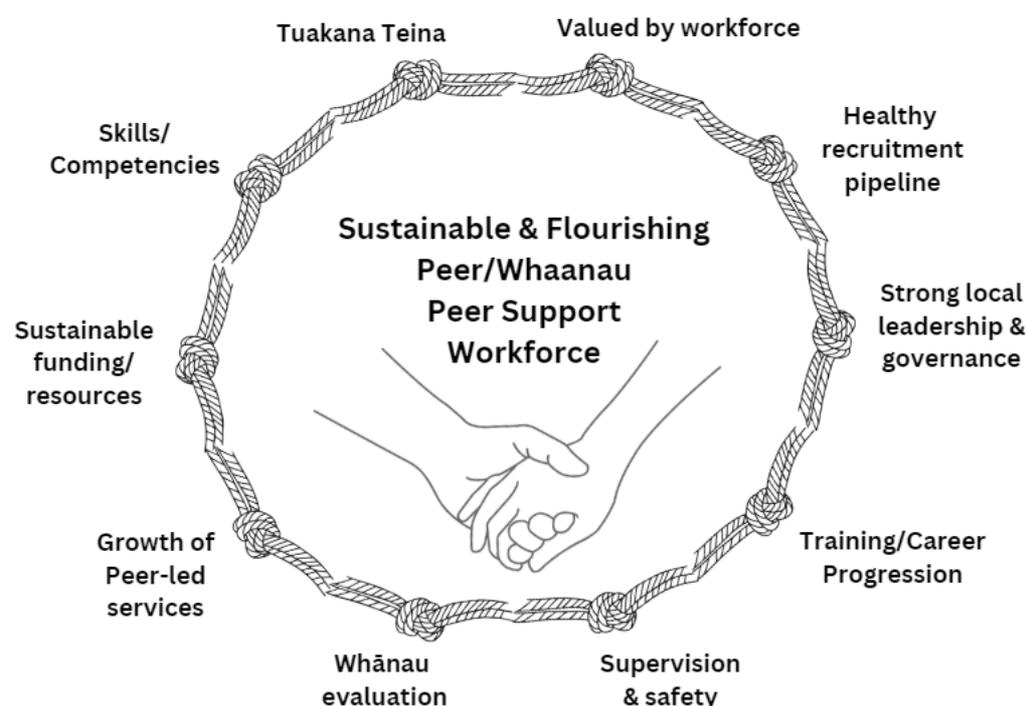
Peer-to-peer support workers: Peer-to-peer support workers identify as having direct lived experience of mental health and/or addiction who intentionally use their common experience to support and instil hope and recovery in others seeking support.

Whānau -to-whānau peer support workers: Whānau-to-whānau peer workers identify as having direct experience supporting a loved one engaged in mental health or addiction services. They use their experience to support other whānau who are supporting a loved one through the same journey.

Note: All peer support workers will provide support to individuals and whānau per their own experiences e.g., mental health for mental health and addiction for addiction.

Our Proposed Framework

Te Aho Pūmanawa o Te Tāngata Whai i Te Ora



We developed **Te Aho Pūmanawa o Te Tāngata Whai i Te Ora** - to ground us as a Pou tarāwaho (framework) in the initial phase of this workstream. It contains ten knots that we believe the structures needed to scaffold and grow a sustainable Peer Support Workforce across the Waikato districts Adult Mental Health and Addiction services.

The meaning of the name is 'Holistic journey of gifted / talented people with Lived experience' and the philosophy describes the guiding of gifted/talented people to share knowledge and ways of behaving to model wellbeing which will in turn support this workforce to grow and flourish in this modern world.

Te Aho Pūmanawa o te Tāngata Whai i Te Ora

Components

This section describes Te Aho Pūmanawa o te Tāngata Whai i Te Ora components. The connected rope is a metaphor for connection, and linking, which is what our workforce does to support tāngata whaiora and whānau. The knots in our rope represent people's recovery journeys (gifts) through shared experiences and must be upheld firmly for the rope to stay connected.

Our framework is underpinned by a strong commitment to pro-equity. This translates to tāngata whaiora, whānau and kaimahi determining a pathway that makes sense to them, including placement, training, supervision, and support. This frame will enable our workforce to feel safe in their learning, practice and self-reflective contexts and in the worldview that make sense to them.

Each component is described below and reflective of our working groups vision for this workstream, acknowledging that this Kaupapa is part of the wider MHAAT program and context, and will be implemented upon confirmation of the MHAAT model of care.

Skills and Competencies



Using the Te Pou competencies framework as a base the working group agreed on the below competencies as 'core competencies' for our new workforce and as appropriate to support a Waikato-centric perspective.

Competencies are listed under each of our proposed roles:

Peer-to-peer support

Competencies

Lived Experience and Self-Awareness: Direct lived experience of mental health and/or addictions, coupled with confidence in one's own self-awareness, including the wellness journey, recovery plan, clear insights, pressure points, understanding self, and needs during times of hardships.

Wellbeing Management and Transparency: Manages personal well-being and practices transparent communication about one's own well-being, while also modeling wellness and being accountable to tāngata whaiora and whānau.

Cultural Responsiveness/Safety: Can demonstrate cultural sensitivity and self-reflection. Willing to learn Te Reo Māori me ōna tikanga, especially for Māori tāngata whaiora, while

maintaining openness and respect for diverse cultures and backgrounds.

Relationship Building and Communication: Establishes connections and trust quickly, fosters relationships, and utilises effective communication skills to engage with and represent tāngata whaiora to effectively facilitate their wellness journey.

Empowerment and Recovery Focus: Validates tāngata whaiora's recovery plans, supports their autonomy, and walks alongside them in their wellness journey with a "doing with, not to, not for them" approach.

Trauma-Informed Approach: Shares personal stories without retraumatising individuals, demonstrates sensitivity, and understands potential triggers.

Scope of Practice

Professional Ethics and Boundaries: Maintains professional boundaries, understands duty of care, and adheres to a no surprises policy with tāngata whaiora. Attends regular peer supervision for reflective practice. Takes part in Community of Practice groups.

Role-related

Documentation and Accountability: Takes comprehensive notes to capture authentic koorero, ensuring accountability to tāngata whaiora and whānau and documenting interaction.

Whānau -to-whānau peer support

Competencies

Kanohi ki te kanohi Support: Available to all levels of the whānau (extended family/community) journey, providing face-to-face support and engagement.

Relationship Building and Communication: Establishes connections and trusts quickly, fosters relationships, and utilises effective communication skills to engage with and walk alongside tāngata whaiora to effectively facilitate their wellness journey.

Advocacy and Negotiation: Advocates effectively for the needs of the whānau and negotiates with the clinical team on their behalf, ensuring that their concerns and preferences are addressed.

Mediation and Conflict Resolution: Facilitates the mediation process between the whānau, loved one, and the clinical team, helping to resolve conflicts and promote understanding and collaboration.

Step-by-Step Information: Keeps whānau informed about the step-by-step processes their loved ones may be experiencing during admission, provides the whānau with accurate and timely information to alleviate uncertainty and distress.

Mitigating Distress: Can help to mitigate distress experienced by whānau (extended family/community) during challenging times, offers emotional support and practical strategies to cope with the situation.

Scope of Practice

Educator and Navigator: Competent as an educator, providing information and guidance to the whānau about their loved one's illness and the process of the recovery journey. Additionally, serve as a navigator, helping the whānau identify and access appropriate services and support systems.

Role-related

Understanding Clinical Processes: Has adequate understanding of clinical processes and to ensure the whānau rights are respected and upheld.

Celebrates Wins and Gains: Recognises and celebrates the small wins and gains achieved by the whānau and their loved ones throughout the recovery journey, fosters a positive and supportive environment.

Knowledge of Codes and Whānau Rights: Is familiar and confident with the Health and Disability Code of Rights and whānau rights, ensuring whānau rights are upheld. Provides information about the legal processes involved with community treatment orders.

Peer Support Workforce Lead

Competencies

The Peer Support Workforce Leads can demonstrate all the above competencies listed under the Peer-to-Peer section above, however they will likely have more experience in their role as a Peer Support worker and be able to demonstrate leadership capabilities including:

- Encompasses a more strategic view
- Supports a team culture of reflective practice.
- Can articulate best practice competencies.
- A relationship leader and influencer of internal and external groups
- Advocates for their peer support team within their organisation and setting.
- Demonstrates networking and collaboration skills.
- Supports their Peer Support staff to incorporate new developments and innovations into their work.

Role-related

- Training of regulated workforce on Peer Support benefits and outcomes
- Co-develop wellbeing and professional development plans for their Peer Support staff.
- Coaches and mentors Peer Support staff and supports them to become leads.

Note: We have attached the Te Pou mental health and addiction consumer, peer support and lived experience workforce competencies in Appendix 2. We believe these competencies and values help expand and shape the national conversation on peer support.

These will be amalgamated with Te Pou's competencies for job descriptions in Waikato Mental Health and Addictions.

Tuakana/Teina



Tuakana teina is a term used to identify a certain group within the whānau dynamics. The whānau dynamic is made up of the māta mua (oldest child); pōtiki (youngest child) tuakana /teina are all the siblings in between.

The tuakana–teina relationship, an integral part of traditional Māori society, provides a model for buddy systems. An older or more experienced tuakana (older sibling or cousin) helps and guides a younger or less experienced teina (originally a younger sibling or cousin of the same gender).

Traditionally, it is specific to teaching and learning in the context of Te ao Māori. While these terms have their origin within the family constructs or whānau/hapū, this concept is still relevant today.

In the context of Peer Support, the Tuakana-teina strengths-based approach typically sees the tuakana share their experiences, and their knowledge as well as provide information to the teina to help them achieve their wellbeing goals. The tuakana is a support person and adviser for the teina however this approach also celebrates the concepts of 'ako' (to both teach and learn) and reciprocity. As with the concept of tuakana-teina, both acknowledge the individual expertise from personal knowledge to experience, therefore the roles can be interchangeable and fluid at any time to allow the teina to teach and inspire the tuakana.

Peer Support Workforce Training and Career Progression



Training:

Comprehensive training is a critical structure in this strategic framework. Appropriate training to equip our workforce to deliver meaningful, affirming, and safe practice to tāngata whaiora and whānau will ensure service experiences and outcomes are what they should be.

Our working group has identified the following as recommended training requirements for a Peer Support Workforce working in a mental health and addiction context:

- Peer Support Training
 - Training programmes that uphold peer core values, trauma-informed care and are aligned to Te Ao Māori values.
- Peer supervision training
- Peer leadership training
- Pae Ora Responsive Training – Te Whetu Ki Pae Ora
- Nōku Te Ao - Knowledge in Te Ao Māori
- Ma Purapura Mai
- Lived Experience Used Well
- Kia Matāra

We acknowledge that extra training requirements will be necessary dependent on the role, the setting, the cultural context, and experience of the individual. These extra trainings will be future scoped upon endorsement of our framework and approach.

The following principles will help guide us in our scoping process.

Building Leaders:

- Providing leadership training and development opportunities for experienced peers
- Tuakana-Teina
- Remuneration that upholds and recognises the unique role and valuable contribution.

Sustainability:

- Having a strong career trajectory
- Focusing on long-term view
- Creating an environment that encourages 'workforce referral'.

Celebrating Difference

- Applying conscious bias towards prizing diversity and equity.

Mobilising and optimising workforce:

- Being open to delivering peer support in new spaces/mobile/virtual?
- Identifying new opportunities to replace registered workforce with Peer workforce.

Career Progression:

We acknowledge career progression as a key sub-component within this section and suggest some scoping work is conducted in this space once we move into the establishment phase of this workstream. It is important that this pathway is designed in the context of the specific roles outlined and the local Waikato District.

The Te Pou CPSLE guide acknowledges that a peer support worker is ready to progress further in their career when they can demonstrate the following attributes:

- Vision and agenda leading and setting.
- Bring lived experience perspectives to decisions and decision-making processes.
- Provide expert advice on policy, planning, evaluation, process, and strategic direction.
- Ability to establish strategic partnerships.
- Have knowledge of workforce development.
- Have a clear working knowledge of mātau ā-wheako CPSLE workforce competencies and shares this knowledge with other peers.
- Be a strong role model for workplace wellbeing › ability to provide education, training and/or research.
- Have skills and experience to provide reflective practices and mentoring.
- Demonstrate competency and commitment in applying Te Tiriti principles.
- Have highly developed communication skills including the ability to have challenging conversations, negotiate and resolve conflict, while upholding mātau ā-wheako values and principles.

Healthy recruitment pipeline



A healthy pipeline of new peer workforce candidates is a critical factor in achieving our vision of a sustainable peer support workforce in Waikato adult mental health and addiction services.

It is the working group's recommendation that we build on the work completed to achieving the following key actions:

1. Appoint a Peer Support Workforce Project Lead to conduct a formal assessment of the numbers of Peer-to-Peer Support Workforce, Whānau to Whānau Peer and Leads currently in the Waikato District both paid and unpaid, including what settings/services they are based.
2. Upon confirmation of the 'current state/scoping process', appoint Peer Workforce Lead roles to work alongside Steering Group to support development of a 2-year recruitment plan that may include:
 - Selection criteria for each of the 3 roles (Position descriptions, core competencies)
 - Advertising campaigns
 - In person forums/attendance at career conferences
 - Development of a Waikato central portal
 - Establishment of a process/pathway that identifies tāngata whaiora and whānau who have achieved recovery and demonstrate some of the key attributes required to become a peer support or whānau to whānau peer support worker.
3. Development a robust career progression pathway which is covered in the above section but links strongly to this important structure of our framework.
4. Access to sustainable and appropriate funding levels to ensure we
 - a. Attract a high calibre of candidates.
 - b. Remunerate our workforce and leads appropriately in order to achieve improved tenures.

The principles outlined in the above training section will also apply to the recruitment strategy.

Supervision and safety



Supervision:

A sound structure of peer support supervision, cultural supervision and reflective practice is vital to support this workstream vision as our workforce is engaging day in and day out with tāngata whaiora and whānau in distress.

Accessing a strong network of trained and experienced Peer Support Supervisors and Cultural Supervisors is a critical component of this framework.

Our recommendation for this structure is to conduct an assessment/current state of existing 'supervisors' trained and available to support our new workforce. Upon completion, we recommend appointing two Co-lead Supervisors from existing Peer Support Providers (one mainstream and one Kaupapa Māori) to champion a process of co-designing a Supervision/Self Reflective framework that works for the local Waikato context.

This co-lead relationship between Kaupapa Māori led services and mainstream services is strongly recommended to uphold the intent of the working groups commitment to pro-equity and facilitating the workforce to choose the supervision approach that most aligns with their worldview. It's important to also note that peer supervision within the workforce is a helpful practice, particularly for those peer workers who are on their own in a service or have smaller teams. Peer team supervision allows dedicated time for collaboration, knowledge-sharing, and collective support. It can enhance well-being, uplifts wairua and often makes space to address the spiritual dimensions of self-care which is key to this workforce's wellbeing.

As we move forwards to recruitment of more Peer Support Workforce Lead roles, they would work district wide to build up a collaborative of Supervisors accessible both in person and virtually.

Safety:

The term safety can mean multiple things – cultural safety, gender safety, physical safety, emotional safety. There is also the risk of becoming triggered or overwhelmed which may threaten our workforce's own recovery.

As we grow this workforce it is important to understand what safety means for our people – for them as individuals, teams, organisations and when they are working in an integrated care environment.

Our recommendation for this structure is to build on the national and local work completed to date and work alongside the new Supervision Co-leads to really understand the details of what needs to be put in place for our workforce to feel, safe, valued and inspired,

Once a definition of safety for this workforce is agreed on at a local level a small collaborative (including leads from Peer Support Providers) should commence development of safety guidelines that include assessment, training (both external and internal), peer support of each other and a district wide response to ensure this workforce is adequately supported to stay well and thrive.

By prioritising their safety and well-being, we aim to cultivate a thriving and resilient peer support workforce.

In current practice Peer Support Workers are encouraged to support their own personal wellbeing and health management within the workplace using a workplace WRAP (Wellness Recovery Action Plan), as well as familiarise themselves with and adhere to their organisation's safety and wellbeing procedures.

Tāngata Whaiora evaluation



A peer support workforce evaluation programme must be put in place as this workforce is still a relatively new workforce in the mental health and addiction space and for some who hold roles in the more traditional context of mental health, further evidence is needed to support expanded application of peer support workers.

Tāngata whaiora evaluation is the key part of our framework as the Peer Support Workforce need to be held to account by those receiving peer support services and these important insights will inform a dedicated ongoing quality and improvement programme for this workstream.

A robust evaluation program will help provide the evidence to create an environment where the peer workforce is valued, welcomed into integrated contexts and becomes 'business as usual' alongside clinical perspectives.

Growth of Peer-led services



Growing peer-led organisations is a national priority and part of the latest Te Pou workforce action plan.

A Peer-led organisation is one that is owned, governed, and operated by kaimahi/workforce who have navigated their own lived experience of mental health and or addiction and now stand tall as living examples of what is possible when they recognise and embrace their own experiences to influence and support others to recover.

As part of our vision for a sustainable and flourishing peer support workforce, we support and endorse the growth of peer-led services as this allows for broader and more inclusive understanding of 'peer-led' as a concept. It also prevents the unintentional exclusion or limitation of potential providers who may offer valuable peer support services but may not necessarily identify as peer-led organisations.

The growth of peer-led services holds great potential for enhancing the sustainability of peer support workers. The growth of peer-led services enhances the visibility and recognition of the peer support vocation, leading to increased funding opportunities and professional development prospects for peer support workers. This virtuous cycle not only benefits the sustainability of peer support workers by creating a more supportive and fulfilling work environment but also enhances the overall quality and effectiveness of peer support services for tāngata whaiora seeking help and guidance to achieve recovery.

Sustainable funding/resources



A sustainable funding stream is required to support the key elements of the plan:

- Peer support workers and peer support leaders - who will require FTE and overhead funding for the organisations they are recruited into.
- Whānau to whānau peer support workers— as per above however we acknowledge there will need to be further work to scope this role and discussions regarding where this role would best serve whānau who are supporting a loved one engaged in services.
- Network establishment and sustainability – which will include elements such as developing the details of a Peer Support Workforce Leadership Network entity, and supporting co-governance, and oversight roles of the network.
- Supervision and safety frameworks and processes
- Organisational readiness resources
- Training and development for the workforce including a Community of Practice and training in Te Ao Māori for Māori.
- Recruitment and expansion plans and activities
- Evaluation program design and implementation
- Communications planning and implementation for non-peer workforce

Valued by the Workforce



It is important as part of our vision that we drive an improved understanding of the role and value of the peer support workforce by the registered and other non-peer workforces. It is also important that the peer workforce understand the roles of other workforce members across the system.

This understanding and respect of each other's roles is needed to build strong and balanced whānau-centric teams.

We recommend the development of a communications campaign for the wider mental health and addiction sector and targeted new trainings for both peer support and the registered and non-peer workforce to explore roles, value and working together.

Peer support workers may work across a variety of settings so training and support will be required for workforce across the continuum.

Some initial thinking to achieve this includes:

- Promoting peer support knowledge through conferences and symposiums, providing platforms for sharing expertise and best practices.
- Fostering co-partnerships between peer support and clinical teams, encouraging collaboration and mutual support in delivering comprehensive care.
- Emphasising working side by side with tāngata whaiora creating an environment of shared experiences and understanding.
- Providing "working with peers" training for leaders and colleagues to enhance their understanding and effectiveness in supporting peer workers.
- Encouraging the integration of lived experience within current staff, recognising its value and importance in shaping supportive environments.
- Prioritising ongoing education and professional development for peer support workers to ensure they have the necessary knowledge and skills.
- Upholding equity in all aspects, including respect, culture, remuneration, position, ethics, function, and role within the peer support workforce.
- Implement mandatory training for the regulated workforce to enhance their understanding and collaboration with peer support workers.
- Sharing narratives of change and success, highlighting the positive impact of peer support and inspiring others in the field.
- Fostering the sharing of research and evaluations, promoting evidence-based practices and continuous improvement.
- Promoting peer support as a viable and rewarding career opportunity, attracting individuals who are passionate about making a difference.

Organisational Readiness



As this unique workforce starts to grow it is important for organisations employing this workforce (who have not historically employed a peer support workforce) to undertake actions that ensure they are ready to hold this workforce up safely. This would include:

- Commitment to pro-equity transformation in the context of Peer Support services.
- Ensuring peer supervision is established and in place – both external and internal.
- Training for all staff; working with peers – understanding of Peer values and competencies for non-Peer colleagues.
- Having an identified pathway for career development, with training in place.
- Recruitment and retention plan established.
- Offering comprehensive training and orientation programs for newcomers.
- Development of HR policies to cover wellness.
- Effective workload management processes

- Equipping peers with the necessary skills, knowledge, and understanding to excel in their roles.
- Fostering a continuous influx of fresh perspectives and diverse experiences.

Strong Local Leadership and Governance



A key knot in our framework is the establishment of a well-represented, diverse, and local Peer Support Workforce Leadership Network (PSWN).

The proposed function of this Leadership Network is to support and enable the building of a sustainable Peer Workforce for Waikato mental health and addiction system by:

- Delivering a strong co-governance structure
- Being a leading advocate and voice for the Peer Support Workforce
- Influencing key sector stakeholders
- Establishment of policies and procedures relating to competencies, scope of practice, training, supervision, and safety for Peer Workforce in the Waikato District
- Influence national and global conversations about role and benefits of Peer Support Workforce and policy.
- Working as a collaborative with a shared vision and actively involving peer workforces on the ground to shape the direction and expansion of this unique workforce.
- Support approaches to recruiting and supporting a diverse peer workforce.

The leadership role of the network includes advocating for the workforce's safety, equity, and meaningful participation in policy and decision-making processes. Network leaders actively engage with national peer spaces, staying informed about developments and best practices in the field. They also maintain an understanding of local community dynamics and needs.

The leadership team, preferably led by Taumata-Pakeke (experienced leaders), holds the rōpu and safeguards its mauri (ideally with direct lived experience). They assume governance responsibilities, ensuring effective oversight and accountability. As conduits, they serve as the link between the peer support network and external stakeholders, representing the voice and perspectives of the group rather than their own.

To promote shared leadership and capacity building, the chairperson position is rotated, fostering a tuakana teina relationship that facilitates skill development and succession planning. This "co-governance" approach upholds the commitment to a pro-equity transformation and strengthens the network's resilience and sustainability, allowing for collective decision-making and shared ownership.

Membership criteria would include:

- A commitment to development of a shared vision for this workstream
- Commitment to pro-equity transformation
- Having direct lived experience of mental health and/or addiction (self or whānau)
- Employed or connected to an organisation that provides peer support services in Waikato District
- Should include members experienced in Peer Support training and supervision.
- Must cover appropriate representation: Urban / Rural / Māori / Pacific / Rainbow / Deaf / Adult / Rangatahi / Older Persons

As part of the next phase of this workstream our group recommends the appointment of a Project Lead and Interim Steering Group to commence the process of establishing this network.

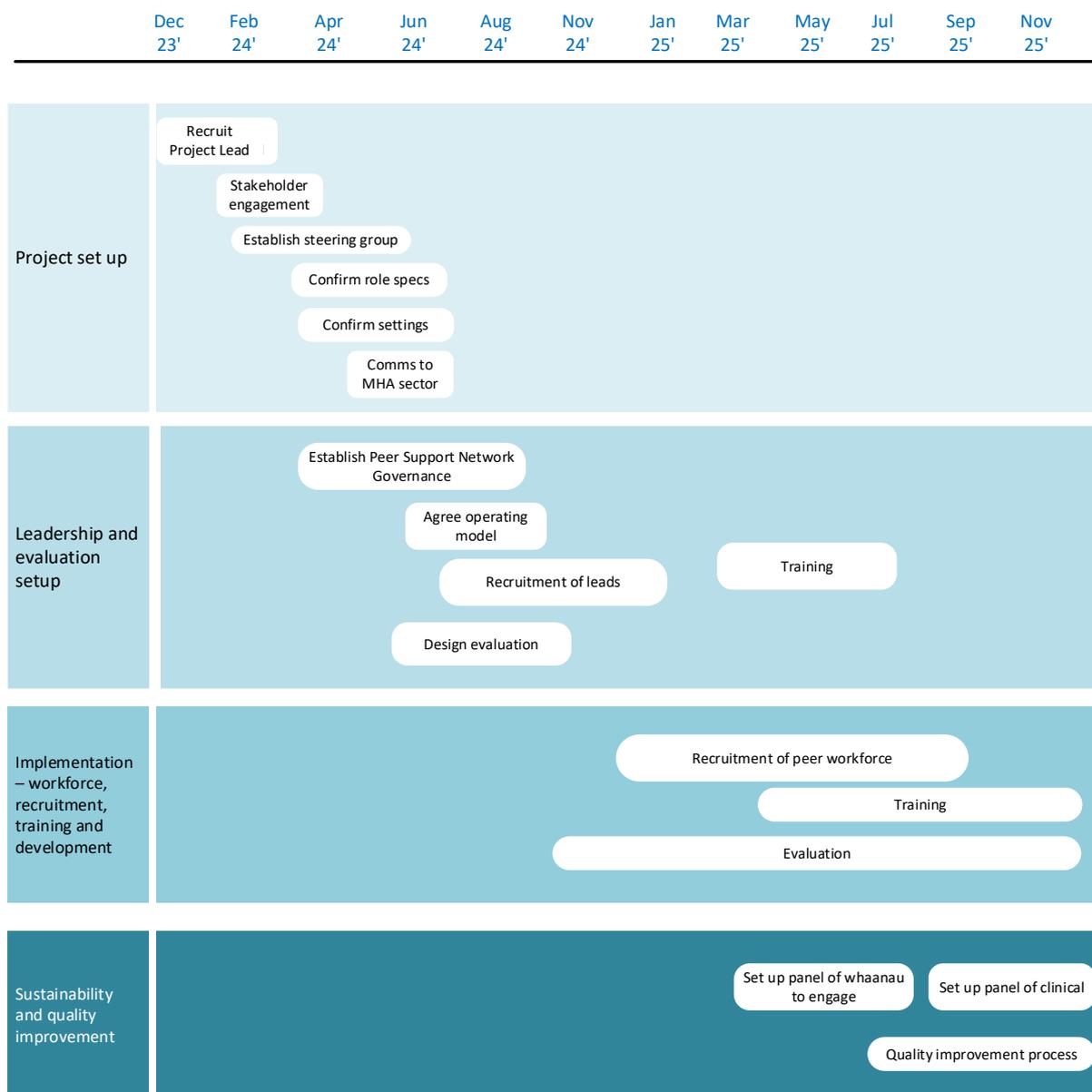
Next Steps: Planning for Action and Implementation

Upon endorsement of this framework and approach we will work with Te Whatu Ora Waikato to build out the below set of recommended actions across four key phases – based on the assumption that the overall system model of care is confirmed by July 2023.

Phase	Actions	Timeframe (TBC on agreement high level phases and actions)
1. Project Set Up	Secure/appoint a dedicated Peer Support Workforce Project Lead Conduct Assessment of Current State (Scoping and engagement) Establish Interim Project Steering Group Confirm Peer Support Workforce Role Specifications and support requirements. Confirm priority settings for placement of new workforce. Communications campaign out to MHA sector	Dec 23'-May 24'
2. Leadership and Evaluation Set Up	Establish Peer Support Workforce Leadership Network (PSWLN) Agree TOR, functions and Operating Model for PSWLN Commence recruitment of Peer Workforce Leads Commence Training of Leads/Design workforce supervision structure Design and Develop Peer Workforce Evaluation Program	Feb 24' – Aug 24'
3. Implementation	Advertising Campaign and Recruitment of Peer Support Workforce (2 role types) Training and development Roles in place	Aug 24' – Mar 25'

4. Sustainability and Quality Improvement	Implement evaluation program for Peer Roles that have been in place for 6 months or more, Commence Q & I program	Mar 25'-Nov 25'
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Timeline: (Dec 23' – Nov 25')



Note: this timeline is draft and will be confirmed after agreement on high level phases and actions.

Key areas for further discussion:

National and Regional Direction and Guidance

As we move into the second year of our transformation reforms, the new national health entities Te Whatu Ora and Te Aka Whai Ora are progressing with both national and regional workforce development strategies and Mental Health and Addiction priorities. Both organisations acknowledge the unique value and contribution the Peer workforce brings, and this workforce is likely to feature strongly in upcoming actions plans.

The working group strongly recommend the appointed project lead of this workstream, continues to check in on national progress and creates a strong link with the regional Mental Health Workforce lead Belinda Walker. This will ensure that the Waikato Peer Support Workforce strategy and approach both aligns to and strengthens other collective approaches that are working towards expansion of the Peer Support workforce in supporting tāngata whaiora and whānau engaged in mental health and addiction services.

Placement of peer workforce

As part of the next phase of this workstream an assessment to understand where the existing Peer Support workforce sit, and an understanding of budget allocation is critical.

Aligning the placement of this new workforce within the context of the new (to be confirmed) model of care will be our focus, however in the meantime based on our insights and high-level discussions to date our recommendation is that this Peer Workforce becomes available in the following settings.

Role	Peer Workforce Leads	Peer to Peer	Whānau to Whānau Peer
Setting - Priority 1	Te Rau Ora (Kaupapa Māori Workforce NGO)	MHA Community	In-patient unit
Setting – Priority 2	NGO - Mainstream	MHA Community	Crisis and Community
Setting – Priority 3	Sits in our new Peer Workforce Leadership Network	Primary Care	MHA Community

Another important consideration will be how this new workforce, works alongside existing workforces such as kaitakawaenga who are already working with tāngata whaiora and whānau in the inpatient settings and health coaches, working in the primary care space. These roles are viewed by some as being quite similar and it is our strong recommendation that our new Peer Support Workforce becomes an ‘and-and’, not an ‘and-or’.

Conclusion

To build a sustainable peer support workforce across the mental health and addiction sector in Waikato we need to focus on some critical areas.

At a broad level these include:

- A commitment to pro-equity and co-governance
- Growing capacity of the peer support workforce and peer workforce leads
- Sustaining the wellbeing of the peer support workforce
- Valuing this workforce for the unique gifts they bring
- Building leadership, voice and capability across the sector
- Increasing understanding of the value this workforce brings amongst the non-peer workforce.
- Supporting the peer support workforce to stay true to their principles.

This paper outlines a locally informed approach required to build a sustainable Peer Support Mental Health and Addiction Workforce for the Waikato district. It focuses on the development of three key roles: Peer to Peer, Whānau to Whānau Peer and Peer Workforce Leads, and presents a proposed framework that describes the components needed to expand and scale this workforce in a responsible, collaborative and pro-equity context.

It is the view of our working group that when peer to peer support and whānau to whānau peer support becomes accessible in places that are welcoming and close to home, and the care received is equitable, culturally affirming and safe for anyone who needs it then we will have achieved true transformational change both in our sector and in the context of self-determined whānau hauora.

“Mā tōu rourou, mā taku rourou ka ora ai te iwi”

‘With your food basket and my food basket the people will thrive’.

Appendix One: Te Whatu Ora ki Waikato Mental Health & Additions Change Programme Treaty of Waitangi (TOW) setting Māori Health Equity Goals, Actions

Principles	Expected Impact <i>(no impact, positive impact, negative impact)</i>	Expressed through programme planning, goals, and actions. <i>How will the programme achieve this.</i> <i>What will you do to achieve this?</i> <i>Who is responsible, by when will it be achieved?</i>
Tino Rangatiratanga Principle of Māori self-determination and mana	Positive Impact	Explain how the programme will commit to this principle. What will you do to achieve this? Who is responsible, by when will it be achieved? Describe how this work will incorporate this principle for Pae Ora (Mauri ora, whānau Ora, Wai Ora)
Equity Principle requires that crown agencies to commit to achieving equitable health outcomes for Māori.	Positive Impact	How will this work improve equity for Māori and how will this be measured and monitored? Equity for access, quality, and outcome?

Te Whatu Ora

Health New Zealand

<p>Active protection</p> <p>Principle of active protection requires crown agencies to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori.</p>	<p>Positive Impact</p>	<p>How will this work embrace Te Ao Māori and incorporate Tikanga Māori?</p> <p>How will Mana Whenua be involved with any initiative that might flow from this work?</p>
<p>Options</p> <p>Principle to provide for and properly resource kaupapa Māori health and disability services and MoC.</p>	<p>Positive Impact</p>	<p>Describe how this work will incorporate the principles for Te Pae Tawhiti?</p> <p>How will this work embrace and incorporate Tikanga Māori AND Māori MoC?</p>
<p>Partnership</p> <p>Principle of partnership with Māori in the governance, design, delivery, and monitoring of health and disability services.</p>	<p>Positive Impact</p>	<p>Explain how you have partnered with Māori in the development of this work (and any initiatives that might flow from it)?</p> <p>Describe how Māori will be involved in the co-design and operationalisation of this work?</p> <p>Describe how you have/will involve Māori in all aspects of this initiative (governance/ design/ operational management/as service providers), evaluation and review?</p>

Appendix Two: Te Pou Competencies for the mental health and addiction consumer, peer support and lived experience workforce

