Taiohi Māori workforce participation and health: Experiences and statistics
This summary presents key findings from *Taiohi Māori Mental Health and Wellbeing: The relationship between Māori youth workforce participation and mental health*. The report consists of the following four chapters:

- “Literature review: the relationship between Māori youth workforce participation and mental health” (Levy).
- “The relationship between Māori youth workforce participation and mental health: taiohi Māori experiences” (Levy).
- “Māori youth in the Aotearoa/New Zealand labour market 2001–2011” (Cochrane, Pawar, Cooper).

Te Kotahi Research Institute, in collaboration with Te Rūnanga o Kirikiriroa and the National Institute of Demographic and Economic Analysis, conducted the studies. The papers contribute to a contextualised, evidence-based understanding of the relationship between taiohi (youth) Māori workforce participation, the impact of unemployment, and use of mental health services. The chapters address key gaps in knowledge and evidence regarding this relationship, and attempt to identify the associated risk factors that result in taiohi Māori experiencing mental health issues. Māori require robust information about their own labour market participation, to guide policy that will enable taiohi Māori to realise their full labour market potential.

The full report highlights that taiohi Māori are vulnerable to adverse labour market shocks and experience ongoing disadvantage in the labour market. Taiohi Māori are further disadvantaged when their usual pathways through education and into employment are disrupted. This often occurs when mental health and alcohol or other drug (AOD) issues first present in this age group.

Addressing these disruptions is critical, as engagement with well-matched, high quality employment or education is crucial to overall wellbeing (Leach, Butterworth, Strazdins et al., 2011; Mental Health Commission, 2011a). The right of taiohi Māori to realise employment and education opportunities and the associated benefits at the same rate as other youth in Aotearoa/New Zealand needs to be protected. Robust pathways supporting access to appropriate, high-quality employment, education, and mental health and AOD services will reduce the risk that unmet health needs among taiohi Māori impact significantly on Māori in the future.

The following sections briefly describe the Māori youth population and summarise the report chapters, focussing on Māori youth engagement in the employment market and their use of secondary mental health and addiction services. The stories shared by taiohi Māori offer some insights into the complexity underpinning these statistics and the varied pathways that taiohi Māori take to achieving their employment and/or educational goals.

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1 The full report is available for download at tepou.co.nz
Key facts about Māori youth, 15-24

When compared to the country’s overall population, New Zealand’s Māori population is younger. According to 2013 census data, the median age of the Māori population was 23.4 years, compared with 38.0 years for New Zealanders in general.

- There were 127,600 Māori aged 15-24 years in the 2013 census.
- Māori aged 15-24 made up 19 per cent of the Māori population.
- Māori make up a relatively young and fast-growing share of the Aotearoa New Zealand working-age population.

Table 1: Māori youth participation in education and the labour market in the Aotearoa/New Zealand, 2001–2011

<table>
<thead>
<tr>
<th>Māori Youth (15-24 years)</th>
<th>2006 (base)</th>
<th>2026 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>116,100</td>
<td>142,700</td>
</tr>
<tr>
<td>Percentage of total youth</td>
<td>19.2%</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

Note: Figures calculated by Te Pou using Statistics New Zealand data (2011, 2013)

Māori youth participation in education and the labour market in the Aotearoa/New Zealand, 2001-2011

This section presents key findings from the chapter “Māori youth in the Aotearoa/New Zealand labour market 2001–2011” (Cochrane, Pawar, Cooper).

- At the 2013 census Māori aged 15 to 24 years were 19 per cent of the total Māori population and 31 per cent of the Māori working age population (15-64 years).
- By 2026 Māori youth are projected to be 4.2 per cent of the total working age population, an increase of 0.3 per cent from 2006 (Statistics New Zealand, 2011).
- Taiohi Māori are much less likely to be in education, employment or training than non-Māori; Māori males aged 15-19 are at particular risk.
- Overall unemployment rates for taiohi Māori are higher and fluctuate more than for non-Māori.
As shown in Figure 1 the number of taiohi Māori are now leaving school having acquired university-level entrance standards has increased. However, the figure also shows the large relative gap between Māori and non-Māori has not closed between 2005 and 2010.

Figure 1: Proportion of taiohi, aged 15 years and over, leaving school having attained university entrance standards (NCEA Level 3 or above).

Figure 2 shows fewer New Zealand youth leave school without a formal qualification.

However, about twice as many Māori than non-Māori do not have a formal qualification when they leave school.

Figure 2: Proportion of taiohi, aged 15 years and over, leaving school with little or no formal attainment.
As shown below in Figures 3 and 4 the employment rates\(^2\) are lower for Māori than non-Māori. There was a decline in the employment rate after the global financial crisis, though this was more pronounced for Māori aged 15-19 than for Māori aged 20-24. Māori female participation rates remain low.

\(^2\) The employment rate measures the proportion of people who are working age. It is also an indicator of how much potential labour is used in the economy.
As shown in Figures 5 and 6 the unemployment rates for taiohi Māori in both age groups were higher and fluctuated more than for non-Māori, possibly due to high numbers of Māori in cyclical or seasonal employment, such as agriculture and fisheries (Department of Labour, 2009a). The unemployment rate for taiohi Māori at ages 15-19 rose considerably during the 2008 recession, largely due to teenagers’ relative shorter tenure and job experiences when compared to young adults aged 20 to 24 years.

Figure 5: Unemployment rate for taiohi Māori and non-Māori aged 15 to 19 years.

Figure 6 highlights gender differences in taiohi Māori unemployment rates compared to non-Māori, as demonstrated by the higher rate of unemployed women in the age group of 20 to 24. Interestingly, unemployment rates for Māori males fluctuated over time but were very close to non-Māori males at the end of 2011.

Figure 6: Unemployment rate for taiohi Māori and non-Māori aged 20 to 24 years.
As shown in Figure 7, taiohi Māori not in education, employment or training (NEET) rates\(^3\) are higher than non-Māori across both age groups. Figure 8 shows that in 2011 taiohi Māori aged 20-24 were about 1.3 times more likely to be NEET than Māori aged 15-19, probably due to compulsory school attendance until the age of 16. However, taiohi Māori males aged 15-19 were at much higher risk of NEET compared to females of the same age. This statistic is concerning, leading to questions about the factors leading to disengagement with school for taiohi Māori males. After 2008 the NEET rate increased for everyone; however, only the rates for Māori aged 20-24 remained high after 2009.

\(^3\) NEET rates are a useful indicator of youth engagement in employment and training. NEET rates reported here exclude those people who are involved in caregiving.
Māori youth are about 20 per cent of Aotearoa New Zealand’s youth population and their median age is 23, nearly fifteen years younger than New Zealanders in general. Given this youthful population, it is encouraging that skills acquisition and participation in education increased between 2001 and 2011. However, the ongoing gap between Māori and non-Māori in these areas, combined with high NEET rates among aged Māori 20-24 years, indicate that current pathways to employment do not meet taiohi Māori needs.

**Journeys of Taiohi Māori**

This section explores pathways that taiohi Māori who participated in this study experienced, and offer insights into their education and employment needs. These findings are summarised from the stories shared by taiohi Māori who participated in one of six focus groups and reported in the chapter, “The relationship between Māori youth workforce participation and mental health: taiohi Māori experiences” (Levy).

Focus groups included participants who identified as part-time employed, full-time employed, university students, or unemployed. Two focus groups were for taiohi Māori accessing addiction services. Key findings include:

- taiohi Māori had clear goals to improve their financial situation, typically through improving their employment or obtaining further education
- taiohi Māori pathways through education and into employment are variable and can change over time
- taiohi Māori who were unemployed or were in treatment for an addiction had goals, however they struggled to identify and take steps to achieve those goals.

**Aspirations**

Participants across all the focus groups expressed a strong sense of hope, despite the various challenges they experienced. Two key goals emerged for participants: improving their savings or financial situation and completing further education to help them reach their employment goals.

Most participants understood they would need a good job in order to have money. Obtaining money was linked to their other aspirations, such as travelling, home ownership and the ability to buy “cars, bikes and other toys”. Many also wanted to become more in touch with their culture and history, as they believed this was a fundamental way to relate to the wider world and develop their individual path forward. Family, particularly children and partners, was very important when taiohi Māori talked about their goal planning.

Several of the taiohi Māori in the university, unemployed and addictions focus groups were very keen to share what they learned through their challenges by mentoring others, either formally in a job or more informally to tēina (young sibling - plural). Some of these taiohi Māori had positive experiences of their own mentors such as whānau, university professors, employers or other family friends. Sharing their experiences gave them an ongoing sense of purpose and a chance to help prevent others from making similar mistakes or offer support or guidance from “someone who has been there”. Mentoring across all groups was most effective when the taiohi Māori was able to develop an on-going relationship with their mentor.
Experienced and anticipated pathways

Although the experiences of taiohi Māori varied, many experienced a period of uncertainty in developing their academic or employment goals. Interestingly many of the taiohi Māori in full-time employment had left school early because they were unhappy studying and were uncertain about their future employment goals. Despite their apparent dislike of school, they identified that future study was critical to further employment opportunities. The taiohi Māori who were also parents discussed that having a child changed their pathway from what they’d expected. However their children were a positive influence in their life, helping them renew their sense of purpose.

Overall, it is clear there are various pathways to employment for taiohi Māori. Taiohi Māori need to be supported to set and achieve long-term goals, while being provided with time and opportunities to try various jobs or pursue different areas of study to find their passion. Where their pathway involves children, they must be supported to engage in study and the labour market in ways that support and strengthen their parenting and whānau goals.

Unlike their peers in employment or study, taiohi Māori who were unemployed or accessing addiction services did not identify that their family had firm expectations for them to pursue ongoing study or employment. Taiohi Māori in the addictions group described skipping school to hang out with mates who were involved in drugs and being lost in their own world. Support to pursue employment and study were critical to this group’s recovery and forward journey, as were the formation or renewal of healthy relationships. Although most did not have positive employment experiences, a few indicated that programmes accessed through the Ministry of Justice had been beneficial.

Challenges

Hope resonated across the aspirations of all six taiohi Māori focus groups. Most participants in the unemployed and addictions groups had an understanding of the pathways that led to employment, but appeared to be struggling to take those steps. This struggle may have been in part due to a lack of understanding or experience about how to take those steps, such as further study or preparing for an interview. However, it seems likely that other issues, such as insecurities and a lack of whānau support, presented additional challenges for these individuals. Taiohi Māori enjoyed employment schemes that helped them develop an employment history and a skill base, such as Community Max. They felt Work and Income seminars were repetitive and did not provide the right support.

Both groups expressed a strong fear of failure and some appeared to have experienced a lack of support from their whānau or others. Their fear of failure was often linked to negative experiences in secondary school, leading them to disengage from core subjects such as maths and science then leaving school without plans for employment, further education or training. These issues reinforce the need to ensure that teaching methods, particularly in key subjects, are well-matched to taiohi Māori learning needs. Secondary and tertiary educational environments need to draw on Māori educational policies and emphasise goal setting and support students to develop specific plans for further education, training or employment.

“From a young age I always thought it’s just going to be one way; go to kōhanga, primary, intermediate, college, then uni. But when I got to uni I found that my choices all changed, and what I thought I liked, I didn’t.”
Summary

Across all the groups taiohi Māori had aspirations and a strong sense of hope for their own and their whānau’s future. Their stories show that youth generally understood they needed to persevere to achieve their aspirations. To help meet their goals they needed motivation to stay in secondary school, through opportunities to regularly engage in practical learning activities, especially in key subjects such as maths and science. Those who left secondary school early were less likely to be pursuing further education. However, older taiohi Māori demonstrated that there are multiple pathways to educational success and leaving secondary school early did not necessarily indicate they would not pursue further academic study.

Taiohi Māori understood how to find job opportunities, but particularly those unemployed or accessing addiction services struggled to take the necessary steps to secure work due to a lack of skills, qualifications, employment history and/or other support. Strong support from whānau and other mentors helped taiohi Māori reach their goals. Taiohi Māori were more likely to feel successful when this support was combined with strong internal coping mechanisms. Significant contributing factors to taiohi Māori employment likely include supportive whānau, whānau who expect taiohi Māori to pursue employment or education, and specific opportunities for taiohi Māori to develop employment histories and skills. Initiatives which explore and address these issues comprehensively at the individual, whānau and community levels will be critical to helping taiohi Māori engage in the labour market.

The use of secondary mental health and addiction services by Māori youth, 2001-2011

This section presents the results from the chapter “The use of secondary mental health and addiction services by Māori youth 2001–2011” (Kukutai and Pawar).

Overall taiohi Māori have significantly higher rates of access to secondary mental health and alcohol and other drug (AOD) services than non-Māori. As shown in Figures 9 and 10, the number of Māori accessing district health board (DHB) mental health and AOD services increased beginning in 2004/05, well before the onset of the global economic crisis.

A number of reasons may have contributed to the increasing number of young Māori accessing secondary care, including:

- growth occurring within the resident Māori population, particularly those aged 15-19
- an increase in the prevalence of mental health and addiction issues, influenced by a range of factors such as increased exposure to risk due to growing joblessness and other wider environmental issues
- an expansion in the volume and types of services available to Māori and mental health consumers
- enhanced access to existing mental health and addiction services
- improvements in mental health data collection and coding.
Figures 9 and 10 show that, among Māori aged 15-24 years, males accounted for 55-60 per cent of taiohi Māori accessing services. The increase is not necessarily indicative of increasing mental health problems among young Māori men. It could result from one or a combination of the factors noted above having a more pronounced effect on Māori men compared to women. Although access has increased, access rates to specialist mental health and AOD services remains low. The low access rate indicates that the needs of young Māori with moderate-to-serious mental health and addiction issues are still not being fully met.
Table 2 below summarises the top three sources of referrals for both Māori and non-Māori men and women, showing clear differences in referral sources. Men (both Māori and non-Māori) were far more likely than women to be referred to a mental health or AOD service through the justice system. Māori men aged 15 to 19 years were much more likely to be referred through justice than non-Māori men of similar age. Interestingly, GPs were an important referral source for all non-Māori young people and Māori women, although far less so than for non-Māori women at the same ages. GPs were not an important source of referral for taiohi Māori men.

Table 2: Top three sources of referral to DHB mental health and AOD services, in 2010/11, for Māori and non-Māori aged 15 to 19 and 20 to 24 years, by gender

<table>
<thead>
<tr>
<th>15-19 years</th>
<th>20-24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Māori Females</strong></td>
<td><strong>Non-Māori Females</strong></td>
</tr>
<tr>
<td>General Practitioners (14%)</td>
<td>General Practitioners (25%)</td>
</tr>
<tr>
<td>Self/Relative (11%)</td>
<td>Self/Relative (12%)</td>
</tr>
<tr>
<td>Adult community MH services (9%)</td>
<td>Accident and emergency (9%)</td>
</tr>
<tr>
<td><strong>Māori Males</strong></td>
<td><strong>Non-Māori Males</strong></td>
</tr>
<tr>
<td>Justice (20%)</td>
<td>Justice (28%)</td>
</tr>
<tr>
<td>Self/Relative (11%)</td>
<td>Self/Relative (13%)</td>
</tr>
<tr>
<td>Police (11%)</td>
<td>Adult community MH services (13%)</td>
</tr>
</tbody>
</table>

Taiohi Māori increase in service access regionally reflects the increase in population (see Figure 11). The largest growth was in the northern region, particularly in the Counties Manukau and Waitematā DHB areas. The number of taiohi Māori accessing secondary care steadily increased in the midland region, but was well below that in the north, despite the two regions having taiohi Māori populations of a similar size. The number of taiohi Māori clients in the southern and central regions was relatively stable over time, reflecting a smaller Māori population in these regions.

Figure 11: Number of taiohi Māori clients accessing mental health and AOD services in the four regions.
One of the key aims of the *New Zealand Health Strategy* (Ministry of Health, 2000) is to support the implementation of kaupapa Māori models of practice, in order to increase Māori access to mental health and AOD services. Providers of mental health and AOD services need to incorporate ways to address cultural needs that can deliver more responsive care to Māori. By-Māori-for-Māori services and kaupapa Māori services are pivotal to ensuring tangata whaiora⁴ and their whānau are provided with choice and, in particular, the means by which their unique needs as Māori can be addressed (Ministry of Health, 2008). Ideally taiōhi Māori would have meaningful opportunities to choose either kaupapa Māori or mainstream services.

Figure 12 shows that only eight per cent of the DHB mental health and AOD services delivered to taiōhi Māori aged 15 to 19 were by kaupapa Māori teams working in an inpatient, outpatient or community setting. The proportion was slightly higher, at approximately 10 per cent, for older taiōhi Māori as shown in Figure 13. These proportions only represent use of kaupapa Māori services within the DHBs, and do not capture the majority of kaupapa Māori service use, which are provided by NGOs.

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⁴ The term tangata whaiora refers to Māori who have experienced mental illness and are on the pathway towards wellbeing, as well as those who are managing their wellbeing (Ministry of Health, 2008, p. 14).
Taiohi Māori increased access to secondary mental health and alcohol and other drug (AOD) services is positive. Yet the data indicate high levels of unmet need persist and are demonstrated in taiohi Māori low rates generally. Of concern is the relatively low numbers accessing services in the Midlands, compared to the area’s taiohi Māori population. Given the high numbers of young Māori men referred through the justice sector rather than a GP, questions should be asked around whether or not current primary care access and pathways to specialist care meet the taiohi Māori men’s needs. The very low rates of taiohi Māori access to DHB Kaupapa Māori services highlight the need to understand how and why people do or do not access these services, and to what degree DHB kaupapa Māori services meet the needs of taiohi Māori.

**Conclusion**

Māori achievement of their aspirations is intrinsically connected to their health and wellbeing, and having a secure cultural identity of ‘being Māori’ is a foundation for this. Taiohi Māori health and wellbeing rests on their development of secure and positive cultural identities, facilitated through a strong and supportive whānau. Employment is also recognised as an important contributor to wellbeing, though the relationship between unemployment and mental health problems are complex (Leach et al., 2010; Muir, Maguire, Slack-Smith, & Murray, 2003). Yet the high NEET rates show that many taiohi Māori are not accessing the protective benefits associated with employment or education. Taiohi Māori are at further risk when they have unmet needs related to a mental health and/or substance issue, which commonly first present in this age group (Baxter, 2008). When taiohi Māori have unmet health needs that disrupt their usual pathways through education and employment, the potential cumulative negative impacts are significant.

This review supports Nudzor’s (2010) assertion that, while poor educational experiences are a critical factor in youth unemployment, it is one of many factors, and contrary to dominant policy frameworks, solutions cannot be wholly educational. Effective policies need to accommodate taiohi Māori complex transitions involving education, employment, whānau, and peer relationships. Policies need to accommodate and address taiohi Māori critical issues related to health, housing and social services, while simultaneously assisting taiohi Māori to engage in education, employment or training (Higgins, 2002; Nudzor, 2010). Fully addressing taiohi Māori engagement in education and the labour market requires many aspects of government, including finance, education, housing, employment, transport and health, to recognise their roles, obligations and impacts on the determinants of health and wellbeing (Commission on Social Determinants of Health, 2008; Marmot, 2007).

Given that taiohi Māori are nearly 20 per cent of the youth population, meeting their needs will have a significant positive impact on New Zealand population in the future (Fergusson, Horwood, & Woodward, 2001; Statistics New Zealand, 2011). In addition to robust policy development, further in-depth research and discussion between key players in the mental health and addiction, employment and education sectors will be required. Solutions arising from this and future research have the potential to address the major gaps in service provision, knowledge and practice, particularly where these sectors intersect.

This research acknowledges the work currently being undertaken under the auspices of the Prime Minister’s Youth Mental Health Project that outlines new and reformed initiatives to ensure young people with mental health problems receive better, faster and more modern support. The research presented here provides a much needed and up-to-date analysis of the experiences of taiohi Māori with mental health problems, their distinctive pathways and service use with an emphasis on describing areas of unmet need. The key findings have the potential to inform the Prime Minister’s project in terms of responding to the needs of the Māori youth population aged 15-24 years in effective and culturally meaningful ways.

References


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