



National Committee
for Addiction Treatment

Addiction Leadership Day

27 March 2024

Te Whanganui-a-Tara Wellington

Welcome and housekeeping

Deb Fraser-Komene,
NCAT co-chair



**National Committee
for Addiction Treatment**

He Honore

He hōnore, he korōria
Maungārongo ki te whenua
Whakaaro pai e
Ki ngā tangata katoa
Ake ake, ake ake
Āmine
Te Atua, te piringa,
Tōku oranga



**National Committee
for Addiction Treatment**

Opening address

Matt Doocey, Minister for Mental Health,
Youth and ACC, Associate Minister of Health



**National Committee
for Addiction Treatment**

Leadership kōrero

Riki Nia Nia, Chief Executive,
Te Rau Ora



**National Committee
for Addiction Treatment**



TE RAU ORA

Riki Nia Nia
Chief Executive Officer

Kōrero

- **Te Aka Whai Ora**
- **Te Whatu Ora**
- **Te Rau Ora**
- **Whare Tukutuku**



Te Ara Whakamua

- 1. Tribal Self Governance**
- 2. Te Ao Māori (Centres of Excellence & Specialty Workforces)**
- 3. Mahi Pūmau (Ever Green Contracts)**
- 4. Oranga (Wellness)**
- 5. Hononga (Collaboration)**



**National Committee
for Addiction Treatment**

Morning tea

Reflections on opening address

Deb Fraser-Komene,
NCAT co-chair



**National Committee
for Addiction Treatment**

Te Ao Māori peer support model

Emma Hunter, Lived Experience Lead/NCA,
and Pipiwharauoa Campbell,
Pou Ahurea/National Māori Lead, Salvation Army



**National Committee
for Addiction Treatment**



Te Ope Whakaora

Rātā Kouru Ora

Manaaki Ora: Building a Māori-centered Peer Support Framework with The Salvation Army.

Peer Support Model

The Salvation Army

‘Clinical and lived experience can work well together, but it’s not the normal yet it’s extraordinary, we need to make it ordinary.’

- Anonymous peer support kaimahi



Te Ope Whakaora



Whakawhanaungatanga in Action

The Salvation Army's journey to creating a
Māori model of peer support.



Te Ope Whakaora

Rātā Kouru Ora would not have been possible without the significant generosity of sharing matauranga Māori by the awesome Dr Andre McLachlan and Dr Thalia Kingi.



Dr Thalia Kingi

Dr Andre McLachlan



Te Ope Whakaora

Whakapapa of 'Rātā Kouru Ora'

Rātā Kouru Ora means the crown of the rātā tree that gives life in terms of shelter, support, friendship, trust and dependability. It is grown from first establishing a foundation of understanding, empathy and respect.



Photo Credit - Nick Thompson



Te Ope Whakaora

Working Reference Group

Emma Hunter

- National Consumer Advisor / Te Tumu Pou Ārahi Kiritaki
- The Salvation Army

Pipiwharauoa Cambell

- Pou Ahurea—National Māori Lead
- The Salvation Army

David Burnside

- Lived experience
- Lead Odyssey

Aroha Crosbie

- Director Ka Rere te Manu

Dean Rangihuna

- Māori Lived Experience Principle Advisor
- Te Aka Whai Ora

Rhonda Robertson

- Previously Principal Advisor
- Lived Experience and Peer Project Lead (Addiction) Te Pou

Brody Runga

- Senior Executive Ka Rere Te Manu

Ngāti Poona

- TSA Bridge Ōtepoti

Paamu Kahu

- Pou Ārahi
- Wellington Bridge

Wairakau Mareroa-Gates

- WG Studio
- Graphic design
- Illustration



Te Ope Whakaora

Rātā Kouru Ora

Peer Support Model

What is Peer Support?

Tuakana Teina—Teina Tuakana

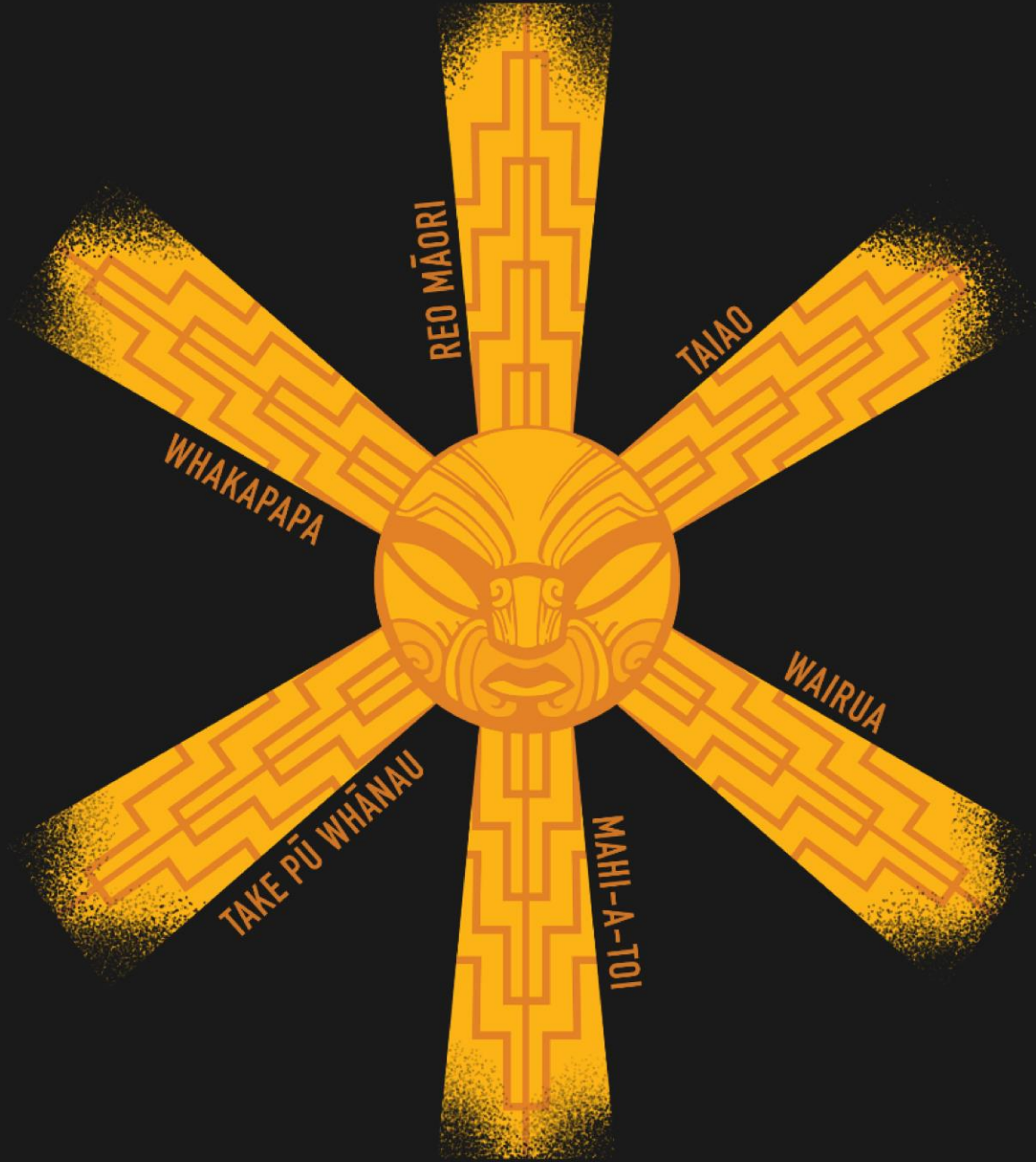




Te Ope Whakaora

Peer Support Model

Whiti Te Ra





Te Ope Whakaora

Peer Support Model

Rātā Kouru Ora

THE SALVATION ARMY VALUES AS 'GUIDING STARS'



COURAGEOUS



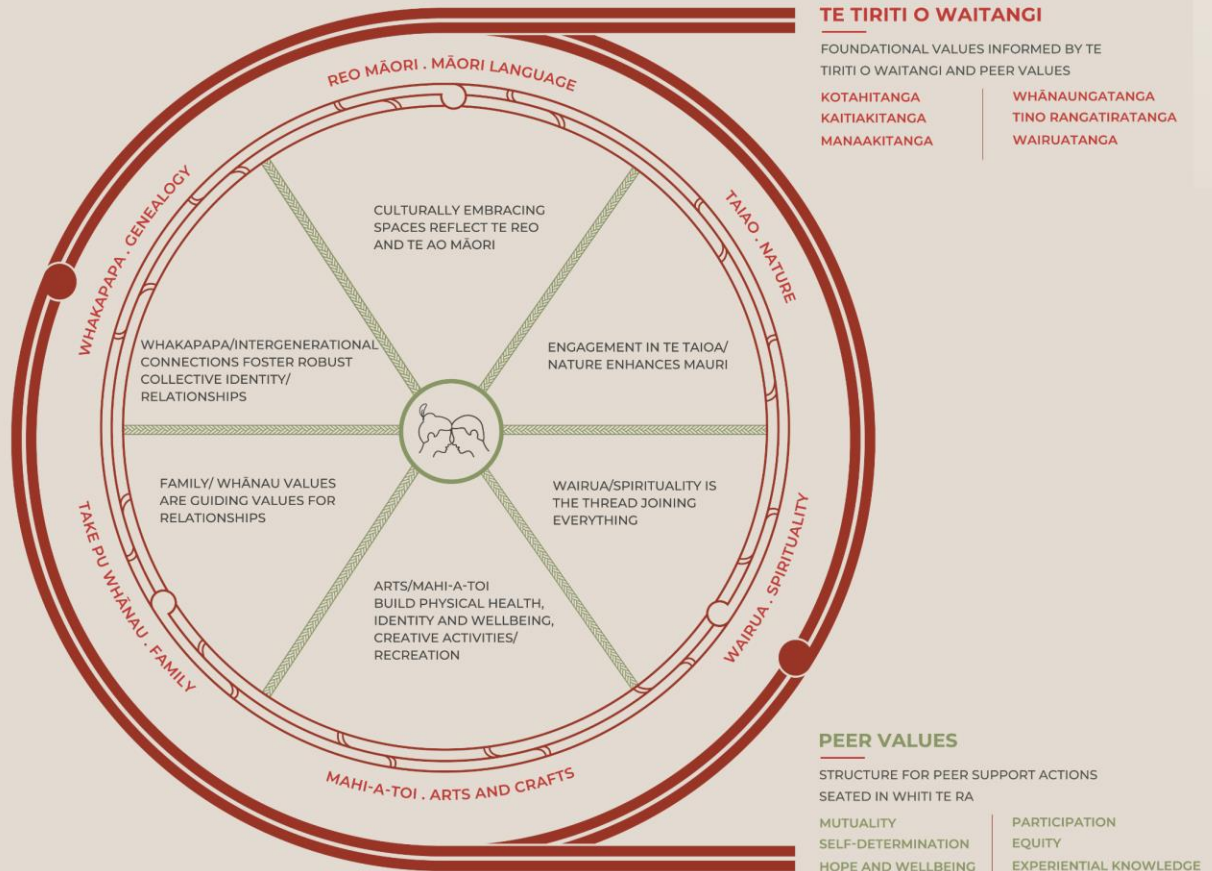
COMPASSION



INNOVATION



CONNECTED



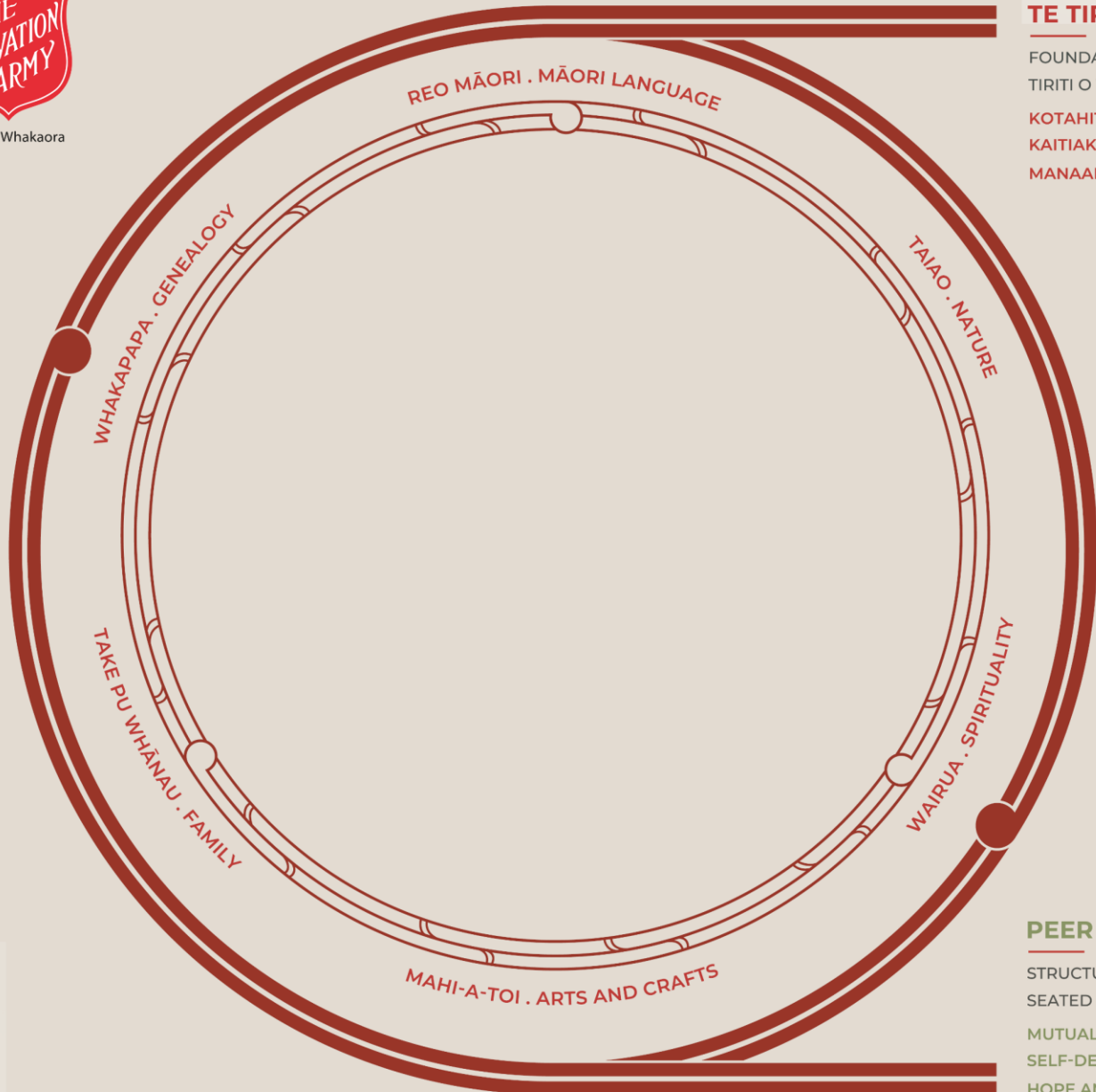
CPSLE COMPETENCIES - TE POU, 2021
WHITI TE RA - MCLACHLAN ET AL., 2021
BRIDGE COMMUNITY REINFORCEMENT MODEL - THE SALVATION ARMY (MEYERS & MILLER, 2006)

SUPPORTING ORGANISATIONAL STRUCTURE AND PROCESSES

ORGANISATIONAL COMMITMENT TO PEER-BASED RECOVERY
PEER SERVICE DELIVERY MODEL
EFFECTIVE PEER MANAGEMENT
PEER TRAINING & SUPPORT
PROFICIENT PEER WORKERS



Te Ope Whakaora



TE TIRITI O WAITANGI

FOUNDATIONAL VALUES INFORMED BY TE TIRITI O WAITANGI AND PEER VALUES

KOTAHITANGA
 KAITIAKITANGA
 MANAAKITANGA

WHĀNAUNGATANGA
 TINO RANGATIRATANGA
 WAIRUATANGA

PEER VALUES

STRUCTURE FOR PEER SUPPORT ACTIONS
SEATED IN WHITI TE RA

MUTUALITY
 SELF-DETERMINATION
 HOPE AND WELLBEING

PARTICIPATION
 EQUITY
 EXPERIENTIAL KNOWLEDGE

Foundational Values



Te Ope Whakaora



Unveiling of Rātā Kouru Ora



Te Ope Whakaora

For Rātā Kouru Ora to be successfully embedded and effective:

- Organisational leadership—equally respected peer and clinical worldviews
- Growing the peer workforce
- Lived experience training and development plans
- TSA continued commitment to being a culturally proficient, bicultural organisation
- Peers who feel empowered to maintain peer values in their role
- Lived experience supervision/cultural supervision
- Clear scope of peer work
- Elimination of ‘othering’ language
- Peers who are robust and active in their own recovery/self-care plans—supported by TSA.



Te Ope Whakaora

Areas of Focus

- Strong leadership and a sound understanding developed for all staff to support the work of peer support.
- Developing relationships with other peer services to strengthen the peer service kaupapa.
- Potential resistance to peer developments—unexpected but needs to be proactively addressed.
- Importance of ongoing lived experience and cultural input into training and development.
- Continued training for non-Māori peer kaimahi in te āo Māori cultural concepts and understandings.
- Growing the workforce—strong relationships.
- Continued training for kaimahi/ staff in te āo Māori cultural concepts and understandings.



Te Ope Whakaora

Peer Support Resources



Cultural Pathway card concept
(currently in development)

Assessing Outcomes





Te Ope Whakaora

Peer Support Model

Rātā Kouru Ora

THE SALVATION ARMY VALUES AS 'GUIDING STARS'



COURAGEOUS



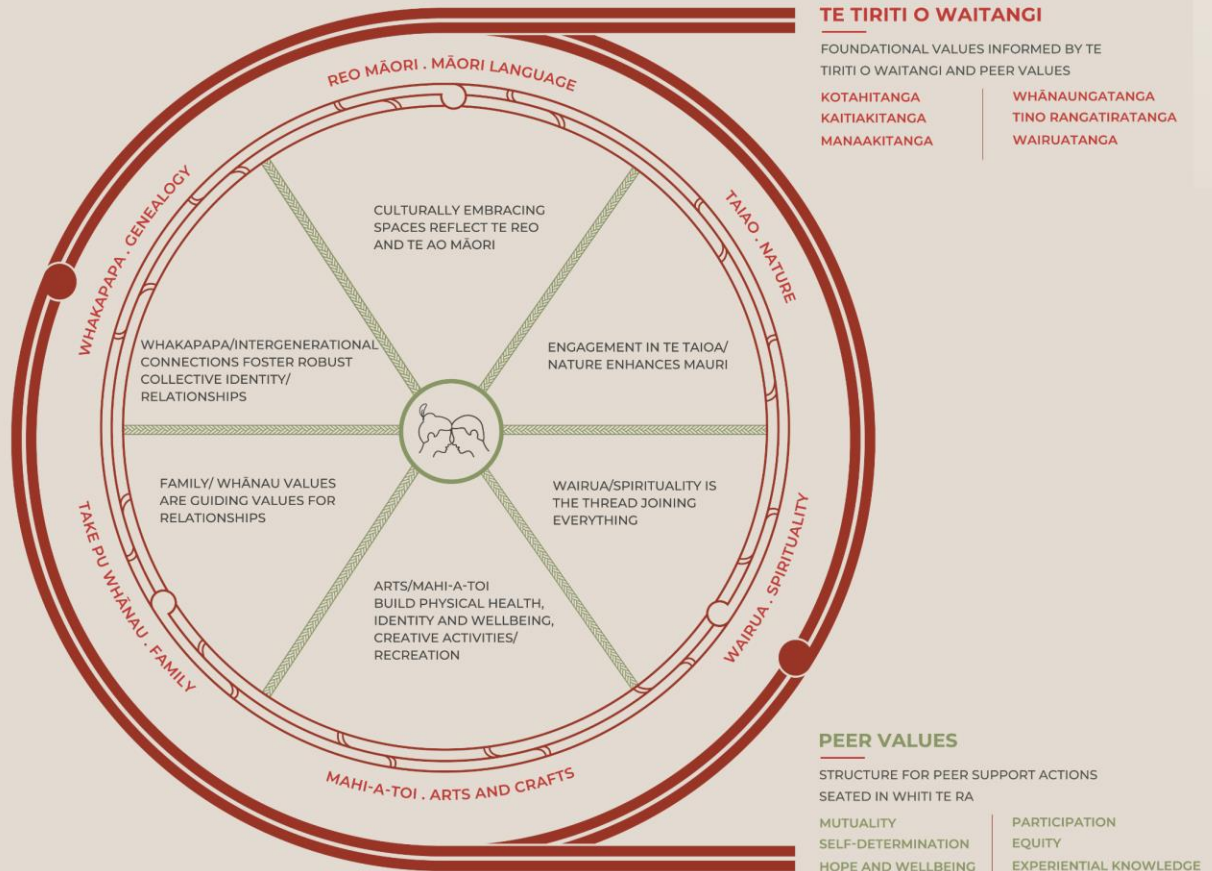
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SUPPORTING ORGANISATIONAL STRUCTURE AND PROCESSES

ORGANISATIONAL COMMITMENT TO PEER-BASED RECOVERY	EFFECTIVE PEER MANAGEMENT	PROFICIENT PEER WORKERS
PEER SERVICE DELIVERY MODEL	PEER TRAINING & SUPPORT	

Peer support collaboration

Margaret Ross

Operations Manager, CAD Auckland



**National Committee
for Addiction Treatment**



**National Committee
for Addiction Treatment**

Lunch

Addiction Consumer Leadership Group

Sheridan Pooley, Addiction Consumer
Leadership Group



**National Committee
for Addiction Treatment**

dapaanz

Sam White, Executive Director,
dapaanz



**National Committee
for Addiction Treatment**



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Dr Sam White

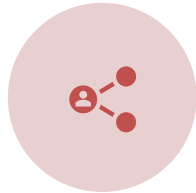
Executive Director, dapaanz

sam@dapaanz.org.nz



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What does dapaanz do?



we exist to support
our members
- since 2002



foster and maintain
ethical and competent
practice



manage registration
and endorsement
processes



promote and provide
professional
development



advocate for the
workforce and those
affected by addiction

One thing that would make the biggest difference



We heard from our members

We understand the biggest concerns for our workforce

We are advocating for change and system improvements



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Addiction workforce research series

A closer look the addiction workforce in Aotearoa New Zealand

A series of 8 research snapshots, easy to use and digest

- In 2023, dapaanz commissioned a mixed methods review of the addiction workforce in Aotearoa - first presented at Cutting Edge
- Drawing on multiple datasets, and a series of workshops and discussions with sector representatives
- Includes findings from national and international literature.



A closer look the addiction workforce

- **This was partly a response to what we heard were challenges facing the sector:**
 - Recruitment and retention **of staff for current** models of care
 - **And the** prospect of potential shortages of qualified **personnel in the future.**
- **Also to better understand the addiction workforce size and scope**
- **Gain insights into opportunities to develop and grow the workforce.**
- **Published in next week for our members and sector leadership to use when considering workforce challenges/solutions**



- 1** Taking a snapshot of the addiction workforce in Aotearoa New Zealand
 - 1a** Profile of the addiction workforce in Aotearoa New Zealand
- 2** Unpacking the workforce shortage: entry and exit rates
- 3** Why are people leaving the addiction workforce?
- 4** Ways to improve workforce retention
- 5** Opportunities for growing and developing our addiction workforce
- 6** Growing the workforce: Strengthening the pipeline and recruitment into the sector
- 7** Growing the workforce: new entrants and early career professionals

Will they stay or will they go?

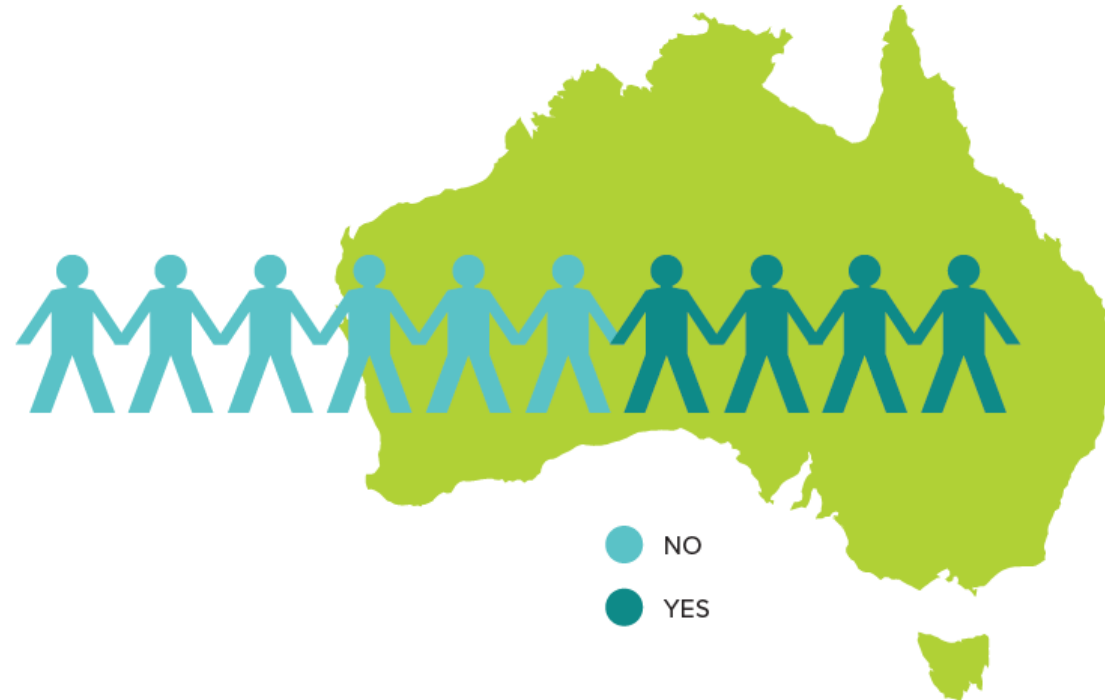
Crossing the ditch.

Have you considered moving to Australia?

This year we also asked members if they had considered moving to Australia in the last 12 months. **38.2% of members and 39.1% of registered or provisional practitioners have considered moving.**

This increases to one in two registered or provisional practitioners (52%) under the age of 45.

The % of participants who have considered moving to Australia varies from between 33% to 72% across all age ranges, except 65+ where it drops to 17%.



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CuttingEdge

Te toka tū moana

22 - 23 November



919

attendees



dapaanz

466

dapaanz members



10

plenary sessions



45

breakout presentations, workshops and discussions



200+

organisations



16

scholarships



2

Tikanga Matatika learning labs



1

nature space



1

Recovery Street theatre performance



1000s

reunions and reconnections



21

awards

Our most successful Cutting Edge ever!

Taking a break in 2024 returning in 2025.



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dapaanz
CPD

**Upcoming
learning and
development
opportunities**



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CPD Opportunities



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communities

- Rainbow + Allies member hui
- Rainbow hui
- Private practitioner hui
- Supervisors' hui



workshops

- Pūrakau & Motivational Interviewing | Tipene Pickett
- Becoming a new supervisor
- Enhancing Rainbow Competency | InsideOUT
- Group Facilitation
- Personal/Professional Boundaries
- Understanding Peer Support as a Clinician
- Personal/Professional Boundaries
- Readiness to change with justice clients



lunchtime learning

- High Alert and How it Can Help | Jen Vermeulen
National Drug Intelligence Bureau



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Tikanga Matatika



Tikanga
Matatika

Explore. Reflect. Grow.

A series to deepen your relationship
with the dapaanz Code of Ethics



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dapaanz away days – 1 day CPD event

Ōtepoti 10 October



Waitangi 24 October



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Pou Rautaki

- We welcomed our Pou Rautaki Rawiri Ihimaera in late 2023.
- Advance our efforts to support Māori workforce.
- Support dapaanz to achieve strategic goal - Enhancing Māori Wellbeing
- Say kia ora if you see him or be in touch.

rawiri@dapaanz.org.nz



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Have a safe and happy Easter
from the dapaanz team.



Te Whatu Ora

Ian McKenzie, Co-Director, and the
Addiction Team, Te Whatu Ora, Health NZ
and Michelle Ball, Te Whatu Ora



**National Committee
for Addiction Treatment**



Addiction Leadership Day

Ian McKenzie

Co-Director, Addictions

National Commissioning, Health New Zealand

Te Whatu Ora
Health New Zealand

Oranga Hinengaro System and Service Framework

System and Service Framework (2023)

- Describes core components of a contemporary system of MH&A services (10 year horizon)
- core system and service principles
- critical shifts required
- the types of services that should be available for different population groups
- the system enablers needed to operationalise the framework.



<https://www.health.govt.nz/publication/oranga-hinengaro-system-and-service-framework>

Critical Shifts

Actively deliver on Te Tiriti o Waitangi

Design out inequities

Build Lived Experience-led transformation

Get in early to support whānau wellbeing

Promoting wellbeing and responding early when distress arises

Connect services to work better

Be responsive to needs: options and respected choices



Implementation stages

1. Understanding the level and spread of current services (current state map)



2. Describing the future service landscape (strategic design networks *for focus areas e.g. AOD*) (clinical networks)

3. Moving from present to future state (investment and service improvement planning)

Current State Map

- Commenced June 2023
- More challenging than anticipated
- Identifies 22/23 \$ invested in services –
 - best available information
 - more reliable than previous estimates but imperfect
- Lacks useful volume information





Current State information

AOD illustration

Specialist Mental Health and Addiction Investment

PLEASE NOTE - Data and actual dollars are indicative only and yet to be fully validated

	Investment 22/23 \$ Millions	% Total Investment
Alcohol and Other Drug & Gambling Harm	228	12.8%
Mental Health	1,552	87.2%
Total	1,780	

Excludes regional forensic mental health services

Based on best available data

Alcohol and Other Drug Investment

PLEASE NOTE - Data and actual dollars are indicative only and yet to be fully validated

	Investment 22/23 \$ Millions	% Total Investment
Funded Sector/ NGO	114	53.1%
H&SS	101	46.9%
Total	215	

Excludes regional forensic mental health services

Based on best available data

Investment by Region

PLEASE NOTE - Data and actual dollars are indicative only and yet to be fully validated

	% NGO	Total \$ per capita	Kaupapa Māori \$ per Māori
Central	48.6%	\$43.46	\$44.62
Northern	50.6%	\$39.21	\$24.23
Te Manawa Taki	65.7%	\$40.18	\$38.29
Te Waipounamu	48.0%	\$41.03	\$31.25

Excludes regional forensic mental health services

Based on best available data

Investment by Region

PLEASE NOTE - Data and actual dollars are indicative only and yet to be fully validated

	Inpatient \$ per capita	Residential \$ per capita	Community / Other \$ per capita
Central		\$5.16	\$38.30
Northern	\$3.47	\$12.34	\$23.39
Te Manawa Taki		\$6.97	\$33.22
Te Waipounamu	\$3.98	\$6.78	\$30.26

Excludes regional forensic mental health services

Based on best available data

Context

- **The regions' ethnicity**

	% Māori	% Māori or Pacific
Central	20%	26%
Northern	15%	28%
Te Manawa Taki	28%	31%
Te Waipounamu	11%	14%

The background is split into two main horizontal sections. The top section is a light teal color and features a repeating pattern of white geometric shapes, including diamonds and zig-zags. The bottom section is a dark blue color and features a pattern of white, thin, vertical lines that appear to be hanging down from the top section. The text "Next steps" is centered in the dark blue section.

Next steps

1. Understanding the level and spread of current services

Next steps

- Finalise current state data – by end March
- Evaluate inequity in current investment to inform future investment decisions – early 2025



2. Describing the Future Landscape

In planning phase



- Strategic Design Networks to design future services (ongoing)
- Work to **quantify** what should be available (national, regional, local) to inform future investment decisions
- Clinical Networks to improve services

3. Moving from Present to Future State

Will include

- Investment Planning – National and Regional
- Improvement Planning

Followed by:

- Commissioning – National and Regional (subject to funding)
- Innovation/Improvement in Action (Innovation Hub)

The background features a dark blue vertical stripe on the left and a teal area on the right. The teal area is decorated with a repeating geometric pattern of white lines forming diamonds and zig-zags. A horizontal line of white, hand-drawn style lines separates the top patterned section from the bottom teal section.

Thank you

Te Whatu Ora
Health New Zealand

Strategic Design Networks – Mentally Well

Michelle Ball - Strategic Network, Programme Manager, Mentally Well

AOD Sector Leaders Day – March 2024

Opportunity

To reimagine how our primary and community care services are funded and delivered to ensure they:

- meet Te Tiriti o Waitangi obligations
- deliver equitable access and health outcomes
- remain viable and sustainable

Life Course Approach

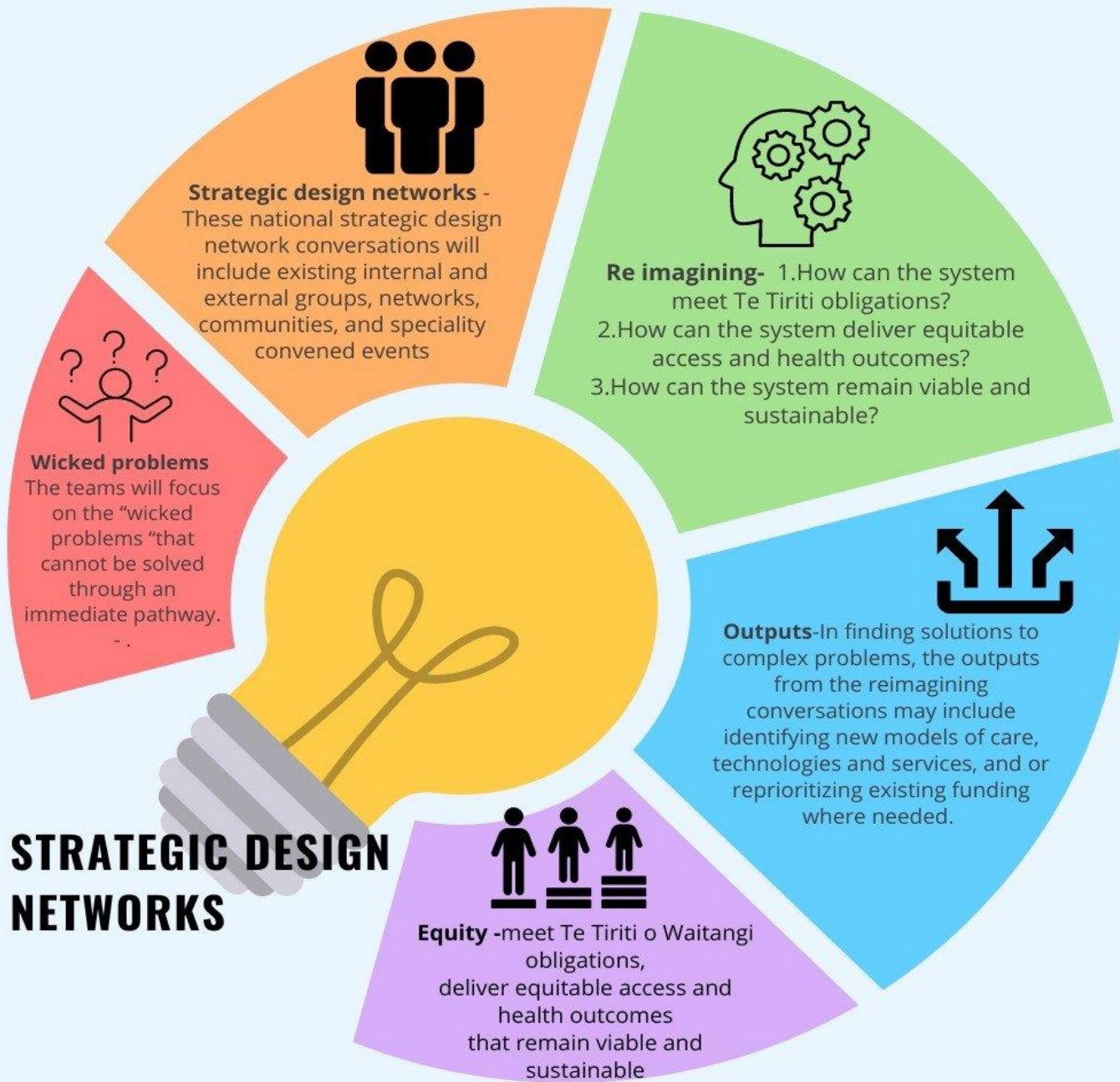
Mentally Well – infant, child and youth; acute and complex mental illness; alcohol and other drugs

Starting Well – maternity, oral health

Living Well – general practice, pharmacy, community labs, community radiology, rural primary care, palliative care

Ageing Well – aged residential care, home and community support services, NASC

STRATEGIC DESIGN NETWORKS



What is the purpose of Strategic Design Networks?

a network of networks.....



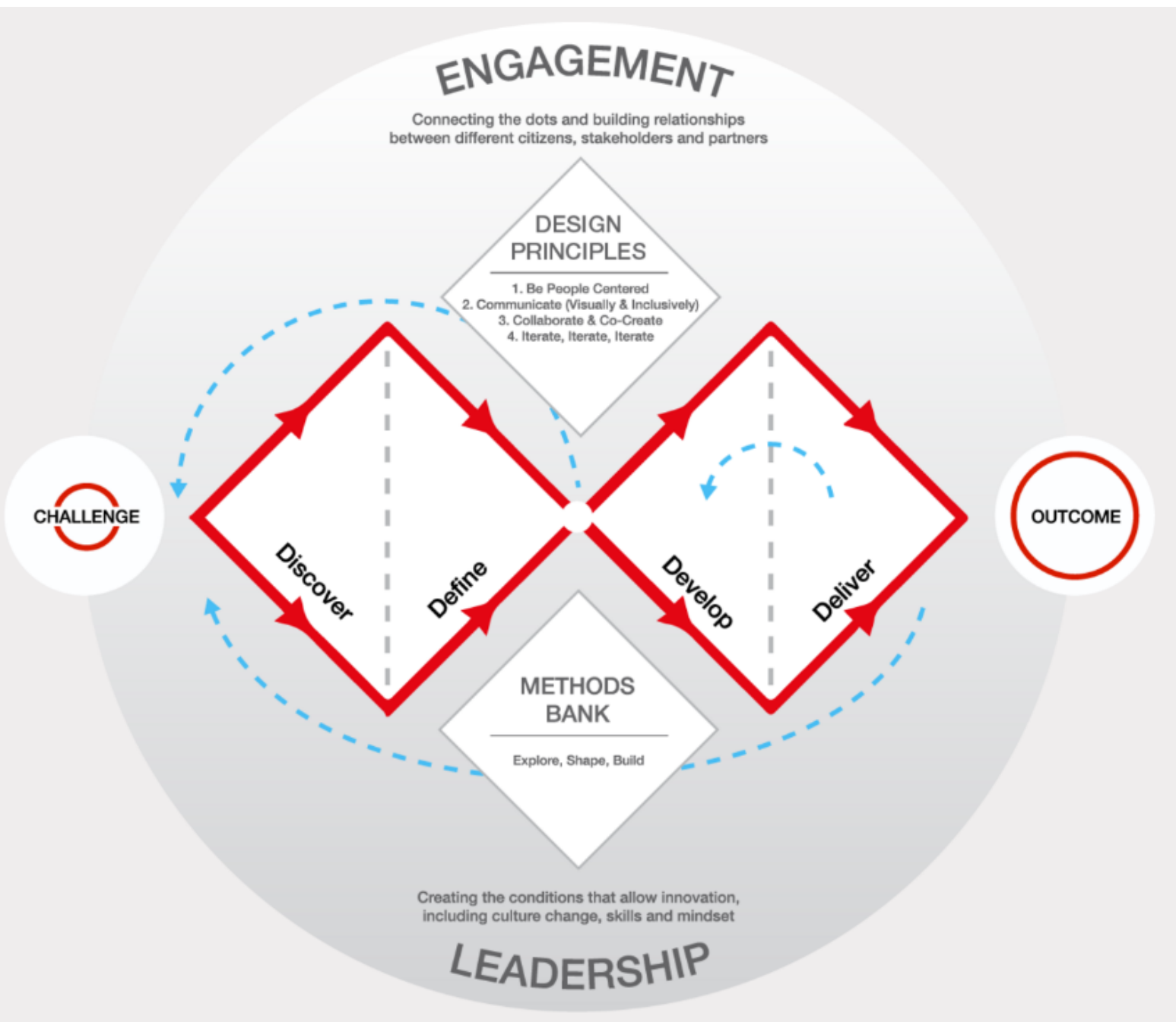
Where do you see yourself/ your network in this picture?

How do we ensure that we bring sector leaders and existing networks along on this journey?

A network of networks....so what's different?

How is a 'network of networks' different to what the other networks are doing.

- Consultation becomes central to system design
- Ensuring that there is a lens on equity of access, service delivery and improving health outcomes
- To support 'topic specific' blue skies thinking
- To work on those 'wicked problems' that never seem to get resolved
- Supported by the wider network of stakeholders
- To reimagine/ develop a 5-10-year roadmap for integrated systems of care and system sustainability across the continuum of care (primary, community and secondary care) and potentially other agencies.
- To support the development of budget bids for new services or expansion of existing services



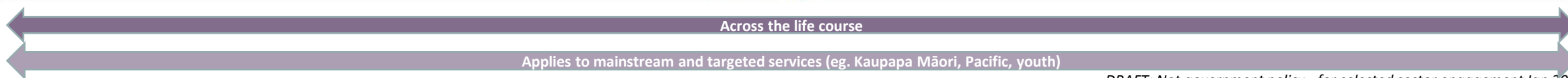
The How? Strategic Design Networks - Reimagining Process

Draft AOD Framework - Dec 2023

Corresponding level in stepped model of care



Type of service/ support available	"Harm has not occurred yet" - prevention and early intervention				"Harm is occurring" - AOD intervention needed			"Mitigating further harms" - Maintenance / aftercare		
	Health promotion and universal prevention	Selective (at-risk)	Indicated (at risk)	Secondary prevention	Intervention - mild / moderate	Intervention - moderate / severe	Intervention - severe / complex	Maintenance / stabilisation	Continuing care	Reintegration
	Primary / community services				Dedicated AOD services			Primary / community services		
National / regional							SACAT Residential treatment services Withdrawal services: Medical			
							Cross-agency solutions for enduring substance use disorders Step-up accommodation Structured day programmes Addiction consultation liason (in hospital and community settings) Withdrawal services: Community residential	Step-down accommodation		
Multi-locality (district) / locality							Withdrawal services: Community-based (at home) Opioid substitution treatment Addiction medical support - including pharmacotherapy Counselling and group work Case coordination Whānau-based support and services Peer support and mutual aid groups Employment, social, housing and health support Impaired driving Triage and clinical assessment (incl comprehensive)	Case management	Care coordination (continuing care/ aftercare)	
							Outreach / assertive outreach Harm reduction services - drug checking, needle exchange, overdose prevention etc			
							Screening and brief intervention School-based services (mainstream and alternative education, teen parent units and activity centres)			
Universal	Helplines, online self-help, and information services									
	Education (community and schools), awareness raising and destigmatisation									
	Structural - laws, policy, taxation									

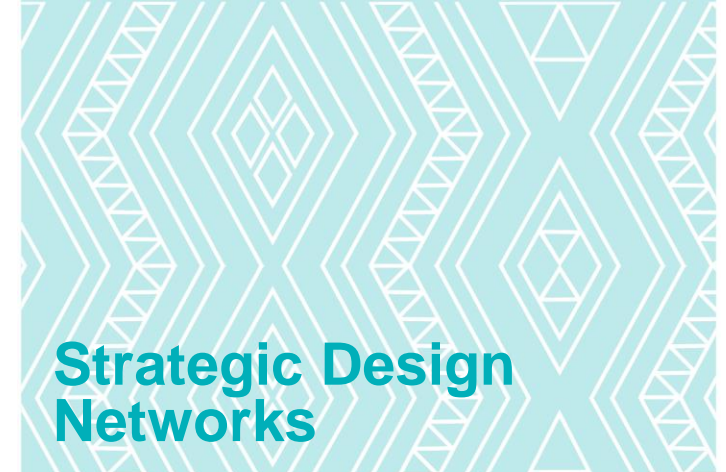


Alcohol and Other Drugs

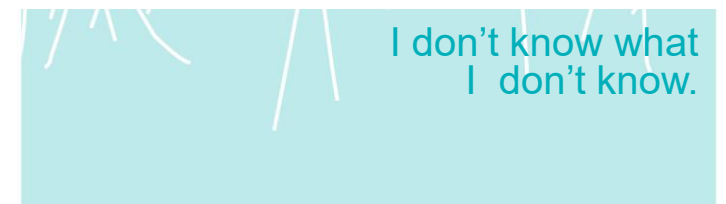
- Prior consultation with Networks and Key Stakeholders
- New co-director of AOD Commissioning
- New Regional and National structures
- Draft AOD Framework and alignment to system & services framework?
- Additional 'State of Play' reports?
- AOD services for Māori, Pacific, Rainbow, Migrant
- Wait times/ screening tools/ outcome measures
- Integration across the wider continuum of care
- Interface with Corrections and telehealth services

Draft AOD Framework

- Are we there yet?
- Does the AOD Framework describe the existing services or is it a re-imagining and redesign of a completely new system of care?
- How does the framework show alignment to Pae Ora?
- Is there anything missing?
- Is it future proofed?



		Question.	
		Know.	Don't Know.
Answer	Know.	What we know.	What we don't know we know.
	Don't Know	What we know we don't know.	What we don't know what we don't know.



The background is split into two main color sections: a dark blue upper section and a teal lower section. The teal section features a complex geometric pattern of white lines forming concentric diamonds and zig-zags. The dark blue section contains the text.

Comments, Questions & Ideas

Gambling Research Harm Procurement

Sonia Chen, Principal Research Advisor,
Gambling Harm, MHA, Ministry of Health



**National Committee
for Addiction Treatment**

Gambling Harm Research Programme Procurement Update

@ Addiction Leadership Day, 27 March 2024

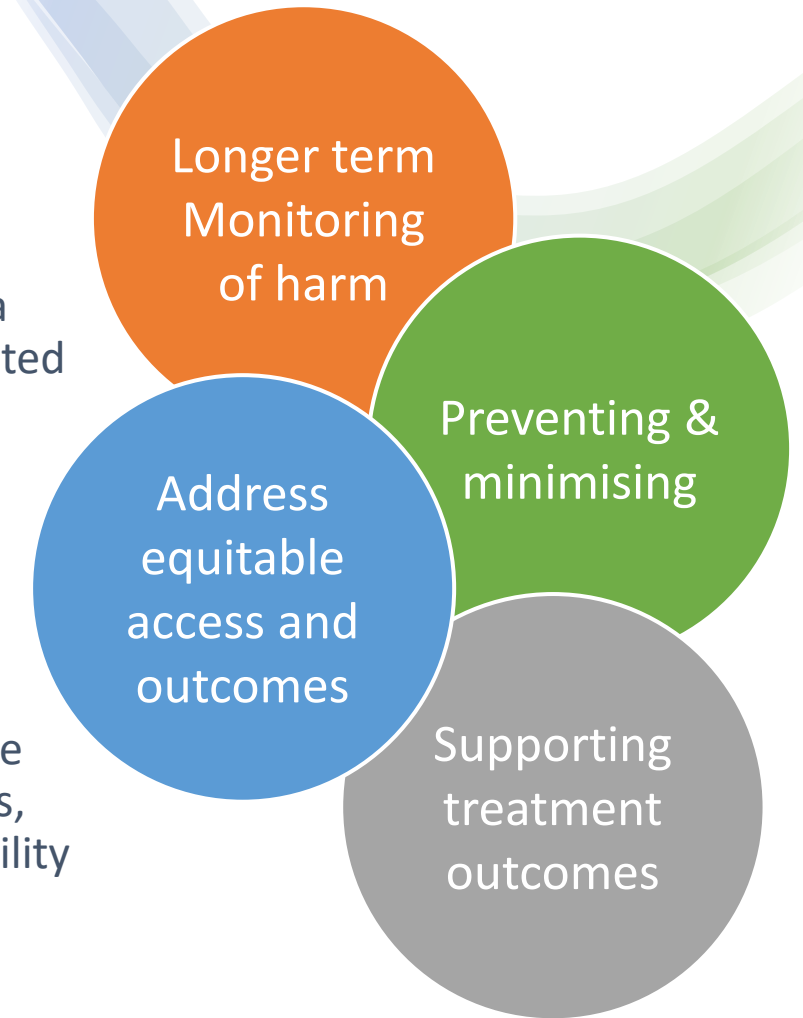
Sonia Chen, Principal Research Advisor, Ministry of Health

Seeking to fund research that demonstrate:

- Excellence of proposed research, including understanding, design, and methodology.
- Support towards achieving the objectives of the Strategy and recognising the importance of Te Tiriti o Waitangi
- Equity consideration to help reduce health inequities attributable to gambling harm for priority populations (such as Māori, Pacific peoples, Asian and young people/rangatahi).
- Alignment to the Strategy research priorities outlined in Section 3.2 in this document.
- Capability and capacity to successfully deliver the project.

Research priorities

1. Qualitative and quantitative longitudinal, prevalence, or multi-source data providing a more holistic and cross-sector view of gambling harm and related health and other issues.
2. Studying patterns and impacts of gambling, including online gambling on young people/rangatahi.
3. Assessing the relationship between gaming and gambling in relation to preventing and minimising gambling harm.
4. Assessing barriers to equitable access to service and support and equitable outcomes, including for priority populations such as Māori, Pacific peoples, Asian communities, young people/rangatahi, new migrants, and the disability community.
5. Research into preventing and reducing gambling relapse and treatment dropouts.



Outcome

Research priorities:				
<p>Qualitative and quantitative longitudinal, prevalence, or multi-source data providing a more holistic and cross-sector view of gambling harm and related health and other issues</p> <p style="text-align: center;">7</p>	<p>Studying patterns and impacts of gambling and online gambling on young people /rangatahi</p> <p style="text-align: center;">4</p>	<p>Understanding the relationship between video gaming and gambling</p> <p style="text-align: center;">5</p>	<p>Assessing barriers to equitable service access, quality, and outcomes, especially for people who are more likely to experience inequity, for example Māori, Pacific peoples, Asians, youth, new migrants, older people, and people with disability.</p> <p style="text-align: center;">7</p>	<p>Research into preventing and reducing gambling relapse and treatment dropouts</p> <p style="text-align: center;">3</p>
Topics:				
<ol style="list-style-type: none"> Patterns of coexisting problems and efficacy of transdiagnostic treatments in addressing comorbidities for people with gambling addiction and harm. What's the journey to gambling addiction and recovery from a Lived Experience perspective that can be learned for the purpose of harm prevention and minimisation... Exploring the possibility of a data monitoring framework for gambling harm with publicly available data, such as health surveys, the IDI, and DIA/Lotto/TAB public data. <p style="text-align: center;">5</p>	<ol style="list-style-type: none"> Review of international research evidence on online gambling related harms to support a public health approach to preventing and minimising gambling harm. Perception and effectiveness of current public health measures on children, adolescents, and young adults. Contributing and preventative factors for moving from eSport participation for leisure to addiction. Assessment of social media and online influencers and their role in promoting gaming and gambling among young people in Aotearoa. <p style="text-align: center;">3</p>	<ol style="list-style-type: none"> Review of international research evidence on the migration or concurrence between video gaming and gambling for people experiencing harm from either activity to support a public health approach to preventing and minimising gambling harm. Contributing factors for developing gambling addiction relating to moving from skin gambling to betting with real money. Exploring publicly accessible social media conversations on gambling and video gaming and needs for support. <p style="text-align: center;">5</p>	<ol style="list-style-type: none"> Culturally responsive service and support models and outcome for people who are more likely to experience barriers to equitable service access, quality, and outcomes. For example, for Māori, Pacific communities, Asian communities, youth, migrants, LGBTQIA+, older people, or people with disability. Measuring the burden of gambling harm on whānau and significant others and exploring provision of support required for this population. Understanding whānau centred practice, when it is useful, for who, how, what are the challenges, and how it supports recovery. Gambling harm among older people: reasons, impact, and support. <p style="text-align: center;">7</p>	<ol style="list-style-type: none"> Exploring the use and effectiveness of online blockers in supporting the treatment journey among people with different levels of gambling harm. Similarities and differences in the experience of lapse and relapse between people experiencing land-based and online gambling harm, and effective preventing strategies. Experience of people using venue and/or online exclusion to reduce or stop their gambling. Understanding gambling harm treatment dropouts – reasons, consequences, and solutions that support recovery. <p style="text-align: center;">3</p>

USE

METHODS

VALUING





Reflections

- An exciting mix of experienced and emerging researchers working together, which is essential for growing our New Zealand gambling research capability
- Many of the research project teams include people with lived experience of gambling harm and a diverse array of cultures and perspectives. This brings an important lens to the research design, process, and outcomes.
- Evidence of a strong connection between researchers, gambling harm service providers, and individuals, families and communities with lived experience of gambling harm, which brings real life experience into research and enhances the opportunity to put our findings into action.
- Also, evidence of collaboration between NZ and overseas researchers bring to bear international experiences within our own unique setting in Aotearoa for learning and knowledge sharing.
- Few proposals from Māori and Pacific research organisations.
- All research priority areas are well-covered to support knowledge gaps identified in the current Strategy and to inform the next Strategy.

Where to from here?

- Announcing outcome in April (TBC)
- Publishing the result on the Ministry of Health website
- Projects to complete by mid 2025
- Presentations and other forms of dissemination
- Feeding into the next Strategy
- Your thoughts for future research priorities? – what might help you with your work?

Leadership development: testing a possible framework method

Jenny Wolf



**National Committee
for Addiction Treatment**



A Model for Leadership Conversations

As Leaders we are to be....

- ◇ Charismatic
- ◇ Listening, empathic
- ◇ Budget savvy – and creative
- ◇ People managers - consistent
- ◇ Strategic – and operational
- ◇ Visionary – and “realistic”
- ◇ Morale boosting....

Background to the Model

- ◆ Not out of textbooks
- ◆ Recognising our mentors
- ◆ Reflective practice
- ◆ Learning from others – bold conversations
- ◆ Sharing learning with emerging leaders (encourages openness and myth busts)

Simple Method

- ◆ Storytelling on a theme
- ◆ Resonating
- ◆ Reflecting
- ◆ Sharing / Making our own story

Let's Begin – Warm-up

- ◆ Reflecting on our role models / mentors (who help inform our stories)
- ◆ Platitudes / bumper stickers / words of wisdom

Storytelling

◆ The start of the story:

Orientation to our Leadership Role

Your Turn

◆ Resonating

◆ Reflecting

◆ What would you want for others?

Thank you 😊

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Closing remarks and evaluation