

Concurrent Session A
Thursday 09 September
1.30pm – 2.45pm



A1 | Kaupapa Māori

Under the radar: The wickedness of exclusion!

Eugene Carnachan¹

¹Whare Tukutuku, Dunedin

Tracey Potiki, Kāi Tahu, Kāti Mamoe, Waitaha. Eugene Carnachan, Maniapoto, Waikato. Whare Tukutuku, an Ao Māori approach to community-based Alcohol and other drug care being developed by Te Rau Ora and Te Tūāpapa Tarukino o Aotearoa.

For Centuries Māori have been affected by the wickedness of exclusion. The inequity of Māori representation politically, within Government systems, Tertiary institutions and so on have created exclusivity at the expense of - Māori inclusivity.

We put forward Te Tiriti o Waitangi as the model of inclusivity that stops the wickedness and “othering” of us as Māori. And instead includes us at every stratum of Aotearoa politically, bureaucratically, educationally etc. Elevating our worldviews and ways of being as the foundation of the future in which equitable representation creates equitable outcomes. We will be using the innately Māori model of Rangatiratanga; the notion of authority and our understanding that authority and mana go hand in hand. This draws on the methodologies of Moana Jackson, Mason Durie and Tame Iri that outline our being, identity and worldviews as Māori, being the ara (pathway) to wellness and wellbeing.

To māua kōrero looks at how a monocultural lens has created intergenerational harms and deficits that have emasculated our Māori communities. That being held to mainstream standards and models of wellness have shoehorned we as Māori into models of wellness and wellbeing that looked at us as individuals, rather than part of whānau, hapū, Iwi and communities. That look at us through a lens tainted by an exclusive rather than inclusive lens. And that such approaches and optics contravene the tenets of Te Tiriti and have failed us abysmally. These are the wicked problems we endure daily and would like to kōrero about.

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Whiti te Rā: Connecting whai ora Māori (Māori clients) to traditional pathways of wellbeing

Andre Mclachlan¹, Waikaremoana Waitoki²

¹Wintec, Hamilton, ²Waikato University, Hamilton

Māori health models, introduced in the 1980s, brought needed cultural worldviews to an otherwise monocultural health system. However, minimal changes have occurred. In mainstream practice, deeper cultural understandings and action-orientations of these models can be overlooked, to the detriment of Māori wellbeing. In particular, Māori cultural concepts such as mauri ora (an active state of wellbeing) and a secure cultural identity are notable core wellbeing pathways that need further exploration. Using a systematic narrative literature review, 36 papers identified pathways that used core cultural activities for Māori wellbeing. A thematic analysis produced six themes or pathways towards wellbeing for Māori – te reo Māori: Māori language, taiao: connection with the environment, wairua: Māori spiritual beliefs and practices, mahi-a-toi: Māori expressive art forms, take pū whānau: Māori relational values, and whakapapa: intergenerational relationships. Forty experienced Māori psychologists analysed the themes and offered expert examples practice pathways for Māori wellbeing.

This presentation will discuss the six themes within in a visual image 'Whiti Te Rā' with options for Māori practitioners to guide whai ora Māori (Māori clients) to explore their level of knowledge and comfort, and active engagement with Māori pathways to wellbeing. The model has potential for direct clinical practice, mental health policy, future research, curriculum development, and synthesising Māori knowledge towards wellbeing pathways.

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Kotahi te kī, kotahi te kōrero: Online Māori lived experience wānanga during the COVID-19 lockdowns

Aaryn Niuapu^{1,2}

¹Te Pou, Auckland, ²Te Kete Pounamu, Auckland

During the initial and subsequent COVID-19 lockdowns, access to mental health & addiction (MHA) support was significantly impacted. The overnight emphasis on telehealth delivery, although understandably the right decision given the circumstances, highlighted digital inequities & culturally unresponsive infrastructure for Māori communities with MHA lived experience.

Insync with this year's theme – oraka ararau: many pathways to wellbeing – *Kotahi te kī, kotahi te korero*, is a whaioranga (Kaupapa Māori lived experience) framework for telehealth best practice in the MHA sector. Building upon the findings of an inductive analysis & an autoethnographic reflection, relating to the facilitation of regular online Māori lived experience wānanga (from Q1 2020 to Q1 2021), *Kotahi te kī, kotahi te kōrero* proposes three intersecting dynamics which can inform telehealth best practice regarding Māori communities with MHA lived experience. These dynamics – *mahi tūhono* (seeking connection), *taonga tuku iho* (connecting within culture), and *tū Māori mai* (cultivating communities of practice) – highlight the adaptive & resilient exercising of rangatiratanga by our Māori lived experience communities during (and post) the COVID-19 related lockdowns.

In addition, the presentation will provide examples and interactive exercises for participants to encourage further lived experience-led innovations regarding digital equity & future telehealth best practice.

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Moko Tu Rongo Healing Through Te Ao Māori

Kerry Hirini¹, Maria Tamepo¹

¹Tairāwhiti District Health Board, Gisborne

What is Moko Tu Rongo?

Moko Tu Rongo has been holding wananga since early 2016 in Tairāwhiti empowering those affected and going through suicide, addiction, family violence, abuse and so much more. Moko Tu Rongo is hope, a voice, peace, aroha and understanding, a space to tell your story, a space to learn and a space to grow, we cry, we laugh, most importantly Moko Tu Rongo is a safe space to heal.

At Moko Tu Rongo wananga, our whanau tell Purakau, apply Romiromi and Ta Moko. We learn rongoa, raranga. We share in whanaungatanga, Matauranga Maori, Toi Maori and all that is Te Ao Maori. Moko Tu Rongo is led by whanau for whanau.

Moko Tu Rongo belongs to whanau and community. We encourage whanau to apply Purakau in their everyday lives to open their hearts and minds to happiness and aroha. To know that they are enough and that they are not alone.

We believe that access to healing through Te Ao Māori practises should be more readily available to whanau and not considered as a health alternative but as a way of life.

Moko Turongo is an open wananga that whanau can attend every 6 weeks. Our moemoea is that whanau have a Moko Tu Rongo in all our towns and cities and it is accessible everyday just like a GP or service but remain whanau led.

Moko Tu Rongo aims to strengthen whanau for them to build resilience within themselves to be responsible for their well-being and journey as they are the experts of themselves.

We have been evaluating Moko Tu Rongo over the past 18 months and outcomes tell us whanau want more of Moko Tu Rongo.

facebook page <https://www.facebook.com/groups/381023039842840>

Nau mai haere mai whanau!! Let's heal together and grow together.

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Ki Te Whai Ao Ki Te Ao Marama

Te Umu Patutoro Maruera¹, Roka Melbourne², Allan Apiata³, Zach Williams⁴

¹Te Pou Oranga O Whakatohea, Opotiki, Aotearoa, ²Te Pou Oranga O Whakatohea, Opotiki, Aotearoa, ³Te Pou Oranga O Whakatohea, Opotiki, Aotearoa, ⁴Te Puna Ora O Mataatua, Whakatane, Aotearoa

Many pathways to understanding and helping to heal unwellness. Some mainstream and western organisations cite difficulties in understanding the benefits or the capabilities to use this approach. For whanau to understand their dormant potential so that they the whanau become self-sufficient rather than co-dependent on others for the improvement and maintenance of their wellbeing. “Being” and accepting their world rather than trying to be part of a world that is foreign. Ki Te Whai Ao Ki Te Ao Marama it is their journey, their world and their pace. We celebrate how two organisations can see pathways to wellness for whanau under one kaupapa.

Maori healing using traditional methods, alongside clinical, cultural and spiritual diagnosis. Intergenerational trauma and dysfunctional transgenerational practices suffered by whanau throughout the Mataatua rohe. Our goal is to share how we use the Ki Te Whai Ao model from three different approaches. Cultural, clinical and wairua. A suite of options.

Based on a combination of personal, whanau as well as work related experiences. As a roopu (4 presenters) we identified a cycle of specific “whanau” returning or being referred to service was high as well as nonengagement and disengagement recorded. In this presentation the key strategies, language used by whanau, kaimahi and organisations is a key component to captured engagement of whanau. Whanau lead and determine their journey of healing and restoration. Using mainstream, cultural and spiritual practices. Our organisations and service working together we have found an effective whanau, hapu, iwi approach. Use of Mata Kite and Mate Kite with other traditional forms of therapies. Noticeable positive outcomes for individuals and whanau with this specific wairua approach.

In addition, the presentation will include learning through waiata and provide a hands on therapeutic and wairua approach that is designed to not only help whanau but clinicians also. We have visual aides and posters to also help with this presentation.

- Powerpoint
- Waiata

Mahi a ringa

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A2 | Emerging Themes

A new AOD Model of Care for the greater Wellington region: Connecting the client pathway

Tommy Benefield¹

¹CCDHB, Wellington

The Capital & Coast, Hutt Valley and Wairarapa Alcohol and Other Drug Model of Care (Model of Care) was established in response to an AOD system of care that was seen as failing tāngata whaiora, whānau, iwi and hapu.

The Model of Care was developed to support the redevelopment of the 3DHB AOD sector, enabling greater service access and integration and enhancing its ability to address inequities for Māori, and its other priority populations: Pacific people, people with disabilities, people living remotely, youth, and people with severe addictions.

The Model of Care itself has 5 direction-setting and overlapping components:

- Driving equity of access and outcomes
 - Privileging the voice and contribution of those with lived experience
 - Growing a whole of population approach
 - Building a recovery-focused system of care
 - Working collaboratively.

In this presentation I will describe the approach the DHB took to developing the model which involved significant and meaningful participation and partnership with Māori, people with lived experience, Pasifika and youth.

I will discuss some of the challenges of trying to ensure diverse voices and perspectives were both present, supported and heard, and will explore some of the learnings and gifts that the steering group members experienced by prioritising such diversity from inception.

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Cutting new grooves with ‘Yarn’s & Vinyl’ for men in recovery

Mark Wallis¹

¹Mahitahihauora PHE Northland, Whangarei

Many men are high risk casualties of poor health and addiction issues. Often suffering in silence or ‘acting out’ in desperation or sometimes self-sabotage support and services! Men tend to, often by default, avoid asking for help or seeing a GP or other health professional when difficulties get tough. Support groups are usually perceived as being too weird, or an uncomfortable environment to be in or for finding the support they need to deal with sensitive and personal difficulties.

‘Yarn’s & Vinyl’ is a weekly wellbeing support group exclusively for men. It’s a primary health initiative that started in July 2020 to help reduce barriers, fears and anxieties about getting support or men’s health and wellbeing groups. Yarns & Vinyl is an open group that creates a safe and easy space for men to meet through music, share experiences that inspire and encourage men to be authentic, honest and find support to be the best they can be. Three yarn’s & vinyl groups are now in progress in Northland communities, as well as a fortnightly live radio / podcast session called ‘the recovery show’ based at Whangarei’s Beagle radio.

Music can help men feel safe, connect, learn from others, try new ways of thinking, understand emotions, accept responsibility and rediscover purpose and meaning in life. This presentation will show how music can be an engagement tool and reduce barriers for men, explore themes about life, love, loss, pain and the challenges around change, wellbeing and recovery. The presentation will include interviews, yarn’s about new grooves, re-edits and examples from the recovery show podcasts.

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Haven: Supporting people where they need it, in ways that work for them

Rachel Scaife¹, Carmel Henry, Justine McFarlane
¹*Odyssey, Auckland*

Haven is a peer-led, drop-in support service open each weekend in central Auckland for people experiencing distress from substance use or other well-being challenges. Opened in October 2019, it supported more than 10,000 visitors in its first year.

Initially funded by the Ministry of Health's Acute Drug Harm Response Discretionary Fund and with support from Auckland DHB, Haven is a peer-led, weekend drop-in space delivered in partnership by Odyssey, Lifewise, and Mind and Body.

Peer support workers from each organisation are on hand to support visitors, who may be experiencing distress from substance use, or who may need a safe, warm space to reduce an immediate crisis, or to feel less isolated.

Prior to the first lockdown in 2020, Haven recorded around 200 visits each weekend. Since mid-2020, numbers have steadily risen to around 450 visits most weekends.

Findings from an early evaluation showed that Haven was meeting a continuum of needs. Outcomes for visitors included improved personal safety; increased avenues for support; improved mental health/emotional wellbeing; improved social connections; and reduced involvement in criminal activity. For the peer workforce, outcomes included personal learning and development; improved self-worth; strengthened whānau connections; and extended employment opportunities.

This presentation will consider how the service was set up and learnings from the first year, including working in a peer led space, benefits from working in collaboration and, most importantly, taking the support to where it is needed.

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Shifting the balance of power - Consumer led procurement

Channa Perry¹, Pete Thorburn
¹Taranaki DHB, New Plymouth

The decision to involve consumers in a procurement panel to select a new Alcohol & Other Drugs (AOD) Peer Support Service was a natural next step in a service development process that has used co-design principles from its inception. The development of a proposed Peer Support Service arose from a marae-based co-design hui in December 2019 at which people with lived experience were invited to speak and health professionals/service providers were invited to listen.

After working with an enthusiastic group of individuals with experience of addiction to develop the service model, Taranaki DHB progressed to the final stage of the project – choosing a provider through a formal procurement process. These processes are typically bureaucratic but Taranaki DHB decided to do things differently – moving away from the usual paper based process and using a kanohi ki te kanohi approach with a consumer led panel.

The criteria used for the evaluation of providers' proposals was developed by the consumer panel and used to score the presentations delivered by each provider. This approach placed people with lived experience at the centre of the process, ensuring that the criteria used to select the new service provider reflected the things that mattered most for people with lived experience. This process also enabled our consumer panel to meet potential providers in person and ask the questions that were important to them. Most critically it empowered people with lived experience to ultimately choose the provider that would win the contract and deliver the new service in Taranaki.

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Looking after yourself while looking after others: Self-care in trauma informed organisations

Karin Isherwood¹, Abigail Milnes¹

¹Werry Workforce Wharaurau, Auckland

Recent years have seen an increasing demand on mental health and addictions services in Aotearoa. Our workforce is expected to work faster to support people in recovery and assist them to manage their wellbeing. With this increased demand has come increased complexity in presentations. If we are to ensure a sustainable mental health and addictions system in these challenging times, looking after our workforce is vital.

The mental health and addiction workforce is often exposed to experiences that are hard to hear and presented with behaviours that are difficult to understand and manage. People working with vulnerable individuals and whānau can experience stress, and at times secondary trauma, vicarious trauma, compassion fatigue or burnout. Often, we do not recognise our own distress and may continue working until we actually drop. Many of us are members of teams, led by managers, and we all have a responsibility to look out for and encourage each other to manage our own wellbeing.

To work well and assist others to be well – **we** need to be well. When we look after ourselves, we can be at our best, and fully present when supporting the people we work with. This also applies to our own family, who often have the role of replenishing us.

People who work with vulnerable whānau often do not take the time to look after their own wellbeing; they have an 'I'm all good' attitude and it generally takes a crisis to get them to notice what impact their work is having on them. This presentation provides an opportunity for people to reflect on their own practice and wellbeing, and learn the warning signs of stress, burnout and compassion fatigue and what to do about them.

This training on self-care aims to improve our understanding of self-care and worker wellbeing so that the essential element of our system, our workforce, is well enough for the journey. To this end, the presentation introduces practical ways to look after ourselves while we are looking after others. It also talks about workplace responsibility for the wellbeing of workers.

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A3 | Gambling

Increasing access and choice for Gambling Harm Tāngata Whaiora

Karena Quigley¹, Denise Giles²

¹PGF Services (Problem Gambling Foundation NZ), Christchurch, ²PGF Services (Problem Gambling Foundation NZ), Taupo

Due to the stigma and shame connected to gambling it remains more hidden than other addictions and referral numbers are traditionally low. In 2016, 6000 people of an estimated 80,000 high risk gamblers sought treatment services in Aotearoa.

A gambling harm service has developed a model of care: “He Hapori Ora” that has Access and Choice at the core of service provision. This has been proven to increase referrals and engagement of tāngata whaiora. Collaboration and co-locating with mental health and other social services has been key to their strategy and positive benefits have been numerous.

To remove all barriers to service, intake is completely managed by duty counsellors. Intake options include walk-ins, phone, Chat, SMS, email, and website registration. With counsellors being at the first point of entry, immediate and early engagement is provided no matter where they are located within Aotearoa. When tāngata whaiora make that first courageous step to seek help we ensure they get an open, proactive, and supportive response every time.

This presentation will explain the advantages of co-location with other mental health and addiction services; the benefits of immediate access to counselling staff who engage and motivate tāngata whaiora early in their treatment experience, and the increased capability for the whole team to respond with care, flexibility, and immediacy. The presenters will provide examples of how the barriers of stigma and shame have been reduced with this model of care.

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Predatory monetisation: Exploring the use and effects of gambling mechanics in video games

Sage Anastasi¹

¹University of Canterbury

Video games are now a huge part of the entertainment sector, bringing in more annual revenue than TV and film combined. A major modern development is that publishers no longer make money only from selling games, but gain a great deal of revenue from convincing players to pay for in-game “microtransactions”. Many of these microtransactions are built around the same mechanics and psychological processes as other forms of gambling, such as “loot boxes” that use many of the same techniques as slot machines.

This presentation explores the current research on the effects of predatory monetisation on players, investigates the legal status of these design practises, and gives particular attention to how this issue impacts young people.

In addition, the presentation will raise some treatment considerations regarding predatory monetisation, such as how it influences the role that video games play within a family system.

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Mana Enhancing Service: A fresh approach to clinical practice

Bridgitte Thornley¹, Te Rukutia Tongaawhikau

¹PGF Services, Christchurch

Mana—the divine right of every person and everything equally, no more no less, while recognising the uniqueness of the individual (Rose Pere 1991). It inspires transformational practice that is trauma- informed, whānau-centric (family-centric) and underpinned by indigenous knowledge. Mana enhancing service is a unique bi-cultural approach to integrated cultural and clinical practice for all roles across an organisation. The New Zealand Substance Addiction (Compulsory Assessment and Treatment) Act 2017 is new legislation that requires addiction practitioners working in statutory roles to develop knowledge and skills to demonstrate manaaki i.e. Mana enhancing and protective practice. Mana enhancing service begins with staff acknowledging and safely incorporating their unique cultural identity into practice, while working with the tangible and intangible aspects conducive to the unique healing journey of tāngata whaiora (clients). In this presentation a national gambling harm service explores mana enhancing service delivery from broader cultural perspectives, including Pacifica, Asian, East Asian and Pākehā. They have not simply espoused mana enhancing service but embraced and enacted it with the support of policy, strategy, infrastructure, leadership, specialists and evaluation to continue improving delivery of a mana enhancing service across Aotearoa.

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Acknowledging the journey. Is gambling for excitement or an escape?

Shirleen Prasad¹

¹Asian Family Services, Auckland

Harmful gambling not only has detrimental effects for the individuals but also significant people in their lives. Local and international literature identified international students as a high-risk group for harmful gambling (Gainsbury et al. 2013, Sobrun-Maharj et al., 2013, and Tse et al., 2012). What makes this group vulnerable and at-risk of developing harmful gambling?

Some studies also suggest that international students with limited English, and those with poor social networks and support system, are at a greater risk of harmful gambling, as they may use gambling as a way of coping with boredom and isolation, or as an escape from problems related to integration and cultural adjustment (Ministry of Education, 2007; Moore et al., 2012; Sobrun-Maharaj et al., 2008). Think of an international student- feeling the stress of adjusting to a new country, learning a new language, being aware of a new education system and living away from their parents and friends. The stressors of everyday life builds up but they feel ashamed to talk about their emotions to anyone. They start to isolate themselves. They want to shut out the negative emotions. Gambling, then becomes a refuge from feelings of shame, despair and hopelessness in relation to their migration journey. Escalation of gambling consequently occurs as a result of poor coping mechanism. Asian Family services has developed a tree model to recognize the challenges of migration and to acknowledge the struggles of settling into a new country. It uses the metaphor of a healthy tree being uprooted from its original dwelling (home country) and re-planted into another place (new country) to normalise discussions and conversations around the inevitable struggles and challenges of migration. The concept of the tree model fosters open discussions and conversations about migration stressors instead of vulnerable students looking for emotional escape through gambling.

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How can a bank help reduce gambling harm?

Bonnie Lovich-howitt¹, Julia Jackson²

¹PGF Services, Palmerston North , ²Kiwibank, Auckland

After the nationwide lockdown in 2020 a NZ bank noticed a significant increase in their customers online gambling. This prompted one of their staff members to see how they could support their customers in reducing gambling harm.

The Plan: Create an online gambling blocking tool for customers. Offer customers the choice to block their credit and debit cards from known online gambling sites.

The challenge: how do we support our banking staff to talk about gambling? How do we introduce the block, while maintaining a mana enhancing approach for customers?

The Answer: A gambling harm Service was contacted to support this initiative and explore options of training their team. Face to face training was delivered to 2 specialist teams piloting the block in 2020 and in 2021 further trainings were delivered to team leaders within the bank to champion the blocking tool and ensure customers are supported appropriately to reduce their gambling harm.

The Outcomes: In four months 20 clients have requested this block to help reduce gambling harm. 75% of the people who have put the block on have kept it and 20 users have on average avoided spending \$10,000 on gambling. One bank client is engaged with the gambling harm service and at least one person has swapped to this bank to access this block. We hope that this is a service that other banks and corporates will look at adopting to support their customers.

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A4 | Whānau & Community

Implementation of family & whanau meetings within an AOD service using the single session family consultation framework

Melissa Roberts¹

¹Community Alcohol And Drug Services Auckland, Auckland

In assisting the move towards family/whānau-centred mental health and addiction services, the Supporting Parents Healthy Children (SPHC) National Project Team have partnered with The Bouverie Centre, Victoria's Family Institute endorsed and supported by The Werry Centre to implement the Single Session Family Consultation Model across the mental health and addiction sectors in New Zealand.

The Single Session Family Consultation model (SSFC) is a brief process for engaging and meeting with families/whānau that aims to clarify how the family/whānau will be involved in the individual's care or support and to help family/whānau members identify and address their own needs.

The approach has a strong emphasis on the process being consultative, needs, drive, and strengths orientated and creates a framework that aims to routinely include families in treatment and care and respond to their needs where possible.

Integrating this model into our practice and what we offer to our clients and their families is supported by current evidence which indicates that families/whānau and service users experience SSFC as helpful with indications that it can also improve outcomes ([Hopkins et al,¹ 2016](#); [Poon et al,² 2017](#)).

In my presentation I will provide an overview of a project I led at Community Alcohol and Drug services of implementing and integrating the SSFC framework within our service. The presentation will cover the following areas;

- Brief description of SSFC approach
- SSFC and its links to national strategic direction for whanau engagement across the addictions sector
- Implementation of whole service training plan, what we did, what we learnt and areas for further integration
- Use of evaluation and feedback tools for clients, whanau and staff
- Use of data
- What we have learnt overall, next steps and future considerations for integrating a model into practice
- Questions

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Multi family groups exploring family dynamics in a Therapeutic Community setting

Robert Tua¹, Tash Cairns
¹Higher Ground, Auckland

This group has been working successfully in Higher Ground since its inception 20 plus years ago. It gives whanau members / significant others an opportunity to talk about how they have been impacted by a whanau member's alcohol and drug use. It is the only group that allows external support into the therapeutic community. Through deliberate counseling skills and utilizing the group setting, it offers insights to:

- Addressing the core issues that surround relationships and others
- Learning to improve communication skills with whanau and others
- Remaining engaged while in conflict
- Addressing the impacts and related behaviours that play out in both whanau and the wider community.
- Increased awareness and understanding of those that have been affected
- Learning to instill hope and trust within the collective.
- Becoming empathic and increasing assertive communications within the group

There has been an increased focus on whanau inclusive practice in recent times. Higher Ground have been working in this space for many years and can give other practitioners and services valuable insights into the challenges and rewards of our approach

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International Women's Day: Acknowledging barriers and celebrating wahine

Rachael Mason², Mary Caffin¹, Darcie Cutland¹

¹Higher Ground Rehabilitation Trust, Te Atatu Peninsula, ²Wings Trust, Kingsland

Research indicates that women face considerable barriers in accessing alcohol and other drug treatment including childcare arrangements, gender perceptions around the stigmatisation of addiction, higher levels of comorbid mental health issues. In addition, the literature suggests that women are more likely to minimise the impact of their drug and other alcohol use and attribute use to external factors eg. stress, anxiety, physical illness; they are also more likely to experience substance abuse problems earlier than men and suffer more significant consequences and losses.

These barriers create further challenges to treatment providers in terms of engaging with the female population and resulting in mixed-gender services often presenting with a disproportionate ratio of men to women clients. Bearing in mind this global backdrop to women in addiction, it was felt that International Women's Day was an appropriate occasion to bring the female clients together to acknowledge, explore and celebrate their womanhood with the focus on empowerment and unity.

In this presentation the speakers will discuss how they used International Women's Day as an opportunity to acknowledge and celebrate the wahine in their therapeutic communities, recognising them as a specific population. The goals were to raise awareness about women's issues, to promote female connection and celebration. This one-day event has been held for the last two years and the speakers will discuss the results of the evaluation of the day.

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Wahine pathways to Māori wellbeing

Layla Lyndon-tonga¹, Sophia Liu-Brown²

¹Te Hā Oranga, Auckland, ²Te Hā Oranga, Auckland

Te Hā Oranga, Te Runanga o Ngati Whatua, Tamaki Makaurau, Aotearoa
Ngati Porou/Nga Puhi, Ngati Whatua, Nga Puhi

Alcohol and other drugs (AOD) addiction is a serious health issue with contributing factors for crime, health and social harms in our community. Research has proven there are higher rates of mental health and substance use disorders amongst people in prison than the rest of the population.

For females in prison, 62% have co-morbid mental health and substance use disorders across their lifetime and 52% will have PTSD. The emphasis of our work is on a culturally responsive program for Māori because this group makeup 15% of the our population. However, 63% of the prison population are female. The over-representation of Māori in prison demands a Kaupapa Māori approach to the design and delivery of interventions for Wahine Maori. Our work includes the following elements:

- AOD treatment
- 1. Trauma-informed practice
- 2. Addressing co-existing problems (CEP)
- 3. Kaupapa Māori
- 4. Responsive to the unique needs of women

Te Ira Wahine is a gender responsive AOD treatment program now in its 3rd year of delivery. Trialled at Auckland women's high security prison as a pilot in 2018, it was evaluated both internally and externally and is now at the end of its first year as a validated treatment program. This presentation shares experiential learnings from a clinical and cultural perspective, demonstrating the balance between AOD treatment models, trauma-informed practice, co-existing problems (CEP) and Kaupapa Māori frameworks suited to Wahine Māori in custody.

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Using recovery capital to better understand recovery journeys

Zeddy Chaudhry, Edward Wilkie¹

¹*Odyssey House / University of Derby, Auckland / Derbyshire, / United Kingdom,* ²*Ember, Auckland*

Recovery capital refers to ‘the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain their recovery’ (Granfield and Cloud, 2009). It is a strengths-based concept that encourages people to achieve goals and address areas of need by building on their existing strengths, rather than focusing on problems and deficits.

This presentation will follow on from a session at Cutting Edge in 2019 that introduced a doctoral research project piloting a recovery capital based evaluation tool developed by David Best, the REC-CAP, at three of Odyssey’s adult residential services in Auckland. The analysis of this research and the progress of implementation (including challenges and lessons learned) will be discussed, as well as the practical implications from both the perspective of those who used the tool and from a wider organisation level.

We will also reflect on wider organisational impacts e.g. an increase in the use of strengths based language and development of initiatives that reflect recovery capital principles. Finally, we will share early insights on the use of the approach in other services, including criminal justice settings.

“Wellbeing and recovery need to be safe and fun and attainable. REC-CAP assisted me in this, highlighting achievable areas and adding specifics to set goals around. I now lead a full, healthy, balanced life in recovery with numerous interests and connections; all adding value to me as a person”.