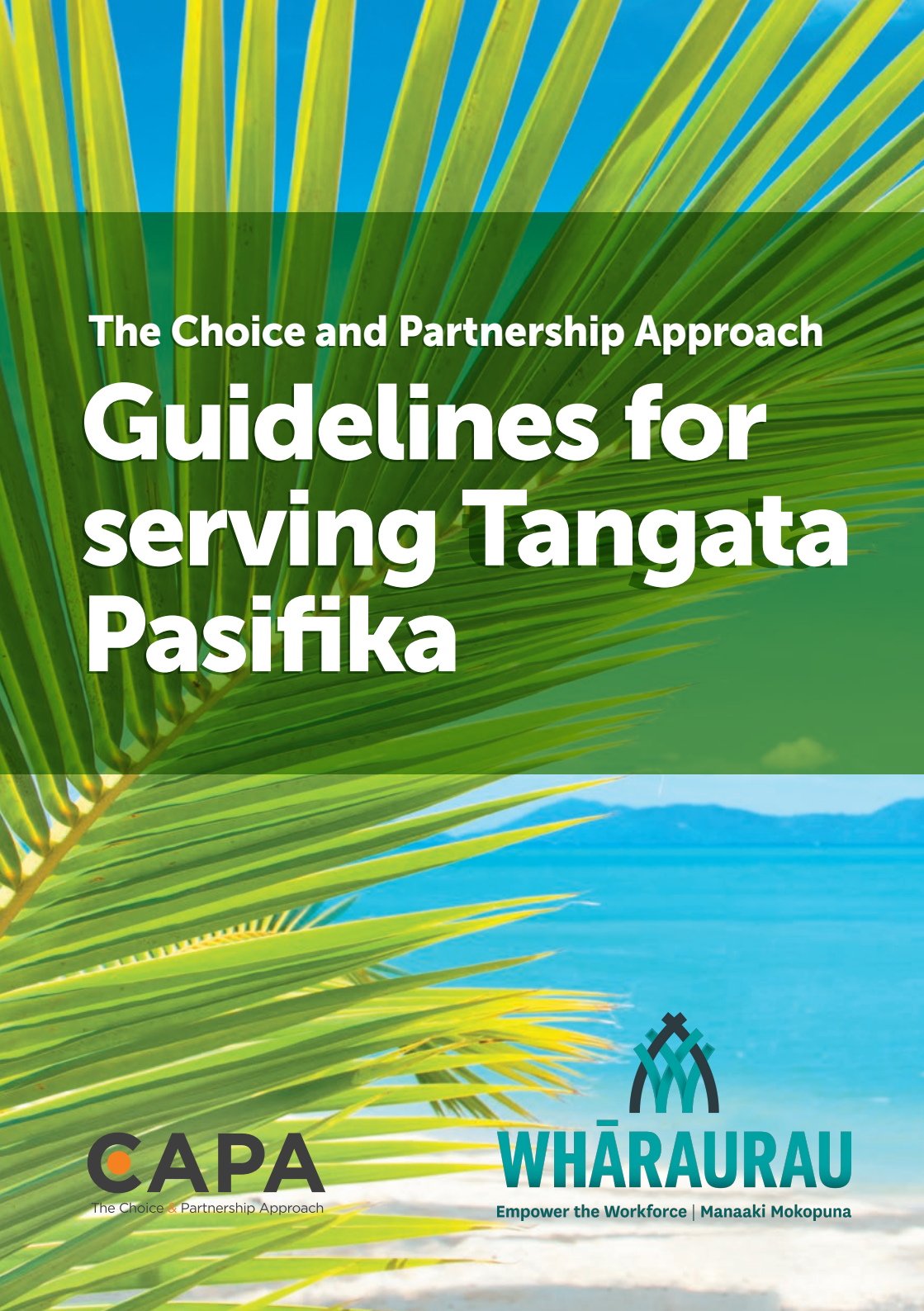




The Choice and Partnership Approach

Guidelines for serving Tangata Pasifika

CAPA
The Choice & Partnership Approach



WHĀRAURAU
Empower the Workforce | Manaaki Mokopuna



Introduction

"I am not an individual,
I am an integral part of the cosmos.
I share divinity with my ancestors,
the land, the seas and the skies.
I am not an individual because
I share a tofi with my family,
my village, my nation.
I belong to my family and
my family belongs to me.
I belong to my village and
my village belongs to me.
I belong to my nation and
my nation belongs to me.
This is the essence of my
sense of belonging."

Tui Atua Tupua Tamasese, 1997

The Choice and Partnership Approach (CAPA)

The Choice and Partnership Approach was developed by Ann York and Steve Kingsbury in the United Kingdom. It is a collaborative service improvement model offering choices to young people and their families in their dealings with mental health and addiction services, and partnership with clinicians during treatment. The Choice and Partnership Approach aims to maximise the effectiveness of administration processes and layers practitioner skills where possible to make every step add value for the service user. It is flexible and can be tailored to fit individual services.

The Choice and Partnership Approach encourages early face-to-face contact, family involvement and client self-determination; factors that help facilitate effective engagement with Pacific families.

Purpose

This resource aims to explain the principles of the Choice and Partnership Approach from a Pacific worldview and provide guidance for Pacific teams/services and mental health providers wanting to develop services for Pacific populations. The guideline draws on Pacific perspectives and identities where health and wellbeing rely on safe and balanced relationships (Te Pou and Le Va, 2010). The experiences of existing mental health services provide examples to demonstrate how the Choice and Partnership Approach could work in a Pacific setting. Services are encouraged to consider four factors when developing a model of working with Pacific aiga/ magafaoa/ kopu tangāta/ famili (families) that embody the Choice and Partnership Approach.

Appropriate skill development is also an essential part of service redesign. Staff cultural competency training programmes such as “Engaging Pasifika” by Le Va are recommended alongside this resource to meet the needs of your Pacific populations.

This guideline is a result of collaboration with Vaka Toa, Whirinaki, Counties Manukau DHB, Health Pasifika, Capital and Coast DHB, the Whāraurau Pacific Advisory Group and Choice and Partnership Approach team.



Honouring the Va

"Every minute we are alive, we are negotiating a space for ourselves in our world"

(Lopez 1999, p. 4)

In understanding the nature of crisis or illness in a Pacific person's life, the concept and relevance of Va (a Samoan term) is understood across Pacific cultures.

Va literally means 'space'; the space or relationship that connects people, church and the environment. Va involves negotiating space to maintain harmony, reciprocity and mutual respect. For Pacific people, preparations made to create the Va lay foundations to a negotiated space. Pre-engagement is crucial to ensure reciprocity and partnership. The process of negotiating space empowers Pacific service users to determine their terms of engagement and is consistent with the Choice and Partnership Approach.

Unfolding the metaphorical mat

Like the formal meeting of parties for the first time, the purpose is to connect, establish a Va and define the purpose of the visit (Te Pou and Le Va, 2010).

The metaphor of rolling out the mat demonstrates the intention to form a relationship characterised by compassion, respect and uplifting (Te Pou and Le Va, 2010). It offers choice to the service user as to whether they join the therapist on that mat or not. Laying down this mat means being respectful, non-judgemental, honest and also flexible with service users. Demonstrating flexibility with a choice of venues (such as home, school or service) and appointment times may increase Pacific families' attendance and involvement.

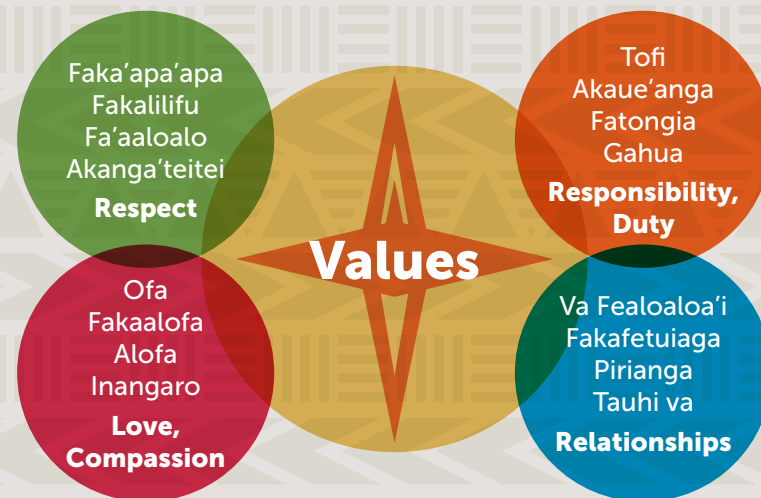
Spending time on the mat, face-to-face, at first point of contact (the first Choice appointment) is vital to a successful journey for Pacific people. This process can be complemented, but not substituted, by a telephone conversation or written communication (Te Pou and Le Va, 2010). The capacity for engagement and developing rapport begins at the Choice appointment by acknowledging the family's worldview. Invariably this may mean having a clinician with a similar cultural background.

Come together and talanoa

Talanoa means 'talking about nothing' in Tongan, Samoan and many other Pacific languages. The term is widely used to describe different types of conversation – from chitchat to more meaningful exchanges. Fa'atalatalanoa describes dialogue that is more purposive, deliberate and action-oriented and often has an end goal in mind (Te Pou and Le Va, 2010).

Fa'atalatalanoa is facilitated by positive and appropriate engagement at first point of contact. Encouraging and empowering language is essential for sharing meaningful connections across the Va with service users. Similarly, conversations at Choice and also Partnership appointments require honesty, curiosity, integrity and collaboration towards an agreed outcome – connecting at a level that evokes hope, respect and a trusting relationship.

Pacific people are connected by traditions of collective self-determination and common values. These values are embraced during collaborative conversations between therapist, young person and family at Choice and Partnership appointments.



Once relational connection is established, the clinician needs to have the confidence and skills of navigation to guide the young person. When necessary, bringing in additional lines of support and facilitating other genuine connections across the space. Clinician and family work together at this stage to achieve core goals of mutual understanding and clarity.

Vaka Toa

Vaka Toa is the Pacific Mental Health team at Whirinaki, Child, Family and Youth Mental Health Service at Counties Manukau District Health Board. Vaka Toa adopts the Choice and Partnership Approach and works closely with schools, community, church and extended family to provide the best support possible to young people and their family.

At Vaka Toa, building initial relationships with families and young people is seen as crucial to successful outcomes. When working with families, Pacific clinicians honour a cultural, clinical and spiritual model of practice in serving their community.

Kotahi Ra (the Choice appointment) requires full engagement with the family and young person. Acknowledging specific family dynamics and protocol is very important in Pacific communities.

Families are offered Kotahi Ra at home, school or the service. Most first appointments occur outside the service building.

Matua (a respected elder) and culturally appropriate clinician will visit the family. Having the right clinicians that understand Pacific families and Pacific perspectives of the world, generally means having clinicians that identify as Pacific.

Having the right people at the first contact is important. Establishing a trusting therapeutic relationship at the first point of contact cannot be underestimated to ensure confidence that cultural and clinical needs will be acknowledged and respected.

Language is an important aspect of relating with families. If families are able to communicate in their own language, a fuller and more accurate picture of what is going on for the young person can be determined.

Knowing when to let go is necessary for family and clinician. The journey continues for the family when they leave the service.

Moana Loa

'Moana Loa' is a model that defines a theory of healing for people under the care of Health Pasifika (HP) at Capital and Coast DHB. It combines CAPA principles and Pasifika philosophy to provide a cultural framework that fits the environment in which Health Pasifika services are delivered.

The Pasifika philosophy is borrowed from the Moana/Sea. The narrative of Moana Loa acknowledges the role of early Pasifika explorers who navigated the South Pacific Ocean and discovered islands in which their people could settle. These explorers knew they could not manipulate the sea but only navigate and work with the elements to find their place of rest. As descendents of these explorers, tangata Pasifika who engage with HP are on their own exploratory journey, to be embraced like the ocean, honouring them with the same value and respect.

Collectively, the ocean is both a shared resource and a source of isolation. HP supports tangata Pasifika to identify their aspirational as well as clinical wellness goals (their settling island), the resistive currents and storms (challenges and difficulties) and the right support therapies (progressive currents, and moorings) to attaining them. It includes clinical and cultural interventions, such as exploring the meaning of traditional stories, to determine issues that tangata Pasifika are facing.

It is important tangata Pasifika understand that they are responsible for their own Vaka and voyage. This approach weaves together the position that tangata Pasifika have the 'power/mana' over their own wellness pathway, and that family and tangata Pasifika have active involvement with the CAPA philosophy of Choice and Partnership.



Moana Loa: the Process

Amaamanaki / Referral

When an Amaamanaki/referral is accepted, tangata Pasifika and their family are given the choice to book a Feiloaiga at a time and a place that suits them. When engaging tangata Pasifika and their family, the contact and appointment confirmation strategies may need to include more than written correspondence. An intentional conversation is critical to ensure Pasifika values are adhered to. Early conversation also starts therapeutic bonds and provides tangata Pasifika insight on how they will be supported on their journey.

Feiloaiga / Choice Appointment

A Feiloaiga Muamua/Choice Appointment is the first appointment. Getting cultural engagement right at the first meeting lays the ground work for more effective engagement and outcomes. The Feiloaiga aims to build therapeutic alliance. Tangata Pasifika clients and their families reach a joint formulation with the Feiloaiga clinician as to roughly what is going on and are helped to make an informed choice about the next step, the 'Filifiliga' / Choice point.

Feiloaiga Lua / Choice PLUS Appointment

In some cases, a Feiloaiga Lua is needed. Reasons can include: continuing to build cultural connections with tangata Pasifika and families, to complete assessments, and to establish the most appropriate pathway for tangata Pasifika.

Hakili Matagi / Partnership Work

Hakili Matagi describes the process of understanding the needs of tangata Pasifika and the skills and knowledge offered by the service. A key of 'Moana Loa' is matching the Pasifika clients' Filifiliga/choice of goals to a clinician with the right extended core skills to help them get there. Ideally a face-to-face introduction of the family to the choice and partnership clinicians occurs.

Rapa'kau'anga (Core partnership) and Ngaue Totonu (Specialist interventions)

The next meeting/appointment is the start of Rapa'kau'anga/Core Partnership work. Most tangata Pasifika will find this is enough to achieve their goals. For others however Ngaue Totonu/specialist work may be added to complement the core work.

Taunu'uga (Discharge)

'Letting go' or transitioning families effectively is necessary in order for services to see new clients. In a Pasifika context this can be difficult, as relationship is part of the fabric of Pasifika culture. Transparency and open discussion with tangata Pasifika about what HP can, and cannot offer is an important consideration throughout 'Moana Loa'. HP seek partnerships with other services and find practical, sustainable safety mechanisms within the wider community, so tangata Pasifika have a greater chance of success, and better long term outcomes.



Four Key Considerations

The Choice and Partnership Approach encourages services to work with families to determine and achieve their goals. This approach provides more freedom of movement for how clinicians deliver services and interact with people. The Choice and Partnership Approach can be adapted to fit with your local service, consider:

1. Your community

- What are the population needs?
- What are the influences? e.g. economic, various ethnicities
- What other services can support your service users? How would you work with them?
- What is access to services like? Consider barriers
- What sort of service model is likely to fit with your service and aiga/ magafaoa/ kopu tangāta/ famili (family)?

2. Leadership infrastructure

- What leadership structures operate in your service and wider community?
- What challenges are there to implementing a model designed for Pacific services? How can these be overcome?
- How can the Choice and Partnership Approach designed for Pacific services be clearly explained to managers?

3. Staff

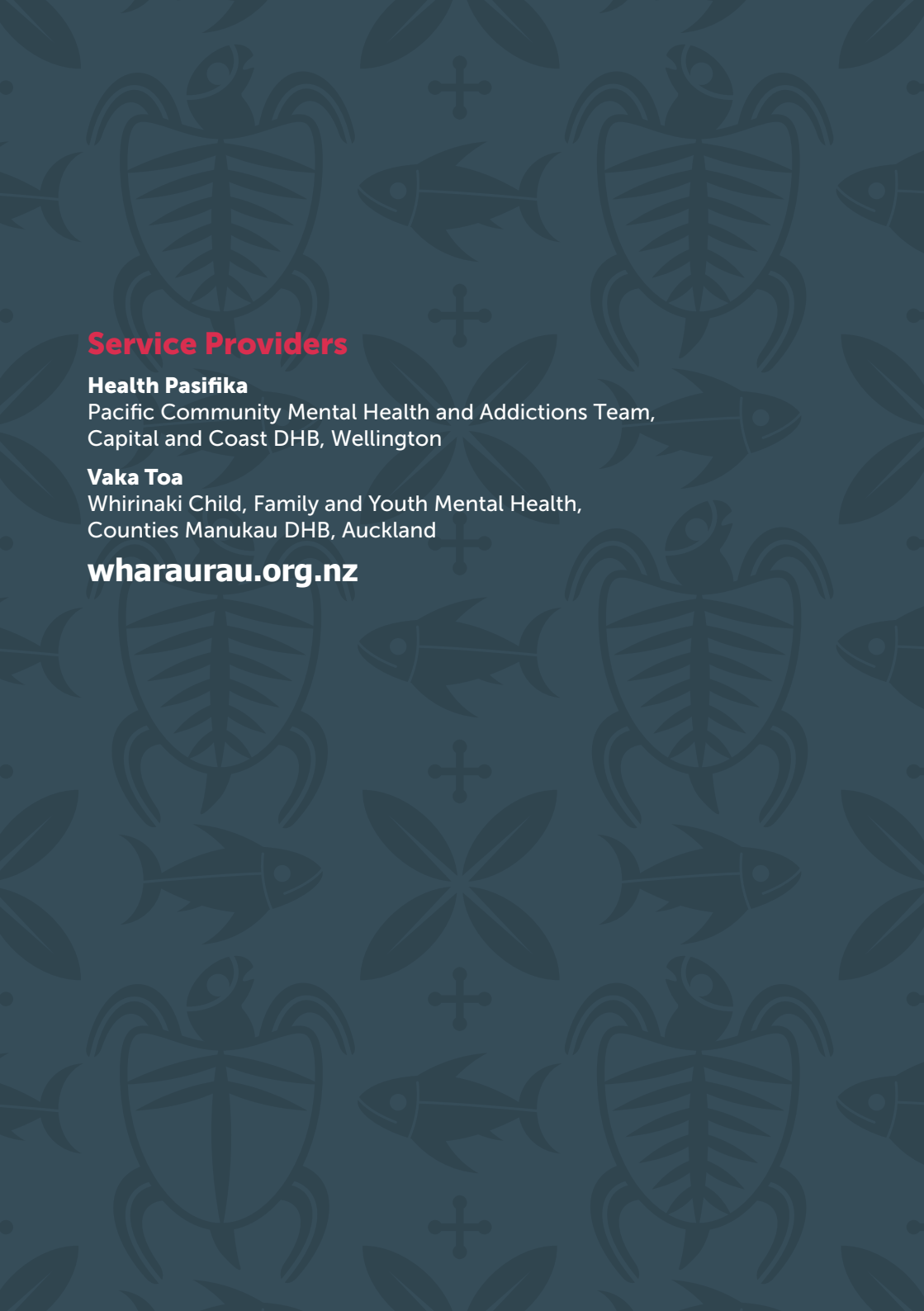
- What is the cultural competency of staff?
- Consider the skill level of staff. Is upskilling required?
- How do staff liaise with other community services?
- Does your service provide cultural support? Is there a Matua in your community who could provide support?
- Could the principles of Choice and Partnership be embraced by some teams and not others?

4. Service users and families

- What do service users want from your service?
- What is their cultural background?
- Are there language barriers?
- What is the impact on service users of transitioning to the Choice and Partnership Approach?

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Service Providers

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