

Choice and Partnership Approach (CAPA) | Common myths

Why talk about myths?

Implementing CAPA brings change, and change can feel unsettling. It's completely normal for people to feel cautious when faced with new ways of working. Change can raise questions, concerns, and sometimes lead to myths or misunderstandings, influencing how we feel about the process.

Today, we're going to look at some of the most common CAPA myths and share the facts that can help clear them up.

Myths vs. reality

Myth: CAPA is a rigid model

Reality: If CAPA feels inflexible, it may not be being implemented as intended.

While the 11 Key Components guide the approach, there's plenty of room to tailor it to your team and community. You choose how assessments are done, what interventions are offered, and who does what.

Myths vs. reality

Myth: CAPA is a limited session model

Reality: CAPA doesn't set a fixed number of sessions.

You see young people for as long - or as short - as needed, at a frequency that suits them. As long as the goals are clear, regular reviews are held and the young person & whānau agrees that this is what is needed.

While the average is around 7.5 sessions in many countries (used for capacity planning), the actual number can vary widely based on your team's data.

Myths vs. reality

Myth: CAPA means you will never have long waits

Reality: CAPA doesn't mean you will never have long waits, but you will not have **waiting lists**.

As Choice appointments are fully booked, you will never hold a waiting list. Partnership appointments are fully booked at the end of or closely following the Choice appointment.

However, if you have too much demand then wait times will gradually lengthen. This is when you will have to have discussions in the team and with managers about what the root cause is, and what to do.

Myths vs. reality

Myth: Choice is only one appointment

Reality: Choice only ends when an informed choice on the way forward is agreed.

If key people aren't present at the first appointment, or if relationship building takes more time, a follow up -Choice Plus appointment(s)- may be needed to reach an agreed way forward.

Myths vs. reality

Myth: Choice appointments do not include assessment

Reality: Assessment, including risk assessment, is absolutely part of the Choice appointment.

The process is active, collaborative, and conversational.

We use our expertise to help tamariki, rangatahi and whānau understand where they need support and explore options together. Consideration of risk is part of this process.

It's not a passive process - it's a shared decision-making conversation.

Myths vs. reality

Myth: CAPA does not allow for specialist work

Reality: All specialties and skills are valuable and should be supported alongside clinicians with extended core skills.

Teams should carefully consider how specialised skills and time is used, as part of job planning. This helps to protect this time for young people & whānau who need it, and helps to protect clinical resources.

References:

York, A., & Kingsbury, S. (2025) The Choice and Partnership Approach: A service transformation model. Surrey, England.

For more detail on common myths and misunderstandings about CAPA, visit: www.capa.co.uk/introducing-capa/the-myths-about-capa