**Ngā Huarahi**

**ki te oranga**

**-**

**Pathways to**

**wellbeing**

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| **Te Urunga me te whakakore urunga – Entry and declining entry** | |
| **Introduction** | |
| **Purpose** | We provide a consistent and equitable process on how tāngata whai ora/ tāngata whaikaha can access our service, and how we communicate and support tāngata whai ora/ tāngata whaikaha and their whānau when we decline services. |
| **Scope** | * Tāngata whai ora/tāngata whaikaha or whānau inquiring about our service, having self-referred or being referred. * Health care workers and other employees who are interacting with people accessing our service. |
| **Policy** | * Tāngata whai ora/tangata whaikaha wishing to engage with our service and their whānau are informed about the services we provide. * Access to our services is in line with our contractual obligations, relevant standards and Ministry of Health strategic directions. * Access processes are consistent, equitable and facilitate a welcoming, friendly and safe entry to the services we engage tāngata whai ora/tāngata whaikaha with. * Service access processes are based on the needs of tāngata whai ora/tāngata whaikaha and their whānau who require the support we provide. * If we decline engagement with our service we communicate the reason for this and explore alternatives with tāngata whai ora/tāngata whaikaha and their whānau. |
| **References** | |
| **Legislation** | Health and Disability Services (Safety) Act 2001  Pae Ora (Healthy Futures) Act 2022. |
| **MoH publications** | * Patterson R, Durie M, Disley B, et al. (2018). He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. * Ministry of Health. (2020). Whakamaua: Māori Health Action Plan 2020–2025. * Ministry of Health. (2023). Oranga Hingengaro – System and Service framework. * Ministry of Health. (2023). [Pae Ora - Healthy Futures for all New Zealanders.](https://www.health.govt.nz/new-zealand-health-system/setting-direction-our-new-health-system) * Ministry of Health. (2023). Te Mana Ola: [The Pacific Health Strategy](https://www.health.govt.nz/publication/te-mana-ola-pacific-health-strategy). * Te Whatu Ora/Te Aka Whai Ora. 2022. [Te Pae Tata.](https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/for-consumers-and-whanau/maori-health/#priority-areas-for-maori-health) |
| **Publications** | * Mental Health and Wellbeing Commission 2023: [Priority for youth mental health.](https://www.mhwc.govt.nz/news-and-resources/priority-on-youth-mental-health-strikes-a-chord/) |
| **Standards** | Ngā paerewa Health and disability services standard. NZS 8134:2021. 3.1. |
| **Related policies and procedures** | Ō Tātou Motika – Our Rights  Māori health plan  Pacific health plan |
| **Definitions** | |
| **Equity** | Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes. |
| **Health care worker** | A person employed or contracted by a service provider. The health care and support workforce is wider than regulated staff, and includes peer support workers, multidisciplinary teams, and security staff. It also includes contractors and volunteers. |
| **Tāngata whai ora** | This term is used to refer to people who are the subject of care, assessment and treatment processes in mental health. 'Tangata whai ora' means 'a person seeking health'(Mason Durie). |
| **Tāngata whaikaha** | Tāngata Whaikaha means people who are determined to do well, or is certainly a goal that they reach for (Maaka Tibble). This term replaces the term people with a ‘disability’. |
| **Whānau** | The nuclear family, extended family or family group of people who are important to tangata whai ora/ tangata whaikaha who engage with our service. It includes partners, friends, guardians or other representatives or supports chosen by tangata whai ora/tangata whaikaha. |

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| **Information about accessing our service** | | |
| **Content** | * Our entry criteria. * The service we provide. * Where we provide services. * Referral process. * Times of operation. * Our people. * Approaches to service delivery/provision. * The rights we uphold. * Cost of our services. | * Our values and principles. * How to contact us. * Crisis/emergency contacts. * Other support services that might be useful. * Information about self-help apps. * Information about wellbeing social media programmes. |
| **Location** | The information is available on: | |
| * Our website. * Social media. * Healthpoint. * Our answerphone. * On the phone when speaking to one of our staff. | * Brochures at our reception, at libraries, primary health care providers, social services, CAB’s, places of worship, and community hubs. |
| **Language** | We provide information in:   * English * Te reo Māori | * Any other language if such a need is identified by us and/or people wishing to access our service. |
| **Referral processes** | | |
| **Referral sources** | * Our funding agreement(s) identifies who can refer to our service. * This can differ for each of the service specification we are contracted to deliver. * Our service information (described above) identifies the referral sources for each of our services. | |
| **Eligibility** | * Tāngata whai ora/ tāngata whaikaha eligibility is identified in our funding agreement(s) and service specifications. * This can differ for each of the services we provide. Eligibility mainly relates to:   + Age.   + Condition and/or its impact on tāngata whai ora/ tāngata whaikaha overall wellbeing.   + Locality where tāngata whai ora/ tāngata whaikaha lives.   + Specific tāngata whai ora/ tāngata whaikaha and their whānau needs. * Our service information (described above) identifies eligibility for each of our services. * Services funded by a government agency that are free of charge for tāngata whai ora/ tāngata whaikaha and their whānau need to meet Te Whatu Ora [eligibility criteria](https://www.tewhatuora.govt.nz/our-health-system/eligibility-for-publicly-funded-health-services/resources-for-service-providers-to-check-eligibility/eligibility-checklists-and-decision-trees/)for a free health service. | |
| **Self-paying** | The referral sources and eligibility criteria do not apply to tangata whai ora/tangata whaikaha who pay for the services we provide. | |
| **Referral methods** | * In writing:   + Using our secure on-line referral system.   + By mail/post. * Face to face meeting with, tangata whai ora/ tangata whaikaha, whānau, the referrer and other relevant people. For example:   + Interpreter.   + Kaumatua, kuia, matua.   + Peer support, advocate. * By phone. | |
| **We require that tangata whai ora/ tangata whaikaha have given consent to be referred.** | | |
| **Referral**  **response** | Within two working days our Choose an item.:   * Acknowledges and thanks for the referral. * Reviews the referral information and identifies if:   + Eligibility has been met.   + We are able to meet the referred person’s specific needs. * Arranges a face to face meeting between our Choose an item. , tangata whai ora/ tangata whaikaha, and if appropriate, whānau, the referrer and anyone else that the participants like to attend. (For example Kuia, Kaumatua, matua, interpreter, peer support, advocate or other service provider.) * We use a hui approach to the meeting:   + We offer karakia.   + Mihi - We do an initial greeting.   + We initiate whakawhanaungatanga – making connections.   + Kaupapa – we establish the purpose of the meeting:     - Confirm the needs and wishes of tangata whai ora/ tangata whaikaha and if appropriate their whānau.     - Describe the services we provide and who is providing them.     - Provide opportunities for questions and clarifications.     - If the referral is for a service that includes accommodation we invite tangata whai ora/ tangata whaikaha and if appropriate their whānau to have a lock at the accommodation provided.   + Poroporoaki – conclude the meeting.     - Confirm the next steps, including time frames.     - Thank everyone for their participation. * We offer to finish the hui with karakia. | |
| **Prioritisation** | When the demand for services exceeds the availability we consider the following prioritisation criteria:   * The impact the mental health and/or addiction issue has on the person seeking services and on their whānau/family. * Relevant legal requirements. * Safety issues such as   + Pregnancy.   + Unsafe behaviours.   + Vulnerabilities.   + Lack of support.   + Transition from youth to adult services. * Contractual obligations. | |

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| **Prioritisation**  ***cont*.** | Additionally we consider the following prioritisation populations:  *(Priority Populations – He Ara Oranga)* |
| 12 priority populations in He Ara Oranga |

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| **All parties agree to engage with our service** | * We negotiate and agree on a service entry date. * We provide tangata whai ora/ tangata whaikaha, and if appropriate their whānau with an information pack. * We inform the referrer of the arrangements made. * We orientate tangata whai ora/ tangata whaikaha and if appropriate their whānau to our service. |
| **Services declined** | **By tangata whai ora/ tangata whaikaha:**   * We inquire why our service was declined as we might need to change our processes. * We provide tangata whai ora/ tangata whaikaha, and if appropriate their whānau with information about supports and other relevant services. * We inform the referrer of the decision.   **By us:**   * We offer a meeting to lettangata whai ora/ tangata whaikaha, and if appropriate their whānauknow the reason why we cannot provide a service to and with them. * We provide alternative options about more suitable services inncluding contact details. * We inform the referrer of the decision. |
| **Data collection**  **Equity** | * We maintain a record of tāngata whai ora/ tāngata whaikaha referrals and collect information on: * Number on referrals. * Referral source. * Ethnicity of referred person. * Referrals accepted. * Referrals declined. * Reason for services being declined by tangata whai ora/ tangata whaikaha. * Reason for services being declined by us. * We collect the data and analyse it 6-monthly in order to assess our referral and entry processes and initiate improvements as required. * If the data identifies that Māori or we have declined engagement with us, we will establish a group that developes improved processes for Māori. The group will include:   + Mana whenua/tangata whenua with lived experience including whānau.   + Kaumatua, kuia.   + Representatives of our service. |
| **Māori services, communities and agencies** | We establish relationshipl with Māori health, social and welbeing services in our area.   * Rongoā providers in Aotearoa: <https://www.teakawhaiora.nz/nga-rauemi-resources/find-a-rongoa-provider/> * Māori health provider directory: <https://www.health.govt.nz/your-health/services-and-support/health-care-services/maori-health-provider-directory> * Kaupapa Māori services: <https://healthpages.co.nz/directory/categories/kaupapa-maori-services> * We establish links with our local Marae. * We have partnerships with the following services:  |  |  |  | | --- | --- | --- | | **Name** | **Nature of service** | **Contact** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **Taku huarahi ki te oranga – My pathway to wellbeing** | |
| **Purpose** | The processes described identify how we work in partnership with tāngata whai ora/tāngata whaikaha and/or whānau to support wellbeing. We ensure their aspirations, mana motuhake, and whānau rangatiratanga are fostered. |
| **Scope** | * Tāngata whai ora/tāngata whaikaha, and their whānau engaged with our service. * Health care workers who provide a service with tāngata whai ora/tāngata whaikaha and/or their whānau. |
| **Policy** | We provide a service that has its foundation on the concept of whānau ora. This builds on the knowledge and traditions of Māori (and other cultures), and whānau-centered practice. Based on best practice methodologies derived from holistic Māori models of health and wellbeing – [Te Whare Tapa Whā](https://mentalhealth.org.nz/te-whare-tapa-wha), [Te Wheke](https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke) and [Te Pae Mahutonga](https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-pae-mahutonga).  We ensure that all cultures and ethnicities receive a service that acknowledges the importance of cultural identity and worldviews in achieving wellbeing.  We consider using the [Continuity of Care indicator data dashboards to understand continuity of care between Te Whatu Ora and NGO mental health services so we can identify where improvement is required to contribute to better wellbeing outcomes for tāngata whai ora/ tāngata whaikaha who access acute inpatient Te Whatu Ora services, before, during or shortly after they engaged with us.](https://www.mhakpi.health.nz/resources/explore-and-learn-how-to-use-the-new-continuity-of-care-indicator-data-dashboards/) |
| **References** | |
| **MOH publications** | Ministry of Health [Ngā paerewa Sector guidance: Pathways to wellbeing](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standard/resources-nga-paerewa-health-and-disability-services-standard/sector-guidance-nga-paerewa-health-and-disability-services-standard-nzs-81342021/part-3).  Ministry of Health. (2023). [Oranga Hinengaro System and Service Framework](https://www.health.govt.nz/publication/oranga-hinengaro-system-and-service-framework).  Ministry of Health. (2021). [Kia Manawanui Aotearoa: Long-term Pathway to Mental Wellbeing*.*](https://www.health.govt.nz/publication/kia-manawanui-aotearoa-long-term-pathway-mental-wellbeing) |
| **Publications and resources** | Child and youth wellbeing: [Support for cultural identity.](https://www.childyouthwellbeing.govt.nz/measuring-success/indicators/support-cultural-identity)  Govt.NZ. (2018). [He Ara Oranga](https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/)  Le Va: [Rebuilding Wellbeing resources](https://www.leva.co.nz/our-work/mental-health/rebuilding-wellbeing-hub/rebuilding-wellbeing/)  The british psychological society. [Power Threat Meaning Framework (PTMF)](https://www.bps.org.uk/member-networks/division-clinical-psychology/power-threat-meaning-framework)  Te Pou (2015/2016) [Let’s get talking toolkit](https://www.tepou.co.nz/initiatives/talking-therapies/lets-get-talking-toolkit).  Te Pou (2023) [Principles for Oranga – Implementing integrated care and support](https://www.tepou.co.nz/resources/principles-for-oranga)  Te Pou (2021). [Real language, real hope.](https://www.tepou.co.nz/resources/real-language-real-hope) Adopted by Caro Swanson from ‘recovery language’ by Otto Wahl.  [Te Rau Ora](https://terauora.com/) |
| **Standards** | Ngā paerewa Health and disability services standard. NZS 8134:2021. 3.2. |

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| **Our values informed approach**  (Abbreviated from: [Te Pou (2019). Values informed practice (3rd edition). Auckland, New Zealand: Te Pou.](https://www.tepou.co.nz/resources/values-informed-practice) |
| **The following values inform our service provision:** |
| **Respect** |
| We respect tāngata whai ora/tāngata whaikaha and whānau world views, their values and the choices they make. We believe respect is fundamental to all human relationships. |
| **Practice example** |
| * We take time to listen to and hear tāngata whai ora/ tāngata whaikaha and whānau to understand what’s important to them. * We remember people’s names and how to pronounce them correctly. * We negotiate appointment times and be on time ourselves. * We develop plans led by tāngata whai ora/tāngata whaikaha and whānau that include what they value. |
| **Partnership** |
| We work in partnership with tāngata whai ora/tāngata whaikaha and whānau who are accessing our service. We support choice, shared decision making and equity. We value the strengths and expertise that tāngata whai ora/tāngata whaikaha and whānau bring. We value the expertise of colleagues, groups and services, and work in collaboration to support tāngata whai ora/tāngata whaikaha and whānau. |
| **Practice example** |
| * Tāngata whai ora/tāngata whaikaha and whānau are given full information about the choices available for support and treatment, including the option of no support. * Tāngata whai ora/tāngata whaikaha and whānau choose the option that they believe meets their needs. Responsibilities and risks are shared, we work as a team. |
| **Hope** |
| We believe that hope is fundamental to wellbeing, and that a life that has meaning and value for tāngata whai ora/tāngata whaikaha and whānau is always possible. We support tāngata whai ora/tāngata whaikaha and whānau to have hope. |
| **Practice example** |
| * We genuinely believe and communicate that recovery and wellbeing are possible for everyone. * We share stories of success. * We acknowledge the tremendous courage and strength tāngata whai ora/tāngata whaikaha and whānau have. |
| **Manaaki** |
| We support, care for, tend to and show generosity to others in all we do.  We seek to uphold the dignity and protect and enhance the mana of others through our work. We take time to know tāngata whai ora/tāngata whaikaha and whānau and what is important to them to establish positive and authentic relationships. |
| **Practice example** |
| * Tāngata whai ora/tāngata whaikaha and whānau are warmly welcomed. * We take care of the transitions between tapu and noa. * Our assessments and reviews explicitly address physical aspects, wairua, identity and mauri. * We take time to be with tāngata whai ora/tāngata whaikaha and whānau. * We acknowledge and value their experiences and what they bring to create genuine, supportive relationships |
| **Whanaungatanga** |
| We believe that a sense of connection and belonging is fundamental to wellbeing. We are in relationship with tāngata whai ora/tāngata whaikaha and whānau and support their relationships with others, to enhance a sense of belonging for all. We value communities and connections to communities. |
| **Practice example** |
| * Health care workers share where they are from, their cultural background and seek to make connections with people and their whanau. * Workers purposefully identify the communities, relationships and connections people have and seek to support them. * We use the hui approach when meeting with tāngata whai ora/tāngata whaikaha and whānau. |
| **Wellbeing** |
| We focus on wellbeing, encompassing all dimensions of health: tinana, hinengaro, whanau and wairua. We support wellbeing as a key part of recovery. |
| **Practice example** |
| * Tāngata whai ora/tāngata whaikaha and whānau are supported to identify and achieve their own wellbeing goals across all dimensions of their lives. * Health care workers understand that wellbeing is more that symptom management or accessing mental health, addiction or disability services. * Wellbeing is defined by tāngata whai ora/tāngata whaikaha and whānau we provide a service with and what is meaningful for them. |

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| **Assessment** |

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| **Purpose** | We assess the needs of tāngata whai ora/tāngata whaikaha and whānau in order to inform planned and negotiated support, interventions and treatment.  It is acknowledged that assessment is a process not an event. |
| **Scope** | Tāngata whai ora/tāngata whaikaha and whānau. |
| **Policy** | We do not repeat needs assessment information that we have already received from other agencies.  All tāngata whai ora/tāngata whaikaha and whānau engaging with our service have a needs assessment that forms the basis of the recovery/care/support/ intervention/treatment plan.  Our assessment templates reflect the approach (model) of care we use. (Example: <https://tuturu.org.nz/toolkit/support-plan-template>).  Tāngata whai ora/tāngata whaikaha and/or whānau identify and determine their needs as part of the assessment process.  The initial assessment provides us with sufficient information to commence essential care, support, interventions and treatment. |

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| **Process** | **Includes** | **Participants** |
| **Hui approach– assessment meeting** | * We offer karakia. * Mihi - We do an initial greeting. * We initiate whakawhanaungatanga – making connections. * Kaupapa – we negotiate the purpose of the meeting. * We commence the assessment. * We pace it according to tangata whai ora/tangata whaikaha and/or whānau needs and wishes. * We confirm informed consent, sharing of health information and advanced directives. * We provide opportunities for questions. * Poroporoaki – we conclude the meeting.   + Confirm the next steps, including time frames.   + Thank everyone for their participation. * We offer to finish the hui with karakia. | * Tangata whai ora/tangata whaikaha * Our health care worker   Options with approval of tangata whai ora/tangata whaikaha:   * Cultural supports * Referrer * Any other supports tangata whai ora/tangata whaikaha wishes to attend * Family/whānau/carer * Interpreter - if need has been identified * Peer support * Tohunga * Mirimiri, rākau rongoā practitioner * Health coach |
| **Assessment information** | Needs assessments include:   * Medical/physical needs * Cultural needs * Spiritual needs * Social needs * Psychological needs * Sensory needs * Environmental needs * Identification of early warning signs and triggers * Safety issues * Traditional healing needs |
| **Additional assessment information** | We request essential assessment information from other service providers. For example:   * Safety/risks * Allergies * Medical and medication management/support issues that require monitoring by our service. | Health care worker responsible for collecting assessment information. |
| **Outcome measure - baseline** | * As part of the assessment process we establish a baseline rating appropriate to the service we engage tangata whai ora/tangata whaikaha and whānau with. * Examples of validated outcome measures:   + [Hua Oranga](https://www.oradatabase.co.nz/)   + [Recovery Star](https://www.outcomesstar.org.uk/using-the-star/see-the-stars/recovery-star-4/)   + [ADOM](https://www.tepou.co.nz/initiatives/alcohol-and-drug-outcome-measure) * [SACS](https://wharaurau.org.nz/optforwellbeing.org/substances-and-choices-scale-sacs) | Health care worker responsible for collecting assessment information. |
| **Assessment response** | If the outcome of the assessment indicates that specialist assessment or interventions are required we obtain consent from tangata whai ora/tangata whaikaha to initiate a referral.  For example:   * GP * Dietician * Psychologist, psychotherapist, counsellor * Occupational therapist * Physiotherapist * DAPAANZ practitioner * Rākau rongoā, mirimiri practitioner * Tohunga |
| **Planning** | | |
| **Purpose** | The Choose an item. is informed by the needs assessment, determined and agreed on by tangata whai ora/tangata whaikaha and/or whānau in order to meet their wellbeing goals. | |
| **Scope** | Tangata whai ora/tangata whaikaha, whānau, our health care workers and other organisations who provide a service. | |
| **Policy** | Tangata whai ora/tangata whaikaha and/or whānau have a plan that enhances their wellbeing.  Plans reflect an integrated approach to meet wellbeing needs.  Plans have a format that is meaningful and relatable to tangata whai ora/tangata whaikaha and/or whānau. | |
| **Process** | **Includes** | **Participants** |
| **Goal setting and planning** | Tangata whai ora/tangata whaikaha and/or whānau might have set goals already and we encourage them to bring them to the goal setting hui.  We use the hui approach for the goal setting and planning meeting:   * We offer karakia. * Mihi - We do an initial greeting. * We initiate whakawhanaungatanga – making connections. * Kaupapa – we negotiate the purpose of the meeting. * We discuss tangata whai ora/tangata whaikaha and/or whānau goals. * We are cognisant that goals need to be achievable. * The number of goals might be not as important as the generalised impact of achieving a goal. * We make a plan how the goals can be achieved or * We refer to other agencies or services with permission from tangata whai ora/tangata whaikaha and/or whānau if required to achieve a goal. * Poroporoaki – conclude the meeting.   + Confirm the next steps, including time frames and responsibilities.   + Thank everyone for their participation. * We offer to finish the hui with karakia. | * Tangata whai ora/tangata whaikaha * Our health care worker   Options with approval of tangata whai ora/tangata whaikaha:   * Cultural supports * Referrer * Any other supports tangata whai ora/tangata whaikaha wishes to attend * Family/whānau/carer * Interpreter - if need has been identified * Peer support * Tohunga * Mirimiri, rākau rongoā practitioner * Health coach |
| **Approaches informing the plan** | * [Enhancing mana and mauri](https://wharetukutuku.com/pae-tata-pae-tawhiti/) * [Equally well](https://www.tepou.co.nz/initiatives/equally-well-physical-health) * [Kaumatuā Mana Motuhake](https://www.ageingwellchallenge.co.nz/research/kaumatua-mana-motuhake/) * Mātauranga Māori * [Recovery capital](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9209877/) * [Trauma informed approaches](https://www.tepou.co.nz/initiatives/lets-get-real/trauma-informed-approaches) * [Whānau ora](https://terauora.com/a-mental-health-and-addiction-framework-a-whanau-ora-approach/) |
| **Examples of support and interventions** | * [Art therapy](https://www.anzacata.org/) * [Brief intervention](https://www.tepou.co.nz/initiatives/integrated-primary-mental-health-and-addiction/brief-interventions) * Citizenship * Community integration * [Exercises](http://www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/physical-activity)/[meditation](http://www.how-to-meditate.org/)/[mindfulness](https://www.mentalhealth.org.nz/home/our-work/category/21/mindfulness)/mau rākau/waka ama * [Maximising physical health](https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/maximising-physical-health/) * Medical treatments * [Motivational interviewing](https://motivationalinterviewing.org/understanding-motivational-interviewing) * [Open dialogue](https://imhcn.org/bibliography/recent-innovations-and-good-practices/open-dialogue/) * [Parenting training](http://incredibleyears.com/) * [Resilience](https://healthify.nz/hauora-wellbeing/r/resilience/) * [Rongoā](https://pharmac.govt.nz/te-tiriti-o-waitangi/programmes-to-support-maori-health/he-rongoa-pai-he-oranga-whanau/rongoa-medicine/) * [Sensory modulation](https://www.tepou.co.nz/initiatives/least-restrictive-practice/sensory-modulation) * Social Behaviour and network therapy * Social inclusion * [Talking therapies](https://www.tepou.co.nz/initiatives/talking-therapies) * Therapeutic community * Whakapapa |
| **Included in the plan** | * Roles and responsibilities * Time frames * Tangata whai ora/tangata whaikaha and/or whānau recovery capital * Early warning signs and responses. * Safety/risk plan * Crisis response * Contact numbers * Emergency numbers * Support services and contacts * Check-in opportunities about progress or barriers implementing the plan. * Time frame by which to review the plan. | |
| five ways | | |
| **Review** | | |

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| **Purpose** | Plans and the wellbeing journey of tangata whai ora/tangata whaikaha and/or whānau are reviewed and evaluated to identify whether goals have been achieved, changed or there are barriers to achieve wellbeing. |
| **Scope** | Tāngata whai ora/tāngata whaikaha and whānau. |
| **Policy** | Plans are reviewed, needs and goals are reviewed at least 4-monthly or more often depending on the service provision setting (respite might require daily reviews) and the contractual obligations.  Reviews include the planning for transition, transfer or discharge. |

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| **Process** | **Includes** | **Participants** |
| **Outcome measure** | Together withtangata whai ora/tangata whaikaha and/or whānau we might complete the outcome measure tool that was applied during the assessment phase.  Or  Tangata whai ora/tangata whaikaha and/or whanau complete the tool independently and bring it to the hui. | * Tangata whai ora/tangata whaikaha * Our Health care worker   Possible participants:   * Interpreter * Any other support withtangata whai ora/tangata whaikaha wishes to be present. |
| **Review** | We use the hui approach to review the plan:   * We offer karakia. * Mihi - We do an initial greeting. * We initiate whakawhanaungatanga – making connections. * Kaupapa – we negotiate the purpose of the meeting. * We listen how tangata whai ora/tangata whaikaha and/or whānau responded to and how they implemented the plan. * We discuss tangata whai ora/tangata whaikaha and/or whānau strengths and recovery capital that contributed to the achievements. * We discuss how the achievements can be maintained. * Together, we identify any needs, new goals, safety and risk issues and amend the plan accordingly. * Early warning signs and relapse prevention plans are reviewed and updated. * Any barriers to achieve tangata whai ora/tangata whaikaha and/or whānau goals and plan will be addressed. * We refer to other agencies or services; with permission from tangata whai ora/tangata whaikaha and/or whānau if such a need has been identified. * We discuss transition, transfer or discharge plans. * If the outcome measure has been analysed and compared to the previous one we discuss this with tangata whai ora/tangata whaikaha and/or whānau and integrate the finding into the reviewed plan. * Poroporoaki – conclude the meeting.   + Confirm the next steps, including time frames and responsibilities.   + Thank everyone for their participation. * We offer to finish the hui with karakia. | * Tangata whai ora/tangata whaikaha * Our health care worker   Options with approval of tangata whai ora/tangata whaikaha:   * Cultural supports * Clinically responsible health care worker * Any other supports tangata whai ora/tangata whaikaha wishes to attend * Family/whānau/carer * Interpreter - if need has been identified * Peer support * Tohunga * Mirimiri, rākau rongoā practitioner * Health coach |
| **Non-routine review** | Occurs when:   * Tangata whai ora/tangata whaikaha and/or whānau request a review. * Tangata whai ora/tangata whaikaha health and wellbeing deteriorates. * There is a change in tangata whai ora/tangata whaikaha safety and risk experiences. * Interventions/supports are not effective. * Interventions/supports are detrimental to tangata whai ora/tangata whaikaha health and wellbeing. | * Tangata whai ora/tangata whaikaha * Our health care worker   Options with approval of tangata whai ora/tangata whaikaha:   * Cultural supports * Clinically responsible health care worker * Any other supports tangata whai ora/tangata whaikaha wishes to attend * Family/whānau/carer * Interpreter - if need has been identified * Peer support * Tohunga * Mirimiri, rākau rongoā practitioner * Health coach |

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| **Ngā mahi takitahi – Individualised activities** |

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| **Purpose** | We facilitate tangata whai ora/tangata whaikaha activities that ensure social and community inclusion and participation in citizenship activities, discovery or maintenance of cultural activities and enhancement of skills development or maintenance of skills. |
| **Scope** | Tangata whai ora/tangata whaikaha. |
| **Policy** | Included in tangata whai ora/tangata whaikaha wellbeing plan are activities that tangata whai ora/tangata whaikaha wish to participate in. |
| **Standard** | Ngā paerewa Health and disability services standard. NZS 8134:2021. 3.3. |
| **Examples of activities we support and/or facilitate** | |
| **Cultural**  **social**  **community**  **inclusion** | Participating in New Year celebrations:   * Matariki * Chinese new year * Gujarati New Year * Islamic New Year * Iranian New Year   The [Diversity Works NZ calendar](https://diversityworksnz.org.nz/news-resources/diversity-calendar/) provides dates of cultural and other celebrations in Aotearoa.  Participating in Noho Marae  Participating in worship  Attending self-help/peer groups  Attending whānau gatherings  Exploring whakapapa |
| **Citizenship activities** | Voting  Taking part in our democratic processes.  Participating in community, council or other meetings that interest tangata whai ora/tangata whaikaha.  Participating in submissions to Council or Parliament or other agencies.  Being a Board member of a charity  Petitioning.  Keeping up with local and national news.  Volunteering.  Being a member of a special interest group. |
| **Skills**  **hobbies** | Arts  Crafts  Walking groups  Sports |
| **Study**  **Work** | Library visits  Looking for employment - [Workwise](https://www.workwise.org.nz/)  Wananga - enrolling in courses  Going to work |
| **We have links with the following organisations, agencies and services that offer activities:** | |
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| **Te takatau, whakawhiti me te whakaputa – Transition, transfer, and discharge** |

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| **Purpose** | We ensure tāngata whai ora/tāngata whaikaha and whānau experience consistency and continuity when leaving our service. We work alongside tangata whai ora/tangata whaikaha and/or whānau to provide and coordinate a supported transition of care and/or support. |
| **Scope** | Tāngata whai ora/tāngata whaikaha and/or whānau. |
| **Policy** | Tangata whai ora/tangata whaikaha and/or whānau have a transition, transfer or discharge plan. |
| **References** | |
| **Standard** | Ngā paerewa Health and disability services standard. NZS 8134:2021. 3.6. |
| **Definitions** | |
| **Discharge** | Tāngata whai ora/tāngata whaikaha is no longer needing mental health and addiction specialist services. They are discharged for example to receive services by primary care services, and/or support by whānau, or they live independently. |
| **Transition** | Tāngata whai ora/tāngata whaikaha needs are changing. They require a less or a more intensive service. A stepped process to support tangata whai ora/tangata whaikaha and their whānau to become familiar and comfortable with the change is applied. |
| **Transfer** | Tangata whai ora/tangata whaikaha is transferred to another service because they have changed the area they live in, or because they need to go to hospital. |

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| **Process** | **Includes** | **Participants** |
| **Outcome measure** | Together withtangata whai ora/tangata whaikaha and/or whānau we might complete the outcome measure tool that was applied previously.  Or  Tangata whai ora/tangata whaikaha and/or whānau complete the tool independently and bring it to the hui. | * Tangata whai ora/tangata whaikaha * Our health care worker |
| **Pre- discharge/**  **transition/**  **transfer meetings** | The frequency of meetings is determined by the need of tangata whai ora/tangata whaikaha and/or whānau.  We use the hui approach to finalise the discharge/transition/transfer plan:   * We offer karakia. * Mihi - We do an initial greeting. * We initiate whakawhanaungatanga – making connections. * Kaupapa – we agree on the purpose of the meeting. * We listen to tangata whai ora/tangata whaikaha and/or whānau expectations about the discharge/transition/transfer process. * We, or the service provider tangata whai ora/tangata whaikaha transitions/   transfers to or is followed up by, provide information about that service.   * We elicit if tangata whai ora/tangata whaikaha and/or whānau have any concerns about the discharge/transition/ transfer process and develop strategies to address those concerns. * We agree on and confirm the reason for the discharge/transition/transfer. * Any barriers to achieve tangata whai ora/tangata whaikaha and/or whānau transition/transfer/discharge will be discussed and addressed. * We refer to other agencies or services; with permission from tangata whai ora/tangata whaikaha and/or whānau if such a need has been identified. * If the outcome measure has been analysed and compared to the previous ones we discuss this with tangata whai ora/tangata whaikaha and/or whānau and integrate the finding into the discharge/transition/transfer plan. * Poroporoaki – conclude the meeting.   + Confirm the next steps, including time frames and responsibilities.   + Arrange a celebration for having completed our programme or engaged with our service.   + Thank everyone for their participation. * We offer to finish the hui with karakia. | * Tangata whai ora/tangata whaikaha * Our health care worker   Options with approval of tangata whai ora/tangata whaikaha:   * Cultural supports * Clinically responsible health care worker * Needs assessment and service coordination worker * Any other supports tangata whai ora/tangata whaikaha wishes to attend * Family/whānau/carer * Interpreter - if need has been identified * Peer support * Social or health services that support the discharge/transfer/transition plan * Service provider tangata whai ora/tangata whaikaha transitions/transfers to or is followed up by. |
| **Confirming continuity of care** | * We arrange handover and follow-up. * Ensure service providers are ready to provide services as arranged. * Continuation of medication supply and support has been arranged. * In response to tangata whai ora/tangata whaikaha and/or whānau needs we might transition/transfer or discharge in stages. | |
| **Provision of discharge/**  **transfer/**  **transition plan** | No later than on the day of the discharge/  transition/transfer we provide the plan to:   * Tangata whai ora/tangata whaikaha * Their whānau if consent has been provided to do so. * Service provider tangata whai ora/tangata whaikaha transitions/transfers to or is followed up by. * The service/key worker who is responsible for tangata whai ora/tangata whaikaha clinical oversight and treatment.   The referrer if tangata whai ora/tangata whaikaha provides consent. | |
| **Content of the discharge/**  **transfer/**  **transition plan** | * Achievements made while engaged with our service. * Needs identification and plan. * Plan for the future. * Recovery capital. * Medication and medical treatment arrangements (this includes opioid substitution treatment). * Next blood tests, laboratory and health screening dates and locations. * Safety, risk and crisis response plan. * Early warning signs and relapse prevention. * Follow-up arrangements.   Information on:   * Support services. * Crisis contacts. * Self-help groups. * Peer support. * Helpline, crisis support. * On-line interventions. * Cultural supports. * Relevant government agency contacts. * How to re-access our service. | |