# Learning Guide

## Service delivery models

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Level</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>28985</td>
<td>Demonstrate knowledge of service delivery models in a health or wellbeing setting.</td>
<td>Level 4</td>
<td>8 credits</td>
</tr>
<tr>
<td>28986</td>
<td>Apply a service delivery model to support people in a health or wellbeing setting.</td>
<td>Level 4</td>
<td>8 credits</td>
</tr>
</tbody>
</table>

**Name:**

**Workplace:**

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Issue 1.0
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Introduction

This learning guide will help you to use a range of different service delivery models or approaches to support people in a health or wellbeing setting.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities and scenarios should be used as a general guide for learning.

This guide relates to the following unit standards:

- US 28985 Demonstrate knowledge of service delivery models in a health or wellbeing setting (level 4, 8 credits).
- US 28986 Apply a service delivery model to support people in a health or wellbeing setting (level 4, 8 credits).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to mark important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to understand:

- what service delivery models or approaches are and why they are used.
- different service delivery approaches.
- different service delivery models.
- how to apply service delivery models.
- strategies for reducing stigma and discrimination.
- strategies to help advocate for and empower people in your care.
Service delivery models and approaches

Service delivery models or approaches underpin the support that we deliver to people in our care and how we deliver it. They give us a set of theoretical and philosophical principles that guide the structure, practice and delivery of services.

Service providers have five main functions:

• to provide a service to the users/clients and to make it accessible.
• to provide the resources (such as staff, facilities, equipment, skills, knowledge, etc.) necessary for the service to be provided.
• to maintain the service being provided to a certain standard to all who want to use it.
• to balance the needs of the service users/clients with the needs of the service provider and the needs of the community.
• to work in partnership with other service providers to support the needs of the service user/client where needed.

The particular delivery model on which the services are based will determine their objectives and desired outcomes. It is the framework from which initiatives are developed to guide an organisation to deliver services to its clients or service users. The delivery model also determines the approaches used to support the service delivery objectives.

For example, the palliative care model helps us in caring for people of all ages with life-limiting conditions, while Māori models incorporating taha wairua (the spiritual dimension) may be applied to achieve the best outcomes for Māori and their health issues.

We use service delivery models or approaches to guide us in our work. It helps to ensure that we are delivering an effective service to people in need.
Service delivery models or approaches

Service delivery models or approaches guide the kind support that we deliver to people in our care and the way we deliver it.

Key words

| service delivery models | guide the support that is delivered to a person and how it is delivered, by providing a set of principles, aims, operational guidelines and outcomes |
Different service delivery approaches

Service delivery models provide a philosophical base for how services are delivered and include the approach taken to deliver support. Service providers can use a range of approaches to support the service delivery model they have adopted. These approaches will often be used in different models of service delivery.

For example, both the Te Whare Tapa Whā model and the palliative care model put emphasis on a holistic approach to care and support.

It is important to consider what will work well for the person being supported, the service providers delivering care and the community – as well as what resources are available.

The approach needs to:
- provide easy access to services for those who need them.
- encourage people to seek and continue with the support they need.
- be effective and efficient.
- be of value to the community.

Here are some examples of different approaches. You may also wish to research others.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred</td>
<td>This healthcare approach places the person at the centre of their own care. When using this approach you get to know a person well and can understand their needs, so that you can provide care that is more specific to them. As this approach encourages the person to have greater responsibility for their own care, they are more likely to be active in care decisions, feel supported to make any changes that are needed and empowered to manage their health. Example: A person living with dementia is encouraged to make decisions about their daily life. It could be as simple as choosing the clothes and shoes they want to wear.</td>
</tr>
<tr>
<td>Holistic</td>
<td>This approach is focused on the whole person. It takes a mind-body-spirit-emotion-environment approach to care and support. It is sometimes called integrative health, as it merges traditional western healthcare approaches with methods from other cultures into a person’s daily life and care. Example: A Māori woman suffering pain from arthritis is treated using conventional medications combined with Miri Miri and Romiromi (Māori healing massage and body alignment).</td>
</tr>
</tbody>
</table>

More info

For more information on the person-centred approach refer to the learning guide for US 28528 Person-centred approach.

Do it

Do your own research to find out how the person-centred approach can be applied in different workplaces.
| Needs-based | This approach estimates what support services are required to meet the needs of a community or population. This information is then used to determine what is needed to deliver these services.  
Example: High rates of sudden infant death syndrome (SIDs) experienced in New Zealand have resulted in the creation of widespread education programmes. |
| Goal-centred | This approach focuses on the person’s needs and goals. The healthcare professional supports the person to achieve the goals that they feel are appropriate for the person.  
Example: A person has a mental health challenge. The goal of the healthcare professional may be to support the person to get back into the workforce. The person’s goal at this stage is to overcome their fear of walking out of their home to their letterbox to pick up their mail. |

### Key words

| **goal-centred approach** | focuses on the person’s needs and goals; the healthcare professional supports the person to achieve the goals that they feel are appropriate for the person |
| **holistic approach** | focuses on the whole person through a mind-body-spirit-emotion-environment approach to care and support; also sometimes called integrative health |
| **needs-based approach** | estimates the support services required to meet the needs of a community or population; this information is then used to determine what is needed to deliver these services |
| **person-centred approach** | places the person at the centre of their own care; by knowing a person well, their specific care needs can be better understood and provided for |
| **resources** | what is available for use, such as money, physical things or skills in a workforce, etc. |
Question

Which of the service delivery approaches described are used by your workplace?

Think about

Discuss these questions with your trainer, supervisor or work colleagues if you are unsure.

What approaches not included in the list have you used in your workplace?
Different service delivery models

Now let’s look at some examples of different service delivery models used in health and wellbeing support settings in New Zealand.

To understand why one service delivery model might be chosen over another in a particular situation, you need to be clear on the features, strengths and limitations of each model.

**Strengths-based model**

This model focuses on a person’s strengths and abilities and utilises these to make changes in their life. One of the key features of this model is to protect the person’s independence and ability to make choices. Giving the person a sense of control enables the person to deal with challenges in life and allows them to address their needs through developing and enhancing their own strengths and abilities. This gives them the skills to be more resilient in times of adversity and to cope with what they find difficult or challenging.

This model emphasises the quality and importance of the relationship between the service provider and the person being supported.

**Strengths and limitations of the model**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Widely used in many areas, such as the social services, mental health and education.</td>
<td>• Less common in healthcare in situations where there are physical problems that require medical attention.</td>
</tr>
<tr>
<td>• Successfully used with people of diverse cultures and ages.</td>
<td>• May not be appropriate in some health care contexts; for example, emergency medicine.</td>
</tr>
<tr>
<td>• When service delivery focuses on a person’s strengths, they are much more likely to develop the self-confidence and belief in themselves they need to make the behavioural changes required for overall health and wellbeing.</td>
<td>• Relies largely on a person’s levels of determination, confidence, self-esteem and desire to get well.</td>
</tr>
<tr>
<td>• Recognises the importance of the different environments and factors that affect a person’s life.</td>
<td>• May not adequately allow for the challenges the person may face due to discrimination, stigma, inequality and so on in society.</td>
</tr>
<tr>
<td>• Encourages the person to take responsibility for and be actively involved in their own care.</td>
<td>• Relies heavily on local and community care providers rather than being a central government responsibility.</td>
</tr>
<tr>
<td>• Encourages community collaboration in helping to empower the person to do things for themselves.</td>
<td>• Relies on care providers being able to move away from traditional ‘the expert diagnoses and fixes’ way of thinking.</td>
</tr>
</tbody>
</table>
Example: Strengths-based model in practice

A mental healthcare provider partners with a local rest home to provide an informal support structure for older people who are prone to mental health issues. These people have a place to go during the day to join in activities, have social involvement and support and learn new skills.

Restorative care model

This model focuses on enhancing the cognitive and physical independence of older people. The main feature of this model is that rather than ‘doing things for older people’ we work alongside them to ensure that their independence is restored and maintained. The emphasis of this model is on keeping people physically involved and active in their daily tasks and routines. It uses both a person-centred and goal-centred approach. Goals are individual to the person and their current situation. The emphasis is on supporting and motivating the person to achieve their goals and to maintain control over their own life.

Strengths and limitations of the model

<table>
<thead>
<tr>
<th>Strengths</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Promotes dignity and wellbeing.</td>
<td>• Mainly used in aged care with older people. May not apply so well to other healthcare settings.</td>
</tr>
<tr>
<td>• Helps a person to establish and achieve their own goals, with the support of others.</td>
<td>• Needs well trained staff who can understand how to balance a person’s abilities and strengths with the right type and level of assistance.</td>
</tr>
<tr>
<td>• Focuses on recovery, rehabilitation and increasing a person’s comfort level so that they can achieve their goals.</td>
<td></td>
</tr>
<tr>
<td>• Requires the person’s family/whānau and healthcare professionals to work together.</td>
<td></td>
</tr>
<tr>
<td>• Helps older people to remain independent in their own homes for as long as possible.</td>
<td></td>
</tr>
<tr>
<td>• Improves a person’s quality of life.</td>
<td></td>
</tr>
<tr>
<td>• A cost-effective use of health spending, as it saves money by keeping people healthy and out of hospital or residential care.</td>
<td></td>
</tr>
</tbody>
</table>
**Example: Restorative care model in practice**

A New Zealand healthcare organisation specialising in home-based care and support provides restorative care in the form of:

- encouragement and training in the safe use of mobility and transport aids.
- exercise programmes designed to increase mobility and prevent falls.
- assistance with re-establishing social connections in the community and regaining skills, mobility and confidence.
- practical household support.

**Te Whare Tapa Whā model**

The Māori philosophy or view of health is based on a holistic approach to support. For many Māori, the major thing that is missing in modern health services is taha wairua (the spiritual dimension).

There is also a rather large emphasis on taha whānau (connections with family) as it is an important aspect of wellbeing in this model.

Te Whare Tapa Whā is a well-known Māori model that compares health and wellbeing to the four walls of a house, where all four walls are necessary for strength, balance and harmony. This model looks at the following as the different parts of wellbeing:

- **taha tinana** (physical health).
- **taha wairua** (spiritual health).
- **taha hinengaro** (mental and emotional health).
- **taha whānau** (connections with family).

In order to achieve the best outcomes for Māori, it is important that each of these four parts is recognised and addressed. If one of the pillars or walls is weak, it doesn’t necessarily mean that a person is unwell. It is more about recognising that if a wall is not supported the person’s wellbeing may be compromised. All four walls need to be strong.

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**More info**


You will also find this link to a PDF article on Māori models of mental wellness very useful: [http://bit.ly/1NOeUnn](http://bit.ly/1NOeUnn)
Question

Explain how Te Whare Tapa Whā uses a holistic approach.

How might you determine the needs of the service user/client using this model?

Consider the dimensions of this model. How might you use it to guide you in assisting the service user/client to set goals?

Key words

<table>
<thead>
<tr>
<th>Key word</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taha hinengaro</td>
<td>mental and emotional health, such as constructive thoughts and feelings</td>
</tr>
<tr>
<td>Taha tinana</td>
<td>physical health, such as body movement and caring for the body</td>
</tr>
<tr>
<td>Taha wairua</td>
<td>spiritual health, such as meaning and purpose in life</td>
</tr>
<tr>
<td>Taha whānau</td>
<td>social health, such as family, belonging and caring</td>
</tr>
</tbody>
</table>
Te Whare Tapa Whā

The four walls of physical, spiritual, mental and emotional, and connection with family must be strong for a person to have optimal health and wellbeing. (Source: health.govt.nz)

### Strengths and limitations of the model

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>By using the image of a house (whare), Te Whare Tapa Whā is a model that is easy for everyone to understand.</td>
<td>Because it is simple, Te Whare Tapa Whā doesn’t include as many factors as other models. This may mean that healthcare workers don’t think about important factors that impact upon the people they work with, such as poverty and cultural dislocation.</td>
</tr>
<tr>
<td>A simple model, which makes it easy to apply to a range of situations.</td>
<td>Does not include factors that are uniquely Māori so may not be as useful to healthcare workers working in a kaupapa Māori environment.</td>
</tr>
<tr>
<td>Successfully used in many different areas, such as healthcare, education and social service work.</td>
<td></td>
</tr>
<tr>
<td>A holistic model that helps healthcare workers to look beyond physical factors and consider the mental/emotional, spiritual and social issues of their clients.</td>
<td></td>
</tr>
<tr>
<td>Can be used to identify the needs of a person and plan holistic programmes.</td>
<td></td>
</tr>
<tr>
<td>Applies to Māori and non-Māori.</td>
<td></td>
</tr>
</tbody>
</table>
Example: Te Whare Tapa Whā model in practice

Siale works with young people with disabilities. He uses Te Whare Tapa Whā as a model to assess their needs and plan programmes and activities with them.

Max is a 16-year-old whom Siale works with. Max has cerebral palsy and uses a wheelchair to get around. At times Max has difficulty in speaking clearly and making himself understood.

**Taha tinana** (physical health): Siale makes sure that activities he takes Max to are wheelchair accessible.

**Taha hinengaro** (mental and emotional health): Max is a positive person, but sometimes gets frustrated trying to make himself understood. Siale works with Max’s occupational therapist to help Max develop strategies to communicate, including using technology.

**Taha whānau** (connections with family): Max has a good relationship with his whānau, who are supportive and understanding. However, Max is a bit lonely after school. He would like to do some activities with other young people. Siale arranges to take Max to PHAB (PHysically Disabled and ABle Bodied Assn Inc) where both young people with disabilities and able-bodied youth do fun activities together.

**Taha wairua** (spiritual health): Max is a Christian. Siale takes him to church and youth group meetings where he can practise his faith and be an active part of his church community.
Te Wheke model

The Māori model of health, Te Wheke (or the octopus), describes the different aspects of waiora (or total wellbeing):

- wairuatanga (spirituality).
- hinengaro (mental wellbeing).
- taha tinana (physical wellbeing).
- whanaungatanga (extended family).
- whatumanawa (emotions).
- mauri (life force).
- mana ake (unique identity).
- hā a koro ma, a kui ma (inherited strengths).

Each of these represents one of the eight tentacles of the octopus.

Profit and limitations of the model

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Te Wheke is a uniquely Māori model that is based on a Māori world view (te Ao Māori).</td>
<td>Because Te Wheke is a more complex model, some people find it harder to understand and apply fully to different situations.</td>
</tr>
<tr>
<td>By using a model of an octopus with overlapping tentacles, Te Wheke clearly shows that health factors are interlinked.</td>
<td>Te Wheke does not take poverty, racism or cultural dislocation into account as factors in health and wellbeing.</td>
</tr>
<tr>
<td>By having suckers on each tentacle, Te Wheke acknowledges how complex life is for each person.</td>
<td></td>
</tr>
</tbody>
</table>

Te Wheke

Te Wheke (the octopus) describes the eight parts of waiora (total wellbeing).
(Source: health.govt.nz)
Example: Te Wheke model in practice

Isabella is a home care support worker. She uses Te Wheke to make sure that the needs of the people she works with are being met. Mihi is one of the people Isabella works with.

Mihi is 75 and has recently been widowed. She has three children who all live overseas. One of her granddaughters, Sarah, lives in the same city, but has young children and no transport and finds it hard to visit. Isabella takes Mihi to visit her granddaughter and great-grandchildren every week.

Mihi is depressed after the loss of her husband, whom she had been married to for more than 50 years. She has not been eating properly and has lost a lot of weight. Isabella arranges for her to receive Meals on Wheels and takes her shopping to buy easy-to-prepare meals.

**Wairuatanga** (spirituality): Isabella takes Mihi to visit her husband’s grave at her whānau urupa (cemetery) every week. She helps Mihi keep her husband’s and other whanau members’ gravesites tidy. She makes sure to take some water so that they can both wash their hands after visiting the cemetery. This is important culturally to Mihi.

**Hinengaro** (mental wellbeing): Isabella encouraged Mihi to talk to her doctor about feeling depressed. Mihi’s doctor referred Mihi to grief counselling. Isabella takes Mihi to the counselling appointments.

**Taha tinana** (physical wellbeing): Isabella encourages Mihi to eat better by ensuring that she has a full cupboard and to stay active by taking her shopping and to a local exercise group for seniors.

**Whanaungatanga** (extended family): Isabella helps Mihi top up her mobile phone so that she can stay in touch with her whanau who live overseas.

**Mauri** (life force in people and objects): Isabella supports Mihi’s mauri by respecting and caring for her and her belongings.

**Mana ake** (unique identity): Isabella makes sure that she treats each of the people she works with as individuals. She takes time to learn about each person and build a supportive relationship with them based on their individual goals and needs.

**Hā a koro ma, a kui ma** (inherited strengths): Isabella supports Mihi to respect her ancestors by helping her to keep the family urupa in good repair.

**Whatumanawa** (emotions): Isabella takes Mihi to counselling sessions and listens to her talk about the loss of her husband. Isabella supports Mihi to express her emotions openly.
Te Pae Māhutonga model

Serving as a navigation guide for generations, Te Pae Māhutonga – the Southern Cross star constellation – is also used as a symbolic map for bringing together the important parts of health promotion as they apply to Māori (and other New Zealanders’) health.

The largest four stars (Mauriora, Waiora, Toiora and Te Ōranga) represent four key areas for health-promotion activity. The smaller ‘pointer’ stars (Ngā Manukura and Te Mana Whakahaere) relate to leadership and autonomy – independence or freedom in a person’s will and action.

Te Pae Māhutonga

The Southern Cross star constellation is used as a symbolic map for bringing together the important parts of health promotion for Māori health.

(Source: health.govt.nz)
The following table describes the meaning behind each of the stars in the Te Pae Māhutonga model in more detail.

<table>
<thead>
<tr>
<th>Star</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauriora</td>
<td>Secure cultural identity and access to te ao Māori (the Māori world). This includes access to language, knowledge, cultural institutions, societal domains, Māori economic resources and social resources, such as Māori services.</td>
</tr>
<tr>
<td>Waiora</td>
<td>Bringing people into harmony with the surrounding environment – protecting the environment so that water and air are clean, there is plenty of vegetation, noise pollution is minimal and people can experience nature. The manmade environment – available walkways and cycleways, green spaces, public transport options and water standards (including fluoridation) – also affects waiora.</td>
</tr>
<tr>
<td>Toiora</td>
<td>Promoting healthy lifestyles and reducing risky habits, such as poor nutritional intake, use of alcohol, tobacco and drugs, unsafe driving, inactive habits and unprotected sex.</td>
</tr>
<tr>
<td>Te Ōranga</td>
<td>The ways in which people take part in society – whether they can take full part as citizens by accessing good health services, education and other facilities, or whether they are marginalised and treated as not important in society.</td>
</tr>
<tr>
<td>Ngā Manukura</td>
<td>While health promotion leadership is important, local leadership must be involved for programmes or activities to be successful. Building relationships and strong links with community leaders, iwi leaders and Māori health leaders is essential.</td>
</tr>
<tr>
<td>Te Mana Whakahaere</td>
<td>Communities demonstrate their own autonomy and self-determination in promoting their health. This means involving Māori at all levels in developing and implementing strategies and giving Māori power and decision-making ability to determine their own involvement.</td>
</tr>
</tbody>
</table>
## Strengths and limitations of the model

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developed specifically for health promotion; an empowering approach that enables people to increase control over their own health and work towards improving their own wellbeing.</td>
<td>• More of a map for health promotion than a model that is used with individual people (although it can be used in this way).</td>
</tr>
<tr>
<td>• The image of the Southern Cross is one easily recognised as belonging to Aotearoa New Zealand and the Pacific.</td>
<td>• Can be harder to apply to situations other than health promotion.</td>
</tr>
<tr>
<td>• A holistic model that helps healthcare workers to look beyond physical factors and consider mental, emotional, spiritual and social issues as well.</td>
<td></td>
</tr>
<tr>
<td>• Includes factors of cultural identity and the environment.</td>
<td></td>
</tr>
<tr>
<td>• May be applied to Māori and other cultures.</td>
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</tr>
</tbody>
</table>
Example: Te Pae Mahutonga model in practice

Kiri uses Te Pae Māhutonga in her work as a health promoter to encourage older people to stay physically active. She works in a marae-based setting with the kuia and kaumātua of the local marae. This is how she applies Te Pae Māhutonga to her work:

**Mauriora** (supporting a secure cultural identity): Kiri makes sure that she understands the tikanga and kawa of the marae and works in a culturally safe way at all times. The activities she runs with the kuia and kaumātua are respectful of te ao Māori (the Māori world view). For example, a hot soup is provided after her walking group, as sharing food is an important cultural and social activity.

**Waiora** (supporting people to be in harmony with their environment): Kiri makes sure that the venue is safe and comfortable for the indoor activities she runs.

**Toiora** (supporting people to have healthy lifestyles): Helping the kuia and kaumātua to stay active has many health benefits, including helping to improve their cardiovascular fitness, maintain a healthy weight and prevent diabetes.

**Te Ōranga** (supporting people to fully participate in society): the activities are all based on the interests of the kuia and kaumātua. The kuia and kaumātua decided to form a walking group, a line dancing group and a tai chi group. By staying active, it also helps kuia and kaumātua to be independent, have a higher quality of life and stay in their own homes for longer.

**Nga Manakura** (leadership): As elders, the kuia and kaumātua have important leadership roles within their whānau. Kiri meets regularly with them and listens to their goals and aspirations. The younger people have been inspired by the achievements of the kuia and kaumātua and many younger people now join in with activities such as tai chi and line dancing.

**Te Mana Whakahaere** (autonomy: Kiri works with the kuia and kaumātua to plan enjoyable activities to help them to stay active, based on their goals and interests.)
Palliative care model

Another example of a person-centred approach to support is the palliative care model.

The World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting or life-threatening conditions, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

“A New Zealand specific definition of palliative care is care for people of all ages with a life-limiting or life-threatening condition which aims to:

- optimise an individual’s quality of life until death by addressing the person’s physical, psychosocial, spiritual and cultural needs.
- support the individual’s family, whānau, and other caregivers where needed, through the illness and after death.

Palliative care is provided according to an individual’s need, and may be suitable whether death is days, weeks, months or occasionally even years away. It may be suitable sometimes when treatments are being given aimed at improving quantity of life.

It should be available wherever the person may be (for example in a residential care facility, hospice, home, hospital, etc).

It should be provided by all health care professionals, supported where necessary, by specialist palliative care services. Palliative care should be provided in such a way as to meet the unique needs of individuals from particular communities or groups. These include Maori, children and young people, immigrants, refugees, and those in isolated communities.”

New Zealand Palliative Care Glossary (January 2012)

The palliative care model works on a total suffering approach. Each person with a life limiting condition will have their own unique journey. The idea of ‘total suffering’ means that there are many factors that make up your experience of ‘suffering’. If you think about pain, you may think of physical pain. However, pain could be experienced by you leaving your home, or pain of regrets you may have, previous experiences you may have had, etc. All of these factors will make up your ‘total’ experience of pain. This will be unique and different for every person.

1 Content adapted from the Hospice New Zealand Fundamentals of Palliative Care Programme
2 New Zealand Palliative Care Glossary (January 2012)
Strengths and limitations of the model

<table>
<thead>
<tr>
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<td>• Focuses on a person’s holistic quality of life.</td>
<td>• Requires careful assessment and planning to determine that this model is appropriate to the person’s condition. It should only be used at the right stage of their journey.</td>
</tr>
<tr>
<td>• Can be used alongside interventions to increase a person’s quality of life or to treat their disease.</td>
<td></td>
</tr>
<tr>
<td>• Is based on an individual’s needs, so may be used regardless of how long the person is expected to live – days, weeks, months or even years.</td>
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Example: Palliative care model in practice

Lung cancer is a leading cause of cancer death in New Zealand, although numbers are declining with the decrease in smoking. However, once the cancer begins spreading outside its primary area, the outlook is usually grim with life expectancy often being less than one year.

Palliative care is often used to help a person and their family/whānau address the symptoms and issues that come with a diagnosis of life-threatening cancer, such as pain, treatments, nausea, vomiting, weight loss, etc. This may include supporting them to make medical decisions they feel are the right ones for them. For example:

• whether to undergo aggressive treatment with chemotherapy.
• whether to be resuscitated if they should stop breathing or their heart stops functioning.
• when to seek hospice care.
## Key words

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Applying a service delivery model

Try to answer the following questions. They cover important things for you to know about how best to meet people’s support needs in your workplace.

If you don’t know the answers, make sure you think about them and discuss them with your trainer, supervisor or colleagues.

**Question**

What service delivery model(s) are used in your workplace to help guide the support that you deliver?

What are the features of the service delivery model and how are these applied in supporting the health and wellbeing of clients/service users?

What is your organisation’s approach to making sure that you can meet a person’s support needs? Think about your own role and responsibilities and where and to whom you can go for help if you need it.

**Talk**

Discuss these questions with your trainer, supervisor or colleagues if you are unsure how this happens in your workplace.
Strategies to reduce stigma and discrimination

Stigma and discrimination can appear in many forms. Some examples are ageism, homophobia, racism, religious intolerance, sexism, disability and mental illness.

How you deal with such issues in your workplace is determined by your organisation’s policies and procedures. However, here are some strategies that might be used in different situations.

• Viewing a person as resilient and with a range of strengths that can be supported to help prevent negative labels being attached to them. For example, a healthcare worker may work with young mothers using the strengths-based model to identify their goals and strengths and build their confidence in themselves as parents.

• Ensuring an older person’s goals for themselves are central to the support they receive and that they lead as active a life as possible. This can help to reduce the stigma that an older person faces because of society’s stereotypes of age.

• Being respectful of the whole person and their culture (as in the Te Whare Tapa Whā model). This means recognising that a person being cared for is more than just a patient and taking into account their spiritual, emotional/mental and social issues.

• Remembering and valuing a person’s cultural identity can help to reduce discrimination and stigma. For example, Mauriora, one of the key goals of Te Pae Māhutonga. Mauriora involves access to te ao Māori – the Māori world – and can be useful in supporting Māori to gain a secure cultural identity and cultural knowledge. Another example is Te Wheke as it acknowledges the value of Hā a kui ma a koro ma, people’s cultural legacies, which support the development of a positive cultural identity.

• Because there is stigma attached to death and dying, using the palliative care model to support a person and their family/whānau to work through some of the fears and lack of understanding can be very helpful. Palliative care can also provide support for a person’s cultural and spiritual needs.
Question

What are the strategies used to reduce stigma and discrimination in your workplace?

Research the following:

What do your organisation’s policies and procedures say about how to approach issues like ageism, homophobia, racism, disability and mental illness?

Talk to your supervisor or colleagues about situations of stigmatisation and discrimination that they have come across in the past. How were these situations handled?

Do it

Carry out research in your own workplace in order to answer this question.

Talk to your supervisor if you are unsure.
Strategies of empowerment and advocacy

Empowerment and advocacy are ways of supporting and enabling a person to express their views and concerns, access information and services, and defend and promote their rights and responsibilities.

What empowerment and advocacy strategies you use in your workplace and when you use them are determined by your organisation’s policies and procedures. However, the following list provides some examples to think about.

• Helping a person to build on their strengths and resilience (as in the strengths-based model) also helps to build their self-advocacy skills. This approach assists people to see their goals clearly and supports them to make the changes needed to achieve them.

• Using the restorative model to empower an older person to achieve their goals and have a high quality of life. This approach can also support the person to advocate for themselves and take control of their own wellbeing.

• Identifying the needs of a person and where advocacy might be useful. The Te Whare Tapa Whā model can be useful here, as it looks further than physical needs and considers a person’s spiritual, emotional/mental and social needs. For example, a young person with a disability has become depressed as a result of bullying at school. Once this has been identified as an issue, advocacy can be used to encourage the school to introduce a bullying prevention programme.

• Focusing on enabling a person to take control of their own health and health outcomes (as in the health promotion model of Te Pae Māhutonga). For example, a healthcare worker uses the goal of Te Ōranga to support and empower a Māori person to more fully participate in furthering their own education and employment opportunities.

• Valuing a person’s uniqueness (as in the Te Wheke tentacle, mana ake) has the ability to empower, as it goes beyond a ‘one size fits all’ approach and identifies each person’s specific needs.

• Focusing on improving a person’s quality of life (as in the palliative care model) and ensuring that, where possible, they have control of this process. It is usually up to the person to define what quality of life means to them. Good communication of the person’s needs to their healthcare team also helps to ensure advocacy for their needs at all times.
Question

What are the strategies used to empower and advocate in your workplace?

Research the following:

What do your organisation’s policies and procedures say about empowerment and advocacy?

Talk to your supervisor or colleagues about situations of empowerment and advocacy that they have come across in the past. How were these situations handled?

Do it

Carry out research in your own workplace in order to answer this question.

Talk to your supervisor if you are unsure.
Reflection

This learning guide has described a number of service delivery models and related strategies, and provided some ideas about how they could be applied. It is useful at this point to reflect on what you have learned in relation to your organisation.

To help you do this, complete the reflection activity below.

Question

How does your workplace:

- apply a service delivery model(s)?

- address people’s support needs using a service delivery model(s) or approach(es)?

- reduce and/or challenge stigma and discrimination?

- empower and advocate for people in its care?

Think about

Reflect on these questions in relation to your own workplace.

Discuss with your trainer, supervisor or work colleagues if you are unsure of the answers.
# Glossary

## Key words

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<td>holistic approach</td>
<td>focuses on the whole person through a mind-body-spirit-emotion-environment approach to care and support; also sometimes called integrative health</td>
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<td>estimates the support services required to meet the needs of a community or population; this information is then used to determine what is needed to deliver these services</td>
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<td>places the person at the centre of their own care; by knowing a person well, their specific care needs can be better understood and provided for</td>
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<td><strong>Taha hinengaro</strong></td>
<td>mental and emotional health, such as constructive thoughts and feelings</td>
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<td><strong>Taha tinana</strong></td>
<td>physical health, such as body movement and caring for the body</td>
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<td><strong>Taha wairua</strong></td>
<td>spiritual health, such as meaning and purpose in life</td>
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