

Integrated Holistic Service Delivery Model

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Holistic Resolution to Family Violence in the South Asian Community

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**Amandeep Kaur M.Sc.
Chief Operating Officer, PCHS**

**Baldev Mutta M.Sc.
CEO, PCHS**

**Aruna Papp M.A., M.Ed.
Consultant and Educator**

Integrated Holistic Service Delivery Model of Punjabi Community Health Services (PCHS)

History

Developed in the spring of 1990, the Punjabi Community Health Project in Peel was started as an innovative Health Promotion Project based on the principles of Community Development. In 1995, it was incorporated as a non-profit community based agency providing social and health services to the South Asian community. The Integrated Holistic Service Delivery Model was implemented in 2000.

Theoretical Principles of Operation

Punjabi Community Health Services (PCHS) operates from a culturally appropriate model of service delivery. It uses a framework of client centred approach and defines the approach as adjusting the service delivery to meet the needs of the client. In practice this means that the staff have the flexibility to meet with the clients at a location and time determined by the clients. This requires the staff to leave their office. This method of providing service is one of the many reasons why PCHS has been successful in meeting the needs of their clients.

PCHS uses an Integrated Holistic Service Delivery Model in all of its programs when providing intervention to families in the South Asian Community. The integrated holistic model is defined by the agency as "a model which wraps the client and other loved ones in a variety of programs and services offered by PCHS".

Often when a South Asian woman's mental and physical balance is destroyed due to domestic violence, the client is forced to acknowledge her shock, hurt, humiliation, guilt, shame, dishonour and failure as a person. In order to assist the client to establish control of her circumstances and chart out a new life for herself and her children, we offer a holistic intervention which focuses on the whole person and her lived context.

The first component of the holistic treatment is to establish a rapport with the client, which goes beyond speaking her language or being familiar with her cultural background. Having a full understanding of her culture and speaking her language is essential, but building a rapport goes deeper than that. For example, when a woman arrives for her appointment with her case manager, she may arrive with her children that she picked up at school after having worked at a menial job all day; she may not be in a state of mind to proceed with the counselling session immediately.

The case manager at PCHS first offers the client and her children a warm meal and cup of tea, and then helps to settle her children in the children's program in the same building. Once the children are fed and settled, only then will the case manager start

the session. As a rule, the first hour of the session is spent doing a check-in, asking questions related to the children's welfare, the extended family, her job, transportation and other issues of day to day life and issues which may have come up since the last meeting.

The case manager also takes the time to identify and celebrate with the client her areas of strength and how well she managed during the past week. The case manager's goal is to highlight the client's strengths and help the client recognize that she does have the ability to take care of herself and her children. At PCHS we believe that practice is more than building rapport with the client, it is creating a new familial environment where she can receive unconditional support, both mental and physical. This is a most crucial part of the relationship building which must be built on trust. In a relaxed milieu the client has the opportunity to get to know her case manager and ask questions which she is testing the process.

Seventy percent of the female clients who seek services at PCHS are first generation immigrant women from the Indian subcontinent. These women often live in small, close-knit communities in an extended family system and have little interaction with the host community. Unable to speak English, they have a limited understanding of their rights and of the resources available to them. Any information they may have is provided to them by their husbands or the extended family, their place of worship or through gossip with coworkers. The majority of the time they have incorrect facts about their immigration status and rights as Canadian citizens. Misinformation is one of the main reasons why South Asian women do not seek assistance for themselves and their children.

As well, South Asian women live in fear of the shame and dishonour to their in-laws and their maternal family. There is a cultural stigma attached to speaking about family problems with outsiders, especially speaking with people in authority. Many South Asian women are taught early in life that tolerating domestic violence is their 'kismet', their 'fate' for sins in their past life. Women learn in childhood that they are expected to sacrifice their own desires and welfare for the sake of their children and family. As well, in this culture, martyrdom particularly for the sake of family and community is celebrated, compelling the victims to remain in their abusive relationships.

Many of the clients report that before seeking help from PCHS, they did reach out to the extended family members, religious leaders and traditional healers and mystics and, in some cases they also had to deal with police when neighbours reported domestic violence. Having spent all these options, the clients are cynical at first about being supported and worry that they will be judged as 'unfit mothers' or 'shameful wives' or 'dishonourable daughters-in-law.' They are very clear about their motive for seeking our help "they are there not for themselves but to provide a safe and healthy environment

for their children.' They realize that life in an abusive situation is harmful to the mental health of their children. This is the key motivation for clients to come to PCHS.

The first phase of our holistic model focuses on building trusting relationships with the client and identifying what are her goals. The initial assessment can take anywhere from a few weeks to six months, however, we see assessment as an ongoing process because a client's goals can change as she becomes more empowered. This may, in part be, because the client may have little or no experience with counselling. She may also be afraid of gossip reaching her family and, as well, the client's needs might change from week to week which may prevent her from establishing short or long term therapeutic goals.

The case managers at PCHS are trained to be amenable to the needs of the client and to seek out clues from the client about what is the best decision for her rather than try to fit her needs into a cookie cutter model of needs assessment of service delivery. The case managers are also aware that the extended family will exert great control and pressure on the client and this pressure can take various forms. The client may have to change her previous decision to accommodate her extended family. The staff are also experienced in how the larger community also pressures the client to remain in her abusive relationship and can assist her with tools to manage the stress. PCHS case managers are cognizant of these issues and are able to identify these constraints and sources of power in the family. Many of the women are very young and have been sent to Canada in arranged marriages and do not have a support system around them. Having grown up in a restricted home environment, where all the decisions were made by their elders, many of the clients find it difficult to make life changing decisions for themselves and their children. Just the thought of being responsible for their life is frightening and stressful. In such circumstance the case manager may be their only confidant, a sounding board and friend.

Reason for Seeking Help

South Asian women seeking assistance from PCHS, as a rule, do not come seeking assistance to get away from their abusive relationship or get a divorce. They are determined to find a way to stop the abuse in their lives and establish harmony in the family. The clients tell us that they are willing to make any kind of compromise to prevent shaming their families within the community. They believe that leaving the marriage will not only shame their in-laws but will also dishonour their natal families. In the South Asian community divorce impacts not only the couple involved here in Canada but it also impacts extended family members in the old country. The clients worry that the divorce will also impact their children's future prospect of finding spouses from 'respected and scandal free' families in the community. If the client has unmarried younger sisters the divorce in the family can cause the prospective in-laws to demand

much larger dowries. Clients wishing not to leave an abusive marriage requires that the counsellor reach out to the extended family and build a relationship with them and take on the role of a mediator.

South Asian Family Structure

The South Asian community has a patriarchal family structure where the oldest male has the decision-making power over all the younger men and women in the family. Older women in the family, such as the mother-in-law or the husband's sisters can also be powerful. Working with the client, the case manager helps the client to identify who in the family might be interested in establishing family harmony and where the source of the greater power is. The case manager will then visit the particular family member to recruit her/his assistance in initiating an intervention. This can take several weeks. The idea is to have access to one of the power brokers in the family at first, who can help recruit other members of the family or community and build a team which believes that creating harmony is the best avenue for the family and that they are committed to helping.

During the visit, it is quite possible that the case manager might discover that the client's husband is alcoholic, or the family is dealing problems related to resettlement, financial difficulties or parenting concerns. Once these concerns are identified, the family then becomes the client rather than just the woman. The case manager, with the client's consent, connects with the Addiction Case manager to help the family deal with the issue of addiction.

This may also require that the case manager spend time building a trusting relationship with the alcoholic spouse prior to introducing him to the services provided at the PCHS. The case manager might also suggest seniors program to the mother-in-law and arrange for her to attend a community picnic or a field trip. The parent-in-laws are invited to attend the seniors program and appropriate connections are established.

Goals in Providing Service

The case manager's aim is to find strengths within the family, and use it to establish harmony and stop domestic violence, which is what the client has requested. With the whole family is involved in the intervention the case manager can facilitate discussions within the family allowing the victim of abuse to be heard by the rest of the family. The discussion might focus on the consequence of abuse on the children. The elders in the family may have problems with the daughter-in-law or her natal family, but they all want the best for their children and grandchildren.

The intervention and work with the extended family may not be the panacea for every client, but it does help our client to understand and accept the fact that she made every

effort to resolve the situation and save her family. The time invested in assisting her allows her deal with her guilt and shame. It gives her time to build self-confidence, learn about resources available to her and meet other women who have had to make difficult choices and have left their abusive partners. It also helps her to deal with her personal feelings of dishonour and confront the cultural definition of a 'good/bad wife.' But most importantly, it helps her realise that she did her best to resolve the conflict in her family and then, if the abuse continues, she is stronger and more free to leave the marriage. Having asked all her extended family for help, she can walk out with her head held up seeking safety for her children.

Over the past decade we have demonstrated that involving the extended family often pays a great dividend. Parents and grandparents all want the best for the next generation. When they understand the harm that violence does to these young minds, they are willing to work towards establishing harmony in the family. It is also an opportunity to educate the family about the laws in Canada. The family becomes aware that, in Canada, child protective laws are very strict and if the children are removed from their care due to family violence, it might be difficult to get them back. This generally gives the case manager greater leverage in negotiating a compromise. Often, when the welfare of the children is discussed as the paramount goal for harmonious family life, the family will make concessions. For example, grandparents might agree to attend parenting workshops with their adult children. The mother-in-law might agree to attend the seniors group when her daughter-in-law is in a group with women of her own age.

The role of the case manager is not to take away the mother-in-law's power, but to help her to use this power in a more positive way in support of her family, such as supporting her son in seeking intervention for his alcoholism. The case manager helps the mother-in-law and the daughter-in-law to realize that they have the same interest: welfare of the next generation and the welfare of the family. They become comrades in establishing harmony in the home and protecting the family name and honour. Going on field trips and attending groups with other seniors, the mother-in-law is educated by her peers.

Clients make their Decisions

There are occasions when the client, in spite of all the effort, decides that it is best for her and her children to leave the abusive relationship. This is always the client's decision and the case manager from PCHS will support her in it. The client's decision to leave her abusive marriage highlights new challenges she needs to face. These can include loneliness, being ostracized from the larger community, repression from religious leaders, threats from in-laws and her spouse as well as her own natal family. Also, she now needs to face the challenge of being a single parent and establish rules for co-parenting her children with a hostile partner.

In women's parenting groups for mothers who are separating from their abusive spouses, topics of discussion include stages of acculturation, cultural differences in world views on parenting, gender equality and the role parents play in training their children. The discussion on topics such as gender equity, gender roles and children challenging their parents are led with great cultural sensitivity. Women in the South Asian community are expected to be responsible for the continuity of cultural values passed down from one generation to the next. Often the children will challenge the mother about not following their traditional roles. It is important for mothers to learn how to balance their traditional values with those the children are learning from the Western host society.

The PCHS holistic model relies heavily on engaging the entire family in the intervention/mediation because, no matter what the client decides to do, whether she chooses to stay in the marriage or leave, she will have to depend on family members, especially in regards to her children. Working with the extended family also allows the case manager to educate the family about the laws which protect the victims, the support she has available to her and set clear boundaries related to the woman's safety and the consequences of continual abuse.

The Key Learning from our experimental holistic model is the following:

- Programs must be delivered at the times convenient to the client.
- The staff must be able to leave the office and meet the client in a venue where she feels safe and more in control.
- The program must fit the client's needs, rather than fit the client in to an existing program.
- The client has the right to attend our programs as long as she feels it is necessary: It might be several years.
- Healing is not determined by the number of sessions, rather by the progress the client is making in the intervention process.
- The client and the case manager mutually determine when the intervention treatment/counselling will end. The case manager alone does not decide that after 8 or 10 one-on-one intervention sessions, the client will be discharged from the program and the file will be closed.
- The client is always welcome to return. An appointment is not always necessary and someone will be there to meet her.

Cultural Issues

In the South Asian culture, the patterns of communication are often circular and problems are narrated in a 'story telling' method. The clients tend to weave stories from the past to show the impact it has on the present and project fears for the future which

might seem unrealistic to someone not from their culture. The client will also repeat the details of particular events, to emphasise the importance of what happened or simply forget what information has already been presented. A trained case manager is able to tease out the main concerns the client has without being disrespectful. A skilled case manager is able to pick up new information each time the story is repeated and gather pertinent data which will assist her with developing an appropriate service plan for the client.

What can the case manager glean from the story?

- Is the husband the main perpetrator of abuse or is he an enabler of abuse?
- Is the conflict centred between the husband and wife or is the conflict instigated by other family members?
- What intervention processes were applied in the past? What was the result?
- Are there 'other interferences' which worsen the conflict between the spouses.
- Is the wife's family supportive of her or her husband?

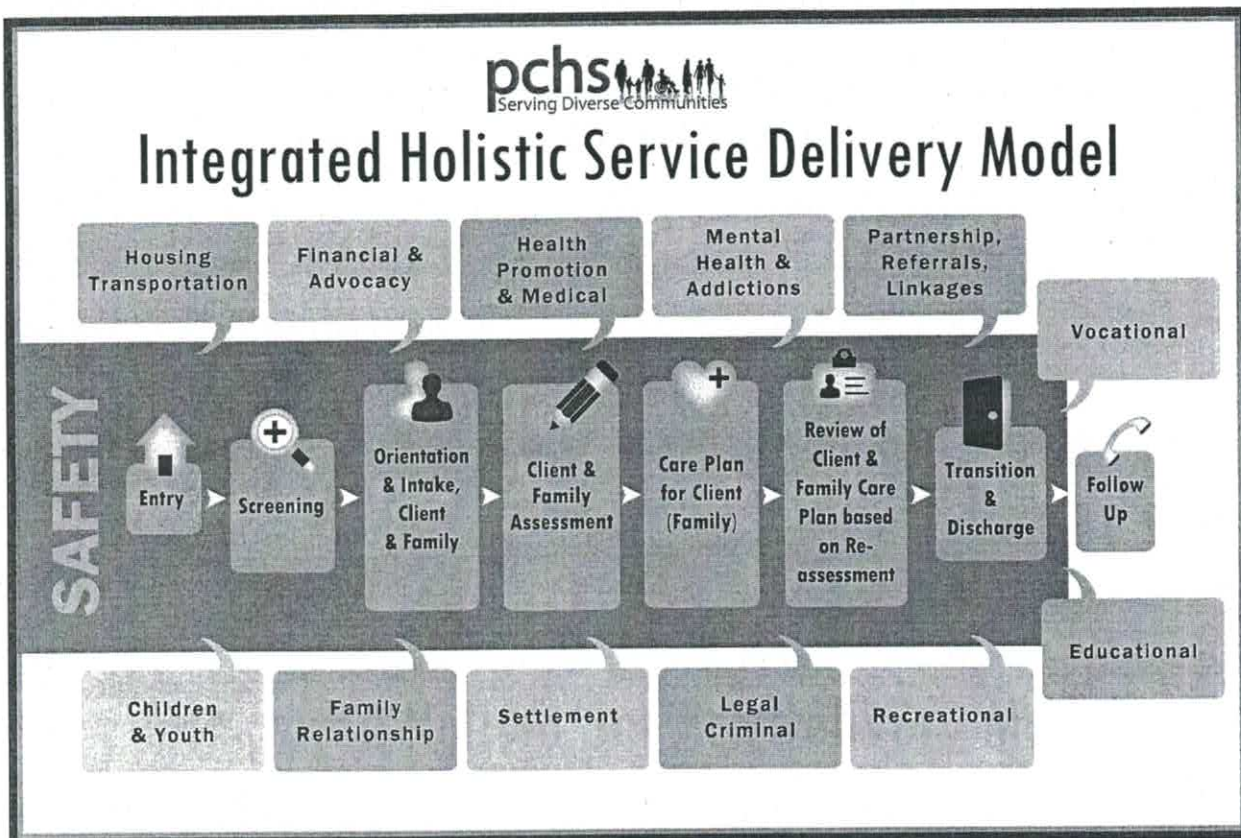
When the case manager is familiar with the client's cultural background and the constraints which bind her, she can pick up 'hidden clues' regarding the client's needs, her fears and makes suggestions on how best to resolve her situation.

Clinical issues

The case manager has many challenges. Some of these issues may be:

- How does the case manager support a client who may have never been allowed to make a decision which will impact her life and the life of her children?
- What is the best way to empower the client and strengthen her resolve when she has decided to leave an abusive marriage and the community is pressuring her to remain?
- What needs to be in place for the client for her to be successful in implementing the changes she envisions within herself?
- Is there a different way to engage the 'abusers' and those who have a vested interest in the perpetuation of abuse in the family?

Pictorial view of the Model:

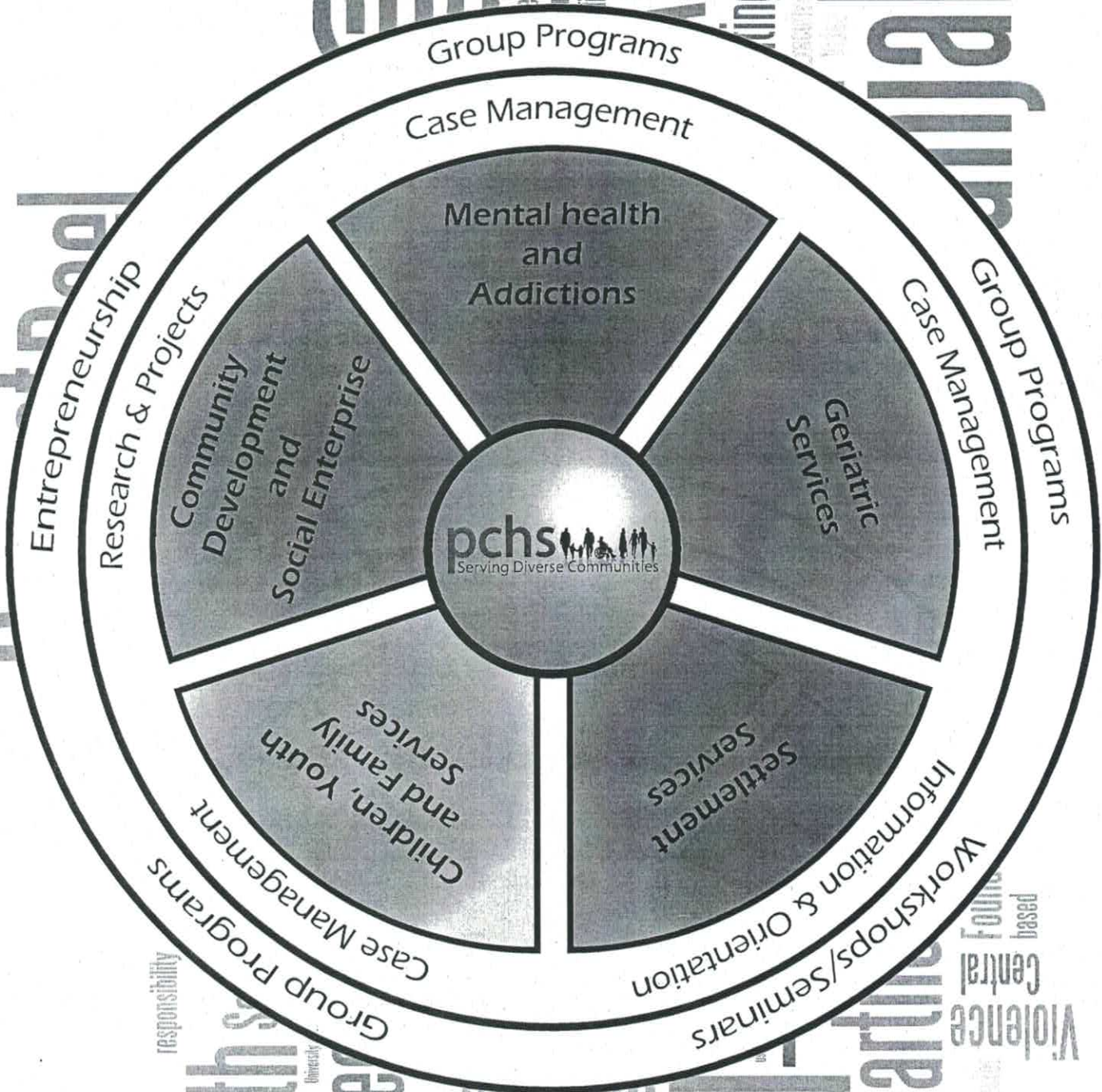


Conclusion

What makes our program different from other counselling services provided to South Asian women who are experiencing domestic violence? The counsellors share the same cultural background, language, settlement issues, religious values and beliefs and this is a good starting point. They are also trained clinicians.

What approaches work best? Client-centered, strength based, eclectic format works best where the client plays the most important role. We've learned that maintaining culture and cultural values and beliefs are very important to our clients, and therefore it is important that their beliefs and values are not threatened. We believe that, in order to help the client, it is important to know the client as a whole.

PCHS Programs and Services





Integrated Holistic Service Delivery Model

