

RESTORATIVE HEALTHCARE A JOURNEY OF HEALING

Aunty Roslyn Brown, Holly Northam, Rowena Kui, Rihi Karena, Ned, Karney Herewini, Wayne Applebee, Mary Ivec, Mark Lock, Tracy Robinson,

Acknowledgement: The University of Canberra Collaborative Indigenous Research Initiative (CIRI); Whanganui District Health Board.



UNIVERSITY OF
CANBERRA

Imagine...

A restorative hospital...



..... Human flourishing achieved through compassion and advocacy for truth, dignity and respect centred on the most vulnerable to empower relational healing in health care.

Achieved by giving voice to the vulnerable and embedding restorative practice in every aspect of our nursing and midwifery teaching, learning and research practice.

Background

Introducing Restorative Practices to health care to give voice, accountability and healing value for Aboriginal and Torres Strait Islander families/ communities

The historical harms that have been perpetrated within hospitals and other institutions associated with colonisation, as well as the distrust engendered by brutal separations of children from their families continue to tragically frame the health care relationships of many Indigenous Australians. This problem is compounded because there is evidence that some negative cultures within the health system and universities cause student Aboriginal and Torres Strait islander nurses and midwives to feel unsafe to reveal their identity. This identity 'gap' or anonymity contributes to a further reduction in Aboriginal and Torres Strait Islander voice in university and healthcare environments. These relational issues of identity, trust and equity contribute to existing and potential communication barriers in healthcare settings.

Given communication failings are identified as being the primary cause of over 70% of sentinel events which result in death or serious injury to patients in the healthcare setting; and given the prevalence of harmful cultures of bullying in healthcare organisations in Australia - it becomes imperative that those that inform and deliver healthcare find new ways to work.

Nurses and Midwives at the University of Canberra are supporting the ACT in becoming a 'restorative' community and joining an international restorative learning community. In collaboration with our Indigenous leaders we are exploring ways to translate our visions of equity in healthcare for all our community- by exploring new ways of teaching, learning, practicing and researching. Our focus is to introduce restorative practice at a disciplinary level and within the new University of Canberra Public Hospital. The idea of restorative practice as a narrative of hope and wellbeing to healthcare delivery is generating great interest in our community.

Whanganui, a restorative community in New Zealand, have significantly accelerated narrowing Maori health inequity by using Restorative Practices which they define as "a philosophy, in action, that places respectful relationships at the heart of every interaction. This relational approach is grounded in beliefs about the equality, dignity and potential of all people and about the just structures and systems that enable people to thrive and succeed together" (Whanganui Board, 2014).

Our vision is that by using 'Restorative Practices', a strengths based relational approach that is centred on giving voice, respect, acknowledgement, accountability and healing value to the vulnerable,- we will benefit Aboriginal and Torres Strait Islander families and communities and slam health inequity 'Gaps' closed. Our initiative seeks to create an environment of cultural safety for not only Aboriginal and Torres Strait Islander and other people who will benefit from health services, but also for Indigenous healthcare workers whom we depend on to help 'close the gap'.

We believe that through the use of empathy, compassion, advocacy of truth, dignity and respect centred on the most vulnerable, it is possible to achieve human flourishing.

Cultural Safety

The role of nursing politics and the Treaty of Waitangi (1840)

**Cultural Safety and Nursing Education
in Aotearoa and Te Waipounamu**

Irihapeti Merenia Ramsden

A thesis submitted to the Victoria University of Wellington
in fulfilment of the requirements for the degree of
Doctor of Philosophy in Nursing

Victoria University of Wellington

2002

The Journey







What we learned

And are still learning.....

Identifying restorative practices in healthcare

- Our journey- *extraordinary privilege and learning-*
- Extraordinary cultural and deeply personal connections- deep commitment to respect for the past- for recognition of previous help- for Aotearoa- by Aboriginal freedom fighters
- Extraordinary trust in allowing us onto the Marae and such respect for our Elders and welcoming.....
- Sharing about the Sacred river- Whanganui River- a living entity-
- Identity- Elders- knowledges- spiritual- 'Mana' and so much more...

Powhiri Putiki- Canberra Roopa



30 August 2017





Canberra Roopu Awa & Pakaitore



A Whānau family focus -

'The health of an individual is only as good as the health of their whole family'

A patient safety approach, patient centred family care...the same thing...we don't have any visiting hours, it's come whenever, some even sleep over.'



Nothing about me without me, and my whānau/family
Ko au ko toku whānau, to toku whānau ko au



A Māori Indigenous Framework - Whānau / Family-Centred Care

He Ara Haerenga - Our Journey

We are on a journey to embed patient and whānau/family-centred care as a foundation in our work and all that we do. Inspired by the experiences of Māori whānau who have accessed services that have not met their cultural values/beliefs and by whānau who want to be treated with dignity and respect, fully informed and participate in the care of their loved ones.

Whānau Ora is an indigenous Māori approach that focuses on health, recognises the wider dimensions of wellbeing and empowers whānau to gain greater control of their own health.

Whānau Ora comes from a Māori world view based on Māori aspirations and values and has relevance to all whānau. Enables improvement in health outcomes and reduction in inequalities.

Our strategy for change sees whānau and staff collaborating to improve our services, ensuring we continue doing what we do well and learn from what we haven't done so well; driving our ambition to improve the health and wellbeing of our population.

Guided by indigenous Māori concepts and involving Māori experts and community representatives in service development, our aim is to grow knowledge and strong leadership to champion change.

Lead and embed whole of organisation change through policy, systems and processes that support effective change; leadership and empowerment; acknowledgement that the Whānau Ora indigenous Māori concepts and model of care are translatable to other cultures; changing hearts and minds; educational and workforce training for all staff; enhancing environments, facilities and information that acknowledges Māori cultural values and beliefs.

Our strategy empowers whānau to make informed choices, respects cultural values, grows our staff and builds strong partnerships with patients, families and clinicians.

CRITICAL COMPONENTS

Elements to embed whole of organisation change:

- effective change processes
- lead, champion and empower
- guided by Māori cultural values and beliefs
- continuous quality improvement principles embedded
- Māori whānau included in co-design
- best practice is partnering with patients and whānau
- Hapai te Hoe – culturally based education programme for staff – Te Waka principles and values

- proactive cultural support for health care teams
- measurable indicators – health outcomes, organisational change, feedback from whānau
- acknowledged as a translatable model for all families
- whānau-centred care enhances clinicians experiences
- effective governance partnership with indigenous community leadership
- organisation-wide principles accepted by governance and all staff

ENABLERS

- models based on empowering individuals and whānau to determine their own health and social goals
- values, systems, policies and processes ensure that whānau presence and participation is the norm
- staff understand cultural best practice and are confident in caring/partnering with Māori whānau
- effective strength based practice
- welcoming environment and facilities

- health information that improves health literacy
- improved access to web-based information/portal
- strong links with community health and social services providers
- increased indigenous workforce by encouraging young Māori career choices in health
- induction/orientation – sets the benchmark for new staff – whānau centred-care and cultural best practice

HAUIMOMANA WHĀNĀU NAVIGATOR AND SUPPORT SERVICES

- integral part of health care teams
- walk beside whānau/families
- proactively facilitate whānau hui (multidisciplinary meeting)
- open disclosure – participates to provide cultural support for whānau and staff
- incident investigation/review – contribution

- cultural champions - health care teams
- actively supports complaints processes
- coordinates emergency on site accommodation for whānau
- leads cultural education programme for all staff
- strong networks to communities and community service providers
- cultural practices such as karakia (prayer).

Outcomes

- Increased participation by whānau.
- Increased acceptance of a model of working in partnership with whānau by clinicians.
- Reduced security call-outs to disgruntled/troubled whānau.
- Increased visibility of cultural values and beliefs around the campus.
- Improved understanding by the community of hospital systems and processes.
- Whānau accept and value our services.
- Staff embrace changes.
- Māori and non-Māori whānau access the navigator service.
- Increased patient compliance in treatment regimes.
- Whānau enabled to self-determine and manage their health outcomes through strength-based approaches.

Learnings

- Right approach - true to the cultural foundations and relevant strategy and approach.
- Uphold guiding principles and values.
- Use the right cultural advisors.
- Understand the state of readiness for change at all levels.
- Build trust and rapport in the approach and model of care.
- Awareness of the tipping point - difference between acknowledge, learn and embed.
- Intuitive timeliness - when to move to the next stage based on engagement/trust.
- Build change based on education and active support for staff.
- Continuous quality improvement process.
- Committed leadership across all levels of the organisation to champion and influence change - shared responsibility for outcomes.
- Ensure that change reflect benefits within the context of how and where people work, and what matters most to whānau.

The backbone of the framework is symbolised by the waka, with each hoe representing the principles and values of delivering safe quality health care.

Our realities

Our health needs analysis and census data shows that Whanganui DHB has a unique profile compared to the rest of New Zealand:

- Static rather than growing population – 62,210 to 57,100 by 2026.
- High and growing proportion of Māori (24%).
- Growing population of people over 65 years.
- Enduring inequalities.
- Health conditions exacerbated by social circumstances.
- Low investment in community and primary care services.
- High rates of deprivation - 56% of people living in deprivation deciles 8-10.
- Widely dispersed population - 40% of people live in rural areas.
- Māori whānau have the poorest outcomes across the majority of all health indicators.
- 12.4% DHB Māori workforce.
- Services don't take into account whānau/families realities, values and beliefs.

Despite best efforts some staff struggle at times to understand 'Māori whānau world view'

Working in partnership



Presenters:



Julie Patterson
 Kaihau o Hauora
 Chief executive



Rowena Kūi
 Kāriangi
 Director of Māori Health

find us on /Whanganui DHB

follow us on @WhanganuiDHB

wdwb.org.nz



Nothing about me without me, and my whānau / family
 Ko au ko toku whānau, ko toku whānau ko au

Te Waka - guiding principles and values

Whakapapa	Whānau-centred, accelerating Māori health gain, Māori cultural foundation
Kaitiakitanga	Protection, conflict resolution, maintain values, vision, understanding, keeping each other safe.
Kotahitanga	Unity, cohesion, working together, trust, relationships, collaboration
Whanaungatanga	Relationships, beliefs, knowing who you are, identity, social equity
Tinorangatiratanga	Self-determining, leadership, empowering, respectful, solution focused, choice
Mana tangata	Dignity, relationships, safety, respect, acceptance and resilience



How do we recognise Restorative Practice in healthcare?

- **Leading with values and culture**

“What we tend to do is if their heart’s right, if their values right then we can build the skills.... So I won’t employ anybody any race at all if their heart and values wasn’t right so I recruit for heart and values.”

- “about patients and staff”
- “There’s no rite of passage here. You have to have the right values”
- “We teach them (staff) the history”

Justice requires accountability and healing
Hope & healing impact on Maori and community health

Acknowledge harm

"What I saw when I came here was a broken process... it wasn't about patients and their families....we were on the front page of the paper....families would go on the journey with us... it's their loved one or themselves that (had) been harmed."

"I had to get the Board...the nurses, the doctors to come with me on that journey...."

"It's around a proactive approach to restorative justice."

"It became a place (where) people wanted to work."

What is a model of restorative practice in healthcare?

- **Treaty: even if flawed- it is better than none...**
- Decolonisation:
- **Anti-racist:** Culture leading practice- overcoming resilient cultures.....proactively anticipating harm, cultural humility- amplifying voice and culture in the building of trust and strengthening of identity and health
- Connection to Country, Elders and Tjukurpa (3)
- Whānau centred care
- Visible signs of safety- water, signs- seeing 'self'
- Huamoana
- Language
- Safe spaces

What does a model of restorative practice in healthcare reveal?

- It is unique, it is centred on Whānau (and all that Whānau means) , it is grown from the Elders, role of mana, connecting spirits and special knowledge, framed in connection and just relationship with and for the local community, **it has a special name....**
- Decolonisation
- Treaty
- Co-creating responsive regulation- formalising transparency, accountability, respect, compassion through listening, curiosity and reflection.
- Top down- bottom up structures of accountable communication and responsibility.
- Clear dashboards.
- Culture leading practice- overcoming resilient cultures.....proactively anticipating harm, co-creation, cultural humility in the building of trust and hope

Staff and institutional responsibilities: care as if Whānau

Decolonising anti-racist approaches – applying critical theory

- Induction into community- **respect** for difference- we are all different and need institutional support for equity- responsibility for community wellbeing- each different, with a unique role- all accountable to learn to work together to achieve goals.
- Role of **cultural humility and unconditional positive regard**
- Responsibility to respectfully **acknowledge** every person (staff included), every time regardless of social and institutional status
- Thinking of the other without assumptions or judgements- empathy- “How can I help you and your family?”
- Listening, **deep listening**- and Yarning to understand **what is most important to the person and their Whānau**
- Haumoana: Trusted, deeply knowledgeable Navigators.... Advocates, healthcare translators and guides- **curiosity to understand how the community understand:** the maize of institutional language and behaviours that are barriers to health and to care
- **Anti- oppression and anti- racist approaches: Trauma informed:** Always assess: Social determinants, the **hierarchy of needs:** is the healthcare accessible? Transport/ food security/ medications/ housing/ literacy/ rehabilitation/ recovery.
- **Healing/ restorative work- responding to** what is most important for the person and their Whānau *Reflection, transformation, recognition?*

How can this model be implemented?

- Embed this model of listening and learning to ensure all vulnerable voices have access.
- Make this process relevant so it is embedded in all decision making that involves individuals.
- Make it clear the community stands behind the Traditional custodian/ Elder. Making evident the power and authority of the community designated Elders.
- Respect for Elder.
- Culture is key and protective: 6 domains of cultural determination (29/4/21 Lowitja): connection(to Country); Kinship/ family/ art/dance/ knowledge; language ; self-determination and power of making choices for self....
- What is point? Who benefits?

Restorative Practice in Restorative Environments



What are the benefits of restorative approaches?

- Individual level
- Community level
- Social
- Economic





*Haua e rangimatai te kapa
o te hoe, e hore to tatau
waka e uhi aia*

*Do not left your paddle out of season
on your canoe will never reach
the shore*

*Naku noa iwa
Whanganui District Health
Board*

Te Hau Rangia Ora

**TE
ARA
TAPU**
SACRED JOURNALS

Applying what we have learned to our world,
relationships, and our work and our teaching and
learning some more