Te Tāhū Hauora
Health Quality & Safety Commission

Restorative responses

Learning from harm workbook

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Published in March 2023 by:
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Restorative responses

This workbook is intended as an introduction to the concept **not** a training manual for practitioners.

Learning outcomes

By the end of this workbook, we will be able to:

1. Explain the basic principles of a restorative response.
2. Explain why a relational approach is important.
3. Discuss the benefits of employing a restorative framework.

An introduction to a restorative response

A restorative response is a relational approach that is guided by a need to address harm, meet needs, restore trust, prevent repetition, and promote repair.

Organisations that use restorative responses emphasise relational principles, values, and goals. Positive relationships are integral to and essential for developing a safety climate in a health care setting and for:

- effective leadership, communications, and teamwork
- providing care and compassion to consumers, whānau and colleagues
- constructive resolution of interpersonal conflicts and workplace disputes
- responding positively to complaints and adverse events
- constructive disciplinary procedures and professional learning.

Restorative responses are most effective when they are part of a larger commitment to becoming a restorative workplace or organisation rather than a one-off intervention following a harmful episode. This module focuses on their application in adverse event responses.

Acknowledgements

We would like to acknowledge that this introductory guide was developed in collaboration with Jo Wailing and Graham Cameron members of The National Collaborative for Restorative Initiatives in Health.

Why is a restorative response important?

Our understanding of adverse events is evolving. They are traditionally understood as unexpected, unplanned, and unintended events that affect consumers, but a growing body of evidence highlights the harmful impacts on all of the people who are directly involved (Wailling et al 2019; Health Quality & Safety Commission 2020; McQueen et al 2022).

Established responses can be experienced as adversarial, partially when they focus on blaming or shaming people which can impede healing, erode trust and inhibit learning and improvement (Wailling et al 2022). People learn best when they feel safe to speak openly about their experience and can take responsibility for their actions without fear of humiliation or blame (Dekker 2016). Creating the conditions for learning is essential for identifying system improvements, supporting behavioural change and mitigating the risk of harm in the future.

Responses that do not appreciate these human and relational dynamics can *compound* the harm. *Compounded harm* can result from well-intentioned responses characterised by rational, objective, or linear investigation or review.

Compounded harm emerges when *"responses disrupt normal human, relational or community adaptations; erode the dignity or tapu or the people involved; fail to provide a safe space where those directly affected can provide an honest account and take responsibility; or fail to respond to the justice needs - substantive, procedural or psychological - of all the people who are affected equitably. Within te ao Māori compounded harm is articulated as a state of continued violation through whakanoa[1]".*

When compounded harm occurs, responses can become adversarial, prevent healing and negatively affect:

- the safety of consumers, whānau and health care workers
- the wellbeing of all involved
- cultural safety
- therapeutic relationships and public trust
- learning and improvement
- the ability to meet the needs of all the people involved.

[1] Wailling, J., Cameron, G., Stolarek, I., & The National Collaborative for Restorative Initiatives in Health (2023). *Envisioning a Restorative Health System in Aotearoa New Zealand (awaiting Te Reo Māori name).*

Health care harm is increasingly understood as a human experience involving many interdependent factors. It can have wide-ranging effects on people and their relationships. Harm may stem from interpersonal conflict, formal complaints, adverse events or disciplinary procedures. When responding to such harms, it is essential to consider human and relational dynamics.

Health care harm may be defined as,

> *A physical, psychological, social, spiritual injury or experience that occurs as a result of providing or receiving healthcare[2].*

Spiritual harm is included because in a Māori worldview, harms are understood as a diminishment of mana, of the spiritual power and authority of individuals, families, and communities.

(Please note that this definition of harm differs slightly from the one to be released with the revised AE policy in 2023.)

Benefits of using a restorative framework

A relational response is required to understand the needs of the people most directly affected and provide opportunities to repair wellbeing, relationships, and trust. Meeting these goals requires a *restorative response* that upholds and restores the dignity, or tapu, of all the people involved.

Using restorative principles and practices and hohou te rongopai (peace-making from the Māori worldview) helps form a wider climate of justice and respect in health care organisations because it:

- encourages everyone affected by the harmful episode to actively participate in resolving the situation
- allows for multiple voices and accounts of the problem to be heard
- strengthens collaborative problem-solving skills and consensus-based decision-making across the workforce
- affirms the shared values and interests in the organisation and reinforces the legitimacy of the collective rules and commitments
- helps to rebuild trust between colleagues, consumers and whānau by making space for storytelling, confession, remorse, apology and forgiveness

[2] Wailling, J., Cameron, G., Stolarek, I., & The National Collaborative for Restorative Initiatives in Health (2023). *Envisioning a Restorative Health System in Aotearoa New Zealand (awaiting Te Reo Māori name).*

- helps dissipate feelings of anger, alienation and impotence by acknowledging each person's experience and empowering them to devise appropriate solutions
- enables systemic and structural factors contributing to the harm to be acknowledged
- enables the co-design of mitigation strategies.

What is a restorative response?

Restorative responses belong to the family of collaborative, non-adversarial pathways that seek to function as an alternative, or alongside, the formal system. Established pathways in international health settings incorporate approaches used in civil litigation, such as negotiation and mediation. While they share some common features with a restorative approach, each ADR pathway is distinguished by the practices, underpinning principles and values, and the outcomes sought.

In contrast to approaches that promote disclosure, communication and resolution, restorative responses are fundamentally relational in nature. They appreciate that human relationships are at the core of the human experience of the world, are fundamental to human wellbeing and are implicated in our healing.

Waillling et al. (2022) define a restorative response to an adverse event as

'A voluntary, relational process where all those affected by an adverse event come together in a safe and supportive environment, with the help of skilled facilitators, to speak openly about what happened, to understand the human impacts, and to clarify responsibility for the actions required for healing and learning.'

Restorative responses are principles based and use specific practices or tikanga to create a safe and supportive environment to explore health care harm. In Aotearoa New Zealand, restorative responses include *restorative practice* and *hohou te rongopai*.

The relational principles and goals can create open, trusting and respectful relationships that help prevent, mitigate or respond to harm. *Restorative principles* are concerned with restoring or upholding human dignity, or tapu, which is understood to be restored or eroded within human relationships, or whanaungatanga. Table 1 illustrates the relational principles that underpin restorative philosophy as conceptualised by Māori and Western scholars. Western scholars have described the relational principles and values that underpin dignifying relationships as universal (Hicks 2011), but you will see that they are complementary, yet distinct.

Table 1: Restorative principles

Māori	Western
Pono: integrity, honesty and truth	Voluntariness, informed choice and truthfulness
Tika: correct, right, worthy, fitting and appropriate	Equity, safety, transparency and responsibility
Aroha: Love, compassion, empathy, joy and kindness	Respect, compassion, empathy and validation
Mana-enhancing decisions	Dignity-enhancing decisions, defined as being seen and heard as though one matters (Hicks 2011)

The goal of a restorative response is to restore wellbeing and relationships and understand what happened. Accordingly the dialogue is guided by a desire to address *harms*, meet *needs,* restore *trust* and promote *repair,* for all involved, alongside learning and improvement. Ideally, the people affected will come together in an inclusive democratic dialogue; however, when this is not possible, restorative conversations and meetings can still provide healing. Meaningful apology is achieved by the focus on essential apology characteristics; respectful dialogue, acknowledgement of responsibility and taking actions that address the substantive, procedural and psychological needs of all involved.

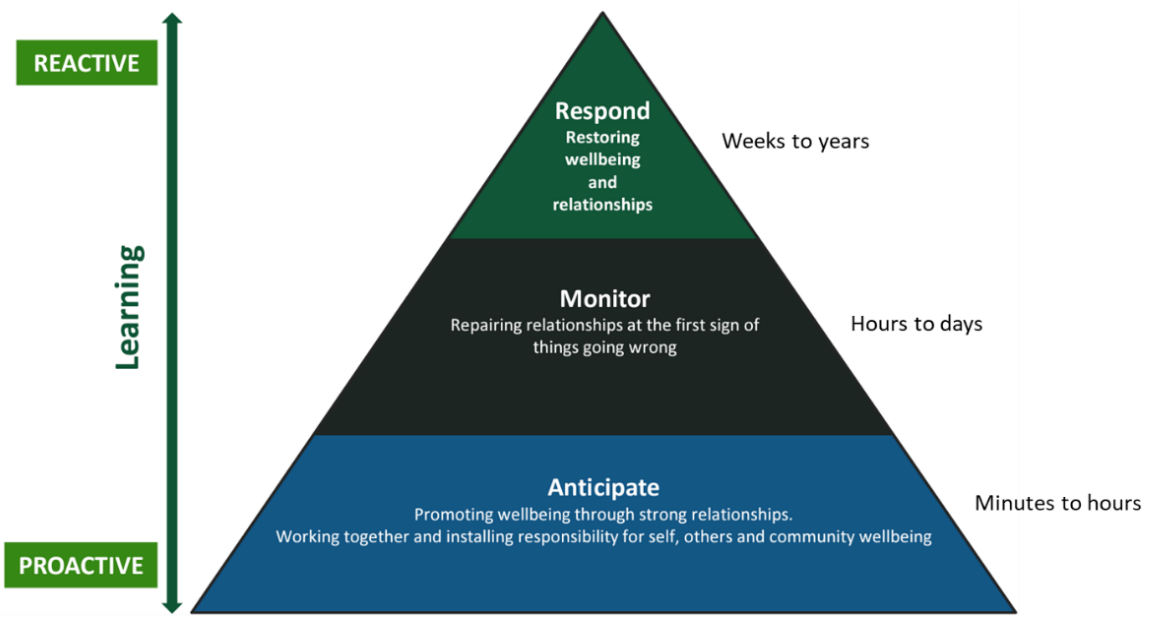
Hohou te rongo

Te ao Māori has its own restorative response of hohou te rongopai (peace-making from a te ao Māori worldview). Hohou te rongopai is a Bay of Plenty term, endorsed by the Amorangi Kāhui Kaumātua of Hauora a Toi, Te Whatu Ora. There are other local terms including hohou rongo, houhou rongo, and hohou te rongo. The local term should take precedence in any reference to this kawa. This kawa exists throughout Aotearoa NZ and tikanga can vary from iwi to iwi, hapū to hapū.

Hohou te rongo is a tikanga-based Māori peace-making practice in which the restoration of tapu and mana is sought through re-balancing and repairing relationships that have been diminished by a violation, by an act of whakanoa[3]. It is an ancient practice that is evident across the Pacific. There are clear points of connection with restorative practice, but it is also distinct and derived from the values of Māori communities and their understanding of relationships and the significance of people. Practices of hohou te rongopai address harm by restoring the mana, power, authority and tapu of people and their relationships.

[3] Wailling, J., Cameron, G., Stolarek, I., & The National Collaborative for Restorative Initiatives in Health (2023). *Envisioning a Restorative Health System in Aotearoa New Zealand (awaiting Te Reo Māori name).*

Restorative practice has been widely applied in a range of settings. It aims to proactively nurture a respectful and empathic climate, maintain positive and respectful relationships, and respond to harm. The restorative triangle (Figure 1) illustrates how the practices can be used to *proactively* build a sense of community or to *reactively* respond to harm. You can see that informal practices that make, develop and maintain relationships take less time than practices that mitigate and respond to harm. The restorative practice continuum ranges from informal conversations and affective statements to more formal processes such as facilitated meetings and restorative circles.



Reproduced from Wailling 2020, with permission.

Restorative responses ask specific questions during each step of the procedural response. Table 2 contrasts restorative inquiry with traditional adverse event reviews. Restorative inquiry is applied at multiple points during the response, including in:

- initial and ongoing conversations with each of the people involved
- the overall design of the investigation
- restorative meetings when, ideally, the people most directly affected come together.

Table 2: The questions asked in adverse event reviews vs restorative inquiry

Traditional adverse event review	Restorative practice	Hohou te rongopai
What happened?	What happened?	What is the reality? (pono)
How and why did it happen?	Who has been hurt and what are their needs?	What is right? (tika)
May ask who is culpable and/or what was the intent of the individuals involved.	Who is responsible and what are their obligations?	What is compassionate? (aroha)
What can be done to reduce the likelihood of recurrence and make health care safer?	How can harms be repaired and relationships be made right again?	How can we restore diminished mana and tapu (utu)?
What was learned?	How can we prevent it from happening again?	What will it look and feel like to be free of this harm from now on (whakawātea)?

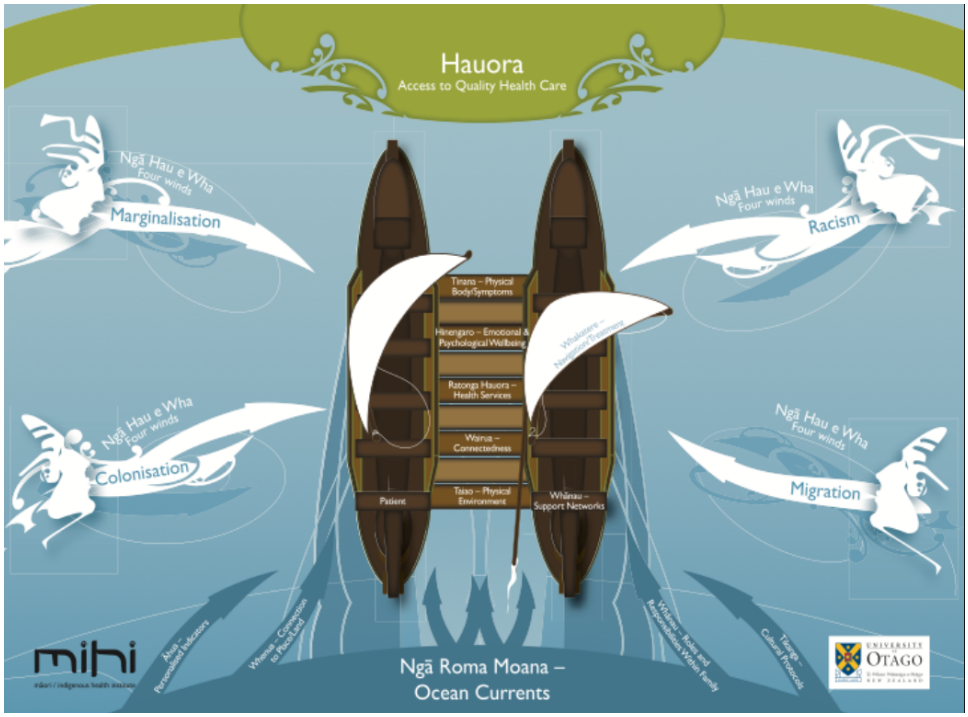
Traditional responses to harm often result in guarded speaking and defensive listening. By contrast, restorative responses invite 'listening to understand' the justice needs of all the people involved in a holistic, caring way. These needs can change over time, as shock, grief, trauma, moral distress and shame run their course. It is important to revisit these needs regularly, especially during long investigations or legal processes. Table 3 summarises the three main kinds of justice need that can emerge from a harmful event in health care settings. *Justice needs* are not restricted to episodes of conflict or harm; they can also emerge from therapeutic relationships, organisational life and co-design activities.

Table 3: Justice needs

Justice need	Examples (Health care workers, patients, service users, whānau and caregivers)
Substantive needs The actual harms that need to be remedied.	Cultural safety Compensation Safe ongoing treatment/work environment Trauma counselling Peer or whānau support Childcare Meaningful apology Transport Annual leave Recommendations for learning and improvement
Procedural needs The process of interacting, communicating and making decisions about how to address the harms.	A hohou te rongopai process The articles of Te Tiriti o Waitangi are supported as outlined in the five principles of Wai2575 People can tell their story in the way they choose (in writing or in a face-to-face meeting) at a place of their choosing Dialogue with other people affected by the incident (eg, patients, families, colleagues, executives) An advocate or cultural advisor Support from peers or whānau Open communication System learning Knowledge of regulatory or cultural requirements Inclusion in designing actions for repair and prevention
Psychological needs The way a person is acknowledged, respected and treated throughout the process; ensuring those affected can honestly communicate differences, concerns and shared interests in a safe way.	Cultural safety Avoidance of threats, humiliation and public degradation People are listened to with respect and their experiences validated. Meaningful apology Restoration of trust and confidence in therapeutic/working relationships Trust in the confidential nature of the conversations Reassurance of future safety

Māori and other Indigenous peoples have needs that are not well described or understood within this Western justice needs framework. In Aotearoa NZ, Māori have experienced historical intergenerational trauma as tangata whenua and the impacts of marginalisation, racism, migration, and colonisation are evident today. Trauma from colonisation involves collective impacts, including the large scale and horrendous loss of life[34]. It constitutes a crisis of meaning for Māori society which has been embodied within the collective memories, and genetic make-up of Iwi and hapu and is passed on to the generations that follow. In Aotearoa, harm must be approached with these tapu violations in mind and understood as an individual and collective experience of Māori people and communities.

The connection between human relationships and wellbeing is perhaps best expressed in Indigenous health models and the Meihana Model provides a useful framework to assess the needs of Māori following an adverse event[4].



Healing and learning from harm | Pou hihiri, pou o te aroha

In summary, in Aotearoa New Zealand, a ‘restorative response’ is an umbrella term for restorative practice or hohou te rongopai. In the aftermath of harm has occurred, a restorative response should consider the human impacts and needs of all the people affected, be underpinned by relational principles that uphold the dignity or tapu of all involved and promote cultural safety and equity. The focus on healing is as important as learning and improving.

[4] https://www.researchgate.net/publication/241393435_Meihana_Model_A_Clinical_Assessment_Framework

The following film explores these concepts further. In the film, researchers, practitioners, consumers and health sector leaders talk about their experience of using restorative practice and hohou te rongopai.

Reflection activity

Now it's your turn. Think of an adverse event or complaint that you have been involved with in the past or are currently working on.

1. Write a few bullet points on the overall facts of the case – what happened/what is the reality?
2. Consider the event using traditional adverse event inquiry.
3. Now consider the event using restorative or hohou te rongopai questions (pick the approach that feels culturally safe for you).
4. Focus on either the consumer or the provider involved; what justice needs do you imagine or know them to have?
5. What did you notice when you applied the different questions?

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