BC Restorative Circle

NOVEMBER 28 & 29, 2023

Restorative Leadership Symposium

Summary Report

Gratitude

The BC Restorative Circle would like to acknowledge that the Restorative Leadership Symposium took place on the shared traditional and unceded territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/ Selilwitulh (Tsleil-Waututh) Nations. The BC Restorative Circle would also like to extend its gratitude to Coast Salish Knowledge Sharer Carla George and Métis Elder Barb Hulme for sharing their wisdom and knowledge in opening and closing both days of the Restorative Leadership Symposium. Your strength, compassion and love reverberated across our hearts and minds and set the tone to role model restorative leadership.

Event Background

In October 2022, Health Quality BC (HQBC, then called the BC Patient Safety & Quality Council) hosted a workshop and public lecture on restorative processes in quality improvement and complaints-focused learning.

The forum was an introduction to a Restorative Approach featuring speakers from the First Nations Health Authority, University of British Columbia (UBC) and HQBC. The workshop helped identify those working at the intersection of patient care and quality, cultural safety and humility and Indigenous-specific anti-racism. This led to the creation of a collaborative working group referred to as the 'BC Restorative Circle' with partners from:

- Health Quality BC
- First Nations Health Authority (FNHA)
- Métis Nation British Columbia (MNBC)
- SWITCH BC
- Ministry of Health's Patient Care Quality Program
- Hospital and Provincial Health Services (HPHS)
- Indigenous Health and Reconciliation (IHR)
- An Independent Patient Partner/PhD Student

BC Restorative Circle

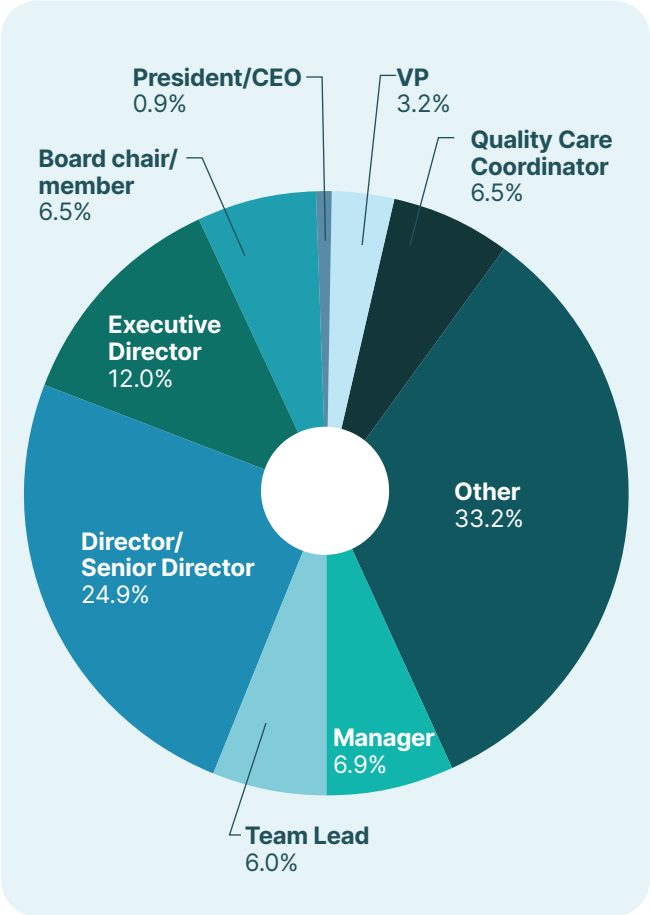
As a follow-up to the 2022 forum, the BC Restorative Circle was directed by the Ministry of Health to host a Leadership Symposium to advance structural changes to BC's patient care and quality processes with a focus on restorative leadership. The Symposium was hosted on November 28-29, 2023, in Vancouver, BC.

Keynote speakers and panelists at the Restorative Leadership Symposium highlighted the potential for a Restorative Approach to be an innovative and promising practice to reduce incidents that cause harm, lessen the compound harms and moral distress that are often associated with complaints and resolution processes, improve patient safety and prevent provider burnout, and contribute to the overall quality and cultural safety of health services. The Symposium provided insights into how a Restorative Approach has been successful in Aotearoa (New Zealand), the United States, and in Canada, and is beginning to see success within BC. A Restorative Approach has also been identified as a promising process to address Indigenous-specific racism as in the In Plain Sight Report recommendations and the HSO Cultural Safety and Humility Standard. It is also identified as principle #3 in Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process.

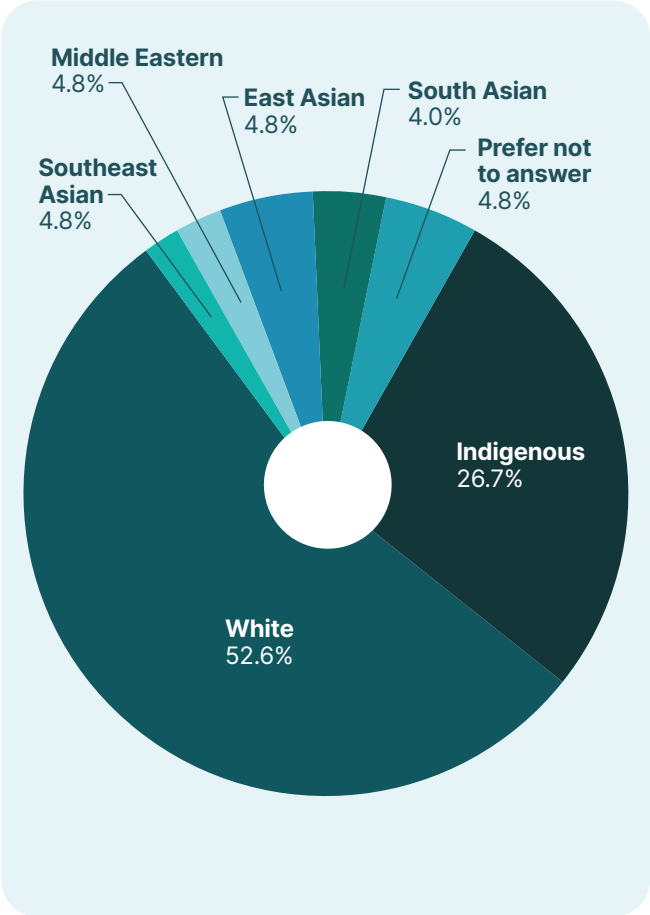
Event Details

The November 2023 Restorative Leadership Symposium brought together 256 leaders from across the health and justice systems. The majority of attendees were health system directors, executives, managers, board chairs and members, vice presidents and team leads. There were also a significant number of lawyers, quality care coordinators / liaisons, senior advisors, professors and health system educators.

SYMPOSIUM ATTENDANCE



RACE/ETHNIC IDENTITY



Attendees represented a diverse range of ethnic and cultural background, with 27% identifying as Indigenous, 53% identifying as white and a small percentage preferring not to answer.

Agenda

The Restorative Leadership Symposium brought together academics and leaders from the health care, legal and finance systems in BC, as well as guests from the United States and Aotearoa (New Zealand), to discuss a Restorative Approach in the BC health care system, including the impetus for transformation and the opportunities and barriers to systemic change across multiple sectors.

The Symposium featured presentations from:

- **Professor Jennifer Llewellyn** - Director, Restorative Research Innovation and Education Lab & Chair in Restorative Justice, Dalhousie University School of Law
- **Jo Wailling** - Co-Chair, National Collaborative for Restorative Initiatives in Health, New Zealand
- **Stephanie Turner** - Director, Māori Health Outcomes for Te Tāhū Hauora, New Zealand Health Quality & Safety Commission
- **Kelly M. Smith, Ph.D.** - Michael Garron Chair in Patient-Oriented Research Interim Chief Scientific Officer; Michael Garron Hospital – Toronto East Health Network; Associate Professor, Institute of Health Policy, Management, & Evaluation, University of Toronto
- **Carolyn Canfield** - Independent Citizen-Patient; Adjunct Professor, Dept. of Family Practice, Innovation Support Unit; Faculty of Medicine Admissions Subcommittee, University of British Columbia

Regrets were sent by:

- **Addie Pryce** - Vice President of Indigenous Partnerships with Interior Health
- **Valery Napoleon** - Law Foundation Chair of Indigenous Justice and Governance, University of Victoria

The Symposium also featured panel discussions with:

- **Joe Gallagher** – Vice President of Indigenous Health and Cultural Safety, Provincial Health Services Authority
- **Monica McAlduff** - Chief Nursing Officer & Vice President, First Nations Health Authority
- **Tanya Davoren** - Executive Director, Health, Mental Health & Harm Reduction, Elders & Veterans Wellness, Métis Nation BC
- **Alexis Kerr** - Partner, Norton Rose Fulbright Canada LLP
- **Janice Butler** - Executive Director, Risk Management Branch, Ministry of Finance
- **Kathy MacNeil** - Chief Executive Officer, Island Health
- **Pamela Eisner-Parsche** - Executive Director, Member Experience, Canadian Medical Protective Association
- **Carolyn Canfield** - Independent Citizen-Patient; Adjunct Professor, Dept. of Family Practice, Innovation Support Unit; Faculty of Medicine Admissions Subcommittee, University of British Columbia
- **Devin Harris** - Chair, Health Quality BC
- **Heidi Oetter** – Registrar, College of Physicians & Surgeons of BC

The agenda included a pre-recorded video from Premier David Eby and virtual Zoom participation by the Minister of Health, Adrian Dix.

Premier Eby's message was a call for collaborative action, emphasizing that strength lies in unity rather than individual efforts. Eby emphasized the importance of fostering interconnectedness and adopting a Restorative Approach, which is not about turning back the clock, but building a stronger health system today in a way that honours Indigenous history, experience and ways of knowing. The Premier reflected that when we construct systems that are both relational and restorative, these systems have the capacity to learn and adapt.

Minister Dix declared the foundational work of transitioning to a Restorative Approach a watershed moment for BC, as the issues that the leadership represented at the Symposium have gathered to work on are essential to the future of the health care system. Minister Dix highlighted the significant challenges in health care, including the pandemic, the toxic drug crisis, issues with health human resources, the public health impacts of climate change and a significant increase in demand for health care services. The Minister also emphasized the detrimental impact of systemic racism on health, stressing the importance of creating systems that are culturally safe for First Nations, Métis and Inuit. Minister Dix encouraged the leaders in the room to look at a Restorative Approach as a way forward to address these challenges facing the BC health system, underscoring the significance of how it can improve public health care in British Columbia.

Summary of Learnings

Throughout the two days of the Restorative Leadership Symposium, a good deal of complex and nuanced information was shared in keynote presentations, panel discussions and breakout discussion groups. The following summary of key learnings can never capture the knowledge that was shared in its totality. This summary of learnings is a collation of key themes intended to reflect the high-level core messaging of the Symposium.

What is a Restorative Approach?

A Restorative Approach is often, and incorrectly, thought of as a practice or set of tools within the context of responding to complaints of adverse health care experiences. In reality, a Restorative Approach is a fundamental shift in how individuals relate to one another, how systems prevent and respond to adverse events, and in thinking about the relational dynamic between institutional norms and practices and individual behaviours. A Restorative Approach emerged out of a relational worldview, with roots in Indigenous cultures, as well as faith-based culture and feminist theory. Adopting a relational worldview is a shift from a western paradigm that tries to define individual autonomy and identity as separate from the relationships, institutions and systems in which they are embedded.

> **A Restorative Approach begins with the view that human beings are inherently relational, as both an objective reality of how one's identity is formed through relationships, and as a psychological need for healthy relationships as part of one's well-being.**

From this starting point, a Restorative Approach focuses on the relationship between people and institutions in order to meet the inherently social needs of individuals, and the needs of institutions to receive feedback in order to identify shortcomings and grow to meet the needs of staff and clients.

A Restorative Approach is multifaceted. It is a leadership philosophy, a lens to guide health and human resources, a holistic model of clinical practice at the point of care and a process for individual and system healing that hardwires accountability in how it responds to harms. As a leadership philosophy, it is a process of applying the principles of a Restorative Approach (figure 3) to inclusive and democratic decision making. As a lens to health and human resources, it is a recipe for creating and maintaining culturally and psychologically healthy and safe spaces. As a holistic model of clinical practice, a Restorative Approach is an explicit focus on relationship-based and team-based care. When explicitly applied through the lens of cultural safety and humility, it is also attentive to power dynamics in the patient-provider relationship within a colonial system. As a way of healing after harms have occurred, a Restorative Approach is a process of healing the relationship between the patient, the provider and the health system. It is also a process by which systems are held accountable for harms that cannot be reduced to a single incident or the actions or mistakes of an individual person within the system.

PRINCIPALS OF A RESTORATIVE APPROACH

→ **Relationally Focused**
- Understanding and seeking to structure/support just relations
- Analysis of power/inequality– attentiive to intersecting oppressions

→ **Comprehensive/holistic/integrative**
- Connecting dots between issues, incident, contexts, causes & circumstances
- Working in integrated, not siloed or fragmented ways

→ **Inclusive/Participatory**
- Empowering first voice
- Trauma-informed/Do no further harm
- Cultural aware
- Needs-based

→ **Responsive**
- Contextual, flexible practice
- Focused on need

→ **Focus on individual and collective responsibility**

→ **Collaborative/non-adversarial**

→ **Forward-focused**
- Educative, problem solving/preventative & proactive
- Oriented to outcome

Figure 3

Jennifer J. Llewellyn, Bruce P. Archibald, Don Clairmont, and Diane Crocker, "Imagining Success for a Restorative Approach to Justice: Implications for Measurement and Evaluation" (2013) 36:2 Dal LJ 281.

The Impetus for Change

The Symposium discussed a growing recognition that the current system – the intersection of the health, patient safety, client care and complaints and the justice system – is struggling to resolve or prevent harms that occur in health services, or to implement system transformation that aligns with patient feedback about those complaints and resolution processes. This is largely attributed to both cultural norms and organizational policies and practices that are individualistic, punitive, not purpose-built to respond to the unique type of harms experienced in the health care system, and not attuned to the inherently social needs of human beings to maintain good relationships. Symposium panelists discussed how when a patient brings forward a complaint their primary goals are to receive a simple apology for what took place, to resolve conflict and heal their relationship with the care provider or clinic, and to have transparency about what happened and what will be done to ensure that the harms they experienced will not happen to others. The complaints and response systems currently in place prioritize individual retribution and compensation at the expense of the patient-identified need for healing relationships, and the system's need for learning, preventing harm and restoring trust.

Symposium discussions brought forward a challenge in the health system's capacity to adopt a Restorative Approach, which can be summarized as difficulty in shifting the collective mindset of the health and legal systems from merely *responding* to health care harms to *healing* from harms. A significant part of this challenge is that current complaints systems frame a harm as an isolated incident between a victim (or sometimes first and second victims) and an offender rather than an event that produces multiple types of harm to all the parties that are involved – the patient, the care provider, as well as their families, teams or communities. Health care harms are rarely thought of in cultural and historical context, which is particularly significant for Indigenous communities and the longstanding history of Indian hospitals and colonial abuse through the western medical system. When a patient files a formal complaint, it initiates a chain of events that is inherently transactional, resulting in an adversarial dynamic that is neither an accurate reflection of the multi-faceted nature of the health care experience, nor of benefit to the care provider, the patient or the health system at large. The complaints process enables individuals to pursue retribution or compensation in response to a harm, but also constrains them from communicating with care providers, and prevents them from developing a shared understanding of an incident and reaching a satisfying resolution. The investigation process triggered by a complaint isolates patients and health care providers, who are advised on how to avoid any admission of fault for fear of litigation. The process is often felt as dehumanizing for both parties as the structurally adversarial dynamic leaves them unequipped and unable to attend to their emotional and psychological well-being. Panel and breakout discussions highlighted how this whole process does not only have poor outcomes for patients, it also contributes to burnout and moral distress for providers. Additionally, it limits the ability of teams or organizations to gather information and use data for clinical or system improvements due to (the interpretations of) Section 51 of the *Evidence Act*. The imputes to adopt a Restorative Approach is to fundamentally shift the health and legal landscape from a transactional response to harm to a healing process after harm has occurred. A Restorative Approach is a structural and systemic framework to improve patient safety and quality, but it has far reaching implications for health human resources, improving retention and recruitment and informing relationship-centered clinical care models.

Decolonization of the Health System

A Restorative Approach emerged out of the relational worldview which aligns with Indigenous ways of knowing and being from around the world. Taking the knowledge and wisdom of Indigenous cultures without honouring the relational worldview that underpins that knowledge undermines the decolonizing potential of adopting a Restorative Approach. There is a real risk of adopting the language of a Restorative Approach while leaving the underlying logic of the retributive and individualistic system functionally intact. For the decolonizing potential of a Restorative Approach to be realized it must be done in partnership with BC First Nations, otherwise it can colonize the very process of decolonization.

A Restorative Approach as a Practice of Indigenous-Specific Anti-Racism

The In Plain Sight report clearly demonstrated that Indigenous-specific racism is widespread and systemic across the health system in BC. It also revealed shortcomings in the safety and accessibility of resolution processes that are needed to respond to the direct and indirect harms of racism. A Restorative Approach is a relational practice that can contribute towards Indigenous-specific anti-racism for health care workers and patients. A Restorative Approach has similarities to the concepts of cultural safety and humility. Cultural safety is defined as "...an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience."[1] Similarly, a Restorative Approach strives to address power imbalances across the health system, and the principle of 'empowering first voice' (figure 3) requires one to be trauma-informed and culturally aware. The principles of a Restorative Approach encourage critical self-reflection to understand unequal power dynamics, and when applied correctly they are attentive to intersecting forms of oppression. A Restorative Approach provides a unique avenue to address the unique harms of Indigenous-specific racism, but it must be done in a culturally safe and appropriate way that explicitly follows principles of Indigenous-specific anti-racism.

1 https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf

System-Readiness for a Restorative Approach

A Restorative Approach is not just a program or set of tools, it is an ongoing process of learning and applying restorative principles to cultivate a relational and just culture across the workplace. A message of the Symposium was that there is no need to wait for the health system to be "ready" to transition to a Restorative Approach as the process of applying restorative *principles* in leadership is what will create system-readiness at the point of preventing and resolving adverse incidents in health services. At the same time, a Restorative Approach to resolving complaints can cause compound harms when implemented without careful consideration and qualifications. Bringing patients, their families and care providers into a restorative process requires skilled facilitation and planning. The Symposium heard from the First Nations Health Authority that restorative circles that are not attentive to cultural safety and humility, and do not fully follow the principles of a Restorative Approach, have caused compound harms to Indigenous patients by placing additional burdens on the patient, their family and community, or by ending a process before an issue was successfully resolved. As health system organizations adopt a Restorative Approach, it is important processes and outcomes are coordinated, and that information is shared with partners in and outside of the health system to encourage learning and growth in multiple sectors. Implementing a Restorative Approach as a response to harm will require capacity building and changes to health and human resource policies, practices and credentialing.

Moving Forward

The Symposium attendees engaged in a live Thought Exchange, which is an online engagement platform in which they identified challenges and barriers, opportunities and next steps that were discussed throughout two breakout sessions at the Symposium.

Key themes of the feedback highlight the multifaceted challenges and considerations involved in implementing a Restorative Approach, emphasizing the need for education, cultural humility, trust-building and a shift in systemic attitudes and structures. The following is a consolidated summary of the feedback from the Thought Exchange, and from the Q&A sessions with panelists:

Challenges and Barriers

- Adopting a Restorative Approach is the transformation of a complex and adaptive health system that also involves significant changes to legal and financial systems, Health and Human Resources (HHR) practices, and cultural norms and expectations. It will require sustained change leadership and collaboration across the health, social, legal and financial sectors. Power dynamics, risk aversion and a lack of understanding of a Restorative Approach were identified as barriers to system transformation.
- Legislation and/or the interpretation of legislation, specifically section 51 of BC's *Evidence Act*, can prevent the sharing of knowledge, which is integral to a Restorative Approach. The challenges in collecting data on patient perspectives and evaluating the impact and success of a Restorative Approach were identified as key barriers.
- The application of a Restorative Approach as a resolution process is a lengthy and in-depth process that can place an added burden on an already strained workforce. Without adequate training and structural support, the misapplication of a Restorative Approach can exacerbate moral distress, systemic racism, and cause compound harms.
- A colonial mindset, and the inherently colonial structure of the health care system, were identified as a barrier to a Restorative Approach. The lack of awareness and understanding of Indigenous worldviews, a reluctance by some to prioritize cultural safety and humility, and a fear of the unknown is viewed as contributing factors in the health systems' resistance to change.

Opportunities

- The need for systemic improvements to patient safety and quality processes, as well as HHR and Occupational Health and Safety (OHS) concerns to improve worker well-being, have been acknowledged and there is momentum for change by motivated actors from the patient, health care provider, legal and finance perspectives.
- First Nations, Métis Nations and organizations have paved the way for system improvements in cultural safety and humility and Indigenous-Specific Anti-Racism (ISAR), as exemplified in the In Plain Sight report and the FNHA & HSO Cultural Safety and Humility Standard. The alignment of a Restorative Approach with the principles of cultural safety and humility (CSH) and ISAR can be an asset in advancing both streams of transformational change.
- Decades of work in Restorative Justice underpins the adoption of a Restorative Approach in health care, and it has been successfully adopted in multiple jurisdictions in Canada, the United Kingdom, United States, Aotearoa (New Zealand) and Australia, providing BC with principles, process considerations and guidelines to adopt a Restorative Approach.
- The BC health system is structured in a way that encourages collaborative action to work across traditionally siloed institutions. Multiple strategies and commitments in the health care system, such as the HSO CSH Standard, align with and can benefit from adopting a Restorative Approach.

Next Steps of Systems Change

Breakout conversations as well as keynote speakers and panelists identified potential next steps following the Restorative Leadership Symposium. These recommendations are directed both towards the BC Restorative Circle as well as the health and social sector leadership more broadly. The data was categorized into the two following themes:

1) Maintain Momentum with Increased Inclusion and Collaboration.

a. Partner and engage with First Nations and Métis Nation BC to understand and advance Indigenous perspectives on adopting a Restorative Approach to ensure that it is a culturally safe and appropriate approach to responding to the unique nature of colonial processes and systems of white supremacy and Indigenous-specific racism. Place a specific focus on relational and trauma-informed approaches.

b. The BC Restorative Circle to host follow-up events to the Restorative Leadership Symposium to keep momentum for systems change.

c. Continue to bring health system and social sector partners together for targeted conversations on the interpretation and modernization of legislation, such as the Evidence Act, the Health Professions and Occupations Act, and the Anti-Racism Data Act.

2) Support Capacity Development and the Prioritization of a Restorative Approach.

d. Support education, learning and development in collaboration with health system, education, legal professionals and patient partners. Develop learning resources including frameworks, principles and ‘guardrails’ to guide the adoption of a Restorative Approach.

e. Identify change leaders to role model and advocate for cultural humility and restorative practices.

f. Prioritize a Restorative Approach with adequate resourcing for organizational change and capacity development at all levels.

g. Support and coordinate system-level change and learning through transparency, information sharing and shared accountability in the continuation of the BC Restorative Circle and the exploration of collaborative spaces to advance a Restorative Approach. Identify areas of alignment and allyship.