Episode one – Journey to Restorative Just Culture (RJC)

Debbie Draybi: I'm Debbie Draybi from the Clinical Excellence Commission and am pleased you can join us for this four-part podcast series with Dr Nick O'Connor and Dr Kathryn Turner. This podcast is part one of a four-part series on Restorative Just Culture.

In this segment Journey to RJC Nick will explore with Kathryn what restorative just culture is and why its importance in health care. This includes a historic overview of RJC and its origins from indigenous culture and how it has evolved as a 'social movement' across different settings from criminal justice and education and its relevance in healthcare settings. Kathryn describers what restorative justice and learning culture looks like in a district service as we move away from a culture of blame and very linear models of managing incidents.

Kathryn and Nick both share their personal journey with RJC and how instrumental it is in supporting a genuine culture change from that of blaming and shaming' when things go wrong to a culture of healing and restoration which further enables learning, improvement and accountability. I hope you enjoy this introduction.

Nick O'Connor: Kathryn, I thought we probably should start with just describing or defining what restorative just culture is in the health care setting. I rather like Howard Zehr's definition from his The Little Book of Restorative Justice. I've changed the wording slightly because he talks about a specific offense because it's in the context of the correctional system, but he says restorative justice is:

"A process to involve, to the extent possible, those who have a stake in a serious adverse incident and collectively identify and address harms, needs and obligations in order to heal and put things as right as possible."

Is that the way you understand restorative just culture? Is there anything you would add?

Kathryn Turner: I think it captures it very well and I think that that brings it back to the core principles of it. And I think it's a great book, The Little Book of Restorative *Justice*. I read it quite early on, and it really helped me to conceptualise what restorative just culture was all about.

Nick O'Connor: It's quite a short book, isn't it? I downloaded an electronic copy of it which allowed me to take notes and I think I read it in about an hour or possibly a little longer than that.

There's quite a history to restorative justice. Could you tell us a bit about that history?

Kathryn Turner: Well, it's not a new concept really and it certainly has been described in indigenous cultures such as Maori people and other First Nations people. I guess in more recent times it's appeared in the literature over the past 100 to 200 years sporadically, but really it was Howard Zehr's articulation of it (in about 2002, I think) that put it out there with a clear definition of what it was. So that concept of restorative just culture is now a more consistently used term, I think, and he talked about it within the criminal context. But it then fairly rapidly spread to a range of settings. Schools is one area that's particularly prominently using it and then, in more recent times, it's jelled very well with some of the changes that we needed to do in the health care setting in the way that we respond to incidents.

Some people call it a social movement that's spread across the globe, and I think it's also useful in a health care setting. Some people are using it for HR processes, and I think that's a really interesting use of restorative processes and I think something that would be great to explore further. Also, in the health setting, it's been used in the forensic health setting where people have harmed someone else when they were mentally ill and looking

for an approach that can bring the person that was harmed together with the person that did the harm, in a restorative process.

Certainly, in our organisation at Metro North, there is some work going on about restorative practices in that context and, in general, looking at how we respond to conflict on a ward but then looking at those actual restorative meetings between people with mental illness who may have harmed when they were unwell and the victims.

Nick O'Connor: Yes, it's so interesting, isn't it? And the Maori understanding and use of restorative justice I think is something that's very salutary for us. I know there is a Diana Unwin Chair of Restorative Justice at Victoria University in Wellington.

We've mentioned Howard Zehr's book in 2002 and, of course, one of your key references is Virginia Sharpe's work in 2004, where I think she really brings this into the health care setting and that for me is the earliest mention of the forward-looking accountability in relation to restorative justice which is something we'll get to in subsequent discussions here.

Of course, there was Sidney Dekker's publication of restorative just culture, (I think around 2016/2017) which was building very much on the work of Zehr and Sharpe.

I think one of the things that the literature tells me is that there are a number of different pathways that people who have been thinking and working in this area have led them to the same place. I just wanted to explore with you what your journey was and, just briefly, discuss my own.

I remember my first real thoughts about this was when I was an area director and I was the subject of some really concerted attempts over about 10 years by a family, in terms of litigation, relating to the death by suicide of their daughter, which was a very tragic event. And that profoundly affected me (as I was in a leadership position) and the clinicians involved. It made me really think about blame and accountability and different types of accountability. And then, of course, I'd been troubled for quite a while about root cause analysis and this sort of linear causality that gets applied to very complex situations.

What's been your pathway to this?

Kathryn Turner: I guess the steps that led me to restorative just culture when we made the decision to implement Zero Suicide on the Gold Coast and we thought that it had great merit in terms of an approach to change management and that aspirational goal was incredibly important in terms of shifting mindsets and energising the service.

But we knew that there was a risk to it and the risk could worsen a blame culture by using the zero word and the sense that if someone did die by suicide, someone must be to blame. And there was already a sense of a blame culture that clinicians were certainly concerned about. So, we made a decision to focus just as much on Just Culture as we would on the Zero Suicide. So that led me to look at what is Just Culture and how can we implement that within a service.

I looked at various things along with prominently published information about that but, I must admit, I did struggle to understand how the use of algorithms to work out whether someone is to blame for something or not.

However, I couldn't see how it could actually change our culture. So, we then had a roundtable discussion where we were very fortunate to have Professor Sidney Dekker come along and have a chat. So, I presented some of this information about my understanding of Just Culture and he really challenged it very significantly.

By the end of the meeting, I was really wondering what on earth I should do as he really had very strong challenges to the traditional concept of Just Culture. And then he sent me a copy of one of the chapters from his book, and then it just absolutely made sense to me. It was very clear how a restorative just culture could actually change the culture in the organisation and all of the steps that we could take to change the culture.

And then I read *The Little Book of Restorative Justice* and that filled in a lot of the gaps for me and hardwired the fundamental principles of it that have really been consistent through our work. That then led us to doing a whole lot of actions within the service, based on restorative just culture.

Nick O'Connor: I think - and for those in the audience who aren't in mental health - Zero Harm is the same sort of challenge as Zero Suicide for mental health services. And in the context of a health system at the moment which is, I think, somewhat disposed to blaming or shaming when KPIs or performance goals are not met, you do need to change the culture in order for people not to be too gun-shy or worried about aspiring to Zero Harm in the system.

I wonder, just to finish off this segment, whether you could describe for us what a restorative, just and learning culture looks like in a district service? I think in subsequent sessions we'll get into some of the details, but what's different about it?

Kathryn Turner: I think it's an organisation that is deeply committed to learning that has that as a central part and understands that we need to set the scene and support staff so that they feel safe to be able to learn, and I think it's a commitment to think about those who've been harmed, the family centrally, but also the clinicians.

And I think it's a more mindful response to incidents but in the way that we think through the principles of restorative just culture, and then respond in that way. I guess that's just a broad overview.

Debbie Draybi: Thank you for listening to this podcast with Dr Nick O'Connor and Dr Kathryn Turner on RJC. I hope you enjoyed it. Please note this is one of a four-part series and I hope you listen to the other three segments as Nick and Kathryn continue to take us on a journey exploring their experience and insight into RJC.

This four-part series includes conversations around practical implementation of RJC and what this looks like in health care. Kathryn will share her experiences of RJC framework in mental health and the impact this has on management of incidents. I hope you enjoy the remainder of the series.

I'm Debbie Draybi from the Clinical Excellence Commission and am pleased you can join us in this conversation with senior leaders on Guiding principles of effective Morbidity and Mortality in action.

This podcast series aims to explore the experiences and insight from leading M&M meetings. Look out for more podcasts as we continue this conversation and clinicians share their journey and learning. I hope you find it useful and if you would like to contribute to this conversation, please contact me.