

PERSON AND WHĀNAU CENTRED CARE

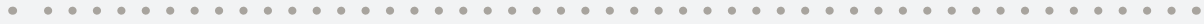
MODEL FOR CONSULTATION



PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa

CONTENTS

INTRODUCTION	3
VISUAL REPRESENTATION OF MODEL	4
KEY CONCEPTS	5
VALUES	5
BEHAVIOURS	6
SYSTEM-LEVEL COMPONENTS	14
REGULATORY CONTEXT	16
MODEL DEVELOPMENT	16
REFERENCES	17



INTRODUCTION

Person and whānau centred care is collaborative healthcare focused on meeting the needs, values, and desired outcomes of individuals and whānau.

This document presents a proposed definition and model of person and whānau centred care in a physiotherapy context in Aotearoa New Zealand for consultation. The proposed model consists of a set of values that underpin person and whānau centred care, and a set of defined behaviours through which those values are enacted. The model also recognises system-level components, which may not be under the direct control of each physiotherapist, but that all physiotherapists should influence as they are able. Also presented is a selection of stories from people who have received care to illustrate what different behaviours ‘look like’ in practice.

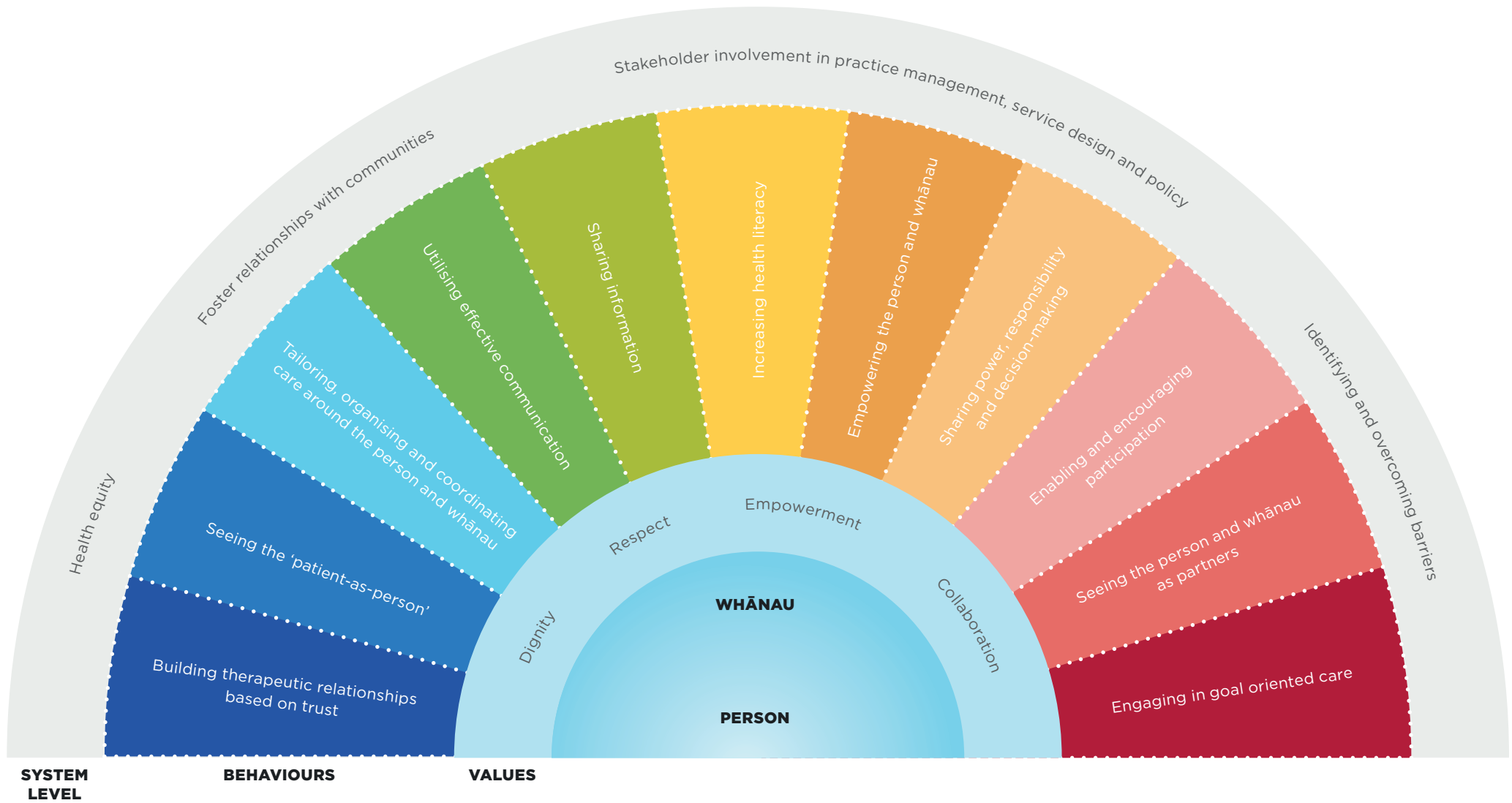
The model of person and whānau centred care has been developed to support and enhance the physiotherapy profession. Demonstrating the values and enacting the behaviours described in the model will enhance physiotherapists’ professional practice and ability to improve health outcomes, as well as assisting adherence to regulatory requirements. Furthermore, aspects of the model directly align with aspects of various regulatory requirements that apply in the context of physiotherapy in Aotearoa New Zealand.

The intended audience for this document are physiotherapists within Aotearoa New Zealand, those offering continuing professional development to physiotherapists, physiotherapy students, and others associated with the profession. It is intended that the final model will be also be understandable and accessible to consumers.

This document does not extend as far as defining component competencies or indicators of the person and whānau centred care behaviours. Once the definition and model have been confirmed, it is envisioned that supporting resources will be developed to assist physiotherapists to enhance their practice in terms of developing and strengthening these competencies.

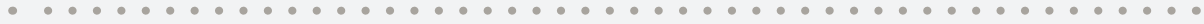
This draft document is for wider consultation with PNZ membership and consumer groups.





VISUAL REPRESENTATION OF MODEL

[Diagram shows the person and whānau centred care model. The person is located at the centre, with the whānau wrapping around the person. Values wrap around the whānau. Behaviours radiate out from the values. System-level components are located around the outside of the behaviours.]



KEY CONCEPTS

Person and whānau centred care in a physiotherapy context in Aotearoa New Zealand is collaborative healthcare that is focused on meeting the needs, values, and desired outcomes of the person and whānau.

In this model, the person is the individual who has a therapeutic or professional relationship with a physiotherapist.

The whānau are those to whom the person relates in terms of shared experiences, values and beliefs. The people and relationships that comprise a person's whānau may be lifelong, or time-limited and specific to the person's life circumstances, and are not necessarily reliant on kinship ties. The concept of whānau applies to many cultures and ethnicities.

This model recognises that whānau is a core value of many people, particularly those who belong to communalist cultures. The embodiment and expression of this value will vary between individuals.

VALUES

Person and whānau centred care is underpinned by the values of dignity, respect, empowerment, and collaboration.

DIGNITY

Dignity is each person's inherent value and worth as a person.^{1,2} Physiotherapists treat all people with dignity by acknowledging and upholding every person's value and worth.

RESPECT

Respect is giving each person proper attention and consideration, and holding them in due regard.³ Physiotherapists afford all those with whom they interact appropriate care and attention.

EMPOWERMENT

Empowerment is the process of supporting and enabling individuals, whānau, and communities, to take control of their own health needs, and become stronger and more confident in doing so.⁴

COLLABORATION

Collaboration is the process of individuals, whānau, and health professionals, working together in partnership to achieve a common purpose.⁴



BEHAVIOURS

Person and whānau centred care is demonstrated through the following behaviours. Although presented as separate behaviours, there is significant crossover and overlap between these. The order in which these are presented relates to the visual representation of the model; the order does not indicate relative importance or priority. Each story presented describes an example of what the behaviour ‘looks like’ in practice.



BUILDING THERAPEUTIC RELATIONSHIPS BASED ON TRUST

Relationship-building involves⁵:

- Developing and maintaining rapport and trust with the person and whānau
- Honest and open engagement with the person and whānau
- Genuine interest in the person, exploring their values and interests, and taking the time to understand what they find meaningful and important
- Developing an open and inclusive ‘space’ in which the person and whānau feel safe
- Acting with integrity in all interactions with and concerning the person and whānau

“Our mum has dementia and the physiotherapist developed a great rapport with her which was a significant factor in her recovery and optimising her mobility. Mum is very musical and creative and the physiotherapist went the extra mile with incorporating these interests with his therapies to make it work for her.”



SEEING THE 'PATIENT-AS-PERSON'



Seeing the 'patient-as-person' involves:

- **Recognising the individual as a whole person**, and seeing the total picture of their preferences, wellbeing, and wider social and cultural background (as opposed to focusing just on the individual's condition or symptoms). Acknowledging the uniqueness of each person is fundamental. A central orienting question for practitioners to ask themselves is "Who is this person and what do they need from me today?"^{5 6}
- **Recognising the specific external and situational influences** on the person's health and wellbeing (e.g., their stressors, work life, et cetera), that these factors can also influence a person's decision making related to health, and that these influences may change, while being flexible in response to these changes.
- **Positively responding to diversity** in others:
 - Suspending judgement
 - Being inclusive in one's attitude and behaviour, and responding appropriately to people in all of their diversity
 - Behaving in a culturally competent, safe, and appropriate manner for each person and their whānau.
- **Being aware of your own culture and philosophy of care**, and the influence of these on your relationship with the person and whānau:
 - Reflecting on and understanding your own culture, values, and beliefs, and those of physiotherapy and your clinical setting
 - Reflecting on and developing an understanding of unconscious bias, and how you as an individual unconsciously react to those who are different from you⁷

'Culture' is "a dynamic system of rules - explicit and implicit - established by groups to ensure survival, involving attitudes, values, beliefs, norms, behaviours, shared by a group, but harboured differently by each [person] within the group".^{8 (p. 24)} Culture varies between individuals within the same group and over time. Cultural competence and safety involves acknowledgement of your own culture as different from those of your patients and their whānau, so as not to impose your own cultural beliefs and practices onto them.⁹

"Most importantly, I have found over the years that physiotherapists have treated me as a person first, have taken into account my lack of sight. It has been a privilege to be involved in the training of future physiotherapists, helping them to be aware of how to guide me when necessary, how to talk to me, the importance of language... that the patient is first and foremost a person with a disability rather than the disability first."

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TAILORING, ORGANISING, AND COORDINATING CARE AROUND THE PERSON AND WHĀNAU



People and whānau have unique needs and values. Tailoring, organising and coordinating care around people and whānau involves:

- Empathy and compassion
- Suspending judgement
- Appreciating the person's and whānau perspectives, instead of making assumptions regarding their needs and wants
- Consideration of access to care, delivery of care, provision of sufficient time for care, and optimising the use of person and whānau time.
- Utilising relevant frameworks of care:
 - Selecting and negotiating frameworks appropriate for the person, whānau, and situation. Examples include the International Classification of Functioning, Disability and Health¹⁰, Te Whare Tapa Whā¹¹, Te Wheke¹².
 - Utilising appropriate interdisciplinary frameworks of care.

Coordinating care around the person and whānau extends to the collaboration with other healthcare professionals, advocating for the needs of people, whānau and communities, and assisting people and whānau to navigate the health care system.

“From the first phone conversation organising the very first appointment, our family needs have been considered with the offer of home visits should we find it difficult to make it into the physiotherapist's place of work. In a similar vein, once my daughter and I began attending speech language therapy appointments, these were combined successfully with physiotherapy appointments, thus reducing the number of visits we needed to make to the hospital and increasing the value (to us) of those visits we did make.”



UTILISING EFFECTIVE COMMUNICATION

Effective communication comprises all of the components of verbal communication, body language, and the content of the message communicated, as well as active listening, connecting and engaging. It involves:

- Spending time talking with, and understanding, the person's and whānau views, values, needs, and wishes - and valuing the time spent exploring these
- Actively seeking person and whānau perspectives, taking time to listen (listen more - talk less), and ensuring that you gain an accurate understanding of these
- Ensuring explanations and demonstrations given are understood
- Healthy and respectful conflict resolution, if and when conflict arises.

"The physiotherapist took time to show me all the exercises and if I didn't get it right she used a different way of explaining to help me understand it better. She never hurried me or seemed to be in a rush. She always made me feel safe and made sure I didn't trip or fall over equipment."

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SHARING INFORMATION



Information is shared between the physiotherapist and the person and whānau, as well as (if appropriate and with the person's consent) between the physiotherapist and other professionals involved in the person's care. Sharing information is a two-way process, involving both giving and receiving information.

Giving information involves:

- The provision of accurate, unbiased information in a timely manner and in an appropriate and understandable format
- Checking with the other parties to ensure that they have received and correctly interpreted the message.

Receiving information involves:

- Actively seeking, and being receptive to and valuing information from the person and their whānau, and other health care professionals
- Checking back with the other party, ensuring that you understand this information correctly
- Creating an environment in which people and their whānau are comfortable sharing information relevant to their presentation and care.

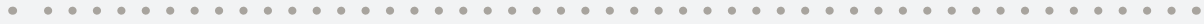
"Immediately following my stroke, while still in hospital, the physiotherapists who worked with me always invited my husband to attend sessions. While always talking to me directly, they shared their professional knowledge with him. This meant that my husband was able to help me practise skills and exercises in our own time which was of great benefit to me."

INCREASING HEALTH LITERACY



Supporting the person and whānau to increase their levels of health literacy is a key enabler for self-management and participation. This involves:

- Exploring the ability of people and whānau to access and understand information and services which are important for improving or managing their health, or for making better informed decisions affecting their health
- Collaboratively developing strategies to improve these abilities.



EMPOWERING THE PERSON AND WHĀNAU

Empowering individuals and whānau involves supporting people to recognise, develop, and enhance their own strengths, abilities, and confidence, to enable them to live an independent and fulfilling life. Empowering the person and whānau enables self-management and autonomy, and can be aided through engagement with consumers, whānau, family, work places and communities.

“Knowing that I couldn’t read print but could see colour, two physiotherapist students made a long programme and a short programme, each with a different coloured case. Since then, these exercises have been down-loaded onto my cell phone and Booksense so that I have an accessible set of exercises which I can listen to and work through no matter where I am.”*



SHARING POWER, RESPONSIBILITY, AND DECISION-MAKING

Integral to the notion of partnership is the sharing of power and control. It involves:

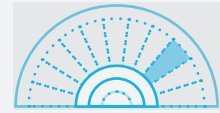
- Recognising where power and control sits within relationships, and understanding when and how these should be shared
- Reflecting on the nature of power relationships (including cultural) that are present within the therapeutic setting and relationship. For those who belong to the dominant culture within the context, it also involves reflection on, and challenging of, any stereotyped views of minority cultures that you may hold or that might exist within that setting.⁹ This is also integral to cultural competence and safety.
- Sharing decision-making with the person, and whānau as appropriate
- Enabling people and whānau to be in a position to assume responsibility and share in the decision-making
- Recognising and respecting that some people may not wish to fully assume power within the relationship at a certain point in time; however, making assumptions regarding this should be avoided. It is important to ascertain individuals’ and whānau wishes on an ongoing basis.

* Booksense is a portable electronic Digital Accessible Information System device with multiple functionalities including text-to-speech output.



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ENABLING AND ENCOURAGING PARTICIPATION

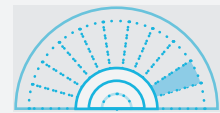


Enabling participation involves supporting the person and whānau to develop the knowledge, skills and confidence that they need to fully participate in the partnership and therapeutic process.

Encouraging participation is about supporting individuals and whānau to engage and be actively involved in the therapeutic process and partnership. It may also involve working with the person, their whānau, community or workplace, to develop further supportive resources and structures. Supportive environments have been found to enhance people's participation and self-management, and support health improvements.¹³

"The physiotherapist was so attentive to my own views, ideas, experiences and observations (as the mother of the patient [child]), which definitely contributed positively to my level of participation and involvement in appointments. This means I felt it worthwhile to observe my child carefully and prepare for appointments; I also acted on the advice and guidance given by the physiotherapist because I was confident that it came as a result of a communion between the physiotherapist's expertise and experience and my knowledge of my own child."

SEEING THE PERSON AND WHĀNAU AS PARTNERS



The essence of partnership is seeing the person, whānau, and practitioners as equal partners with different expertise. It involves:

- Recognising that people, whānau, and practitioners bring their own perspectives, values, expertise, needs and desired outcomes to the relationship
- Valuing the person and whānau perspectives and expertise (including their lived experience of their condition)
- Incorporating and valuing person and whānau values, interests, and expressed wishes into the treatment plan and care
- Seeing the person and whānau as colleagues within practice and educators
- Working with the person and whānau to provide the best outcomes for all parties.

"The centre of conversations during physiotherapy appointments was what our family's experience and perception of our child's development had been. The physiotherapist offered advice and guidance (not instructions - note the difference!) after careful listening and observation and was encouraging at all times regarding the strategies developed within our family for supporting our daughter's specific needs."

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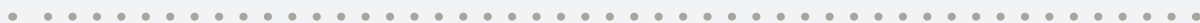
ENGAGING IN GOAL-ORIENTED CARE



Integral to goal-oriented care is collaborative goal-setting, where goals that are meaningful to the person and whānau are collaboratively negotiated and agreed. Negotiation is fundamental to this process. Goal-oriented care focuses on these explicit objectives, encouraging achievement of the highest possible level of health as defined by that person, and including “the ability to adapt and to self-manage, in the face of social, physical and emotional challenges”.^{14 (p. 1)} Progress against the goals is regularly and jointly monitored and evaluated, and progress and achievement are recognised and celebrated.

“When we were developing my rehabilitation plan, my physiotherapist asked me what my goals were. I told her that as I used a guide dog I could not rely on a walking-frame for the rest of my life, and I that wanted to be able to walk with my walking-stick again. She was not sure this was realistic, but we agreed to start working towards this as a goal. We continued my rehabilitation plan and months later I was able to give the walking-frame back to ACC and walked with my guide dog and walking-stick again.”





SYSTEM-LEVEL COMPONENTS

The person and whānau centred care model also recognises a number of system-level components. These are components that may not be under the direct control of the physiotherapist, but nonetheless, impact on the care of people and should be actively considered by physiotherapists. Physiotherapists and others within the wider community are encouraged to reflect on these, and influence them wherever possible.

HEALTH EQUITY

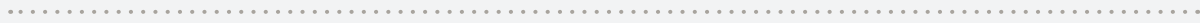
Significant inequalities exist in the health and health outcomes of different groups of people, linked to their socioeconomic status, ethnicity, gender, sexuality, and geographic location. These inequalities in health are unnecessary, unwarranted, unfair, unjust, and avoidable.¹⁵ Health equity does not mean that the health care or services provided to all groups is uniform or the same. Instead, it means that approaches and services are tailored to different groups to enable them to get the same outcomes; health equity is about equity of health outcomes.⁷ Principles aimed at enhancing health equity should be considered in the development of all interventions and actions at all levels within the health sector. Improving health equity assists provision of person and whānau centred care, and vice versa.⁴

FOSTER RELATIONSHIPS WITH COMMUNITIES

Fostering relationships with communities encourages community engagement and participation in health initiatives. Community engagement and participation can improve health outcomes, provide support networks to members, help communities to identify and understand factors that contribute to certain health issues, and raise awareness of preventative and other health care options. Time and ongoing commitment are required to build strong relationships between health care providers (professionals and managers) and community members. The strength of these relationships helps determine the effectiveness of community engagement and participation.

STAKEHOLDER INVOLVEMENT IN PRACTICE MANAGEMENT, SERVICE DESIGN, AND POLICY

Individuals and whānau are key stakeholders in healthcare. It is important that all stakeholders are involved in the design, development, delivery, and evaluation of healthcare and health services. Stakeholder input into practice management, service design, and policy is encouraged whenever possible. There are a number of ways that people's input can be gained, including consultation via focus groups or questionnaires, or the involvement of 'consumer representatives' on steering committees or working groups. It can also include ongoing measures such as providing channels through which individuals and whānau can give feedback, for example, comment boxes.



IDENTIFYING AND OVERCOMING BARRIERS

There are many potential barriers to individuals and whānau receiving optimal care. Barriers can include the attitudes of healthcare providers and/or funders, the attitudes of individuals and/or whānau members, adherence to a biomedical paradigm, and expectations of those involved. Other barriers that may exist include the time available for physiotherapy sessions (or the timing of those sessions), the space available in consultation room for whānau members, the models of service delivery implemented, access to the healthcare services required, and the healthcare system itself. Explicit identification and planning is required to enable the management or removal of these barriers.

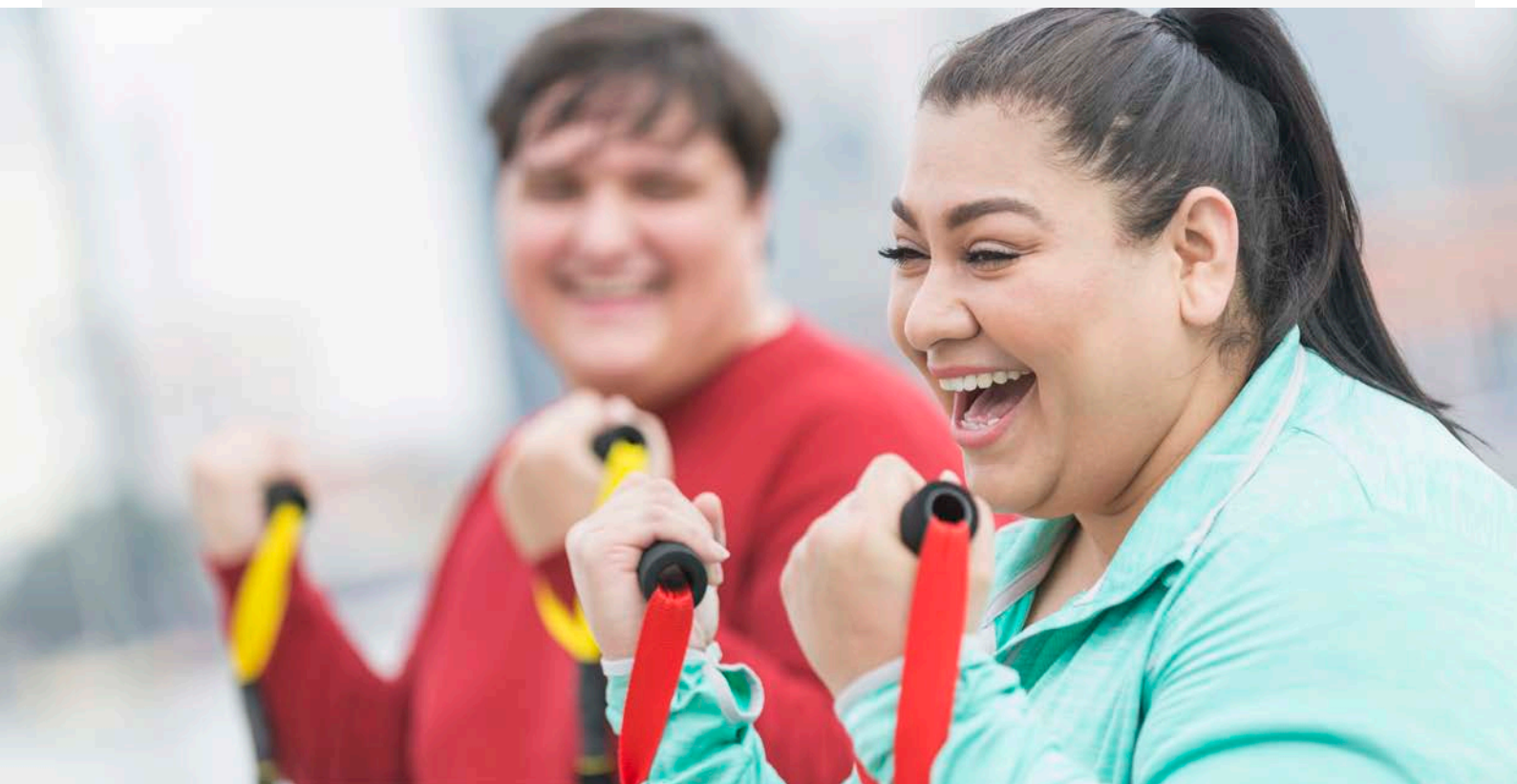


REGULATORY CONTEXT

The person and whānau centred care model endorses the regulated requirements to which physiotherapists and physiotherapy practices must adhere in Aotearoa New Zealand, and the component behaviours are integral to many of these requirements. These include the *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand (2015)*¹⁶ the draft *Physiotherapy Standards, the Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct*,¹⁷ and the *Code of Health and Disability Services Consumers' Rights*.¹⁸ The model complies with all applicable legislation that governs physiotherapy practice, including the Health Practitioners Competence Assurance Act 2003,¹⁹ the Privacy Act 1993,²⁰ the New Zealand Bill of Rights Act 1990,²¹ and the Health and Disability Commissioner Act 1994.²² The model coheres with the strategic themes and areas for action of the *New Zealand Health Strategy 2016*^{23 24} and *He Korowai Oranga*²⁵ (New Zealand's Maori Health Strategy), and aligns with many of the characteristics of Whānau Ora.²⁶ The model and component behaviours also align with a number of the strategic objectives in *Physiotherapy New Zealand's Strategy 2016-2020*.²⁷

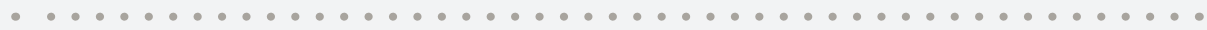
MODEL DEVELOPMENT

This model and supporting definitions has been prepared as part of the PNZ Professional Development Committee's Person and Whānau Centred Care work stream (work stream leads, Ben Darlow and Karen Evison). It has been informed by input from consumers, members of the work stream's reference group, and existing literature. The development process has included initial literature review,^{4 16 28-39} the development and analysis of vignettes demonstrating the presence or absence of elements of person and whānau centred care, initial model development, stakeholder consultation, further literature review,^{6 40-64} and subsequent model redesign. The Professional Development Committee are grateful to all those who have provided input to the model, including members of the reference group: Martine Abel, Amelia Buick, Dawn Birrell, Karen Elliott, Ben Hinchcliff, Lynda Kirkman, Dave Nicholls, Meredith Perry, Jess Radovanovich, Madeleine Sands, Di Scott, Ashley Simmons, Erin Swan.

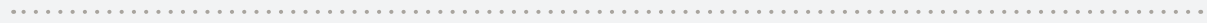


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