

Sector perspectives on the local adaption and use of the Six Core Strategies

Stakeholder engagement summary, August 2025

About the project

Te Pou is updating the Six Core Strategies service review tool and hosting a series of online workshops to support its implementation.¹ This report summarises the initial feedback from stakeholder engagement.

To inform this work, we had initial discussions with 21 stakeholders in August 2025. This involved online focus groups with lived experience kaimahi (including Māori and Pacific perspectives) and clinical kaimahi working in adult mental health and other settings (such as disability, child and adolescent, and older adults). We asked participants about what's working well in their services, what could be improved in the service review tool, and ideas for the workshops.

Polling results indicate approximately half of participants were from services that use the Six Core Strategies, and one-third did not use the Six Core Strategies but were interested to learn more.

We would like to thank everyone who contributed to these initial discussions which will help inform the next stages of the project.²

Key themes

Themes from the discussions were aligned with the Six Core Strategies where relevant.²

Values and ethics provide a foundation for least restrictive practice

Participants emphasised the importance of values and ethics in providing a strong foundation and guiding least restrictive practice and reflection. Values and concepts mentioned include respect, dignity, privacy, self-determination, whanaungatanga, and mana-enhancing and trauma-informed support.

¹ Note. *Six Core Strategies for Reducing Seclusion and Restraint Use*© (Six Core Strategies) is a model developed in the United States by the National Association of State Mental Health Program Directors Medical Directors Council (NASMHPD). It has been adapted into a service review tool for use in the Aotearoa New Zealand context. For more information, see <https://www.tepou.co.nz/>

² AI tools were used to assist with transcription and summarisation, with consent from participants.

Cultural responsiveness is essential to adapting Six Core Strategies

Whānau, communities, and cultural support play an important role in achieving positive outcomes for Māori and Pacific peoples. There were perceived gaps in the cultural responsiveness of a model adapted from overseas. As such, some participants were interested in an additional strategy dedicated to cultural responsiveness.

While the presence and support of cultural advisors and kaimahi can make a significant difference for Māori and Pacific peoples, limited resourcing means these roles are often unavailable especially after-hours and weekends.

Participants emphasised the benefits of cultural approaches to support wellbeing and connection. For Māori, it is important to prioritise kōrero, karakia, manaakitanga, and whanaungatanga. For example, offering kai (such as a cup of tea and biscuits) when tāngata whai ora and whānau arrive at the unit. Pasifika approaches discussed include talanoa, kava, sounds of the wangu wangu (traditional music instrument), chanting, and hiva kakala (type of music).

Gender responsiveness needs to be considered

The use of restrictive practices with women and lack of gender responsiveness was recognised as an issue. Participants acknowledged that many services are male-dominant environments which may not meet the needs of women. There are also cultural protocols around gender and physical touch that need to be considered. To better support women, suggestions include gender specific responsive policies and access to lived experience and cultural kaimahi who are women.

Leaders need to drive positive change and maintain momentum

Participants shared examples of committed leaders on the ward who continuously challenge and push back on the use of seclusion. However, momentum can be lost when such leaders are absent or leave the organisation.

There are several types of roles that are seen as having leadership influence in least restrictive practice mahi. These include governance and executive-level leaders, senior management, ward managers, team leaders, lived experience advisors, cultural leads, clinical leads and directors, and quality improvement leads. Restraint review panels or committees are also seen as key drivers of change. It is important to establish buy-in and champions across these roles and groups as they can influence funding, organisational culture, access to data, and service review and auditing.

To improve the utility of the Six Core Strategies service review tool for leaders, participants suggest aligning it with mandatory reporting and auditing processes. This includes the Ngā Paerewa Health and Disability Services Standard, Always Report and Review (ARR) process, and service audits.

Lived experience involvement is vital but often under-resourced

Participants emphasised the importance of tāngata whai ora and whānau voices in identifying issues and guiding positive changes in services.

Lived experience kaimahi have an important role in advocating for tāngata whai ora and are often key drivers of least restrictive practice mahi. Their expertise is seen as vital for policy development, cultural safety, and debriefing. However, workforce shortages often limit lived experience participation in these processes.

Data is a powerful tool for quality improvement

Participants who know their service's seclusion rates have reduced feel reassured about the progress. Examples of data use include identifying trends and areas of concern such as staff and shift patterns. However, data reporting and access can vary across services. Participants expressed concerns around inconsistent reporting of seclusion events across services, the need for more transparency and balancing measures (such as chemical and environmental restraints), and not being able to easily access up-to-date seclusion data (such as having to request access via managers).

There are potential sources of data that are often kept separate and not considered, such as tāngata whai ora feedback, debriefing notes, and ARR reports. Participants expressed an interest in data dashboards and more sharing of information and stories across services about what has worked well to prevent restrictive practices.

Workforce development can support a more collaborative response

Participants highlighted the need to ensure inpatient kaimahi have access to training in cultural competency and safety, communication and the Safe Practice Effective Communication (SPEC) programme, sensory modulation, debriefing, and responding to substance intoxication. Such training is also seen as useful for other roles who work alongside inpatient kaimahi, such as crisis teams and support workers.

As mentioned above, there is a need to increase the capacity of the lived experience and cultural workforces.

Prevention strategies need to be proactive and start early

Participants suggested prevention needs to begin prior to arrival at the inpatient service, and during the journey from the previous environment. Peer support and cultural support is seen as crucial in reducing tāngata whai ora and whānau distress during the admission journey. This also means that community and crisis teams and emergency responders have an important role in preventing restrictive practices.

As mentioned above, cultural approaches and models are crucial for prevention. The only other specific prevention tool discussed was the use of mental health advance preferences (MAPS) for tāngata whai ora to communicate how they want to be supported when they become unwell.

Debriefing needs more support and development

Participants said when debriefing occurs, it's a useful opportunity for kaimahi to rebuild relationships with tāngata whai ora and to reflect and learn from what happened. However, the use of debriefing is often inconsistent and delayed due to limited access to lived experience support and challenges in finding the right timing.

To improve the use of debriefing, participants highlight the need for kaimahi training in debriefing techniques, integration with the ARR process and software systems, and inclusion of debriefing notes in wider service reviews.

The service review tool can be offered in multiple formats

Participants suggest having multiple formats for the Six Core Strategies service review tool available to provide options suitable to various needs. The current 60-page checklist format is seen as useful for those who want a comprehensive understanding of the framework, whereas shorter or plain language versions can make the tool more accessible and user-friendly. Participants were supportive of an online version but emphasised the need for useful outputs and transparency in how the data is used and stored by a third party.

As mentioned above, alignment with mandatory reporting and auditing processes would be useful.

Implementation workshops can be targeted to key audiences

For the workshops, participants advise that leaders, managers, clinical and quality leads are a key audience to ensure leadership-level buy-in. Other key stakeholders include inpatient service kaimahi to ensure active use of prevention strategies and wider communities to engage them in least restrictive practice initiatives. Cultural responsiveness is seen as an important topic to cover in the workshops. Ideas for workshop activities include scenario-based demonstrations of the updated tool, examples of how to use the service review tool to identify gaps and facilitate change, sharing stories and discussions between services about challenges and what's working well, and exploring data trends together.

What happens next?

Te Pou will establish a working group to guide the update of the Six Core Strategies service review tool. This group will consist of lived experience, cultural, clinical, and research kaimahi who have expertise in promoting least restrictive practice. Leaders from other settings working towards preventing restrictive practices (such as forensic, intellectual disability, child and youth, and older adult settings) will also be included in the working group. These initial stakeholder findings will be shared with the working group to inform the update of the Six Core Strategies service review tool.