

Six Core Strategies: A summary of relevant literature



This summary of research evidence aims to support awareness and understanding of the *Six Core Strategies for Reducing Seclusion and Restraint Use*[®] (Six Core Strategies). The summary highlights local and international research published in the past five years (2020–2025) focused on preventing and eliminating the use of seclusion and restraint in mental health settings.

This information is useful for kaimahi and managers involved in the implementation of *Te Mana Hononga: The Power of Connection*, an Aotearoa framework for reducing and eliminating restrictive practices.

Six Core Strategies is effective and widely implemented

The Six Core Strategies is a trauma-informed, multi-component model that promotes people-centred and least restrictive practice within organisations. The model focuses on leadership, lived experience involvement, workforce development, use of prevention tools, debriefing, and data to inform practice. Originally developed by the National Association of State Mental Health Program Directors,¹ it has been widely adopted in countries such as Aotearoa, Australia, Canada, Finland, and the UK and US.

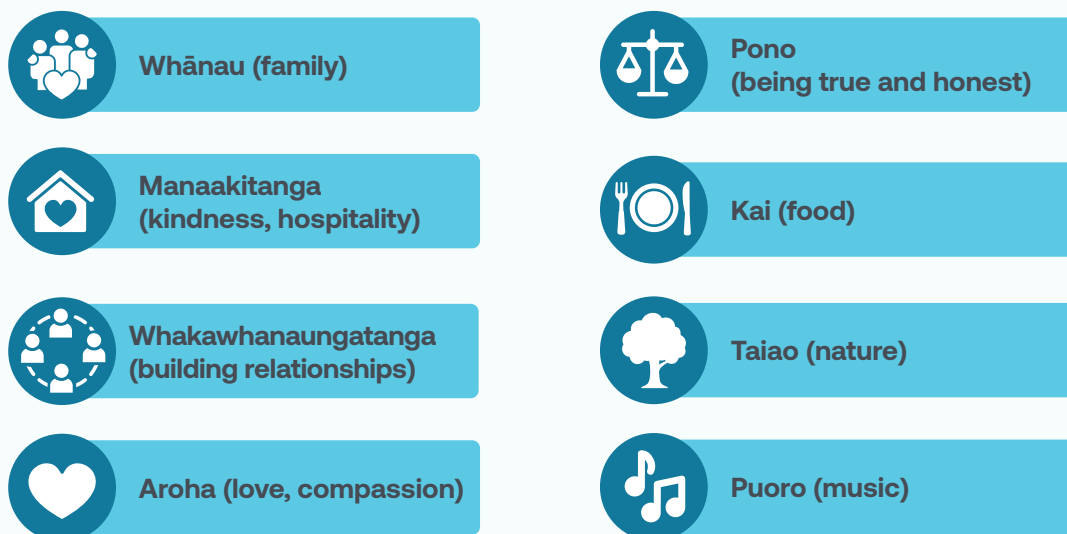
The use of Six Core Strategies has led to successful reductions in seclusion and restraint in mental health services.^{2–6} Notably, Pennsylvania State Hospitals (US) sustained a decade-long cessation of seclusion and mechanical restraint by using the Six Core Strategies.² In England, seven wards using the Six Core Strategies achieved significant reductions in physical restraints over a six-month period.⁵ The model has also achieved positive results in adolescent mental health settings.^{7–10}



Note: This research summary was undertaken in the early development stages of *Te Mana Hononga: The Power of Connection*, so it still uses the graphics and language from the previous framework.

Te ao Māori concepts and culturally grounded approaches are necessary for health equity

Models such as Six Core Strategies and Safewards create opportunities for delivering culturally grounded approaches and mana-enhancing practice.^{11,12} For example, focus groups exploring the Aotearoa adaptation of Safewards highlight the importance of te ao Māori concepts such as:¹¹



The 'Zero Seclusion: Safety and dignity for all' quality improvement programme shows it is possible to reduce the inequitable use of seclusion for Māori.¹² Positive results were achieved through Māori and lived experience partnership within the programme's leadership and governance as well as implementation of a co-designed [change package \(including a cultural kete of mātauranga Māori approaches and interventions\)](#). This partnership approach and the co-designed tools can be integrated into local implementation of the Six Core Strategies to support reductions in seclusion for Māori and use of quality improvement methods.

Research continues to support the key components of Six Core Strategies and its use in mental health settings. The following sections summarise what works and what makes a difference to reducing restrictive practices.

Leadership is a catalyst for organisational change

Effective leadership is critical for achieving successful reduction of restrictive practices in both national and local initiatives.¹³

Leaders (including service managers, lived experience and cultural leads, clinical leads, psychiatrists, and champions) have an important role in:^{3,14–16}



Executive and leadership teams have an opportunity to champion health equity and cultural safety, as well as creating opportunities to work in partnership with Māori and iwi.¹⁷ Shared leadership with Māori is integral to improving cultural responsiveness and equitable outcomes in mental health services.^{12,17,18} Supporting Māori to move into leadership positions requires promoting the self-determination of individuals, whānau, and local Māori leaders, adopting a shared leadership and equity model, building the capacity and capability of the Māori workforce, and providing equal opportunities and representation in leadership.^{17,19,20}

Stakeholder and kaimahi resistance and lack of participation can be a common challenge for leaders when implementing the Six Core Strategies.^{4,21,22} This barrier can be overcome through senior leadership involvement in team meetings, consistent communication and resourcing, interprofessional leadership, change management, and data-driven decision making.^{4,11,22} Moreover, changes or absences in leadership can be a significant barrier to sustaining least restrictive practice.¹⁴



Lived experience voices help to create a paradigm shift

It is crucial to partner with lived experience voices at all levels of the organisation. Kotahitanga (working together) aims to ensure all voices are heard and included, particularly the voices of tāngata whai ora and whānau who are central to decisions about treatment and improving service delivery.^{23–26}

To prevent and eliminate restrictive practices, lived experience voices emphasise the need for:^{9,27–31}



A multidisciplinary and diverse workforce encompassing lived experience and cultural experts is seen as a strength for the mental health system.³² There is huge potential to further develop the mātau-ā-wheako Māori workforce who bring a te ao Māori perspective and cultural safety into co-design and service delivery.^{23,33,34} This has practical implications for recruiting and resourcing of Māori lived experience roles, as well as addressing barriers linked to discrimination and power relations.³³ In terms of professional development, the Māori lived experience workforce are interested in building their knowledge and skills in mātauranga Māori.^{35,36}

To enhance lived experience partnerships and decision-making power, services need to continuously reflect on power dynamics and address power imbalances.²⁶ Creating equitable partnerships requires inclusive recruitment procedures, role clarity, collaborative decision-making, and meeting structures that are flexible and inclusive.²⁶



The use of data is fundamental for driving equity and decision making

Data has an important role in identifying patterns, informing targeted prevention strategies, and monitoring progress.^{15,37-39} It is valuable for improving Māori health outcomes and addressing systemic inequities.⁴⁰⁻⁴² Māori data is a living taonga (treasure) requiring protection and care. Māori data sovereignty emphasises Māori self-determination, governance, and guardianship of Māori data, as well as collective benefit in the use of Māori data.⁴³

Service data can be used to inform targeted actions to reduce the disproportionate rates of seclusion for Māori.^{12,44} For example, data shows that admission is a critical period for preventing restrictive practices, particularly for Māori and Pasifika tāngata whai ora, people perceived to be aggressive, intoxicated, or cognitively impaired, and people being referred from police.⁴⁵⁻⁴⁸ To support equitable outcomes, it is also useful for services to collect and analyse holistic measures that reflect Māori health aspirations, such as whānau involvement and access to cultural support.^{49,50} More examples can be drawn from [Hua Oranga](#) and the [He Ara Āwhina dashboard](#) which reflects system aspirations from both a Te Ao Māori and shared perspective.

Leaders who regularly share data with kaimahi can foster a culture of accountability and continuous improvement.^{2,7} Seclusion and restraint data can be presented in team meetings and posters across the ward and regularly reviewed with a multidisciplinary group that includes lived experience leaderships.⁴

Internationally, data benchmarking and comparisons highlight the need for standardised definitions and measures for restrictive practices across services and countries.⁵¹⁻⁵⁵

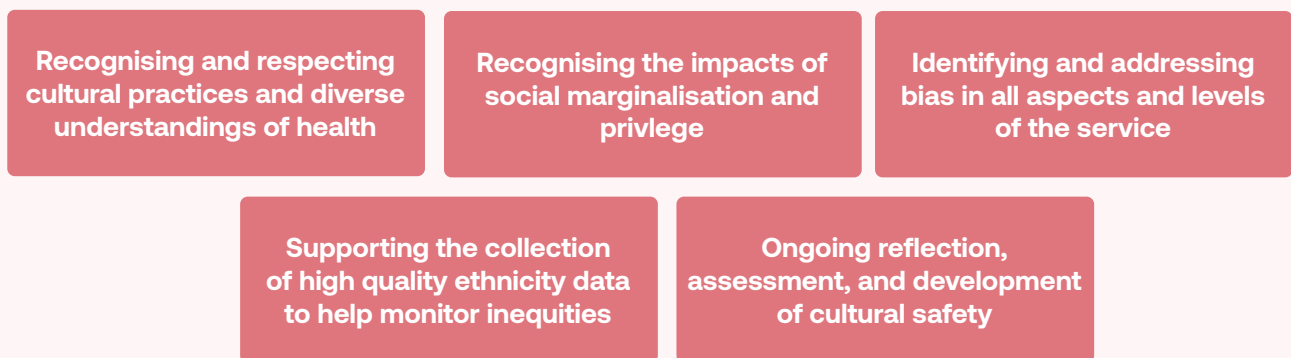


Workforce development can shift kaimahi attitudes and practices

Kaimahi training and development is a key strategy to reducing the use of restrictive practices.⁵⁶ Successful reduction of restrictive practices requires leadership investment in kaimahi training and supervision, which are essential for shifting attitudes and enhancing knowledge and skills.^{3,4} It is also important for leaders to prioritise kaimahi wellbeing as the use of restrictive practices can lead to occupational distress and burnout, especially if there is a lack of workplace support.⁵⁷⁻⁶⁰

Kaimahi attitudes can influence decision-making and ward culture.^{31,61,62} Training programmes led by lived experience perspectives and those focused on empathy and ethical awareness are particularly effective in shifting kaimahi attitudes and practice.⁶³⁻⁶⁹ Such training promotes deep reflection of human rights, people-centred approaches, and supported decision-making in contributing to least restrictive practices.⁶⁴ Training in trauma-informed approaches is also important to avoid the potential for re-traumatisation in acute mental health inpatient settings.^{70,71}

Cultural competency and safety training are fundamental to ensuring kaimahi are responsive when working alongside tāngata whai ora Māori and whānau.⁷²⁻⁷⁴ It also promotes kotahitanga (working together) and helps reduce the pressures of cultural loading for kaimahi Māori.⁷⁵ Cultural safety in mental health services involves:⁷³



Additionally, the development of the Māori mental health workforce is an ongoing priority that requires active recruitment, professional development opportunities focused on mātauranga Māori (including supervision and mentoring), culturally safe work environments, and growing Māori leadership capacity.⁷⁶



Prevention tools provide a suite of least restrictive alternatives

Providing a wide range of least restrictive alternatives can benefit both tāngata whai ora and kaimahi.⁷⁷ Combining multiple approaches (particularly those with a focus on improving therapeutic relationships) into a broader strategy is more effective than using standalone tools.^{78–80} Like the Six Core Strategies, Safewards is another multi-component model. Safewards consists of several interventions for reducing conflict and restrictive practices that could be embedded into local implementation of the Six Core Strategies, such as bad news mitigation and the ‘Calm Down Methods’ box of sensory items.¹⁴

In mental health settings, whakaāio ā-rongo (sensory modulation) provides a person-centred and trauma-informed approach that can help to reduce distress and agitation and improve service culture.^{81–85} Whakaāio ā-rongo is a widely used approach in Aotearoa.

Other prevention strategies examined in recent research include:

- › advance directives^{86,87}
- › collaborative problem solving⁸⁸
- › de-escalation techniques^{89,90}
- › risk assessment tools, such as Dynamic Appraisal of Situational Aggression (DASA) and the Aggression Prevention Protocol (APP)^{91–93}
- › environmental design⁹⁴
- › social environment (eg improving communication and changes in staff mix and ratios)⁵⁶
- › art therapy⁹⁵
- › community-based or peer-led alternatives for people in crisis.⁹⁶

While there is research supporting a range of useful tools, varying implementation fidelity and quality of evidence makes it difficult to compare the effectiveness between different alternatives.^{78,79,97} Nevertheless, having access to a range of tools allows kaimahi to tailor the approach to meet tāngata whai ora needs and preferences.

Eliminating restrictive practices and improving outcomes for Māori requires a holistic and cultural-clinical approach that aligns with Māori models of wellbeing such as Te Whare Tapa Whā.^{50,98} This means prioritising whānau involvement, whanaungatanga, mana-enhancing practices, and providing access to kaupapa Māori providers, tohunga (traditional healer), kaumātua and kuia (elders), and rongoā Māori.^{18,49,50,99,100} For example, te ao Māori concepts and cultural sensory experiences can be integrated into individually tailored and mana-enhancing sensory modulation approaches for Maori.⁸⁵ Moreover, there is a range of Māori mental health tools and approaches that services can implement into practice with cultural guidance and support. For example, [Hua Oranga](#) helps to understand Māori health outcomes, the [Hui Process and Meihana Model](#) supports clinical assessment and formulation, and [Mahi a Atua](#) is a framework that uses pūrākau (Māori creation and custom narratives) to support wellbeing and engagement with tāngata whai ora and whānau Māori.^{101–104}



Debriefing can foster quality improvement and repair relationships

Post-incident debriefing aims to support people's recovery, rebuild therapeutic relationships, and prevent future use of restrictive practices.^{105,106} It offers the person who experienced coercion and kaimahi an opportunity to process the distressing event, discuss what happened, and identify what changes are needed in treatment plans and to improve service delivery.^{57,105–107} However, more research is needed on developing a standardised approach for debriefing after restrictive practices.^{108,109}

A trauma informed approach is important for debriefing. When working alongside tāngata whai ora Māori and whānau, it is important to understand Māori experiences of historical and colonial trauma and that trauma is a collective and intergenerational experience.¹¹⁰ A trauma informed approach for Māori requires whānau involvement, cultural safety, mātauranga and tikanga Māori, self-determination, and holistic wellbeing (such as Te Whare Tapa Whā model of mental, physical, social, and spiritual wellbeing).^{110,111}

In recent years, the health sector in Aotearoa New Zealand has started shifting to a restorative approach to harm. A restorative approach strengthens the focus on people's needs and relationships which will have implications for debriefing practices.¹¹²

For effective implementation, it is important to ensure debriefing is: ^{3,4,57,105–107}

-  **Guided by people's needs and preferences to avoid harm and re-traumatisation (eg offering a choice in the timing, support people, and topics discussed)**
-  **Conducted in a restorative, respectful, empathetic, and empowering manner**
-  **Focused on reflection, learning, and continuous quality improvement**
-  **Inclusive of whānau, peer support, cultural support, and/or advocates (to reduce power imbalances)**
-  **Reinforced by kaimahi training and leadership investment**
-  **Utilised consistently (eg standardised documentation)**



Te Mana Hononga: The Power of Connection

Te Pou has published *Te Mana Hononga: The Power of Connection*, an Aotearoa framework for reducing and eliminating restrictive practices. The information provided in this research summary helped to inform the development of the new framework.

To download *Te Mana Hononga: The Power of Connection* and its resources, visit the [least restrictive practice initiative webpage](#).

Looking for local success stories about the Six Core Strategies?

See [Celebrating success, sustaining change](#) for videos and podcasts about what has worked well and made a difference in Aotearoa services.



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