



Six Core Strategies[©] service review tool

Strategy 1: Leadership towards organisational change

New Zealand adaption – 2nd edition

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Te Pou is a national centre of evidence-based workforce development for the mental health, addiction and disability sectors in New Zealand.

PO Box 108-244, Symonds Street, Auckland, New Zealand.

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Website: www.tepou.co.nz

Email: info@tepou.co.nz

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About the Six Core Strategies[®]

The *Six Core Strategies*[®] is a whole-of-system approach for reducing the use of seclusion and restraint in mental health and addiction services. This evidence-informed framework was originally developed in the US by the National Association of State Mental Health Program Directors in response to people accessing services and other stakeholders saying the experience of seclusion and restraint is traumatising for both people receiving services and staff.

The framework consists of six strategic areas as shown below. This document focuses on the service objectives that sit under **Strategy 1: Leadership towards organisational change**. For more information, please refer to the full version of the *Six Core Strategies*[®] service review tool: *New Zealand Adaption – 2nd Edition*.



How to use this document

This document provides examples of what each service objective could look like. Your service can use the ratings below to identify whether you meet the objective and record it in each column. Then use your ratings to identify one or two key priorities for your service to work on over the next 3 to 6 months.

Yes	The objective is <i>fully embedded</i> into everyday working practice, values and culture.
Partly	<i>Part</i> of the objective has been implemented, but <i>not</i> fully embedded into everyday working practice, values and culture.
No	The objective is <i>newly implemented</i> or <i>not present</i> , and <i>not</i> yet embedded into everyday working practice, values and culture.

1. Leadership towards organisational change

GOAL ONE: Promote the use of least restrictive practice by forming a mission, philosophy of care, and guiding values to develop and implement a seclusion and restraint reduction or elimination plan. The guidance, direction, participation and on-going review by executive leadership is demonstrated throughout all seclusion and restraint reduction or elimination projects, plans and service delivery. A commitment to Te Tiriti o Waitangi is modelled through a partnership and shared decision-making approach. Māori leadership and participation are visible at all levels of service delivery and planning. People and whānau are integral active partners in planning and care. Principles of wellbeing, autonomy and self-determination underpin all service delivery and planning.

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
Planning and evaluation			
<p>1. Our organisation and service’s mission, vision, philosophy and guiding values align with the intent of least restrictive practice.</p>	<p>Organisational statements recognise:</p> <ul style="list-style-type: none"> • Te Tiriti o Waitangi principles • achieving equity in health outcomes • iwi, hapū and whānau led solutions • lived experience leadership and inclusion • Māori and whānau leadership and participation • recovery and wellbeing principles • trauma informed approaches and systems • safe environments for people, whānau and staff. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>2. Our seclusion and restraint reduction or elimination policy statement is consistent with our organisation and service’s mission, vision, guiding values and recovery principles.</p>	<p>Policy statements include commitment to:</p> <ul style="list-style-type: none"> • Te Tiriti o Waitangi principles • achieving equity in health outcomes • partnership approaches with iwi, hapū and whānau to eliminate the use of restrictive practices • Convention on the Rights of Persons with Disabilities (UNCRPD) and Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) • providing high quality care and treatment that supports safety and wellbeing and is respectful of people and whānau • viewing restrictive practices as a ‘failure of treatment’ • demonstrating clear approaches that prevent future use of restrictive practice. 	<p>Yes</p> <p>Partly</p> <p>No</p>	

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
<p>3. Our service has an approved seclusion and restraint reduction or elimination action plan that:</p> <ul style="list-style-type: none"> • focuses on achieving equity and addressing barriers • demonstrates collaborative relationships with kaupapa Māori and Pasifika services • demonstrates collaborative relationships with services in community, primary and secondary settings • is included in strategic plans, district annual plans, service development and quality plans • is regularly reviewed and revised with leadership oversight. 	<p>The action plan may include:</p> <ul style="list-style-type: none"> • statements of commitment to people’s social, emotional, physical and spiritual wellbeing as a priority • iwi and Pasifika led initiatives and measures aimed at improving outcomes for whānau accessing services • strategies and systems to ensure people and whānau can access kaumātua, kaimahi Māori, and appropriate healing practices • strategies and systems to build the capacity and capability of the lived experience workforce across inpatient and community settings • strategies and systems to build the capacity and capability of Māori, Pasifika and whānau workforces across all treatment settings • strategies, initiatives and measures to support least restrictive practice approaches within community settings • clear expectations and targets for the number of staff trained each year in least restrictive approaches (see Strategy 3: Workforce Development) • clear expectations and procedures for responding to people presenting with co-existing mental health and addiction issues • a clear legal definition of seclusion and types of restraint that is applied across all care and treatment settings • performance improvement and preventative approaches as the overarching principles guiding restraint reduction or elimination • allocation of champions and a project team • goals, objectives and action steps assigned to responsible individuals and timeframes • least restrictive practice improvement targets over a specified period of time • an aspirational goal to end restrictive practices in your DHB. 	<p>Yes</p> <p>Partly</p> <p>No</p>	

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
<p>4. Our seclusion and restraint reduction or elimination plan includes delegated tasks, regular reviews and reports to ensure progress.</p>	<p>Actions include progress reports and updates in:</p> <ul style="list-style-type: none"> • inpatient and community services • executive management meetings • local, regional and national forums. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>5. Our seclusion and restraint reduction or elimination plan is regularly reviewed with support from human resources to ensure staff training and workforce culture needs are addressed.</p> <p>(See also Strategy 3: Workforce Development)</p>	<p>Actions include:</p> <ul style="list-style-type: none"> • prioritising learning and development of required skills, knowledge and attitudes to support use of least restrictive practice approaches • ensuring the expertise and skills of the lived experience workforce are recognised and remunerated • ensuring the expertise and skills of the cultural, whānau workforce are recognised and remunerated • undertaking a training needs analysis to identify gaps in existing knowledge and skills, such as the Real Skills online assessment for <i>Let's get real</i> • gathering feedback from people with lived experience, whānau and the community about their service experiences and areas for improvement (eg Mārama Real Time Feedback) • consulting with community and inpatient staff and other key stakeholders about what is working well and areas for improvement. 	<p>Yes</p> <p>Partly</p> <p>No</p>	

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
<p>6. Our seclusion and restraint reduction or elimination plan is regularly reviewed to ensure meaningful activities enhance the social, emotional, physical and spiritual wellbeing of people and whānau.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> • offering meaningful activities that are people- and whānau-centred and outcomes focused • offering a range of daily living, recreational, vocational, social and cultural activities • ensuring people have personal choices to participate in activities. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>7. The impact of least restrictive practice on the whole environment is regularly evaluated.</p>	<p>Evaluation projects may explore the impact of:</p> <ul style="list-style-type: none"> • the duration and types of de-escalation attempts or alternative approaches • prevention approaches effectively used by staff and the team • processes and events prior to and during the first 48 hours of admission, such as welcoming practices or how people enter the service • staff mix, skills, expertise and use of space to support culturally responsive engagement processes for Māori and Pasifika whānau • the capacity of services to meet people's needs across the continuum of treatment settings • implementation and usefulness of assessments, tools and staff training • environmental factors, including noise levels, use of physical space and property damage • conflicts with wider health initiatives such as smoking cessation. 	<p>Yes</p> <p>Partly</p> <p>No</p>	

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
Leadership by lived experience, Māori and whānau			
<p>8. Lived experience co-production and co-leadership are part of all our least restrictive practice activity.</p> <p>(See also Strategy 2: Full inclusion of lived experience)</p>	<p>Actions include:</p> <ul style="list-style-type: none"> ensuring least restrictive activities are co-led by people with lived experience including lived experience workers in project teams, reporting, debriefing and auditing. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>9. Māori inclusion, leadership and perspectives are part of all our least restrictive practice activity.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> ensuring iwi, hapū and whānau leadership and participation at all levels of service delivery and planning ensuring Māori champions in project teams, reporting, debriefing and auditing collaborating with kaupapa Māori and community-based services to develop and implement effective least restrictive practice initiatives for whānau Māori including Māori, iwi, hapū and whānau led solutions at the centre of all projects, plans and activities. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>10. Whānau inclusion, leadership and perspectives are part of all our least restrictive practice activity.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> demonstrating collaborative relationships with whānau at all levels of service delivery and planning ensuring whānau champions in project teams, reporting, debriefing and auditing ensuring whānau are visible at all levels of service delivery and planning supporting whānau as active partners of care and ensuring their experiences, skills and knowledge are valued and respected. 	<p>Yes</p> <p>Partly</p> <p>No</p>	

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
Organisational culture			
<p>11. Our organisational culture values best practice, collaboration, wellbeing and fosters non-punitive and non-discriminatory approaches, recognising the value of:</p> <ul style="list-style-type: none"> • authentic, collaborative and therapeutic connections • open and courageous discussions • lived experience, cultural and whānau led solutions. 	<p>Actions to maintain a culture that supports least restrictive practice include:</p> <ul style="list-style-type: none"> • seeking appropriate cultural guidance such as kaumātua and matua (Pasifika) • identifying use of restrictive practices as a clinical decision and ensuring all incidents are reviewed and analysed • identifying abuse of restrictive practice and neglect as a performance issue • reviewing and addressing processes that perpetuate structural bias based on ethnicity, gender, diagnosis and treatment history and responding to discriminatory behaviour assertively • recognising staff act with the best intentions and encouraging reflective practice. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>12. The workforce and services across our organisation are aware of the role and responsibility of the general manager or service leader to direct seclusion and restraint reduction or elimination activities.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> • motivating staff, including communicating commitment from the clinical director • organising a ‘kick off’ event or celebration if our service has already started work in this area • clearly communicating priorities, expectations and responsibilities with staff • promoting active, routine, visible activities that are measurable, such as including status reports at all management meetings • ensuring project teams meet regularly. 	<p>Yes</p> <p>Partly</p> <p>No</p>	

Service objectives	Examples of actions to meet the objectives	Is the objective being met? (Yes/Partly/No)	Next steps
<p>13. Our staff and champions are valued and recognised for their ongoing efforts in the least restrictive practice work.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> recognising and celebrating the achievement of least restrictive practice goals consistent with recovery and wellbeing principles and service values recognising staff demonstrations of best practice approaches through positive initiative programmes, such as recognition activities led by the general manager (GM) and or director of mental health nursing (DoMHN) and or equivalent senior leadership and management roles, and ‘cause for applause’. 	<p>Yes</p> <p>Partly</p> <p>No</p>	
<p>14. Our leaders and managers oversee and are accountable for every restrictive practice event 24 hours a day, 7 days per week.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> assigning duties and responsibilities to multiple roles, including on-call management, onsite unit staff, service leaders or managers, nurses, occupational therapists, psychiatrists, support staff, and the lived experience, whānau and cultural workforces regular formal observation and checking-in of peoples’ emotional states. 	<p>Yes</p> <p>Partly</p> <p>No</p>	



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