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| Six Principles for Safe Visiting and Social Activities in Aged Residential Care | May 2022 |

# About these Principles

Social connection and physical contact with whānau are fundamental to the health and wellbeing of those in aged residential care (ARC). It is essential that ARC providers have policies in place that enable safe visiting, social activities and outings to continue, even when a viral outbreak (such as of COVID-19) has occurred in an ARC facility or community transmission is widespread (as defined by public health).

These Six Principles for Safe Visiting and Social Activities in Aged Residential Care (the Principles) are designed to inform ARC providers as they develop their own policies and procedures that enable safe visiting, social activities and outings. These Principles are underpinned by the recognition that ARC facilities are residents’ homes. ARC facilities are expected to align their local policies and procedures with these Principles.

# Principle 1: Safe visiting and social activities policies support Te Tiriti o Waitangi

ARC facilities have obligations under Te Tiriti o Waitangi to ensure Māori receive the care and support they are entitled to.

* **Involve** whānau Māori in all aspects of residents’ care and support. This includes involving them in deciding how your facility enables safe visiting, social activities and outings, which is critical to meeting all five principles of Te Tiriti o Waitangi: tino rangatiratanga, partnership, equity, active protection and options.

For more detailed discussion on what this looks like in practice, see Appendix A.

# Principle 2: Uphold residents’ right to visiting and social activities as much as possible

* **Recognise** ARC residents’ right to meet with whānau and to connect with other people, just like anyone else living in their own home. The Code of Health and Disability Services Consumers’ Rights outlines specific responsibilities for ARC providers.

Sometimes during an outbreak, a provider may need to limit an individual’s rights to protect the rights of others in the ARC facility. However, this should be for the shortest time possible and ARC providers should have policies and practices in place to work with affected residents and whānau to enable safe visiting, social activities and outings during this time.

# Principle 3: Enable visiting and social activities as much as possible while also keeping residents safe

* **Balance** mitigating the risks associated with a viral outbreak with maintaining the health and wellbeing of residents, including by enabling their access to visitors, social activities and outings. Any limits on social activities should be as least restrictive as possible, and in place for as short a time as possible. Providers must comply with a public health order imposing specific restrictions on access to an ARC facility but cannot use it to justify tighter restrictions.
* **Make use of infection prevention and control practices**, such as washing hands, physical distancing and using personal protective equipment, to help residents, staff and visitors stay safe while undertaking their usual activities, such as visiting, social activities and outings, even during an outbreak.

# Principle 4: Consider and respond to the needs of each resident and their whānau

* **Consider and be responsive** to the needs of the resident and their whānau.
* **Tailor** any policies or restrictions on visiting and social activities to meet those needs where appropriate. It’s important to assess the benefits, risks and importance or significance of the visit or activity. Responses should be flexible to recognise the individual circumstances of the residents, their whānau and the current local environment. Public health orders typically enable visiting to take place on a case-by-case basis, so ARC providers can adjust individual policies where required.
* **Always enable** essential and compassionate visits to continue. Compassionate visits could include named whānau who participate in regular care and support (for example, mealtimes, hygiene and cosmetic activities, therapy and counselling), as well visitors for those on an end-of-life pathway.

# Principle 5: Keep residents and whānau informed through proactive communication

* **Keep** residents and their whānau informed and up to date about any changes to arrangements for visiting, social activities and outings.
* **Communicate** any changes in a timely way.
* **Give** clear details about what restrictions are in place, for how long and why. Communicating the reasons behind decisions and the options that you considered helps foster trust and confidence during times of uncertainty. If you do not have a good rationale to support the restrictions, then you should not implement them.
* **Give** extra consideration to how you communicate and work with people who have an enduring power of attorney for a resident. It’s important to also consider how you communicate with residents and their whānau who have different cultural needs and/or have a primary language other than English.

# Principle 6: Whānau can continue to support residents

* **Enable** the support of friends and whānau. They are an important source of support for ARC residents, especially in times of change, stress and uncertainty. Whānau who help to provide regular personal care and support to residents should continue to have access to the facility and be encouraged to participate in residents’ lives, including during a viral outbreak.
* **Plan ahead** with whānau where possible, so they know what to expect and can be involved.
* **Work** with a resident’s friends and whānau to identify who can provide that ongoing or extra support in advance of any outbreak, if visiting numbers are limited.

Importantly, if whānau are providing a health service, such as mirimiri or rongoā, the ARC provider should treat them as part of the resident’s care team rather than as a visitor.

# Appendix A: Implementing the Principles in the context of Te Tiriti o Waitangi

All decision-making must follow the [principles of Te Tiriti o Waitangi (Te Tiriti)](https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles). These principles for safe visiting and social activities intersect with each of the five principles of Te Tiriti.

* **Tino rangatiratanga:** Provide for Māori (residents and whānau) self-determination and mana motuhake in the design and delivery of social restrictions and isolation policies.
* Partnership: Work in partnership with Māori in the governance, design, delivery and monitoring of services. Include Māori in the design and delivery of safe visiting and social activities in ARC.
* **Equity:** Uphold Māori ARC residents’ rights to engage in social activities as equal to the rights of the general population. Any restrictions on social activities for ARC residents must be as brief as possible and in proportion to the risk.
* **Active protection:** Act to the fullest extent that is practical to achieve equitable outcomes for Māori. For example, provide personal protective equipment, and fully inform residents and whānau about the potential or real risks of visiting and social activities and that you are mitigating or eliminating these risks as much as possible.
* **Options:** Provide alternatives to the usual form of visiting and social activities to enable whānau to keep connected with the resident during periods of social restrictions. This could involve technology, if suitable for the person and whānau involved.

In practice, your facility should have proactive conversations with Māori residents and whānau about social restrictions.

* **Outline** when, why and for how long social restrictions may occur.
* **Understand** the hardships, issues or matters of concern for the whānau and how the ARC facility can help mitigate or eliminate these, to uphold the principles of tino rangatiratanga and partnership.
* **Share** a list of measures your facility will take to maintain social connection during these periods, such as e-visiting, and discuss with the resident and whānau what their preferred options are.
* **Ask** the resident and whānau if they have any additional solutions to meeting their needs that they would like to include in the resident’s care or support plan and include these solutions in that plan.

## Tailoring your policies to meet the needs of residents and whānau

To ensure Māori residents and whānau have the same wellbeing outcomes as other residents in your service, your ARC facility may need to tailor policies in a way that meets the specific wellbeing needs of Māori residents and whānau.

Being familiar with Māori health models, such as [Te Whare Tapa Whā](https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha), will support your facility’s ability to meet the wellbeing needs of Māori. As an example of enabling taha whānau (family health), where a Māori resident has a number of whānau who are active participants in their care, your ARC facility should adjust your visiting policy to enable this care and support to continue (taha whānau). One way to do this is to recognise whānau as carers. As an example of enabling taha wairua (spiritual health), for Māori residents who maintain strong ties with their marae, your facility may need to allow e-visits so that these residents can participate in any important events at their marae.

# Additional reading

These principles align to and may be read along with the following documents.

Health and Disability Commissioner. 1996. [Code of Health and Disability Services Consumers’ Rights](https://www.hdc.org.nz/your-rights/the-code-and-your-rights/). Wellington: Office of the Health and Disability Commissioner.

Ministry of Health. 2017. [*New Zealand Influenza Pandemic Plan: A framework for action*](https://www.health.govt.nz/publication/new-zealand-influenza-pandemic-plan-framework-action). Wellington: Ministry of Health.

Ministry of Health. 2020. [*New Zealand Aotearoa Pandemic Response Policy for Aged Residential Care*](https://www.health.govt.nz/publication/new-zealand-aotearoa-pandemic-response-policy-aged-residential-care). Wellington: Ministry of Health.

Ministry of Health. 2021. [*COVID-19 Community Response Framework*](https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-community-response-framework). Wellington: Ministry of Health.

Ministry of Health. 2022. [*Aged Residential Care Guidance for Operation under the COVID-19 Response Framework*](https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-aged-care-disability-and-hospice-care-providers/covid-19-aged-care-providers#responseframework). Wellington: Ministry of Health.

Ministry of Health. 2020. [*COVID-19 Outbreak Response Toolkit for Aged Residential Care*](https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-aged-care-disability-and-hospice-care-providers/covid-19-aged-care-providers/covid-19-outbreak-response-toolkit-aged-residential-care). Wellington: Ministry of Health.

National Ethics Advisory Committee. 2007. [*Getting Through Together: Ethical values for a pandemic*](https://neac.health.govt.nz/publications-and-resources/neac-publications/getting-through-together-ethical-values-for-a-pandemic/). Wellington: Ministry of Health.

Standards New Zealand. 2021. [Ngā paerewa Health and disability services standard (NZS 8134:2021)](https://www.standards.govt.nz/shop/nzs-81342021/). Wellington: Standards New Zealand.



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