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| **Purpose** | This directive seeks to ensure that service users are treated with respect and receive services in a manner that has regard for their dignity, privacy and independence in line with the [Health and Disability Services Standards](http://www.health.govt.nz/system/files/documents/pages/81341-2008-nzs-health-and-disability-services-core.pdf), Home and Community Support Sector Standards, [Consumer Rights](http://www.hdc.org.nz/) and the [NZ Bill of Rights.](http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html) |
| **Scope** | All personnel, visitors and any service providers. |

**Independence**

**The** [**autonomy**](https://www.bma.org.uk/advice/employment/ethics/medical-students-ethics-toolkit/2-autonomy-or-self-determination) **of the service user will be respected throughout service delivery**

**Possible other participants:**

* cultural support
* peer support
* family/whānau
* advocate
* other service providers

**At all times**

**Service users/staff involved with service delivery**

Service users will determine and participate in:

* goal setting
* recovery planning
* relapse prevention plan
* defining supports
* determining activities
* advanced directives
* collaborative record writing
* treatment and interventions

Service users might sign documents as indication of participation or do the documentation themselves.

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**Personal Privacy**

**At all times**

**Staff and any other service provider**

**Privacy is ensured by the following means:**

* Single bedrooms.
* No sharing of service user’s possessions.
* Bathrooms/toilets can be locked.
* Internet availability (email).
* Private space for discussion.
* Private space for visitors.
* Privacy when using the phone.
* Only visitors approved by the service user are able to visit.
* Staff/visitors/other service user will knock on doors before entering it.
* Giving service users their mail - [unopened](https://privacy.org.nz/further-resources/knowledge-base/view/377).

**Privacy is ensured during the following activities:**

* Personal care, such as washing, bathing, showering, toileting and dressing.
* Conversations with: service users, other service providers, family, visitors.
* Treatments such as medication administration, wound care.
* Any other activity the service user identifies.
* Advanced directives are to be considered.
* Praying, meditating, and exercising.



**Dignity and Respect**

[**Intimacy and Sexuality**](http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/intimacy.pdf)

**At all times**

**Personnel and other service providers**

The service acknowledges that service users have the right to intimacy and sexual expression by ensuring the relationship/ contact is:

* Consensual – both parties agree.
* private – not disturbing other service users or be disturbed
* Considerate – taking into account past experiences.
* Safe – refer additionally to the Abuse and Neglect policy/procedure.

The service will:

* Address/naming the resident and members of their family/ whānau in their preferred way.
* Cultural/ethnic/religious/social/

spiritual considerations will be given.

* Independent interpreters are utilised as required.
* Refer to [cross-cultural resource](http://www.ecald.com/) as required.



For therapeutic reasons the majority to alcohol and other drug treatment centres do not allow for sexual relationships between service users while in residential treatment.



# Consultation

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| Group/Role | Date |
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