

Contents

Introduction	3
<hr/>	
Values and actions	6
<hr/>	
Knowledge and understanding	9
<hr/>	
Supporting your workforce	10
<hr/>	
Creating a workforce development programme	12
<hr/>	
<i>“Getting the Conversation Going”</i> exercises	22

Introduction

This guidance is relevant to all people who provide social care to any group of people and it will help organisations to equip their staff to support people to develop and maintain personal relationships, in a way that respects peoples' choices and values whilst keeping them safe. This guidance was developed with people who use social care and organisations that provide it.

People, including social care staff, must be kept safe from sexual harm and abuse. However, historically within social care, there has been a focus on the protection of people as a solution to keeping them safe. These measures have included preventing the development of relationships and the segregation of sexes, resulting in people being denied their human right to have sex and develop intimate relationships.

Protecting people from sexual abuse is very important, in particular where people have:

- a limited ability to protect themselves physically and emotionally
- are unable to articulate their concerns and worries
- feel they are not listened to.

However, to decrease the likelihood of people being sexually abused and to increase opportunities for people to have safe and positive relationships, there needs to be a shift in importance from social care providers, regulators, social workers and all professionals who work with people who use social care services.

People's sexual and intimate relationships needs can no longer be ignored, as this leads to a culture where sexual abuse is more likely to happen. Organisations need to facilitate the environments, skills and opportunities which enable relationships to flourish and sexual needs should be recognised and addressed in the same way as other needs, which will assist in reducing the risk of sexual harm and abuse.

People and staff must be supported to have a voice

Personal relationships are defined as the close connections such as emotional bonds and interactions between people. All relationships are important and should be treated as such, the term 'personal' will be used to describe the types of relationships covered by this guidance, relationships that are considered intimate but are not necessarily sexual. However, not all relationships look the same, including those for people who need care and support.

There are many ways people choose to live their lives and to be intimate with a partner, The Human Rights Act (1998) is clear that we all have the right to a private life and personal relationships. This includes being able to develop and/or maintain a relationship with a partner of our choosing which includes partners of the same sex or gender identity as ourselves and all choices should be respected and treated equally.

The Care Act (2014) promotes the principle of "wellbeing", which recognises the importance relationships play in our physical health and emotional wellbeing. Relationships support

reducing isolation, which is now an eligible care and support need and social care organisations need to remember that helping people to develop and maintain relationships is an important part of their role in promoting wellbeing.

It's important that everyone who uses social care services are protected from sexual abuse, sexual assaults are defined as "sexually touching another person without their consent" and unwanted sexual attention.

Any issues surrounding sexual abuse should be taken seriously and acted upon immediately. However, it is important that not all social care staffs' conversations around supporting personal relationships centre around issues of safeguarding, abuse and risk as they often can. While these are important and maybe relevant in some instances, they can also be barriers to developing and/or maintaining relationships. Social care organisations need to recognise and value the benefits to wellbeing a consensual personal relationship can bring to a person's life, they should support this through shared decision making and positive risk-taking. The development and/or maintenance of positive personal relationships often is as a result of good staff support, by people who are themselves well supported, informed and appropriately trained.

People who receive care and support don't often have a large circle of support to advise on relationships, therefore social care staff may be their first point of contact or questioning. Discussions surrounding sexuality and relationships can be difficult, to minimise risk and increase positive experiences for people who use services, social care organisations need to adopt a proactive approach to supporting relationships and this starts by having those relaxed, frank, and informative conversations.

An open proactive culture will support people to have the relationships they choose, while also minimising the risk of harm. Where people's circles are limited, it's the staff's responsibility to support people to expand these circles by providing opportunities and support to develop relationships that are not paid.

Case Study

Mary has been diagnosed as having a mild learning disability, she's 35 years old and lives in a residential service for adults who experience mental ill-health. Before living here Mary had spent time in an inpatient assessment and treatment unit and her childhood had been characterised by a chaotic birth parent household, with several foster placements.

Mary was deemed to have the capacity to consent to sexual contact, which she exercised by fairly regularly going into town in the evening, to purposely meet men, with whom she would have sex. Sometimes this would lead to her staying out at night and staff would not know where she was. Staff at the home were very concerned about Mary's wellbeing, particularly as she began to explain about some of the environments that she was going into, recounting communications which did not sound particularly respectful.

There had been several safeguarding alerts raised which had always concluded that Mary had the right to make unwise choices. Recently there had been a suggestion of a referral to sexual health services to provide contraceptive and STI advice.

Discussions between Mary, support staff and the sexual health service identified several key issues, Mary had:

- never received relationships and sex education, most of her learning had been through social media, friends and experience
- experienced sexual abuse as a teenager, perpetrated by a male foster carer
- low self-esteem and a fear of committing to relationships
- was keen to have a loving, secure relationship, but believed that this was not an option open to her.

The following actions were taken to address the newly identified needs:

1. A referral was made to the Police to investigate the alleged sexual abuse, which resulted in a prosecution.
2. Mary was referred to a Psychologist, who addressed the trauma of her historical abuse and low self-esteem .
3. She was supported to develop a safety plan to minimise the risks should she decide to go into town.
4. She commenced a six-week course focussed on 'Staying in Safe Relationships' provided jointly by the Sexual Health Service and a Learning Disability provider, accompanied by staff who were able to reinforce the learning and use 'teachable moments' .
5. Managers and staff attended a Relationships and Sex training course to ensure that they were up to date with approaches and information that would be of benefit to Mary.
6. Managers reviewed the organisations 'Supporting Relationships and Sex Policy and Procedures' as they were aware that it did not provide guidance relevant to Mary's situation.
7. In time, Mary was supported to join a local Friendship and Dating agency to find friends and form an intimate relationship. She had several dates, developed a small group of friends who she sees weekly and eventually met Peter, who became her boyfriend. He lives in the next town and is supported by a different provider. They have been helped to spend time together alone and Mary now regularly stays over at Peters flat. Staff from both services are aware that the relationship will require further assistance and have ensured that this is part of the person-centred planning process. There is reassurance that Mary has identified feeling more positive about her life, is less prone to impulsivity and can talk comfortably with staff about all aspects of her relationships.

Values and Actions

Effective adult social care leaders should develop a culture, an environment, care planning and processes that support people's sexuality and relationship needs and keep them safe.

Organisations that are led by a set of values of person-centred care, which are promoted in their recruitment and work practices, have a strong basis for protecting people's rights, as well as protecting them from harm. The following are examples of actions that promote the values of sexual safety within an organisation.

- **Seeing people as experts within their relationships** Staff should value the choices and experiences of the people they support and view them as adults with the same sexual and relationship needs and rights those supporting them.
- **Respecting** all people and their relationships, even if this is not what you would choose for yourself.
- **Listening** to what people want. This is something lots of us think we do, but often fail to truly achieve. When it comes to supporting relationships, we must really listen to what people want and do our utmost to accommodate this even if this creates challenges on an individual or organisational level.
- **Openness** The development of an open culture so people can feel comfortable raising questions and feel able to ask anything. Often there are no black and white answers to questions surrounding relationships and discussions need to be encouraged.
- **Understanding** everyone is an individual and may make different choices about their relationships. Staff should value this difference and understand how their values could impact on the support provided around relationships. This includes how they feel about people's gender preferences, their sexual expression and their choice of a partner including individuals within the LGBTQ+ community.
- **Supporting decision making** and ensure people have the right information, in whatever format suits them, to make informed choices and consent to their relationships. People have the right to make their own decisions where they have the mental capacity to do so. Good support can maximise a person's capacity to make their own decisions Whilst not always aligning with staff's views, such decisions should be respected. However some people, regardless of the support they are given, may not have the capacity to make a decision. In this instance, staff would need to follow the process outlined in the Mental Capacity Act (MCA) to keep them safe.

Most importantly the organisation itself also needs to have the above values and ensure they are enshrined in policy and practice throughout everything they do.

Case Study

In 2015 Tom identified as a man in his early twenties with a mild learning disability and Klinefelter syndrome, which can impact on areas such as infertility, low sex drive and development/ size of the sexual organs. Tom had expressed how he was feeling to the manager and his supported living staff team where he lived, he told staff that he wanted to identify as female and would like to explore male to female gender/sex reassignment surgery and had felt that way since age 13.

The manager of the house was very supportive and understanding of Tom's wishes and needs and supported him to begin his referral process with the local Gender Identity Service. Soon afterwards, Tom partnered with his clinical psychologist where his Klinefelter syndrome was explored and ruled out as not contributing to his wishes to identify as female. Trans Awareness Training opportunities took place with the team to give them guidance and an opportunity to explore Trans issues and raise awareness.

Also, regular meetings with Psychology team from our Community Learning Disability Team took place so staff could ask any questions they wanted. In 2018, Tom opted to change his name via deed poll and since then we have been supporting Catherine. The team have embraced LGBTQ+ Culture, supporting Catherine to Pride events, through the ups and downs of relationships and self-confidence issues. Having a safe space for staff to discuss working with Catherine through this time and having the appropriate training and guidance helped the staff feel confident and supported and this resulted in better support and outcomes for Catherine.

Development of an empowering culture

The CQC document '[Promoting sexual safety through empowerment](#)' provides a reminder of the importance of building an empowering organisational culture that can promote and enable safe sexual relationships. This means addressing the values, beliefs and prevailing behaviours of the organisation to ensure that they are founded on holistic principles, that acknowledge sexual intimacy as a fundamental human need. In a closed environment, people may not be able to open up because they are afraid. People may be worried that the staff won't listen, take their experience seriously or may not believe them. Staff may also feel reluctant to raise any concerns and fear they will get into trouble or no action will be taken, this leaves the people we support potentially vulnerable to sexual abuse or harm.

It requires the creation of an environment in which people feel free to discuss sexuality and sexual safety, in the same way as they would any other issue of wellbeing. Such discussions need to become, not a problem-related exception, but an everyday opportunity to address an important aspect of social care.

For staff to feel confident systems should be in place to provide support, advice, information, constructive debate and protection if required, about these particularly sensitive matters, alongside clear policies to guide professional practice. A commitment, at every level of the organisation, to promote healthy relationships and prevent sexual harm will contribute positively to the safety, protection and welfare of each individual being served. Senior Managers will need to give attention to the development of an open, no blame organisational culture that positively supports sexuality and relationships.

For a culture to be empowering for those supported within in it, it must be person-centred. [Person-centred planning and thinking tools](#) can be used with people to ensure they are kept at the forefront of any decisions and discussions. Person-centred thinking tools are a set of easy to use templates that give structure to conversations. This could be helpful for staff when developing discussions around sexuality and relationships if they feel uncomfortable or lacking in confidence. They capture information about that person's sexuality and relationship needs which can feed into care and support planning, as well as to improve understanding and communication on a sensitive topic.

Knowledge and Understanding

What do social care workers need to know and understand to support people concerning their sexuality and personal relationships?

- The impact of relationships and their impact on our physical and mental wellbeing – this can be explored with people and staff by using Skills for Care [My Wellbeing Journal](#).
- That people who use social care services have the right to live without the threat or actual sexual abuse or harm- staff to be aware of the issues that can occur in social care and be familiar with the concerns raised in CQC's report [Promoting sexual safety through empowerment](#).
- That the Human Rights Act applies to all people. Staff need to know how this Act relates to rights and choices surrounding relationships. Staff need to understand how the right to privacy and family life is applied in day to day life. Such as allowing privacy for relationships to develop as normally as possible, with minimal interference. Also, people have the right to have children, get married and/or have a civil partnership, if they can choose.
- An appreciation of the different types of relationships people may choose and how best to support them including those within the LGBTQ+ community. Also, an understanding of the additional challenges specific groups within the LGBTQ+ community face who need care and support in developing and maintaining relationships such as double discrimination of being LGBTQ+ and having a disability/ support needs.
- Informed personal choice surrounding relationships needs to be enabled, reflected and supported. This means staff need a clear understanding of the Mental Capacity Act, in terms of what process to follow if they have concerns regarding a person's capacity surrounding sex, how to provide support and assess capacity, where legal advice may have to be sought and a potential referral to the Court of Protection made where restrictions need to be imposed which limit a person's human rights such as having sex or who a person chooses to have contact with (including intimate partners).
- Education and support are vital to supporting relationships. Staff may be able to provide support in this area however there may be times where they need to signpost to other professionals when an individual or couple requires assistance or advice that staff are unable to provide. This could involve a referral to psychology, social services, educators, sexual health professionals etc. This means knowing what is available locally for all aspects of sexuality and relationship support and for this to be included in a policy for staff.
- All relationships, whether you need support or not, have the potential to cause distress or harm (such as a broken heart if the relationship ends). Social care workers need to know how to balance rights and risks. To do to this effectively need to have clear consistent guidance and support from their employing organisations.

Supporting your workforce

How can social care employers support the development of their workforce surrounding personal relationships?

To support workforce development practice employers need to:

- Establishing a strong empowering organisational culture underpinned by clearly outlined values and principles that are bought into, owned and lived by all staff within the organisation and reflected in every part of their practice. It should be clear that there is no tolerance for staff that do not uphold such values and principles, and action is taken if necessary.
- Make sure that there is a clear policy and guidance. This can reduce staff anxiety as they have supportive guidance to follow which ensures that approaches to relationships and sexuality are consistent throughout the organisation and staff do not have to rely on their own judgements.
- Working in a proactive rather than a reactive way, providing training and support to staff surrounding the topic of relationships and sexuality will help prevent some issues before they arise. Whilst also building a confident, knowledgeable, and supportive culture for people and staff.
- Understand that the social care workforce can be positive role models, educators and advocates, and can significantly influence the personal relationships of people who need care and support. Also, an understanding of the responsibility that comes with being such an influential force, i.e. recognising that staff may consciously or subconsciously influence based on their own beliefs and values and the impact that these can have.
- Understand that without the right training and support, the social care workforce may have a negative influence on people's relationships and contribute to the barriers that people sometimes face. This could result in staff being left to make decisions based on their values, judgements or personal experiences.
- Understand how social influences might impact on personal relationships, for example, religion and culture, and make sure their workforce understands how to support people from different backgrounds and with different beliefs.
- Enable the workforce to feel safe and confident to talk about personal relationships with the people they support while recognising that some people feel less confident than others and may not be the right person to support people with complex relationships issues. However, it is important that if a person feels they are not confident to support the person, they find someone who is as soon as possible.
- Recognise the tensions and challenges that may arise from people's different personal relationship preferences and how people's relationships choices could be perceived as negative/ unsuitable by others.
- Value the role of families and friends in supporting personal relationships and understand how to manage when their views differ from those of the person who needs care and support.
- Ensure learning about personal relationships is linked to care and support plans which are developed with the person and have identified person-centred outcomes which can

be evaluated to shape support, bringing in expertise or collaboration from other workers and professionals who are involved in care and support where needed.

- Keep training about personal relationships separate to training around safeguarding, deprivation of liberty and MCA training. However, there would be an expectation to signpost within other training, for example recognising lack of support for people around relationships/ sexual safety as (signs of) potential abuse.
- Ensure that the Mental Capacity Act is used as it was intended, to positively support people's capacity to make decisions surrounding relationships wherever possible, ensuring people are not restricted unnecessarily and that staff understand how the Human Rights Act and Mental Capacity Act link together and both are important in supporting sexuality and relationships. Staff need to understand that a person's rights can potentially be restricted to protect them from sexual abuse or harm. However, this would need to follow the correct process outlined in the Mental Capacity Act, and a possible referral to the Court of Protection, to be legal.
- Use a blended and reflective approach to learning about personal relationships. Workers need space and time to explore and discuss each other's thinking about personal relationships, and need to think of varied and creative ways to facilitate this in training, and having access to the full range of materials that are currently available. Reflective practice helps trainers to understand the individuality of each person's needs.
- Involve and consult a variety of stakeholders/participants (people who use services/ family members/ social workers/ staff at all levels) or something else that refers to people, in the design and/or delivery of training, to ensure that the available training represents participants lived experience.

Creating a workforce development programme

This section outlines how you could create a workforce development programme that promotes staff confidence to empower people in any adult social care setting to discuss issues around safe relationships and sexuality. This is not an exhaustive list:

1. It needs to be linked to regulatory guidance- *CQC Supporting Relationships and Sexuality in Adult Social Care, Promoting Sexual Safety through Empowerment*. Also, the Skills for Health '*Core Capabilities*' Framework for both learning disabilities and autism, alongside supporting insight and understanding of other conditions, for example, people living with dementia.
2. It should demonstrate a clear understanding of how certain illnesses and medical conditions (such as dementia) can result in changes in a person's attitudes and behaviour surrounding sex and relationships which can include sexually disinhibited behaviours. Staff should be trained on how to manage these behaviours proactively.
3. It needs to be in line with the organisation's own policy and guidance on relationships and sex.
4. It should aim to break the taboo of talking about sex and relationships in care and support settings, enabling people to feel more confident and less embarrassed about approaching the subject.
5. The language used should be clear and unambiguous, the correct terms should be used to describe people's body parts, aspects of people's sexuality and sexual acts.
6. It needs to have a clear focus on the promotion of people's rights, balanced against the needs for protection and safety.
7. It needs to be linked to current UK legislation such as the Care Act, Mental Capacity Act and Human Rights Act.
8. It needs to raise awareness of how workforce values, attitudes and behaviour can impact on the support people receive.
9. It needs to be co-produced and delivered with people who are supported by social care services.
10. It should be a blended approach using a variety of media and delivery methods including eLearning and face to face workshops, group, one to one and supported learning in practice.
11. Alongside a formal programme of learning and development, discussions around relationships should be part of team meetings and supervision.
12. All resources should be quality checked and focus on the positives rather than being risk averse and should be separate from safeguarding training. There should be cross-referencing between the two programmes (supporting sexuality and relationships and safeguarding).
13. There should be an emphasis on the promotion of sexual safety and the use of education and self-advocacy as a means of preventing harm.
14. It should reflect the needs of the people supported and the knowledge and skills required by the workforce to deliver this support in line with their role.

15. Where possible, training should be co-delivered side by side with a trainer who has lived experience of being supported.
16. Consideration should also be given to training that includes participants with lived experience of support and staff taking place together.
17. It should recognise that support needs are not specific to one group of people and that all of us will grow older and or could develop a physical disability or dementia for example.
18. Training and promotion about relationships should be included at all levels including:
 - Recruitment and selection - a question making it clear that dealing with sexuality and relationships is an expected part of the role and candidates should be assessed around this. Interview panels equally need to have the confidence to ask questions surrounding sexuality and be able to appropriately assess candidates' responses.
 - Induction
 - Awareness training for all regarding the importance of sexuality and relationships in the pursuit of wellbeing.
 - Written guidance including information on where they can access support internally and from local agencies and practitioners.
 - Specific training for members of the workforce to develop specialist knowledge and skills to meet the specific needs of the people they support.
 - Advanced practice and leadership.
 - When referenced, sexual activity should be portrayed as a usually pleasurable human experience, which typically increases intimacy between a couple.
19. Training about relationships needs to include
 - mental capacity and consent to sexual relations – making sure everyone is clear and a basic understanding of the law in this area
 - making and maintaining meaningful friendships
 - supporting people to date
 - online dating, this can include helping people access technology and digital communications (such as smartphones and apps) which can be used positively to support a person's sexuality, but also how they can pose a risk to people's safety and how to support people to minimise concerns.
 - understanding the unique needs of people who identify as LGBTQ+
 - understanding training surrounding gender diversity, including gender expression, gender preference, transgender and gender reassignment
 - supporting relationships throughout the life span
 - sex-positive sexuality and relationships training
 - staying safe from unwanted sexual attention and/or assault
 - staying safe in relationships
 - contraception and sexual health
 - masturbation
 - pornography
 - housing and supporting relationships
 - harmful sexual behaviour
 - domestic abuse and violence

- help for parents- either parents of people with learning disabilities and/or autism or parents with additional needs themselves
- how to access and signpost specialist resources and support local to you
- writing sex and relationships policies
- marriage, civil partnerships and co-habiting.

The Law and Personal Relationships

We expect staff to support people with complex relationship and sexual situations often without providing any knowledge or training on the law. There are several laws which impact specifically on this situation and they are the Mental Capacity Act, the Human Rights Act, the Care Act and the Sexual Offences Act. Here is a quiz to see how much you know about the law based on common issues you may encounter in your role.

SEX, RELATIONSHIPS AND THE LAW-QUIZ QUESTIONS	True	False	Depends
1. It is legal for a person with the capacity to use a sex worker (prostitute/ stripper/ erotic massage)			
2. To get married a person only needs to know they are taking part in a marriage ceremony, understands the words and agrees/ likes the person			
3. Determining if a person has the capacity to have sex does not include who they are having sex within the decision			
4. It can be decided that it is in someone's best interest to have sex with another person			
5. Any physical contact between people with any "mental disorder" (including a learning disability and/or autism, dementia, brain injury or serious mental health needs) needs a mental capacity assessment			
6. It is possible to be convicted of exposure even without intent to cause alarm or distress.			
7. It is always illegal to have a partner stay overnight in a care home due to fire regulations			
8. The age of consent for two men to have sex is 16 years.			
9. It is illegal to engage in sexual activity with someone with a "mental disorder"			
10. The 2003 Sexual Offences Act says it's illegal for a Worker to have sexual intercourse with a person with a "mental disorder" that they support/care for			

11. Sterilisation, through an operation or by using long-acting contraception (like the implant), cannot typically be performed/ used on an adult without their consent.			
12. A member of staff is likely to be prosecuted if they teach a person they support to masturbate.			
13. A Social Worker is legally required to decide if a person who uses support has the capacity to marry or have a civil partnership.			
14. Any physical closeness (such as kissing) activity noticed between the people you support must legally be reported as a safeguarding alert to a social worker			

Human Rights

Often most training surrounding sexuality and relationships for people who use services focuses on the Mental Capacity Act however the Human Rights Act is of equal importance. Human rights are the basic rights and freedoms guaranteed to everyone in the United Kingdom from birth until death. The most relevant human rights guarantee for English law is the European Convention on Human Rights (ECHR). Under article 8 of the convention, as incorporated by the Human Rights Act 1998, everyone has the right to respect for their private life, family life, home and correspondence. The ECHR has held that Article 8 protects sexual autonomy, confidentiality, dignity, forming and maintaining personal relationships and sexual intimacy. This and other key articles of the ECHR that providers of social care need to adhere to when supporting people with relationships are outlined in the table below:

THE RIGHT	WHAT IT PROTECTS	WHO AND HOW IT HELPS
Article 8	Privacy-related rights, including the right to consensual sexual expression in private.	Anyone wishing to embark on, or in the process of supporting, the development of personal and intimate relationships.
Article 10	Freedom of expression and the right to receive information, including the public right to know.	The right to receive information and ideas to make decisions, including information about sex. This helps the campaign for accessible sex education information and training.
Article 12	The right of men and women of marriageable age to marry and to start a family.	Situations in which both partners express a wish to engage in a marriage or civil partnership and/or have children.
UN Convention on the Rights of Persons	Based on the principle that people with disabilities should be allowed to enjoy the same rights as others. By implication the right to make their own decisions, rather than	Could be used to challenge various aspects of English Law which treat disabled people differently than others and any court decision or safeguarding approach which prevents a disabled

with Disabilities	other people making them on your behalf.	person from making decisions about their own life, including sexual expression.
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Adapted from 'Supporting disabled people with their sexual lives' Ed: Tuppy Owens and Claire de Than.

People who use social care sometimes have their human rights breached, however, it will sometimes be necessary to balance the principles of autonomy and protection.

Below is an exercise to facilitate thinking about sexuality and human rights:

		What impact did this have on the individual?
A situation in which you or your service unwittingly infringed upon or breached one of the rights listed above		
A situation in which you enabled or supported one of the rights listed above		

The Care Act

The Act requires local authorities to promote an individual's "wellbeing", this shows how important social workers are in their role as assessors of Social Workers are well placed to consider the relevance of relationships to emotional and physical wellbeing and an important part of this is the reduction of isolation, which is now an eligible need.

One of the roles of good social care support is the reduction of loneliness and isolation so when social care staff support people to assessments this should form part of their assessment and reviews. Many people who need support want to find a partner and have someone to share their lives with. Similarly, older people who move to into a care home may want to continue an existing relationship, with as much normality as possible. They may not talk about this in a care review, despite it being something important to them. It is, therefore, the role of those offering support to supporting bring this topic up, if it has not already been raised. The development and maintenance of intimate relationships are not routinely covered in care assessments or reviews, staff may need coaching and mentoring to feel comfortable doing this. The assessment may indicate that the person needs support and education around sexuality and relationships and support staff will play a vital role in advocating this for the people they work with.

Consensual intimate relationships are eligible support needs and considered important to wellbeing as part of the Care Act. People are safer when they are given the information and skills around sexual safety and are supported by an informed and suitably trained staff team. However, a minority of people using social care services will experience sexual or domestic abuse. This can be perpetrated by partners, people they live with, people who support them or members of the public. Social care staff are critical in identifying and preventing abuse. Therefore, it is paramount they are aware of the signs of domestic abuse and sexual abuse. The Care Act (2014) definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- sexual
- financial
- emotional.

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in 2015. Possible indicators of domestic abuse include:

- low self-esteem
- feeling that the abuse is their fault when it is not
- physical evidence of violence such as bruising, cuts, broken bones
- verbal abuse and humiliation in front of others
- fear of outside intervention
- damage to home or property
- isolation – not seeing friends and family
- limited access to money.

SCIE: Safeguarding adults: types and indicators of abuse (2020)

The Care Act (2014) defines sexual abuse as:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting.

Possible indicators of sexual abuse can include:

- bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- torn, stained or bloody underclothing

- bleeding, pain or itching in the genital area
- unusual difficulty in walking or sitting
- foreign bodies in genital or rectal openings
- infections, unexplained genital discharge, or sexually transmitted diseases
- pregnancy in a woman who is unable to consent to sexual intercourse
- the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- incontinence not related to any medical diagnosis
- self-harming
- poor concentration, withdrawal, sleep disturbance
- excessive fear/apprehension of, or withdrawal from, relationships
- fear of receiving help with personal care
- reluctance to be alone with a particular person.

SCIE: Safeguarding adults: types and indicators of abuse (2020)

Social care staff need to be aware of the signs and how to raise a safeguarding alert immediately in line with their organisation's safeguarding policy.

Mental Capacity Act

Under the Mental Capacity Act, there are several "excluded decisions", this means that decisions in these areas can not be made in a person's "best interest". Such decisions include:

- sexual activity
- marriage/civil partnerships
- divorce.

The capacity test for sexual relations is an act-specific and not a person-specific matter which means that capacity must be assessed in relation to the general act of sex and not capacity to consent to sex with a particular person in a particular situation. It is important to note that the test for capacity with respect to sexual relations does not apply to other expressions of affection such as kissing.

It will often be the case that people do not need a capacity assessment to be in a relationship, to kiss, to hold hands etc. Research has shown that staff are often scared they will "get in trouble" if people have a relationship (even if it is not sexual) if the person lacks capacity and a referral to a Social Worker may be made to seek endorsement.

- We should always start with the first assumption of the Mental Capacity Act that people can make their own choices, however, if there is cause for concern it is **always** appropriate to investigate.
- People should be able to understand the information relevant to the decision, for some people this may mean using alternative methods such as pictures/videos.
- People need to retain this information in this mind, this can be problematic for some people with learning disabilities and people who have dementia. If someone had education some time ago and has not used it in practice, they may have forgotten this.

- They need to weigh up the information as part of the process.
- They must be able to communicate their decision and communicate this, but this does not have to be in words.

There are several existing guides on the mental capacity including one produced by Skills for Care [Mental Capacity Act](#), this guide will assume that people understand the Act and will explain how it applies to sexual relationships. It is important to note the need for a capacity assessment only applies to sexual activity, rather than less intimate contact such as holding hands and kissing, as long as both people have consented (and the activity is not sexual). If staff are concerned, for example, if a couple kissing who have dementia and lack capacity, a best interest meeting should be conducted. However, staff will need to weigh up the pro and cons of restricting less intimate forms of contact (such as kissing) in this instance, as it may cause substantial distress if prohibited. People may not want sex, they may just want physical closeness and companionship, which requires equally skilful and sensitive support and/or education.

The Court of Protection, based on case law which may change over time, states that to demonstrate the capacity to engage in sexual activity, one must understand:

- The mechanics of the sexual act and its character – *how you do it*.
- The reasonably foreseeable consequences of sexual intercourse between a man and a woman – *namely pregnancy*.
- That there are health risks involved, particularly sexually transmitted infections and that the risk of this can be reduced by taking precautions such as using condoms.
- That the person has the right to say yes or no to having sexual relations and can decide whether to give or withhold consent.
- One must understand that the other person must at all times be consenting to sexual relations.

If someone you support is assessed to lack the capacity to engage in sexual relations, and a best interest decision needs to be made to limit their sexual activity. If there is a dispute over a person's capacity or there is uncertainty due to the complexity of the case, the matter may need to be referred to the COP.

Capacity for Contact

Sometimes a person may have the capacity to engage in sexual relations, but they may lack the ability to keep themselves safe from people they have sex with or relationship partners. A lack of capacity in this area is a lack of capacity for contact. The lack of capacity can be either someone they know or the risk to them from unknown people. The current case law states that a person must understand, retain, weigh up and use the following to be able to consent to contact

- who the people person may have contact with are, and in broad terms, The nature of the relationship with them.
- What sort of contact they could have with a person – including different locations, durations, arrangements including the presence of support.

- the positive and negative aspects of having contact;
- what might be the impact of deciding to have or not to have contact of a particular sort with a particular person, and
- that family are in a different category; what a family relationship is.

LBX v K, L and M [2013] EWHC 3230 (Fam)

If a person is found to lack capacity with respect to contact and actions are planned to restrict their sexual freedom and they disagree with this, an application to the Court of Protection should be considered. Information on how to make applications can be found here <https://www.gov.uk/government/collections/court-of-protection-forms>.

Sexual Offences Act (2003)

The sexual offences that could be committed by or against people with a “mental disorder” (which could include – learning disabilities, developmental disabilities including autism, acquired brain injury, dementia, mental health issues) are generally split into four categories:

General sexual offences which can be committed by anyone – this includes

- rape (insertion of a penis into mouth, anus or vagina)
- assault by penetration (any object other than a penis inserted into a mouth, anus or vagina)
- sexual assault (sexual touching)
- forcing a person to engage in sexual activity with another.

Offences against people with a “mental disorder”- Under section 1 of the Mental Health Act (2007) in England and Wales this is defined as “any disorder or disability of the mind”. The two sexual offences in this category are:

- offences against a person with a mental disorder impeding choice
- inducements etc. to a person with a mental disorder.

These offences include:

- sexual activity with a person with a mental disorder who lacks capacity
- making a person with a mental disorder engage in sexual activity
- engaging in sexual activity in the presence of a person with a mental disorder
- causing a person with a mental disorder to watch a sexual act.

The person is unable to refuse if:

- they lack sufficient understanding of the nature, or reasonably foreseeable consequences of the sexual activity, or for any other reason, or
- they are unable to communicate their choice.

It is illegal for any person who works with a person with a mental disorder to have sex with them, including paid or unpaid volunteers.

It is also illegal to have sex with adult relatives including parents, grandparents, children (including fostered and adopted), sisters (including half-siblings), aunts/uncles, nieces/nephews and cousins. This is considered to be incest.

Exercises - getting the conversation going!

The most important part of developing an empowering organisational culture which supports and values the personal relationships of the people you support is having open and honest conversations about sex and relationships. By having open conversations this supports a culture where people and staff feel able to talk about sexuality and raise any concerns, they have surrounding safety. There will not be “one-size fits all” training workshop to meet the needs of everyone. Individuals and specific groups of people may have needs which require bespoke training and approaches.

The exercises created here are a good place for organisations to start to tackle the subject, explore their values and consider some common relationship scenarios and how your organisation might approach them. This will give organisations a better understanding of what their training needs are in this area and what additional support is needed.

Values

Sound personal values are central to supporting personal relationships, that respects the rights and wishes of an individual. However, as social care staff, we may hold different values due to our culture, upbringing and experience. We need to explore these within organisations and be aware of how they can impact on how we view personal relationships within our professional work.

Task - As an individual please consider each statement and discuss

Is this appropriate for someone your support to do-providing they have the capacity to make this choice?

- have a one -night stand in a shared house (care home or in supported living)
- accessing legal pornography
- have a relationship when their family says they are unhappy with this
- dress in clothes associated with a different gender and go to a family event dressed this way
- visit a strip club
- send nude pictures to a partner by text
- have sex without a condom
- use online dating sites like Tinder
- have someone stay overnight in their room
- a person with dementia starting a relationship with another resident in a care home when they are already married to a partner who has remained living in the family home.

When these questions are posed people often say they have “no issue/concerns” with most of the examples but when asked to consider the real practicalities, it becomes clear there are no black or white answers.

Next to consider:

- how comfortable would you feel supporting someone around this / or providing advice?
- would there be people in your team/ organisation who hold a different view on this to you?
- have you encountered this issue before where you work?
- what is your organisational view on this, what does your policy say?

As social care staff, we all hold different views and values, this can have a detrimental effect when it comes to offering advice and support surrounding personal relationships. A wealth of different views can lead to people who use care and support services receiving inconsistent information and support surrounding their personal relationships. This is why it is important to have a clear organisational policy. This ensures consistency in response, mitigates against personal prejudice, offers transparency and clarity, makes an organisational stance rather than a personal one and gives staff confidence.

CQC Guidance

CQC’s guidance on ‘*Relationships and Sexuality in Adult Social Care Services*’ offers excellent recommendations for the areas of practice that should be covered by registered providers. Based on the guidance criteria, this is a useful exercise to conduct as part of a team meeting or within a training session. It is designed to identify the gaps in support for healthy, intimate relationships and highlight the areas that require attention.

Suggested actions that comply with the guidance criteria and best practice.	What is available in your organisation and how has it been used to facilitate a positive outcome?	How could your organisation develop or improve this further as part of on-going improvement and progression plan?
<p>Policy-a Sex and Relationships policy is in place. It has been reviewed in the last two years</p>		
<p>Policy-there is an easy read version of the policy</p>		

<p>Policy- The policy has been co-produced</p>		
<p>Training-staff are trained to support people with their personal relationships needs</p>		
<p>Training-Staff recognise that their role may involve discussions about sex and relationships</p>		
<p>Relationships education- people supported have access to relationships and sex education</p>		
<p>Relationships information- People using the organisation have access to information about relationships and sexual health, including signposting to specialist services if needed</p>		
<p>Relationships information- staff have relevant information and resources</p>		
<p>Supporting differences- the organisation supports people to express their sexuality</p>		

<p>Supporting differences- sexual needs form part of assessments, reviews, care plans and person-centred plans</p>		
<p>Opportunities- there are opportunities for people to form and/or maintain intimate relationships</p>		
<p>Opportunities- there are links with organisations that can support and facilitate the development of relationships</p>		
<p>Environment- there are opportunities for people to express their sexual needs, in private, if they wish</p>		
<p>Environment- the accommodation provides double beds, giving the message that the possibility of having a relationship is the norm</p>		
<p>Positive risk-taking- staff are clear about the law relating to capacity to consent to sex and how to apply it</p>		
<p>Positive risk-taking- proactive, recorded interventions plans are in place for people who experience difficulties</p>		

relating to sexualised behaviours		
Positive risk-taking- the organisation has access to specialist external support to advise on sex and relationships issues		
Positive risk-taking- staff are aware of what action to take if they have concerns that someone is at risk of harm		
Human rights- The organisation's practices reflect the Human Rights Act principles concerning relationships and sexuality		
Human Rights- people can have guests staying over in their rooms if they wish		

Worked Examples

These worked examples are based on real-life scenarios of people who use support services, exploring situations staff face in dealing with sexuality and relationships. Each example explains what challenges the person or couple face, what support and training their staff team would benefit from to help them to address the challenge. The examples are designed to help social care staff consider, plan and develop their approaches to meeting relationships support needs.

Worked Example 1 - Meet Alan

Alan is a 55-year-old man who experiences poor mental health, he has been diagnosed with schizophrenia. Alan lives in 24 hours supported accommodation which he shares with four other men with similar mental health needs. Before this Alan lived with his mother until she died 2 years ago. Alan has support in most areas of his life from budgeting, cooking, cleaning and travelling in the community.

You are supporting Alan to go shopping. While out Alan picks up a tight short low-cut black dress and says that he wants to buy and wear this. Alan has worn women's clothes in his room and sometimes in the house. His tenants have made little response, but some staff feel this is inappropriate and he should only do this in his room alone.

Staff support Alan to buy the dress as this is his choice. Alan's file said that when he was younger, he liked to wear dresses, but his mother told him not to which upset Alan a lot resulting in arguments and Alan's mental health declining and an increase in self-harm.

Alan has said to staff he wants to wear this outfit to the local working men's club that he goes to weekly, but several members of staff tell him that he can not do this. This results in Alan becoming distressed and self-harming.

What are the key challenges Alan faces?

Alan potentially feels frustrated, upset and angry that staff are not respecting and attempting to restrict his choices of how he wants to dress and express his sexuality. This possibly brings back memories of his mother who also stopped him from expressing himself as he wanted to when he was younger.

Alan faces discrimination from staff who support him but several not accepting his life choices and how he chooses to dress in his own home and his community.

Alan may face discrimination, ridicule and possible harassment or potential violence from others if he chooses to go out in his choice of clothing.

What could be possible solutions to help Alan

- Support Alan to develop a positive self-image by dressing in clothes he wants to wear. Alan needs to know that he has the right under the Equalities Act and the Human Rights Act and that the organisation and the staff support this.
- Explore LGBTQ+ venues where he can express himself in a relaxed environment.
- Speak with Alan to help him to understand how his clothes choices may impact others. Staff need to be clear that Alan can wear whatever he chooses but work with Alan to help him to understand how his choices could be perceived by others as unfortunately, not everyone is respectful of others choices e.g. they may make others feel uncomfortable and people stare/say rude things to him. Staff should support Alan to think about how he may feel/ respond if this happens.
- Support Alan to understand the range of clothing available and to help him to understand how we choose clothes for different environments e.g. explain we probably not wear a short dress if we were going to work.
- Offer the option of counselling or psychotherapy support to Alan to help him talk through some of the feelings surrounding the restrictions he experienced regarding this issue in his past and to explore his feelings surrounding gender identity.

What training and support might Alan's staff potentially benefit from?

- Training to understand equality and diversity – staff should be given the time to explore their feelings and values around this, as this is not something that is often discussed in social care. Staff need to feel confident in supporting Alan and need to know in training they can express how they are feeling or ask questions in a supportive environment.
- Training specifically around people who like to dress in clothes of the opposite gender, which explores gender expression, gender identity and gender reassignment. This will prepare staff to be able to have a discussion with Alan on this topic and feel confident answering any questions he may have.
- Staff need to be supported and given a space to speak openly however they also need to be clear that Alan has a human right to express himself. It needs to be clear that any restriction to his human rights will be taken seriously and appropriate action taken.

Worked Example 2 - Meet Gracie and Mark

Gracie aged 34 and has cerebral palsy. She has an acquired brain injury following an accident which impacts upon her memory. She uses walking aids to move around both inside and outside her home. She lives in her own home in a busy town in the north of England. She shares her home with two women who she gets on well with.

Mark aged 40 also has cerebral palsy and uses a wheelchair, he lives in with his parents. Both can communicate verbally to make their needs known. Mark and Gracie see each other most weekdays at a day centre. They consider themselves to be boyfriend and girlfriend.

As far as the supported living staff know she and Mark have not had any sexual contact but day centre staff have told them the couple have been “caught” kissing and were informed that it is not allowed. There is no privacy in the day centre. Staff are unsure if Gracie or Mark have ever had any sex or relationships education. Staff do support the couple to meet outside of day services but not very often.

When Mark visits, staff sit with them all the time, they are fearful of leaving the couple alone, just in case “something” happens, and they do not want to “get the blame”. The couple sometimes meets for lunch, but the staff go with them as they cannot travel independently and sometimes people find it hard to understand their verbal communication.

What are the key challenges Mark and Gracie faces?

Mark and Gracie are being denied their human right to privacy. The day centre is the only place they have to show affection to one another, which isn't appropriate as it is a public setting.

Staff are not allowing the couple to be alone together and controlling how they spend their time. Staff are not exploring opportunities for developing independence and autonomy.

Staff have also not explored the possibility of relationships or sexuality training for the couple to help them to understand their relationship.

What could be possible solutions to help Mark and Gracie

- Staff should prioritise and maintain existing relationships and help Gracie to see Mark more often.

- Explore how they can spend more alone time together away from the day centre setting.
- They could explore alternative options, for example, if the couple are unable to travel unsupported, staff could support them to a venue (like a restaurant) and perhaps come back to collect them in a few hours (if this is appropriate to do so) or sit at another table further away, to give the couple privacy. Alternatively, Gracie may wish to learn to travel independently, initially to an agreed central venue.
- Staff giving Gracie privacy in the home when Mark visits.
- Support the couple to have sexuality and relationship education to help them to make choices about the kind of relationship that they want to have.
- Staff to be open with Gracie and Mark and have conversations about their relationship and what they would like in the future and the help they need as a couple.

What training and support might Gracie and Mark's staff potentially benefit from?

- Training for the staff to understand the human rights act.
- Training for staff on how to support people with their relationships- including an understanding of the Mental Capacity Act concerning decisions surrounding sex and relationships.
- More open conversations on sex and relationships within staff teams- including in team meetings, supervisions and reviews.
- Make sure that relationships are included in care assessments and reviews and are given the same priority as other areas of wellbeing.

Worked Example 3 - Meet Emma and Joe

Emma aged 25 and Joe aged 27 met at a nightclub, they both live in 24 hour supported living for adults with learning disabilities, they each share their homes with other people. Emma and Joe have been dating for 6 months, and it is going well, they do lots of things together such as going to the cinema, out for meals and to the pub. Joe recently spoke to Emma about having sex if she wanted to. Emma said yes she would like to in the future.

When she got home she told her support staff what Joe had said, but she said she doesn't know how to have sex and would like some information. Her support worker says she will talk to the manager about getting some information. The manager tells the support staff she knows of some training she can do and the next one is in 5 months and she will book her on it. She then adds that in the meantime the support workers should keep an eye on Joe and Emma and make sure the bedroom door is kept open if they are alone together; she says this is important to make sure Emma is safe as they have a duty of care to keep Emma safe.

The manager tells Emma's parents who say they are happy for her to go on the training but feel very anxious and ask the manager to keep them informed.

What are the key challenges Emma and Joe face?

Emma and Joe's right to privacy is being violated, as is her right to information. Capacity should be assumed in the first instance unless staff have reason to believe Emma lacks capacity, if they suspect this, it is always appropriate to investigate further.

Emma having to wait 5 months for information, staff should have had training and support so they could give Emma the information in a much more reasonable time frame.

The manager telling Emma's parents and then wanting to be kept up to date as Emma has not been asked if it is ok, which is a violation of her human right to privacy.

Emma's parents being anxious, if they are not given the correct support they may try and stop the relationship.

What could help Emma and Joe?

- Staff and managers to create an environment in which Emma, Joe and the other people they support feel they can talk about any questions they have about sex and relationships.
- Managers and staff talking with Emma's family to reassure them (if Emma consents), ensuring they continue to develop a trusting relationship between them.
- Managers and staff remembering that all relationships carry the potential for hurt and distress and just because someone has a learning disability does not mean we should focus on overprotection and safeguarding., Instead, staff and managers should be promoting positive risk-taking.
- Emma and Joe, staff, managers and family attending sex and relationships training to aid their understanding.

What training could help?

- Emma and Joe attending sex and relationships training.
- Training for Emma's family so they can understand that sex and relationships are a human need and how best they can support their daughter.
- Staff and managers to be trained on human rights, to ensure they do not infringe upon them.
- Human rights training for Emma and Joe so they understand their rights and can challenge staff, managers and family.
- Staff including management being given sex and relationships training about how to support people, so Emma does not have to wait 5 months for information.

Worked Example 4 - Meet Callum

Callum is a 26-year-old man. Callum was diagnosed with autism aged 3 years old. Callum lives in a flat on his own which is in a block of 4 flats all occupied by other autistic people. Before moving into his flat, Callum lived in a residential setting with 5 other men.

Callum stated that all he wants from life is to have a family of his own. Callum was adopted as a child and is the only child in the family. Before receiving support, Callum had a relationship with a woman and ended up moving in with her. The relationship ended and Callum did not understand why this happened. He stated that he felt like sometimes he was doing things that he did not like to do and did them just to keep her happy, as she would get angry if he didn't do them and would shout at him. Callum's parents are very protective and are reluctant for him to

become romantically involved with anyone as they feel that he will be taken advantage of and get into trouble again.

Callum finds it difficult to interact with people that he does not know. In the past, he has struggled with both social situations and uncertainty and this has caused him anxiety which has led to displays of behaviour which challenges.

While supporting Callum he tells you that he is going to meet a girl that he has been talking to online. He tells you that he is meeting her the following night and he is going to have sex with her. He has arranged to meet her at the local bus station and will be going with her to her house. He will be staying overnight and will come home in the morning.

Staff are fearful of Callum going to meet the woman as all he knows is her name and the approximate location of her home. Staff tell him that he shouldn't go to meet her and it is not right to be thinking of having sex when you are meeting someone for the first time. Callum has never done this before.

What are the key challenges Callum faces?

- Callum feels annoyed that the staff are being directive, making decisions for him and not letting him decide what he wants to do. He is an adult and feels that he should be treated as one.
- Callum is potentially being denied his human right to have a relationship of his choosing.
- Staff are not exploring with Callum places where he can meet other people and develop friendships and potential relationships.
- Callum and his staff have not considered whether he has the capacity to consent to sexual activity under the Mental Capacity Act.

What could be the possible solutions to help Callum?

- To understand the potential consequences of his actions, so that he can make an informed decision.
- Provide Callum with training to assist his understanding of the components of healthy and unhealthy relationships and consent, including how to say 'no'.
- Support Callum to explore new ways to develop friendships and potential relationships.
- Staff to talk with Callum to talk about what he wants from a relationship and what help and support he needs to do this.
- Staff to discuss and develop communication prompt cards for Callum to enable him to initiate and continue conversations.
- Support Callum to explore online dating sites (including sites aimed at autistic adults) including how to keep himself safe online.
- Explore other means of meeting people locally.

What training and support might Callum's staff potentially benefit from?

- Training for the staff to understand the Mental Capacity Act.

- Training for staff on relationships and sexuality specifically around how autism impacts on relationships and sexuality.
- Training on internet safety.
- Support for Callum to devise an online safety plan and take ownership over his self-developed keeping safe strategies.
- Ensure that relationships are included as part of Callum's assessments and reviews process.
- The development of an open culture where relationships and sexuality are discussed so people can communicate about what matters to them in the way they understand.

Worked Example 5 - Meet Julie

Julie is aged 73 and has a diagnosis of dementia, her husband Paul (married for almost 50 years) and their 2 adult children have just made the difficult decision to move her to a care home that specialises in dementia care.

Paul arrives to visit Julie and is told she is in the lounge when Paul goes through he notices Julie is sat close and talking intently to a male resident. When he goes over Julie does not seem interested in Paul and keeps talking to the male resident. After trying for several minutes trying to talk to Julie he gives up and goes to talk to a care worker to ask what is going on with his wife and the male resident. The care worker tells Paul that the man is called Peter and he and Julie spend a lot of time together and often hold hands, and share a kiss. The relationship does not include sexual activity. Paul is visibly upset, the care worker says sorry Paul but it happens sometimes, but I've got to go and look after the other residents now. When Paul gets home he is really upset he calls the care home to speak to the manager, he asks the manager to keep Julie and Peter away from each other as Julie is married and she shouldn't be holding hands and kissing another man. The manager responds by telling Paul, Julie does not understand it is wrong and that it will upset her, Paul is furious with the manager and says it's not right to do it or he will move her to another home. The manager agrees to keep Julie and Paul apart.

Staff notice Julie looks around for Peter when they enter the lounge, they also notice she seems sad. One day she sees Peter across the lounge and attempts to go over but a care worker tells her to go the other way. Julie gets very upset and hits the care worker.

What are the challenges Julie faces?

Julie and Peter are being denied their right to decide when to begin or end a relationship. They are being kept apart, which has led to Julie's emotional state to deteriorate and a care worker to be hit.

The care worker who spoke to Julie's husband didn't approach the topic very sensitively and then walked off. This led to Paul being very upset and angry at his perception that his wife is being unfaithful.

The manager or care workers did not work very well with Julie's family, their lack of knowledge about human rights, and obvious lack of training around supporting people with relationships led to both the family, Julie and Peter being upset.

There are concerns regarding both Julie and Peter's capacity due to their dementia and this has not been acknowledged by staff. This implies they do not have a good understanding of the mental capacity act.

What are possible solutions for Julie?

- A subsequent best interest meeting may indicate that it is in their best interests to allow their physical contact to continue as it is not sexual and potentially brings happiness to both of them.
- Staff and managers understanding the emotional impact of a loved one engaging in a new relationship in the care home.
- Staff working with the husband to understand his distress and focus on the wellbeing element of her having companionship. Also for him to receive an apology for how the situation was handled.
- The staff could set aside more time for Paul and Julie to spend time alone, also encouraging Peter to be engaged in other activities when Paul visits away from Julie.
- Staff to make time for family members when discussing difficult situations.
- The staff could signpost Julie's family to support groups.
- Staff supporting Julie and Peter to see each other as normal and respecting their rights to dignity, privacy and choice.
- Staff and managers being given relationships training.
- Julie's husband having an understanding of what happens to a person with Dementia as it progresses.

What training and support would help Julie's staff and family?

- sex and relationships training for managers and staff at the care home
- paul, Julie's husband being offered dementia and relationships training such as [Lift the Lid](#)
- human rights training for the care home staff and managers
- sensitivity training for care workers and managers.

Worked Example 6 - Meet Sebastian

Sebastian is 25 years old. He has a learning disability and physical disabilities, causing difficulty using one hand and arm. He has recently moved into an apartment, which he shares with another person. He works for two days per week at a local supermarket, with support, particularly around his communication needs. The supported housing manager has received a phone call from the supermarket to say that Sebastian is in danger of losing his job because he rubs his groin when he sees a young woman. When exploring this further with support staff, the manager discovers that Sebastian has also been rubbing his groin in the living room whilst watching the television. Staff have noticed some redness at the head of Sebastian's penis. They are ensuring that he has regular baths to offer comfort and potential healing.

The manager also finds out that on admission to the service, no questions were asked about Sebastian's sexual knowledge, experience or needs, as staff felt uncomfortable bringing this up with his parents present. However more recently Sebastian has indicated that he would like to have a relationship with a woman.

What are the key challenges Sebastian faces?

Sebastian's behaviour is potentially placing his employment in jeopardy, and could, therefore, have a significant impact on his financial, emotional and physical wellbeing. His actions could also possibly be construed as committing the offence of performing a sex act in a public place, likely to cause distress or alarm to customers, bringing him to the attention of the justice system. Sebastian's need for sexual expression and support to have a relationship have not been taken into consideration, within care planning processes, with the people responsible lacking the confidence to appropriately broach the topic. Also, they are unsure about how to involve family members in the discussion.

He also has specific communication needs and manual dexterity challenges that will need to be taken into consideration when developing a response to the current situation.

What would be the possible solutions to help Sebastian?

- As with all matters of a behavioural nature, it is vital to be reflective and consider all possible causative factors before jumping to conclusions and implementing solutions. A useful tool devised by Dave Hingsburger (see Appendix 2) was utilised in this case.
- The staff team identified that there could be a medical (*see tool*) reason for Sebastian rubbing his groin area, such as an infection. They also recognised that the soreness on his penis required further investigation. With his agreement, a doctors appointment was made at which cream was prescribed for the friction burn on his penis. The Doctor discussed masturbation with Sebastian and together with the staff, it was agreed that positive support and instruction on how to masturbate successfully would be beneficial.
- Having highlighted poor sexual knowledge and moral vacuum (*see tool*) as key contributors to Sebastian's difficulties, the staff team and manager worked with him to devise a written learning plan to provide information and knowledge about masturbation, with particular reference to understanding public and private environments. Pictorial prompts, a video, social stories and a penis model were used to support the learning process.
- To address the physical difficulties that Sebastian experiences with self-stimulation, a referral was made to the local sexual health service, who have experience in identifying aids to assist people with a physical disability.
- Sebastian's Person-centred Plan and Care Plan were reviewed to incorporate the new needs and wishes, consequently his wish to find a girlfriend led to him joining a local dating and friendship agency and also starting to attend more social events. He also enrolled on a training course about relationships.
- He decided that he did not want his parents to be involved in the personal discussions that he was having with staff, but he was happy for them to know that the issues were being addressed.

- The manager contacted Sebastian's parents, just to give a general overview of the support that was being offered. He found them to be very supportive and relieved that his needs were being taken seriously. They stated that they had been very worried about this aspect of his development for many years, but had not felt able to mention it to anyone, nor had they been able to do the work themselves as they did not have the necessary communication resources. This led to them requesting information about sex and relationships education and a request to do a Train the Trainer course so that they could help other family members with similar concerns.
- The team could seek support by collaborating with a learning disability nurse for example who may have known the person for a long-time, built up trust and be able to contribute positively to support strategies.

What training and support might Sebastian's staff potentially benefit from?

- A general introduction to meeting the sexual needs of people receiving social care, to overcome their inherent anxiety about the subject.
- Practical approaches to dealing with sexuality-related behaviours, including useful tools that can be applied to various scenarios, such as Hingsburger's hypothesis framework.
- Masturbation-proactive support strategies.
- Use of alternative communication means to aid understanding, such as easy read documentation and social stories.
- Training skills-how to deliver individual and group training sessions.
- Working in partnership with family members, including understanding and supporting their concerns around sex and relationships.
- Access to educational resources to support the programme of education.
- Access to information about the relevant services available in the local area, such as sexual health services, dating and friendship agencies.
- Access to discussion and debate with other people undertaking similar work, through organisational, local or national networks.
- Opportunities to discuss and reflect upon the work being undertaken.

Worked Example 7 - Meet Barbara

Barbara aged 68 with multiple sclerosis lives in her own home, with domiciliary support provided every day. She has begun an intimate relationship with 65 year old Deirdre, who she met at a local support group. Both have significant physical disabilities. Deirdre lives in a residential care home. They want to engage in physical intimacy and in order to do so, need assistance to undress and re-dress, to lie close to each other, and assistance with positioning.

Key challenges

As capacitous adults Barbara and Dierdre have a fundamental right to engage in sexual activity in a private space. Their reliance on support for daily living activities requires them to have conversations with their support providers in order to facilitate their enjoyment of a physical and sexually intimate relationship.

They may want to decide where to spend the time together and will need to check out whether each living environment has the equipment and skilled personnel to afford appropriate support. This may not be an easy issue to broach with staff, so it will be imperative that staff have an open, receptive and inclusive approach to receiving such a request.

Possible solutions

- Agreement should be reached with Barbara and Dierdre about how they wish to be supported. There should be room for spontaneity should they wish to make a change at short notice. With their agreement and involvement, a plan and risk assessment should be written for staff, which will outline the type of assistance that will be provided.
- This will relate to the periods before and following intimate contact, so that the couple can be intimate in private. They should be provided with the assistance that they need to dress and undress and to position themselves. Consideration should be given to the recommendation and purchase of any sexual aids that will support their comfort, safety and enjoyment. Whatever method to call for assistance is usual for them should be used.

Training and support needs

Staff will need to develop an understanding of the needs of both people, including the person that they do not usually support. The fact that they are a same sex couple has no bearing on whether assistance is provided, but sensitivity and understanding will be enhanced by developmental opportunities in the following areas:

- how to support LGBT+ people with their sexual relationships
- how to communicate openly about sex and relationships
- knowledge of services and supports that may assist
- an understanding of the impact of physical disability on sexual functioning and how these can be optimally managed
- dierdre and Barbara should be fully involved in the training process, with staff having an opportunity to learn from their life experiences and ideas.

Worked Example 8 - Meet Jake

Jake aged 23 is profoundly deaf, has a learning disability, complex communication needs, and a diagnosis of autism. Jake uses and responds to a basic level of Makaton sign language, he responds to pictures and some symbols, and likes to take and use photos on his i-pad to communicate. He lives at home with his parents, who are his primary carers, and he has two older brothers who are married with children. He is supported 1:1 by staff, four days a week at a day centre. It is known that Jake works best with a small team of staff who know him well, he needs structure and consistency and has a weekly planner, using photos, to let him know what activities are planned and which staff will be with him. He likes being with his peers at the day centre but many of them do not understand his communication, and do not respond well to him. Jake likes to take lots of photos of his peers, and his staff on his i-pad. He has a good trusting relationship with all his staff, but recently has started taking the photo of Dee that is used on his weekly planner and holding on to it. He has started ignoring other staff and signing 'friend' and 'love'. In a sensory story session Jake got very excited when he saw pictures of a bride and groom and repetitively signed 'baby' and 'D'. Staff have started saying that this meant that Jake

wants to marry Dee and have her baby. Jakes previous placement had broken down because he had reportedly become 'fixated' on one member of staff, and he exhibited behaviours of concern that put others at risk. Jakes parents are worried that this will happen again and he will lose his support. Jakes parents have admitted that he has been printing out photos of Dee at home.

What are the key challenges Jake faces?

- Jake has few people in his life that can communicate well with him, and that he trusts. Those he builds good communication relationships with are very important to him.
- Although staff have a good communication relationship with Jake, they still make many best guesses at what his communication means, as Jake has limited vocabulary and they know that he can use single signs to have different meanings – and staff have to guess the context.
- Jake does not understand social or ethical rules regarding asking permission of people to take and share photos.
- Because Jake has always been dependent upon support to access all the fun things he likes to do, it is difficult for him to understand the difference between staff and friends.
- Jake has only a few role models of different relationships that he can relate to, and in wanting relationships of his own is choosing relationships that he sees as being available to him.
- Jake does not have the mental capacity to consent to a sexual relationship or marriage. However, does experience all the human emotions, both positive and negative, that we associate with being loved and loving, being trusted and trusting, being attracted to and disliking, being left or leaving.
- Therefore, potentially, due to lack of opportunity, knowledge and understanding Jake is being denied the right to relationships of his choosing.

What possible solutions could help Jake?

- Find ways to support the communication between Jake and his peers, including activities / games where they are dependent upon each other and see the need to communicate.
- Fun sessions to be planned using photos to explore and record the different types of relationships that are known to Jake. e.g. his friends, his family, and his staff – and to record and talk about (using photos) who are in his relationship groups.
- Staff (including Dee) doing the same showing photos (or drawings) of their families, friends giving Jake the opportunity to understand that staff have other roles relationships.
- Use drama / role play activities to support Jake to differentiate between what people can do within their roles and relationships; e.g. reinforcing the role of staff – what they can and can't do with him.
- Develop Jakes expressive communication by using and encouraging new key signs and symbols about relationships, and feelings., regularly and in context as well as during specific sessions.
- Use person centred planning tools, adapted to support Jakes communication, to help him think about his future, and friendships and relationships and what things are important to

him, and to explore other social opportunities where he can meet people who may be able to share his experiences.

- Encourage Jake to take photos of the things he does in the sessions and any new signs he learns – so that parents will see a record and be able to reinforce any new learning.
- Ensure that relationships and emotions are included as part of Jakes Person centred reviewing process.

What training could help?

- Training for staff on relationships and sexuality specifically around how autism and learning disability may impact on understanding of roles and relationships.
- Support for staff to explore and be mentored on use of art and drama activities to encourage communication development and discussion around relationships and emotions.
- Training for staff on use of person centred tools that support discussion and engagement about relationships and emotions.

Tackling the Taboo

Talking openly about sex in British society is still a taboo. This can cause particular challenges for both staff and people being supported. For appropriate responses to be made, discussion about sex needs to be opened up and normalised.

The following are conversation starters designed to be used informally to elicit understanding, interest and need.

- 1 If you could spend the day with anyone who would you choose and what would you do? This could include helpful discussion about choices, compatibility and communication.
- 2 Have you ever been given a present from someone to say sorry? Opens up discussions about when it is right to give gifts. Can also lead to a discussion about abuse, bribery and grooming.
- 3 How well do you think the characters in T.V. programmes portray relationships? This can include discussions about different types of relationships, expectations v's reality, what happens in relationships, rights and wrongs of relationships etc.
- 4 Who was your teenage crush? Do you still fancy them? Opens up a discussion about attraction, expectations, fantasy, changing body image, peer pressure, sexuality.
- 5 What information do you wish someone had told you about sex when you were growing up? Opens up a conversation about information, knowledge, good/bad experiences and fears.
- 6 What was the funniest thing anyone has ever told you about sex? This opens up discussions about myths, misinformation and lack of education.
- 7 People used to say if you masturbate too much you get hairs on your hands- what do you think about that, have you heard any other scare stories like that? This can open up discussions about healthy ideas about masturbation and normalising something almost everyone does.
- 8 Is it ever ok if a person you are with says mean things to you or makes you do things you don't want to do? This could open up discussions about healthy/happy relationships, possible able and peer pressure.

It is appreciated that not everyone will be able to engage in verbal conversations on this topic. Therefore it is important that anyone who has difficulty communicating or does not use speech (such as individuals with severe learning disabilities) are not excluded from such important conversations. In these circumstances, staff should find appropriate ways to communicate with the individuals they are supporting e.g. through the use of talking mats or signs or via the person's preferred method of communication. Supported Loving has a section on easy-read resources on their website (www.supportedloving.org.uk) which may help facilitate conversations on this topic.

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Appendices

Appendix 1

SEX AND THE LAW-QUIZ QUESTIONS	True	False	Depends
<p>1. In the UK sex work is legal-it is not an offence to earn money as a sex worker, nor to pay for sex or arrange for an adult with capacity to enjoy the services of a sex worker. The main offences are soliciting, causing/inciting/controlling prostitution for gain, brothel-keeping and paying for sex with someone who has been coerced or trafficked.</p> <p>Staff cannot hand over money or make arrangements on a person’s behalf to use a sex worker. Neither can they suggest a person using one if the person has not suggested it up</p> <p>Eg Outsiders-a care worker could tell a person with capacity about this</p>	X		
<p>2. To get married a person MUST understand – that any marriage or civil partnership is a formal legal contract. The essence of the contract is the partners live together and love one another, with the exclusion of all others. They must understand the mutual and reciprocal obligations – such as sharing a home life/ domestic life. Also, that their partner (unless otherwise stated in a pre-nuptial contract) has rights to their financial assets (especially if they divorce)</p>		x	
<p>3. Decisions surrounding if a person has the capacity to have sex are “act” not “person” specific. If there are safeguarding concerns a second assessment may be conducted to look at capacity around contact for who they have sex with</p>	X		
<p>4. Within the Mental Capacity Act, this is an ‘excluded decision’ This means that no one can consent to sex on behalf of someone else. If someone lacks capacity it would be unlawful for another person to engage in sexual activity with them</p>		x	

<p>5. No, not every person needs to have an MCA assessment to have sex – we should always start from a presumption of capacity however it is always ok to investigate this if the worker has concerns.</p>		x	
<p>6. It is the intention that is the defining factor. It is an offence if someone intentionally exposes their genitals with the intention that another person will see them and be caused alarm or distress. This only applies to genitals, bottoms and breasts are covered by public order offences</p>		x	
<p>7. It is not illegal to have a partner stay overnight in a care home, some encourage this of this is what the person wants. If they do not have a double bed, alternatives such as a blow-up bed could be bought</p>		x	
<p>8. The age of consent is 16 year for everyone, it was equalised in 2000 under the Equalities Act</p>	x		
<p>9. It can be illegal to engage in sexual activity with someone with a mental disorder. It depends on capacity and consent. You cannot force or incite a person against their wishes. This includes forcing a person to watch or be present when sex is taking place</p>			X
<p>10. Under the 2003 Sexual Offences Act it is illegal for a care worker to sexual activity with a person that they care for. The definition of a care worker is wide, including all paid and unpaid staff who have regular face to face contact with the individual eg gardeners and cleaners</p>	x		
<p>11. Sterilisation (including the use of long-term contraception) cannot typically be performed on an adult without his or her consent. No operation may be performed on an adult without their consent. However, if someone is deemed to lack capacity in rare cases it may be referred to the Court of Protection for a best interest decision to be made. Give case law example DD (No4) (Sterilisation) (2015)EWCOP4</p> <p>If a person is to be given long term contraception even for period control, they must have the capacity to know what it does and if not a best interest meeting should be held</p>		x	

12. It depends on the way it is taught. If it is taught using diagrams and descriptions with no physical contact then it is fine, as long as it is part of a person's agreed care plan. Touching a man or women's genitals could be interpreted as sexual assault under the SOA 2003			X
13. The person responsible for undertaking the capacity assessment for marriage is the person conducting the ceremony, eg the Registrar. The test is they have agreed to cohabit and with no other person, both have validly consented to the marriage formation. However, a Social Worker may undertake a capacity assessment which determines a lack of capacity, which is then referred for a Court of Protection decision		X	
14 Closeness such as kissing, cuddling, holding hands should not be a matter of concern, unless the actions are non-consensual, causing harm or if one or both parties lack capacity. In which case, a best interest decision would be made to determine if allowing this contact would be detrimental to their wellbeing and safety or make them more distressed by stopping the activity		X	X

Appendix 2

Dave Hingsburger et al- 'Changing inappropriate sexual behaviours- A Community-Based Approach for Persons With Developmental Disabilities'. Paul H Brookes. 1989 HYPOTHESIS (the possible reason for a behaviour) Some potential reasons to consider when analysing behaviour-

1.STRUCTURAL	Due to the environment. If a person with a learning disability is not given the privacy they will do typical things in the wrong place. For example, if they do not have a private place to masturbate at home, they may masturbate in the workplace.
2.MODELLING	If caregivers are violating a person's boundaries, they may just model that behaviour. Workers might hug or touch without asking. If a person with a learning disability does this to a shop assistant they could be accused of assault

3.PARTNER SELECTION	Who is in their partner pool? Sometimes people dislike themselves and don't want a partner who is disabled. Do they have opportunities to meet a range of potential partners? They may be making advances to inappropriate people because of lack of opportunity.
4.INAPPROPRIATE COURTSHIPS	If you had no social skills around asking someone out or telling someone you like them, you may just grab the body part you're most interested in. Can this person show affection in any other way, besides that which is negative? Can these skills be taught?
5.SEXUAL KNOWLEDGE	Does the person lack the appropriate knowledge to perform a task or develop a relationship? Eg They may not know how to use a condom or that lubrication exists
6.LEARNING HISTORY	Where did they learn about sexuality? Was the learning trauma-based? What impact did the messages and environment have on current actions?
7.PERPETUAL AROUSAL	May be masturbating without climax. Don't know what to do or have been given misinformation which needs to be dispelled.
8.MEDICAL	May have an infection or medical condition that is causing irritation and the need to rub incessantly.
9.MEDICATION	Medication may be causing the behaviour. Have the doses or the medication been reviewed recently? One man was slapping his penis on the wall because the medication dosage was causing this behaviour.
10.MORAL VACUUM	Where has the person learned what is right and wrong? Sometimes people act inappropriately and no one explains it's wrong, they ignore it or even encourage it. We need to be clear about social rules and the consequences of breaking them