



The care exchange - Series 4 Episode 3: What if I say the wrong thing?: Dr Claire Bates, CEO of Bracebridge Care and a director of The Outstanding Society

Hosts: Pia Rathje-Burton and Wendy Adams

Pia 00:08

Welcome to the care exchange the Skills for Care podcast for managers in social care. I'm Pia Rathje-Burton,

Wendy Adams 00:14
and I'm Wendy Adams.

Pia 00:15

So today we have a special guest we have Dr. Claire Bates coming on the podcast. Dr. Claire Bates has set up and runs an organisation called Supportive Loving. She set this up in 2017 as a response to her PhD, that was exploring relationships with people with learning disabilities, and after that she initially set up a social media campaign that sort of led on to Supportive Loving becoming a network for anybody interested in supporting personal relationships for people who is receive support. Supportive loving also includes a network network meetings, webinars, toolkit for staff, training and signpost into sort of good resources. Claire has also worked with CQC and advise them on a number of reports including promoting sexual safety through empowerment, and relationship and sexualities in adult social care services.

Wendy Adams 01:22

Supported Loving is, hosted by choice support who were a care provider organisation that support autistic people, people with learning disabilities, and our mental health needs across England. Dr. Claire Bates still works for choice support, and is also an honorary research associate at the University of Kent Tizard Centre, and a visiting research fellow at Manchester Metropolitan University.

Pia 01:48

Yeah, so it's gonna be a different topic, talking to Claire, so but I'm really looking forward to it. So on with the show.

Pia 02:04

So welcome to the care exchange, Claire.

Dr Claire Bates 02:06

Thank you. Great to be here. Oh, are you? Okay, thank you. Yeah, yep,

Pia 02:11

I'm good. That's really good. Ya know, so we heard in the introduction, there a bit of a history of supportive loving, and I know, it was initially a response to your PhD on exploring relationships for people with learning difficulties, but it's really moved on from then hasn't it? Yeah. So

Dr Claire Bates 02:26

So as I said, it started off just as a small social media campaign. So my PhD looked at relationships, as it was predominantly at the time for people with a learning disability. But what what I found was that, you know, the, the real thing about it was, if we didn't have, the people didn't have good support around relationships, then they either ended up in really unsafe relationships, or they ended up with, you know, not having relationships. And that was, you know, that covered like a wide range of relationships from, you know, what we would traditionally think of a relationship with a fully sexual living together, maybe getting married relationships to the relationships that were much more platonic, but we're still incredibly meaningful to people. So yeah, good support was really like the, the fundamental thing that kept that supported that and, and there wasn't anywhere for staff to go, there was no, there was nowhere for people working in social care that we could see to get advice on. There might be things around sex, but there was very little around sort of support in relationships, and sort of sexuality more broadly. So yeah, we started off just have a blog with people that we felt were really important to write blogs for us. And then it just kind of blew up from there. To a national network of over 1500 passionate people about this topic. So yeah, it's been it's been a wild ride.

Pia 03:53

And is it is it so I know initially started for people with learning disabilities, but is what you're providing what supportive loving is providing now is that just for learning disabilities?

04:01

No. So we wrote, we have a toolkit on our website, which covers a lot, many topics, as many topics as we can think of, and we tried to write them as there are a couple that are learning disability based but we tried to write them as sort of as general as possible, because what I found is the longer I do this work, and certainly in part of the training pattern that we develop with Skills for Care, is it didn't matter. A lot of the time, what group of people social care staff are working with a lot of the the issues and the areas they needed help in were very similar. So there was you know, it didn't matter whether you were working with older adults, people with life limiting conditions, people with a learning disability, there was often issues around staff values and the impact that had on support. There was issues around maybe families and families, family maybe disapproving of partners or of some situations, there was issues of our mental capacity for lots of people. Again, that could be fluctuating capacity or capacity more generally. And there was issues around helping people to develop relationships or to maintain relationships. So we found and a lack of resources. So we found there was it didn't, it didn't matter, like for many people who they were working with, there was often similar real similarities between some of the challenges that they were facing. So that's what Supported Loving we generally do work with people with a learning disability. But I've been, you know, I've done work with teams working with

people living with mental health conditions, I've done work members do work with teams working with older adults. And so we you know, it has, it's definitely broadened that for my background, my background is Yeah, predominantly learning disabilities and more recently, sort of branching out into or working more than just, well, okay, yeah.

Pia 06:02

And why do you think from a manager's perspective, why do you think it's important they focus on this.

06:09

So when I start my training sessions, regardless of what group I'm working with, I always get people to write on, write down the things that are most important to them. And then we all we all go around as a group and share what's most important to us. And the staff, I speak to where whoever they are, wherever they're from whoever they work with. When we talk about what's important to us, it's our most important, it's often our partners, our children, our close friends, our pets we all love a pet and then when we talk about, and then and then when we think about, you know, well, the people we support, what will be most important to them? If it's not relationships, then are we saying that the people that we support are somehow different to us. So it always kind of fascinates me that this topic has, CQC only published their guidance on this in 2019, it kind of fascinates me that it's the most important thing in most of our lives. And yet, it's the thing we don't talk about very often in social care. And it's, you know, it's one of our most basic human rights. And sometimes I sort of say to people, like, you know, in a controversial way, like if, if we're not seeing relationships as really central to our work, then are we seeing people as less than human if that if we don't see them as the same as us and needing will be meaningful, intimate connections in our lives. So I feel like it is it is a really important, it is a really important topic. And it provides so many benefits like having, you know, at Supported Loving, and because I, because we do work around sex, people think all the time that, you know, I spend all my life talking about sex and stuff, and I don't I spend most of my work most of the work I do with staff teams or with people. I do work directly with, with people mainly with learning disabilities, it's around, you know, it's around how do we help people to have meaningful relationships, because the relationships are the most, the most important thing and there's been so many benefits to having high, you know, quite high quality relationship, intimate relationships in terms of our physical, mental and emotional well being, and financial well being as well. But we don't, we are less important. But in terms of our physical, emotional, and mental well being, there's a massive, there's a massive benefit. And I think that's why, you know, is actually now recognising the Care Act as an eligible need that the reduction of isolation around relationships, so I think it is really important, but it's one of the things that's a little bit harder to do. And it's hard. One time I was asked to sort of quantify that we'll have people got, you know, how can we quantify people got more relationships, it's a hard thing to quantify. It's not about numbers, it's about quality. But the quality of those relationships in an intimate relationship, whether it's sexual or not, is often an area in our lives where we get the most positive benefits from that.

Wendy Adams 09:12

Yeah, it's interesting about what you're talking about is about managers maybe thinking about this in a more proactive manner. Because I think quite often what happens in my experience and services is we only start addressing this in a very reactive way. And you mentioned before about maybe when families you know, when families disapprove of something that's happening, and I think often that's when things

get addressed when it starts to become an issue, but it sounds like what you're talking about is that this should almost be part of that care planning and part of that original, you know, part of that whole discussion about with people about their their lives and their care and support.

09:53

Yeah, I mean, I suddenly had to have social care support say I was in an accident. My maintaining my relationships will be the number one thing I'd want help with to see my friends, my family, my partner, you know, I want it to be the number one thing that people were doing. So I, yeah, it's one of those things and we, you know, we believe really strongly that it should be, you know, CQC are saying now, it should form part of assessments when people move into, you know, access care services, it should be, it should be in assessments, and the care acts said it should be in social care assessment. So I, you know, the fact that it isn't, and we know that it isn't, I was, I was an auditor, I liked that I worked with choice report, got my work, I work for choice support. And I used to work in our quality team for many years, doing audits. And I said, I think I would, you know, I would go around, and I would look at, look at people's support. And often we'd hear about family, we talk a lot in support plans about families, and there was very minimal in there about who people's friends and how we, you know, it wasn't just choice support, I used to do audits for other organisations externally. And there wouldn't, there wouldn't be a lot of our friends, and if someone had a partner, and I think a lot of managers

Wendy Adams 11:09

would see we do the relationship bit OK so you know, lots of cases where somebody might be living in a care home, you know, managers will encourage the partner to come to visit whatever. And I think they do that bit. But I think where that then stops, is they often don't take that a step further and have that discussion about the intimacy, the physical intimacy. Yeah, if that. And I suspect, you know, there'll be managers sitting thinking, Yeah, I've got people in my care service, who do we have a, you know, a partner who comes to visit them? But we've never asked that question about what would we need to do to help facilitate intimacy, if that's something you and your, your partner want to do? Because we know care homes don't have locks on doors. And yeah,

12:04

one of my one of my one of my really memorable, I'd like to say it's really memorable, I can't remember where I was, it was in a big posh. It was, I was at a big posh care event, it was one that I wouldn't, I think it was, yeah, lots of different sites, all mainly working with older adults services. And I went there, I did my presentation, I was talking about overnight guests. And I asked in the room, how many people in their organisation allow overnight guests to come, like, you know, as a part has come to say, everyone put their hand up, nearly. And I said, How many people do actually support couples where one person comes, you know, comes down, and they stay in a double room? No one put their hand up. And I asked them why. And they went, Oh, that oh, that we haven't got, we haven't got a we haven't got a room where everyone's got single beds. So it was like, you know, even if the the the organisation was was open to that, the fact that everyone had single beds. And I just think like, in of itself, but single is that that sets a real precedent for what you think about that person and their what you expect for that person because you're not providing a double bed. And I think that just goes even further back to like, what would we would if we lived in our own home? Would any of us sleep in a single bed? If you buy

into our flat about our new flat was we put a single bed in there for ourselves? We wouldn't would we
We just because very

Dr Claire Bates 12:20

we have a double bed? Yeah.

13:30

Yeah, everyone has a double bed why would and you know, choice support, we're committed to like, you know, if we provide the furniture, you know, we provide furniture for people so that people are offered a double bed as default, you know? Because, yeah, it's even if people want to have someone stay over that. Very, you know, that's a great excuse for people to say, we haven't got any rooms. Where will they sleep. People have lounges where couples I've tried I spoke to, to the staff I spoke to at this conference, they had lounges where partners could go and sit and have meals together and be alone, which was lovely. But they didn't provide that opportunity for them to be able to like, lay and have a cuddle together. Yeah.

Pia 14:14

And that's so important, isn't it? Yeah. And I suppose the other the other thing that goes alongside that is having that having that open culture, and I'm also thinking about, you know, having open conversation about, you know, sexual preference, and, you know, it's like the rest of society. It says, We have such an open society and so it's an accepting society in terms of people choosing their, their partner and how they identify themselves, but sometimes we hear that people, people going into care homes, and I'm particularly thinking about older people care homes, that people don't feel that they can be who they are. And I suppose that kind of goes alongside it, doesn't it? You know, Are we you know, asking that as part of assessment? Or is that too early? Or do we ask along, you know, when we're getting to know that person, you know, what is your preference? You know, who are the people you've been close to in your lives? Are they things that we can do to support you with, with maintaining that? Yeah, that's really important.

Dr Claire Bates 15:18

Yeah, absolutely.

Pia 15:21

And we mentioned earlier about sort of kind of staffs fears or and family's fears, what are the sort of things that managers can do to help the staff team? If they are worried if they have fears if they have misconceptions about what's Okay, and what's not? Okay. Yeah,

15:41

so I thought about this. I've been thinking about this question. And I think it's about as you say, about the open cultures. So CQC empowerment. But one of the main, that report, they brought out one of the main findings of that was around open cultures. And, and it's absolutely like people, if there's an open culture, people are less likely to experience sexual abuse, they're more likely to have their relationships and sexuality supported. And we said, like, you know, managers need to make sure that they create that kind of culture, and have like, an honest approach. Like when I do my training, I try and say to

people, it's a judgement free zone, you can ask any question, there's been a lot of changes in recent years around language and how people identify and you know, things like pronouns, and we often in our training, I say to people, like, this isn't, there's no cancel culture here. Like, you can ask a question. And people are gonna, you know, and we, you know, we want everyone to be honest, want people talk about their feelings, talk about their anxieties, ask questions, if they don't understand. And just everyone just try and have that, that that space where we can ask a question without being being judged, if we don't know what something means that we don't understand, or we want to talk about something that's worrying that's concerning us. And just being very honest. And we said to managers leading by example, so being being open themselves to having conversations, I'm always kind of surprised sometimes about how, you know, I'll go to put people in teams and, and sometimes, you know, people just even just saying some words, I'll give an example where someone was talking about someone touching their penis on the bus, and they were like, don't touch your trousers, you mustn't touch your trousers, and the manager was said, I don't know if I can say penis, I was like, you can say penis that you're allowed to say, you know, and just that kind of like, you know, just being really embarrassed, I said, the more you sort of have these conversations, the less you're going to feel embarrassed. And if you're, you know, if you're projecting that to your staff, that you're not embarrassed, this is okay, we can talk about these things, then that makes us all feel more confident about discussing these kinds of things, too. And we sort of sit around sort of placing a higher important high importance on these things, you know, like really placing a high importance around supporting people around their relationships, around supporting sexuality. And one of the most, one of the areas where we sort of say, when I've done research with staff, and I've spoken to staff teams, and also in developing the Skills for Care, actually spoke to over 100 staff, across all care groups. And most organisations, most people were scared, they were gonna get in trouble if they did stuff, you know, like, somebody's directly about touching their penis, or getting in trouble. Yeah. And then can I say this? What can I say? What, what can I not say? And we said, as often I asked him, What is your organisation say about it? I don't know. I said, What does your policy say about this? And then I don't know. And I will get policy sent to me, I should have collected some of them because some of them were amazing. And they talked about sex and relationships policy that doesn't actually mention the word sex the whole way through it. So it's like, you know, they'll talk about friendships and relationships, and it leaves staff in a really difficult place where they don't know what the organization's says. And I'll just use having overnight guests as an example. Like, we have that in our policy, that choice support, you know, absolutely allows and, you know, people can lead their lives they want, they want guests, they can have them if there's any specific risk issues, then that will be dealt with, but, as an open statement. We're completely for that. But it's like now our staff know that that's our view on that. And I said if an organisation doesn't set out their views as a policy staff can find it hard to know where they stand so and by having that policy, they feel backed up by that organisation, that this company is supportive of relationships and sexuality and the organisation will be behind you. If you want to support people in a way that's in line with our policy around these areas. And I think it gives staff that permission. Yeah, permission that this is okay that this is a topic that is okay to talk about and it's okay to support people with it. is what we expected of you as our social care staff working with people to help them live full active lives, and that includes their sexual, emotional and intimate needs. So, yeah, I absolutely think that and I think training is another another one. Yeah.

Pia 20:14

And so just going back to that writing, having a policy and procedure, because I know what you're saying. And I think sometimes, there may even be a policy and procedure and people just don't realise as they are, they haven't read it, or they don't really know what that what what it says, If you don't have one, if you're sitting listening to this, and you think, Well, I don't think we have one, how do you go by writing one,

20:39

we have a toolkit. On our website, we have a webinar. So if you want to go to supportedloving.org.uk, you can go and have a look at our, we've got an example on there, about how to write a policy. You know, we've even got a template there, the only thing I would say about policies is probably aware, because the law changes quite a lot. But we just set out in there, you know, what are the key areas people would need support? And what is our organisational stance on that? What are our values around supporting relationships? You know, what do we mean, it'd be hard to say everything in a policy that we sort of set out broadly, you know, the sort of the key areas, how do we feel about supporting people, you know, what's your organization's view on like pornography? Can they have that? Can they access that through the Wi Fi? You know, you know, that, you know, if they're not paying for it, the organisation paying, but is that, you know, the blocks on things that what, you know, what are, you know, and how, what, what are our views and overnight guests? What are our views on? You know, what do we assess, what, what do we include in our support plans, you know, things like that. But you can have a look, we've got a brilliant, we've got a webinar on that, and toolkit page and some policies and draft policies there. So I think it's about being, you know, thinking about what are the key issues your staff face? And how would your organisation like staff be supporting people? What's your values around that as an organisation? And how do you support people? How would you like your people you work with to be supported in that area. And

Pia 22:08

I suppose with that, going through that in sort of staff meeting, or something to sort of know that exists, because I think that's it, sometimes not big policor manual in the office, and nobody, nobody looks at it. So it's making sure that people understand and so they feel feel supported by the policy procedure. But

22:27

I think as well, it's about, so I can only give examples at choice support here. But choice support, we've kind of made it. It's not just in our policy, we use examples about relationships, it's in our induction, it's in it's the first we talk about it, which shows supported loving videos, we you know, we talk about it in our induction, and we give examples throughout our training. So say like, when I was management, one, we talk about relationships, it's in our safeguarding one. And

Wendy Adams 22:53

that's that bit about embedding it in the culture, isn't it? Because what we don't want is organisations to develop policy and procedure that sits in a file and still nobody talks about it. Yeah. And the policy and procedure, but we still not discussing it. And I think we need to recognise that for the workforce. This, you know, this can be a difficult conversation to have can't it. I mean, what we know from our Skills for Care data is, you know, our workforce is predominantly female, our workforce, our social care workforce is predominantly, you know, over 50 or 50. You know, we've got a lot of older workers. And

actually, then maybe, and this is maybe a bit of a sweeping generalisation. But there may be of a generation where some of this stuff wasn't talked about. And I think you're absolutely right, for a lot of our workforce, some of the changes that have happened in in recent years, all for the better around what pronouns people choose to use, etc. That's, that's a very unknown world for people, isn't it? And of our staff, and it's about how do we, how do we create that safe space for people to be able to have those conversations in the same way that you were just describing happens in the training?

24:15

Yeah, and one of the things that we've done at choice support which is, you know, which is completely you know, it's free, didn't cost us anything, because we have an LGBT group. And we, anyone can join it. And again, that's where we sort of got the thing where we all put our pronouns in our in our signatures, and that's like an organisational policy. And we talked about how as a culture, we can make spaces for conversations about supporting LGBTQ plus people and supporting our LGBTQ plus staff. We had a float at London pride this year. So it's about you know, as an organisation, kind of showing that we have a commitment to supporting people You know, and having that and having a space for those conversations. We also have another group around diverse voices, which is about supporting people from Black, Brown and ethnic minorities and again, But how do we support people, the people we support from from those backgrounds and our staff. So it's about, you know, as an organisation about making spaces to have some of those more more. Sometimes, you know, I guess, difficult conversations sometimes with people like where people people are very scared. Now, I think, you know, we do, we have a cancelled culture where people do get scared to say the wrong thing they're gonna be, you know, and sometimes people just genuinely ask questions, I do stuff with people. And if you asked, What does gender fluid mean, can you explain this term? I've heard it, or I don't know what it means, you know, and try and explain to people, some of the, we do sometimes go through the things and help people to understand there's been a lot as you said, for the better. But it's been been a been a lot of changes in the last 10 years, I think around.

Pia 25:51

Absolutely. And if you've mentioned training a few times, and we know that some providers don't have the same sort of kind of budgets for for training, so if if a manager, again, is listening to this, and currently, you know, are looking to have a policy or procedure, but also want to do other things. So you mentioned a couple of things there. But if you would, if you're not able to provide training, are there other things that managers can do?

26:21

Yeah, I mean, I think I think it is difficult. I know, the pressures on social care and training, everyone thinks that their training is the most important. Yeah. I think I think I think I think just I just want to say before I move on to what they could do, I think training people where possible, should definitely be a priority, because it does equip that we know, staff are in these difficult situations, we know the situations staff are facing I know that from my work, they are difficult. And by not giving them the tools that, you know, we wouldn't let people deliver medication without giving them some trainings, I think, a difficult situation. So I think where people can be trained, it absolutely should be seen as a priority. Even if you can't train everyone, some champions that could meet other networks that can support them around there. So there are, there's at least a couple of people in the organisation who have been

trained who could help. We said as well, you know, like, there's no, you go on a training, I go on great training, I come away. And then if it's not supported in the organisation, I hate that when I train people, and I think, oh, is their organisation going to support this? It just disappears. So I think there's a lot that can be done, that's not training that can help embed this. And we've said about making sure that it's on the agenda. So in team meetings, making sure there's a space where we talk about what are people's relationships, about relationships and sexuality, you know, maybe bring in some looking at some of the website, you know, looking at some of the Skills for Care training pack, like maybe doing bits of it in the training session, teams and do like the values exercises in the training pack, you know, helping teams think about their values and how that might be impacting on how they support people like that reflective practice, looking at case study, you know, maybe looking at we used to have supervision where we looked at situations where something maybe I can't really recall now, where something didn't like a reflective sort of practice meeting where we look at something that happened that maybe could have been done better. Yeah, that learning process. So is there been anything around the safeguarding or situation a near miss around relationships, or sexuality looking at that as a team together, looking and having it in supervisions as a standard practice, around asking staff around and any issues around this, because making sure there's a space for staff to talk about it, having links to resources, and staff having access to them. So if there's situations happening and you need support, as I said, there are there are places you can go for support, and the Skills for Care website, it's got resources, our website, it's got resources, and there's Enhance the UK, it's got resources on sort of supporting people with more physical needs, you've got Sharda as well it works with people from a range of backgrounds. And so there are places to go where you could get resources or links to resources and having it as a regular part of review meetings and having it in support plans. And people I guess just keeping it on the agenda and just you know, if you can't provide training for staff, are there resources you could share with them? Are there you know, are there ways you can as a team become more reflective on how you're supporting people using opportunities for learning. Learning from from from experience?

Pia 29:49

Yeah, I suppose, I suppose also kind of, I know, having sort of activities that you know, having date nights or you know, speed dating or you know, offering people an opportunity to go out and meet people and, and stuff. It's sort of kind of part of the activity timetable, or if, you know, if you're an older people and you have like a day service, or if you're, you know, a smaller service, that it's, it's part of that this is some of the things that we do as part of our provision to have meaningful lives, isn't it? Absolutely.

Dr Claire Bates 30:24

I mean, yeah, I mean, there are many things other than training, I mean, there are many things that I can do to help people, you know, increase opportunities around this, I mean, an example would be setting up like an LGBT group that have coffee morning, doesn't really cost anything, you just need a place to go and meet for coffee, you know, a staff member to do that for an hour, you know, setting up things like that making Do you said, like, date date nights, you know, we've seen people just setting up social groups for people, you know, just trying to get more I mean, one of the things I'd sort of give an example of is, is if someone makes a connection with somebody, how can that also say someone's in a day in a day, so I was like, in any kind of day service, and they someone sparks a connection? What can the staff teams do to help facilitate that connection outside of that one setting? Could they come

over for dinner, I give this example the other day, like a lot of people think was that with children, I'm not comparing people, adults or children. But like how some people learn how to develop friendships and relationships that you know, you'd invite them over from school, invite them over for dinner, then invite them out on somewhere, then take them on holiday, that relationship will build up more real. And I talk to staff and I sort of say like that, how we need to think sometimes about relationships with the people we work with, how can we help them to develop this into a more meaningful relationship? And sometimes, they might not know how to make that or they might not know, or they might not have the ability to make that into a more meaningful relationship without your help. So it's like, how can you help them go from just being someone that the other day service to being someone that's much more integrated, meaningful in their lives? So yeah, that can definitely be a way to help. Don't

Wendy Adams 32:04

things that one of the things that that I don't think we could we could have this conversation without mentioning is the issue around mental capacity? And I don't want to spend, you know, we could go down a rabbit hole with that, couldn't we?

Dr Claire Bates 32:22

Is it without the mental capacity as a thing, I would never get asked to deliver training, because that's all people want to know we up? Yeah, it will come up eventually.

Wendy Adams 32:31

And I think for me, there is something about in the spirit of the Mental Capacity Act, the purpose of that was always about supporting people to do things that they have the ability and the capacity to choose to do not necessarily to use it as a tool to stop people doing things. And I'm guessing that that is really important in this particular area of work is that that yes, we do need to protect people. But we can also use the Mental Capacity Act to, to show that we're actually supporting people rightly, to envision in relationships,

Dr Claire Bates 33:09

I'll give you, I'll give you a really good example of that was I was working with a team providing some external training last week, this week, last week, and they were saying they were saying they were saying that they were supporting somebody, and there was no, it's not that easy like that, you know, there's so much paperwork involved, you know, all the risk assessments and mental capacity assessments you have to do. I asked what was the situation, and someone had gone out on a date, they've gone for a meal. And I said, and they need to do a mental capacity assessment and a risk assessment. I said, were they on their own? And they were like, No, the staff were there. And I was like, What are you assessing? And they're like, Well, you know, all the work that had to go into it, you know, because what if they were sexually assaulted? And I was like, in the restaurant, and they were like, well, what if they went to kiss them goodbye. And they didn't want it? And I was like, you know, there had to be did they understand what a relationship was? And I was like, hang on, you're going a bit ahead of yourself here. They were literally going out for dinner with someone that they've met that they liked. I said, you know, that they then got quite complex needs, and I was like, you know, are they gonna have sex? Are they alone? I was like, no, they're not at this stage. All you need to be doing is supporting that person on a date. You might want to talk about that in advance, how might they react if

someone goes to kiss them? And they don't want to? What would they say? You know, that's just good dating or whatever they say they want to date you again, and you don't want to go on another date. What might you say? Helping people to think about it. So there's no need to be doing Capacity Assessment or mental capacity assessments. For going on a date. There's no capacity test for being in a relationship. There is around sexual relations. And obviously, we want people to be safe and obviously we want people to be not being, you know, risk of sexual abuse, but I mean, we're talking about going out for dinner. It's not a high risk activity. so, it was, you know, it was one of those things where I think sometimes there are bad. I think sometimes staff think there are more barriers in there than there are. And I think the Mental Capacity act is the chief culprit of that. Yeah.

Pia 35:13

And it goes along with that fear we were talking about earlier, wasn't it this, that, you know, both managers and staff sometimes feel that they, they're going to be criticised either by family or by, you know, external, you know, just, you know, CQC, etc, for doing something. But in fact, it's, it's about looking at it. You know, what are the risks really, of going out for a meal, it's limited, but

Dr Claire Bates 35:40

we get ones as well, where someone was, you know, holding hands or kissing somebody, and they were like, but they don't have the capacity. And I'm like, but are they consenting to the activity? Are they a willing participant? In giving somebody a kiss and letting them hold their hand? How do they show consent? How are they responding to the kiss? How are they responding to the person, if they're happy with it? And they're not. And you know, if it progresses, like, it might be looking to progress to a sexual relationship, but you have concerns, it's always necessary to investigate. But if, if it's just kissing a lot of kissing, holding hands, there's no, you know, it's it, and they're happy, and they're consenting to that activity. And, you know, then that's, then that's okay. You know, we just we need, I think, you know, when we need to be keeping the mental capacity assessment, for real, for risk for real for real risk, where something is happening that someone is unhappy with, or they can't agree to it, you know, like we've sex it is there is a, there is a thing there where people, you know, we need to make sure people are consenting to that, but a little kiss and holding hands, if they're enjoying it, and they're happy, then that's, then that's when they are consenting. What, oh,

Dr Claire Bates 36:51

what are some of the other challenges you hear that social care providers have around sexual relationships? Or sex?

Dr Claire Bates 36:59

Yes. I mean, there are some real tricky legal issues, I said, there can be some issues with people where it's really difficult. We've had situations where there's been quite complex situations about whether somebody understands consent. Particularly Do they understand consent of the the other partner? Are they able to understand consent, we've seen situations where I was working with a team where they were talking about fluctuating capacity around there was a married couple that were living with dementia. And sometimes it got to the point where the wife didn't always recognise her partner, and was having to sort of explain to the team that they would have to intervene and sort of limit or stop opportunities for sexual contact, because, because it was so difficult, because at that point, it was just a

stranger, you know, I mean, him and and it was a very difficult conversation situation, because it's, the dementia had progressed to the point where the person wasn't able to consent to that there are there are serious issues. And, you know, we get things around, like, you know, sex workers, you know, people wanting sex workers, the law on that has changed, you know, there's been a recent judgement around for people. The term is a mental disorder under the Sexual Offences Act. And, you know, there's a legal ruling around what staff can and can't do to support people. And it's left people quite concerned about that. And we've sort of said to people that if you're uncertain about some of the more tricky things like, the more the more complex cases, we've always said, it's always okay to get external support and advice around this. And there are places you can go, you know, to get legal advice, you can speak, you know, borderline cases, we said, we're really uncertain about someone's capacity. And then that's what the court protection is there for people can access the Court of Protection, you know, and judge make those decisions and social workers, that there are specialist organisations, supported loving. There's the Sharda, the Enhance the UK where people can get more, you know, advice around these kinds of things. And I think we shouldn't feel like they're alone. When they're in difficult situations like this. It's always best to get get help. Yeah, I mean, I think sometimes people, I think sometimes they're we talked about legal issues before sort of uncomfortable situations people get in. I think sometimes people feel like there were more legal issues than there are sometimes it's always best to check them out. But I was asked to support a team the other day, and it was around somebody attempting to masturbate in the living room. And and they were directing him to his room and he was going into his room, but it transpired that he wore a pad and wasn't then able when he was taken to his room, access his genitals. And I said to the team, then they need to To help him, you know, give him help him remove his pad and help him remove his, his trousers, so he can have some time to, you know, spend time out of his pad where he can, you know, feel free to explore his body. And and, you know, they, they were kind of asking about what are the legal ramifications around this? And that, like I've sort of said that there aren't, there aren't any, like, and they were like, a you. And I had to write it out in a plan. And like I said, there aren't any I said, Because you are, you're not incite. You're not inciting sexual activity. He's already trying, you're just, you're just helping him to be able to touch his own body. But that, you know, anything come out sometimes, you know, this is, you know, this is, this is a team that we're very uncertain about, you know, they were just nervous they just nervous I think, for a lot of people that they, there are obviously tricky situations, as I've said, certainly when we get into issues around capacity, if it's very complex, and but I think sometimes there are issues where people are more nervous about it than maybe they they need to be and we wouldn't think anything about helping somebody. I don't know, do some of the other things. Yeah, it's just yeah, I think if we get into anything, you know, the example about the person who, working with an autistic person, and they were saying, don't touch your trousers on the bus. And then when I said to them, you need to be really clear, you need to be telling him can't touch his penis on the bus. And they're like, can I say that word? And I'm like, you should be saying that. That word because otherwise an unclear message about touching his trousers Yeah.

Dr Claire Bates 41:45

it's whats under the trousers that we're concerned about that we need to really clear. And, and like, they were like, literally made me write it down and say that, that was what they were meant to say, because people were really nervous. Yeah, I think we need to take away that fear from people. And I think that will come with training, it will come with being spoken about and care of use by other professionals. And

I think that, you know, having this training pack, now that Skills for Care have made, we've made with Skills for Care, kind of, you know, give staff sort of saying that this is part of your role. CQC say as part of staff's role to support people's intimate relationship needs and sexuality needs. I think I think the more we talk about it, because it's happening, because people, you know, it's happening, and people are supporting people. So I think the more it just comes out into the open, the more we talk about it, the less embarrassed people

Pia 42:46

and going back to that culture has been absolutely fascinating. Absolutely. Fascinating, I just think it's so important for managers to, to have this on the agenda. And I think, at the beginning of our conversation you're talking about, you know, when we all kind of think about our own lives, and what's important relationships is is the top isn't it, so therefore, it will be the same for the people who are drawing on support. So therefore, if they're not able to do that themselves, and whatever, for whatever reason, then then that's what managers and the people who are employed to support them should be supporting them with so

Dr Claire Bates 43:28

a lot of time talking about the sex stuff, because it's the thing that's like, the right thing, that interests a lot of people are, it's the relationship stuff, you know, we will, you know, somebody's been married for 20 years. You know, that's, you know, that's important, but it's the relationship, it's the long term. You know, it's the it's the it's the, it's the it's the, it's the companionship, but all research that we've seen, it's the companionship, and the intimacy, that's, that's what really brings the value to people's lives. And it's like we spend, people get very caught up in the sex side of it, because it's the bit that, you know, capacity issues and all the relationship stuff that I think is not you know, the sex side is very important for us, but it's the relationship stuff that I think is most important for people to, to really start thinking about, and how we can help people to have more meaningful relationships.

Wendy Adams 44:23

So, so important, isn't it? We, we have a question that we asked a lot of our podcast guests, Claire, which is, imagine we're on lift on the 10th floor, going down with a group of registered managers. And before everyone gets out, you need to tell them what you think is the most important message so your key message to leave them with so it's a it's a short, snappy message because you've only got 10 floors to get to get over to them? What What would you say?

Dr Claire Bates 44:53

I think I'm going to repeat myself because I think I'd go back to my key thing at the beginning, which is that if we you know, in our, in our lives, relationships are the most important thing. And if we don't see if we don't prioritise that in social care for the people we support, are we saying that the people we support are somehow different to us in some fundamental way? And if you know it, love is a human, right. It's, it's for everyone. And if we don't, if we don't, if we don't support people with this as a priority, then I feel like we're saying people are less than so we should be looking at it as a priority for people.

Pia 45:27

Yeah, that's a good answer. And I suppose the other thing is saying with that is, there's a free resource of Supported Loving, go to the website, have a look at the toolkit, have a look at some of the you know, webinars, you know, all the other other support that you have on there, to talk to kind of get you started within, there's the template, their policy procedure, that will be great. Really, really interesting conversation. So thank you so much for your time today. And I'm hoping that everybody who are listening are really taking something from this and feel that they Yeah, you know, I'm gonna do something about this, you know, I'm gonna make sure that whatever stage you are in the journey in terms of supporting people with personal issues that you're, you're gonna take, take something away from this and make some changes in your service. So thanks so much for today.

Dr Claire Bates 46:16

Thank you, and lots of people are quite don't feel like you know that you're behind everyone else. Lots of people. Everyone has to start somewhere. Yeah. And and it's it, whatever's however small, start making a difference, and you'll be getting there. Yeah. Thank you.

Pia 46:32

Thanks very much. Bye, bye.

Pia 46:43

Well, Wendy that was really interesting conversation with Claire.

Wendy Adams 46:48

Wasn't just I love it, when we talk about things that just pick up some of the real dilemmas that registered managers are facing on a day to day basis. Yeah,

Pia 46:58

I'm sure that most managers will think, Oh, this is a bit scary, I don't know how to deal with it. But then actually, they you just kind of have to, as Claire said, create that culture and start just having conversations, even if you feel there's outside your comfort zone, and you're not sure you know, just, you know, be brave and start talking about and using some of the resources that the supportive loving have. And that we have as well, Claire talked quite a lot about the training pack that Skills for Care developed with supportive loving. So just to kind of cover what what that is, because there's quite a lot available. So there's a supporting personal relationship guide. So that sort of sits alongside it. That's what that was developed a while ago, a few years ago. And what sort of kind of fairly new is this training material, which is, you know, you can kind of look, use it as a facilitator facilitator guide. So if you have got a trainer yourself, they can use that. There's a lesson plan, there's some slides. But you could also do as one of the things Claire was saying about taking bits of it. And just using that in a team meeting. So if you don't, if you work, an organisation where you don't have your own trainer, you're not able to provide training, just take in bits of it. And talk about in in team meetings can be really helpful as well. There's also a number of handouts again, some of those handouts, you could perhaps use as a bit of a kind of a, you know, something you could talk about in a in a team meeting. There's a webinar that we recorded with, alongside this kind of explains bit more information about about all those bits of documents that you can use, and then also a huge database of all the different learning material that's

available elsewhere. So just lots of information to help you to have this on the agenda in your service. Just a

Wendy Adams 48:59

huge amount of stuff that's available. Yeah, just managers, isn't it to start tackling this issue? Yeah, and all free? Yeah, absolutely. And it also links in to some of the Skills for Care resources, obviously, our caring cultures toolkit, yeah. Which is broader than thinking about personal relationships, and is thinking about cultures more generally. But it's about creating that open culture within your service, where it is okay for staff to ask those difficult questions or discuss those topics that they might feel a little bit awkward or uncomfortable about, about broaching. So, you know, I think there's a real set of materials and resources there for managers, who are now thinking, Oh, well, I think I need to do something about this. Where should I? Where should I start?

Pia 49:50

Yeah. And I think you know, Claire talked about it several times. And you hear about, if you have that culture that you can ask questions, if you're not sure that you can have open conversations both in supervision and in staff meeting as part and part of conversation that people are supporting. You're kind of halfway there, even if you haven't done anything else, as long as those conversations can be free and open, it makes a huge difference. Really does. You

Wendy Adams 50:16

know, she actually said, Didn't she? You know, we need to everybody needs to start somewhere. Yeah. So yeah, yeah, no, it's

Pia 50:24

really interesting. And I think, and I suppose slightly scary, really, in a way that before 2017, there wasn't really a thing around you know, and over the last few years, obviously, with with Claire's support with so many other sources have been developed. So you know, and it's quite rightly so it is personal relationship is important to all of us. So, that's it for this episode. Thank you very much for listening. All the resources that we spoke about will be in the show notes and all the resources that Claire spoke about will be in the in the show notes as well and on the website. Hope you have enjoyed today. If you have enjoyed it, please tell another manager about it and make sure that other managers are aware of the care exchange. And thanks very much for today. Bye. Thank you. By