Supporting personal relationships

Supporting people who need care and support to have meaningful relationships

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Introduction

Personal relationships refer to the close connections between people that are formed by emotional bonds and interactions.

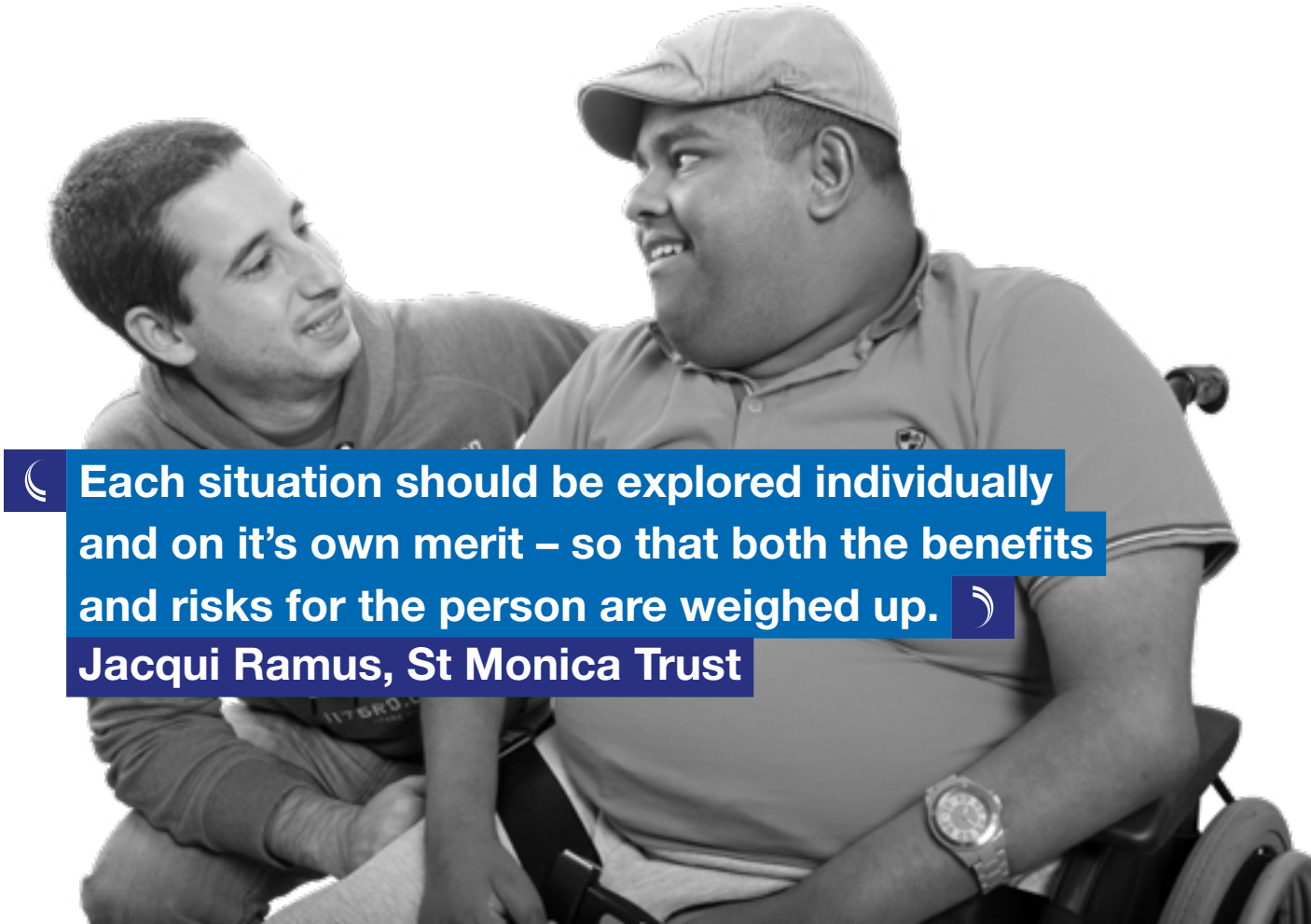
Everyone has the right to enjoy a full range of relationships and to choose to express their sexuality as they wish. This includes people with learning disabilities and people with dementia. The adult social care workforce needs to understand how they can better support people who need care and support to do this.

Personal relationships can be a complex issue for individuals, their families and the workforce who supports them.

Conversations about personal relationships can often revolve around issues of safeguarding, mental capacity, risk or deprivation of liberty. Whilst these are important, they shouldn't be the driving force behind supporting someone to develop good personal relationships.

Instead we should focus on the benefits that personal relationships can bring, and focus support around what personal relationships mean to the person and how it fits in with their personal choices and needs.

This guidance will help employers think about how they can develop their staff to support people with their personal relationships, in a way that respects and values the individual. It's been developed with people who need care and support, their families and social care employers.



Each situation should be explored individually and on it's own merit – so that both the benefits and risks for the person are weighed up.
Jacqui Ramus, St Monica Trust

1 Values and behaviours

What values and behaviours do social care workers need to support people with their personal relationships in a person-centred way?

- **Respect** individuals and understand what personal relationships mean to them.
- **Be patient** and take the time to make sure people understand the impact of personal relationships on themselves and others.
- **Value difference** and know when your own values might impact on how people are supported with their personal relationships.
- **Support decision-making** and ensure people have the right information to make informed decisions and consent about their own personal relationships.
- **Consider** how the law, regulation and workplace culture might impact on people's personal relationships.
- **Be willing to learn** from others about how to support people with their relationships.

Case study: St Monica Trust

At St Monica Trust, our ethos is to promote positive relationships wherever possible.

This can be as simple as hand holding, or facilitating close relatives to play a part in the persons care needs, if that's what they wish to do.

For example, Joan* lives in a dementia unit in one of our care homes, and her husband visits regularly. The staff support them to sit together in a separate lounge on an evening, so they can watch TV together in privacy.

This is incredibly important to both of them as they've done this for many years. It gives them the opportunity to maintain their personal relationship without being confined to Joan's room.

As Joan's dementia progresses, our staff ensure that this will continue to happen for as long as possible - the routine provides Joan with a sense of security and comfort, as well as being very important to her husband.

2 Knowledge and understanding

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

- Positive relationships contribute to people's mental and physical wellbeing, and can't be ignored.
- Relationships are a natural part of being human. People who need care and support might develop a range of relationships with the people they live with and the people who support them.
- Everyone is different and will have different needs and sexual orientations. These differences need to be celebrated and understood.
- Informed personal choice needs to be enabled, respected and supported.
- Risk is natural in relationships and social care workers need to understand how to balance risk and protect where possible.
- The legal and regulatory frameworks may impact on the personal relationships of people who need care and support.

People who are living with dementia have the same basic, human need to have relationships with others. However they can have difficulty maintaining these relationships due to their memory loss.

Jacqui Ramus, St Monica Trust

3 Supporting your workforce

How can social care employers support the development of their workforce in relation to personal relationships?

To support workforce development practice, employers need to:

- 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
- enable their workforce to feel safe and confident talking about personal relationships with the people they support
- recognise the tensions and challenges that may arise from people's different personal relationship preferences and how these preferences are perceived
- 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 plans and has clear outcomes, bringing in expertise or collaboration from other workers and professionals who are involved in care and support
- understand how organisational policies might impact on the personal relationships of people the organisation supports
- understand how social influences might impact on personal relationships, for example religion and culture, and make sure their workforce understand how to support people from different backgrounds and with different beliefs
- keep training about personal relationships separate to training around safeguarding, deprivation of liberty and mental capacity act training
- use a blended approach to learning about personal relationships. Workers need space and time to explore and discuss each other's thinking about personal relationships, and you need to think of ways to facilitate this in training.

Insight from St Monica Trust

St Monica Trust has care villages that include independent and supported housing, and residential and nursing care for older people, including people living with dementia.

Jacqui Ramus, Dementia Lead, explains why it's important for people living with dementia to have meaningful personal relationships, and how adult social care workers can support this.

At St Monica Trust, our ethos is to promote positive relationships wherever possible. People who are living with dementia have the same basic, human need to have relationships with others - and it's important that our workers support them to build and maintain them.

This can be as simple as hand holding, or facilitating close relatives to play a part in the persons care needs, if that's what they wish to do.

For example, someone living with dementia might find support with personal care or assistance at eat meals distressing, if they don't recognise the person supporting them. Also, where relatives have previously been involved in care and support, they can sometimes feel redundant if formal care workers take on these responsibilities.

Having a relative continue to support some of these care needs, can help to maintain close family relationships and bonds.

Where a person living with dementia wants to form or maintain a close bond with another person, you should have honest and open discussions that look at both the benefits and risks. You need to consider the wider potential impacts of the relationship – for example the comfort and support to the person from the relationship, their own views and the feelings of close relatives, and any potential risks. You should also think about the person's capacity, and take into account their previous views and beliefs.

If you have to make a decision that's in their 'best interest', it should enable positive relationships whilst safeguarding the person in the least restrictive way.

Training and personal relationships
It's important that workers understand that 'dementia' is not a reason to restrict personal relationships.

We deliver a one day dementia training course for our workforce – of which 'maintaining and building relationships' is an integral part.

We discuss personal relationships in team meetings, care reviews and handovers (where appropriate). Workers can come to me, as the dementia lead, if they have any questions – we also work closely with the local Safeguarding and Dementia Wellbeing Service if we need any more support.

4 Creating a workforce development programme

What does a workforce development programme look like to ensure workers have the right values, skills and knowledge to support personal relationships?

This section outlines how you could create a workforce development programme.

1. It needs to align with other workforce development programmes, including local and national workforce development and recruitment and retention practices, and other learning and development programmes such as safeguarding, deprivation of liberty and mental capacity act training.

2. It needs to use a blended approach to learning, including face to face, online, group, one-to-one and supported learning in practice.

3. Where possible, it should draw on the knowledge and expertise of local agencies and practitioners. This will also help workers understand where they can go for more advice and support.

4. Training around personal relationships needs to include learning about:
   - the importance of stable relationships
   - physical relationships including boundaries, consent, respect, love and care
   - sex and a recognition that people who need care and support might want to become intimate or sexually active
   - sexual health
   - sexuality and sexual orientation
   - moral issues relating to relationships
   - emotional development and relationships
   - regulatory and legal frameworks around personal relationships, and how this could impact on how they support people who need care and support.

5. Training about personal relationships should be included at all levels including:
   - induction
   - general practice and ongoing learning and development of all workers
   - advanced practice and leadership
   - specialised knowledge and skills, for example in relation to people with specific conditions such as dementia, a learning disability and/or autism.

6. Alongside a formal programme of learning and development, discussions around personal relationships should be part of team meetings and supervision.

7. Your workforce should also know where they can get further support and guidance within your organisation and externally.

5 Learn from others: The Avenues Group

The Avenues Group run a workshop to train staff around personal relationships, sexuality and sex.

The learning outcomes of the workshop are to:

- identify the differences between sexuality and sex
- recognise the rights of an individual regarding personal relationships, sexuality and sex
- have an insight into the issues faced by people with learning disabilities when expressing their rights to relationships, expressing their sexuality and having sex
- understand the key points of the legislation and policies and procedures that relate to personal relationships, sexuality and sex
- explore the impact of your job role when supporting people in regard to personal relationships, sexuality and sex.

Download the presentation

Tutor notes

Download their learning materials to see what they include and to guide you to commission or deliver your own training. You can also find copies in the appendix.

- Handout one: Programme
- Handout two: The A to Z of sex and sexuality
- Handout two for tutors: The A to Z of sex and sexuality - dictionary
- Handout three: Your views and opinions
- Handout four: Sex and the law quiz
- Handout four for tutors: Sex and the law answers
- Handout five: Sex and the law summary
- Handout six: Scenarios

6 Useful resources to help

There are lots of resources to ensure your workforce have the right values, skills and knowledge to support the personal relationships of people who need care and support.

A guide to adult safeguarding

This guide covers the key aspects of safeguarding in your organisation.

Choosing the right learning

Search for an endorsed learning provider who has shown high quality learning and development in the adult social care sector.

Dementia and diversity

This guide is for leaders and managers to ensure they support and develop their workforce to support people with dementia from different cultures and backgrounds.

Developing a positive workplace culture

This toolkit will help you develop a positive workplace culture in your organisation and includes activity sheets to help you get it right.

Finding and keeping the right workers

This toolkit has lots of guidance and templates to help you recruit and retain people with the right values for your organisation.

Workforce planning tools

This guidance will help you analyse, plan, do and review your workforce development activity.

Visit www.skillsforcare.org.uk to find out more.

Appendix

Handout one: Personal relationships, sexuality and sex workshop programme

- Download the word version.

Introductions	Programme learning outcomes Programme style and format Ice breaker
Background and biases	Sex vs sexuality Stigmas and taboos Barriers to relationships Values and beliefs
Break	
Legislation, policy and procedures	Quiz: Sex and the law Key points of legislation Capacity and consent Avenues policy and procedures
Lunch	
Scenarios and best practice	The use of scenarios to explore and discuss the following: ■ same sex relationships and sex ■ appropriate and inappropriate behaviours: time and place ■ the use of pornography, sexual aids and prostitutes ■ sexual health ■ crossing boundaries ■ responding to 'difficult' conversations.
Recap, review and evaluation	
Using local resources	Including where to find advice, helplines, self-help and local learning disabilities nurses.

Handout two: The A to Z of sex and sexuality

- Download the word version.
- Download the tutor answer sheet.

In your groups, list from A to Z as many words as you can that relate to the subject of sex and sexuality.

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

K.

L.

M.

N.

O.

P.

Q.

R.

S.

T.

U.

V.

W.

X.

Y.

Z.

Handout three: Your views and opinions

- Download the word version.

Part 1

Consider the following statements and rate yourself by putting a in the box that best describes how you feel about the statement.

	Strongly agree	**Agree**	**Strongly disagree**	**Disagree**
The use of pornography is degrading to women				
Same sex relationships should be discouraged				
The use of prostitutes serves a purpose				
People with learning disabilities should be discouraged from having sex				
One night stands are not as fulfilling as a long term relationship				

Part 2

Do not complete these boxes until you are asked to do so by the tutor.

	Strongly agree	**Agree**	**Strongly disagree**	**Disagree**
The use of pornography is degrading to women				
Same sex relationships should be discouraged				
The use of prostitutes serves a purpose				
People with learning disabilities should be discouraged from having sex				
One night stands are not as fulfilling as a long term relationship				

Handout four: Sex and the law quiz

- Download the word version.
- Download the tutor answer sheet.

1. What is the age of consent for:

a) heterosexuals	16	18	21
b) homosexuals	16	18	21
c) adults with learning disabilities?	16	18	21

2. A support worker giving intimate personal care to someone they support could technically be guilty of sexual assault.
   TRUE or FALSE?

3. Families of people that we support have a legal right to know if their adult learning-disabled son or daughter is having a sexual relationship.
   TRUE or FALSE?

4. It is illegal to help somebody you support to access a prostitute.
   TRUE or FALSE?

5. A person with a learning disability is free to pursue a sexual relationship with someone without a learning disability.
   TRUE or FALSE?

6. Having sex with someone who cannot consent (as opposed to does not consent) is rape.
   TRUE or FALSE?

7. If somebody accidentally exposes their genitals in public, they can be prosecuted for indecent exposure.
   TRUE or FALSE?

8. It is illegal to have sex in a public place.
   TRUE or FALSE?

9. It is illegal to watch someone you support getting undressed.
   TRUE or FALSE?

10. It is illegal to persuade a person with a learning disability to have sex you.
    TRUE or FALSE

11. When considering whether a sexual relationship between two people that you support is to continue, staff should consider:
    a) Human Rights Acts 1998
    b) Mental Capacity Act 2005
    c) Sexual Offences Act 2003
    d) No Secrets guidance

Handout five: Sex and the law summary

- Download the word version.

These notes are intended as an overview of some of the legislation that applies to sex and the law, and does not constitute as legal advice.

The Sexual Offences Act 2003

The Sexual Offences Act is a large piece of legislation and the extracts below indicate key areas of the legislation that apply within our workplace settings and job roles and responsibilities.

The Sexual Offences Act Sections 30-44 relate to people with mental disorder in England and Wales. Mental disorder in the context of this legislation means:

"Mental illness, arrested or incomplete development of the mind, psychopathic disorder and any other disorder or disability of the mind".

This definition includes a person with a learning disability.

The offences are grouped under three categories:

1. victim unable to agree to sexual activity because of a mental disorder which impedes choice
2. victim may have agreed to sexual activity through vulnerability from inducement, threat or deception
3. victim is in a relationship of care with perpetrator of offence.

Definition of consent
A person consents if they agree by choice, and have the freedom and capacity to make choices.

Definition of sexual
An activity is sexual if a reasonable person would either always consider it to be sexual because of it's nature; for example oral sex, or that it may be deemed to be sexual depending on the circumstances and intention. For example, a medical examination in a doctor's surgery where the purpose is not sexual, would not be considered as assault.

It is important to state that where a person with a learning disability has the capacity to consent to sexual activity, then they have the same right as anyone else to do so.

Rape and sexual assault
The Act defines rape and sexual assault as sexual activity with someone who does not consent. It then defines consent as when someone agrees by choice. The Act sets out that this must be freely given and can only be given where the individual has the capacity to do so. Therefore, because the definition of consent requires the individual to have freedom and capacity to choose sexual activity, if a person cannot do this and someone has sex with them, the offence of rape has been committed.

Not consenting includes unable to consent. This gives greater protection to people with learning disabilities.

Sexual offences against persons with a mental disorder impeding choice
Relevant sections under this heading include:

- sexual activity with a person with a mental disorder impeding choice
- causing or inciting a person with a mental disorder impeding choice, to engage in sexual activity
- engaging in sexual activity in the presence of a person with a mental disorder impeding choice
- causing a person with a mental disorder impeding choice, to watch a sexual act.

This makes it an offence if a person is unable to refuse involvement in a sexual activity because of a mental disorder or for reasons related to it.

Inducement to people with a mental disorder
Relevant sections under this heading include:

- inducement, threat or deception to procure sexual activity with a person with a mental disorder
- causing a person with a mental disorder to engage in or agree to engage in sexual activity by inducement, threat or deception
- engaging in sexual activity in the presence, procured by inducement, threat or deception, of a person with a mental disorder
- causing a person with a mental disorder to watch a sexual act by inducement, threat or deception.

There is recognition that some people with a learning disability can, and do, have the capacity to consent to sexual activity, but they may be more susceptible to bribes or threats than others. These offences address situations where inducements, threats or deceptions are used to obtain agreement to sexual activity, even if consent is given.

- Inducement could be something such as a promise out a holiday, a outing or favour.
- Threats could include the perpetrator says they would harm the victim, or their family or friends.
- Deception could be perpetrators sating that this is something that all friends do.

Care workers for people with a mental disorder
Relevant sections under this heading include:

- care workers; sexual activity with a person with a mental disorder
- care workers; causing or inciting sexual activity
- care workers; sexual activity in the presence of a person with a mental disorder
- care workers; causing a person with a mental disorder to watch a sexual act.

This section is to protect a person with a mental disorder from any sexual activity with someone who acts as their carer. This would be an offence even if the person with the mental disorder had the capacity to consent.

This section of the Act, does not prevent care workers from carrying out sex and relationships education with people they support. Sex and relationship education would need to be proved as a part of the agreed care and support plan.

The definition of ‘care worker’ is wide:

- workers from care/community/voluntary/children’s homes
- workers from NHS services or independent medical agencies
- people in regular face to face contact with clients, regardless of whether they provide physical or mental care
- paid or unpaid, full or part-time.

However, if two people are already in a relationship, and one party becomes the carer for the other due to illness or accident, then that is an exception and the relationship can continue.

The Human Rights Act

The Human Rights Act covers all sorts of different areas, but there are a few section that can be directly related to sexuality and learning disability:

- the right to access of education
- no torture, inhumane or degrading treatment
- right to privacy and family life
- freedom of expression
- the right to marry and have a family
- freedom from discrimination
- no one has the right to destroy or abuse rights.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) outlines the legal position in respect of individuals who lack capacity to make decision about their chosen lifestyle.

The Act outlines the following principles:

- every adult has the right to make his or her own decisions and must be assumed to have the capacity to do so unless it is proved otherwise
- individuals must be given support and opportunity to enable them to make a particular decision
- no-one will be judged as not being able to make decisions; each decision must be assessed separately
- individuals retain the right to make decisions that might be seen as unwise decisions
- anything that is done on or on behalf of people without capacity must be the option least restrictive to their basic rights of freedom.

Assessing capacity must be time and decision specific and no assumption should be made that somebody does not have the capacity for all decisions.

The MCA states that a person is unable to make their own decision if they cannot do one or more of the following:

- understand information given to them
- retain that information long enough to be able make the decision
- weigh up the information available to make the decision
- communicate their decision: this could be by talking, using sign language or even simple muscle movements such as blinking or squeezing a hand.

Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Relevant documentation must be able to show why you have come to your conclusion that capacity is lacking for a particular decision.

If a person has been assessed as lacking capacity, then decisions made for on behalf of that person must be made in their 'best interest'. No one can make a best interest decision on behalf of someone lacking capacity regarding sex and marriage.

The capacity to consent to relationships and sexual activity is complex. The Sexual Offences Act 2003 defines that "A person consents if he or she agrees by choice, and has the freedom and capacity to make that choice".

A capacity assessment is an important part of establishing consent. Some individuals may be very keen to please – many will not want to do the 'wrong' thing, particularly if they rely on ad trust the other person. There may be a number of different issues that may complicate the consent issue (this list is not exhaustive):

- not understanding what is being asked
- not realising that they have the right to refuse
- not knowing how to refuse
- not knowing that sex is not meant to be painful/uncomfortable
- not understanding exploitation for example being offered a reward for sex
- not knowing that some sexual relationships are illegal.

Establishing consent can be complicated and may need the support of a multi-disciplinary team. Consent is not just about the ability to say "yes".

Handout six: Scenarios

- Download the word version.

Relationships, sex and sexuality workshop: Scenario one

It has been reported to you when arriving at work that Fred and Joe have been engaging in anal sex with each other. It was also reported that Joe didn't seem to be as interested in engaging in this sexual act as Fred is.

Questions that you may wish to consider.

1. Is this consensual?
2. Is this safe?
3. Do both parties have capacity?
4. What actions need to be taken and why?
5. What other questions does this raise for you as one of the team that supports Fred and Joe?

Relationships, sex and sexuality workshop: Scenario two

Carol tells you she wants to buy a sex toy and shows you the item she wishes to purchase in an adult pornographic magazine she brought whilst out shopping, unsupported. (This scenario could also apply to a male person that you support).

Questions that you may wish to consider.

1. What is the first thing you do?
2. Who might be able to support you outside of Avenues?
3. What are the risks?
4. What can you do to support the risks?
5. What can you do to reduce the risks?
6. What other questions does this raise for you as one of the team that supports Carol?

Relationships, sex and sexuality workshop: Scenario three

Susanne wants her boyfriend to stay over for the night. She has a double bed and wants him to sleep in her bed with her. Susanne's parents are against this request, and have suggested that they do not want Susanne to have any contact with her 'boyfriend'.

Questions that you may wish to consider.

1. What would you need to check first?
2. What documents might you need to check/complete?
3. Who would you need to involve?
4. What are the risks?
5. Who would you call during this process?
6. What other questions does this raise for you as one of the team that supports Susanne?

Relationships, sex and sexuality workshop: Scenario four

Jo, one of the women that you support asks you what a blow job is whilst she is out shopping with you one day. This is the first time that you have heard her ask this question, and you know that she has a limited history, or in fact, to your knowledge, has no history of sexual relationships? (This scenario could also apply to a male person that you support).

Questions that you may wish to consider.
1. How will you respond to her question?
2. Why might she have asked the question?
3. Who else may you need to talk to?
4. What responsibilities do you have at this stage?
5. What other questions does this raise for you as one of the team that supports Jo?

Relationships, sex and sexuality workshop: Scenario five

Whilst out shopping with Adam, a young man that you support he shows a liking for a bright pink jacket. You are not sure that this is appropriate clothing for him.

Questions that you may wish to consider.
1. What responsibilities do you have at this stage?
2. How might your own stigmas, values and beliefs be influencing this situation?
3. What other questions does this raise for you as one of the team that supports Adam?

Relationships, sex and sexuality workshop: Scenario six

One of the men that you support has come out as being gay, and has decided that he would like support to visit a gay bar, as this is something that he has never done before. Whilst out one evening he gets talking to another man at the bar, and then says to you that does not want to go back home, and the other man has invited him to stay at his house overnight.

Questions that you may wish to consider.
1. What responsibilities do you have at this stage?
2. How will you respond to this request?
3. Is this safe?
4. Are there any risks that you need to consider?
5. What other questions does this raise for you as one of the team that supports this person?

Relationships, sex and sexuality workshop: Scenario seven

Robert, one of the men that you support, lives in a house with three other men and watches what some would describe as ‘soft porn’, that he access through the internet whilst masturbating.

This behaviour is becoming more and more regular, and recently it has been noted that the no longer just uses the privacy of his bedroom when masturbating.

Questions that you may wish to consider.

1. What responsibilities do you have at this stage?
2. What actions may need to be taken?
3. How might your own stigmas, values and beliefs be influencing this situation?
4. Are there any risks that you need to consider?
5. What other questions does this raise for you as one of the team that supports this person?

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