

Personal Relationships and Sexuality Policy

Policy and Good Practice guidelines for staff
working with adults with learning disabilities



Making Choices Keeping Safe

Contents	Page
Section 1	4
1.1 Foreword	4
1.2 Group Membership	4
1.3 Partners	4
1.4 Introduction	6
1.5 Policy Values	6
 Section 2 – Easy read summary	 8 - 20
 Section 3 – The Policy	 21
3.1 Relationships and Sexual Wellbeing	22
3.2 Confidentiality	22
3.3 Support for workers	23
3.4 Protection	23
3.5 Multi-Agency Working	24
3.6 Working with Families and Carers	25
3.7 Information giving	25
3.8 Sexual Health	26
 Section 4 – Good Practice Guidelines	 28
4.1 Practice Guidance for Workers	28
4.2 Relationships	29
4.3 Intimate Care	29
4.4 Elements of a sexual health and relationship education programme	31
4.5 Sexually Explicit Materials	33
4.6 Privacy	33
4.7 Masturbation	34
4.8 Same Sex Relationships	35
4.9 Marriage, Living Together and Divorce	35
4.10 Diverse Community Views	36
4.11 Contraception	37
4.12 Sterilisation	38
4.13 Abortion	39
4.14 Parenthood	39
4.15 Sexually Transmitted Infections	40
4.16 Other infections	42
4.17 HIV and AIDS	42
4.18 Condoms	44
4.19 Consent	44
 Section 5 - Appendices	 47
Appendix 1 - Legal Framework	47
Appendix 2 – Useful contact details	48
Appendix 3 - Resource List	51

Contents	Page
Section 6 – Training Guide	53
6.1 Introduction	53
6.2 Self study instructions	53
6.3 Team or group study instructions	55
6.4 Answers to questions (for use by managers or facilitators)	57
6.5 Notes for managers / facilitators on Handout 2	62
6.6 Handout 1	63
6.7 Handout 2	66
6.8 Checklist for managers / facilitators	71
Useful tips for sexual health group work	71
Certificate of Completion	72

Section 1

1.1 FOREWORD

A multi-agency pan-Lothian group (Scotland) have developed and adopted this policy and guidance to be used in all learning disability service areas. Brighton and Hove council would like to thank the group for all their hard work and for allowing the policy to be adopted in the Brighton and Hove area. Changes have been made to the document to make it relevant to Brighton and Hove and inclusive of English law.

This policy and its associated guidelines have been produced, as a response to the sexual health needs of people with learning disabilities. It has been written in wide consultation with, and with input from, people with learning disabilities, their parents and carers.

Workers and staff cannot offer support without support and guidance through organisational policy and procedures. The purpose of the document is to allow workers whether in statutory, private or voluntary sectors, to use this as a reference and guide for their practice. It will help workers understand how to approach the subject of sexuality and how to respond if workers or staff have difficulties with the sexual behaviours of their clients.

1.2 GROUP MEMBERSHIP

The following people formed the writing group for the policy:

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FAIR (Family Advice and Resource Centre)
Lothian NHS Board and Lothian Primary Care NHS Trust
Lothian University Hospital NHS Trust
Midlothian Council
Voluntary Health Scotland
West Lothian Council
West Lothian Healthcare NHS Trust

This policy and its associated guidelines have been adapted by Cath Scott Community Nurse Manager within the Community Learning Disability Team in Brighton and Hove and have been locally endorsed by:

- The Brighton & Hove Learning Disability Service Governance group
- The Brighton & Hove Learning Disability Partnership Board

September 2008

1.4 INTRODUCTION

Many people with learning disabilities will not need intervention, or a response in their sexual lives, from workers. However, in Brighton & Hove we believe that all people with learning disabilities will benefit from guidelines that describe and explain workers roles and responsibilities.

Some people with learning disabilities need help and guidance in relation to their sexuality and sexual behaviours. Similarly, some workers need support and guidance in this sensitive area to ensure that consistency and best practice are pursued. This document is designed to:

- Provide workers with relevant information
- Increase workers' confidence and competence in dealing with situations at work relating to sexuality
- Give clear guidance on how to respond in specific situations.

People with learning disabilities need to receive consistent information and messages. This is why the document needs to be used by workers across all disciplines involved in the lives of people with learning disabilities.

Parents, carers, volunteers, friends and relatives, as well as people with learning disabilities themselves, also need to know what is in these guidelines. Although these guidelines are written specifically for workers, the guidance and the principles on which they are based are relevant to everyone involved in service provision. The guidelines described in the following pages have been agreed by the Brighton & Hove Learning Disability Service Governance group.

1.5 POLICY VALUES

This policy and its associated guidelines adheres to values that are firmly rooted within the United Nations Declaration on Human Rights and the philosophy underpinning Harm Reduction. It supports the rights of all people with learning disabilities to access health information and services in a safe and supportive environment. The following principles, written by Anne Craft (1987) describe these rights:

- The right to grow up, that is, to be treated with the respect and dignity accorded to adults
- The right to know, that is, to have access and assimilate information about themselves, their bodies and those of other people, their emotions, and appropriate social behaviour
- The right to be sexual and to make and break relationships

- The right not to be at the mercy of the individual sexual attitudes of different caregivers
- The right not to be sexually abused
- The right to humane and dignified environments.

This policy and guidelines would also add the following to the above principles:

- The right to explore and express sexuality and sexual orientation / gender.

Section 2 – Easy Read Summary

The following section has been written to summarise section 3 in a format that is easy to understand for people with learning disabilities.

The group would recommend that this section is not simply photocopied and given out, but that a worker takes time to support a person to read it. This way the worker can explain words or ideas that are not understood. It may also be an opportunity to initiate discussions on the topic of sexual health and relationships.

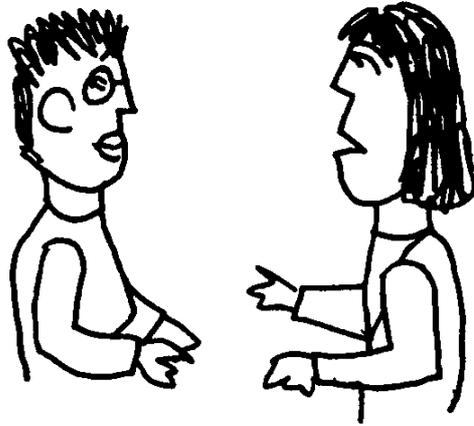


MAKING CHOICES KEEPING SAFE

Talking about relationships and sex is difficult for everyone. If you have learning disabilities it can be even more difficult to get the information and help you need.

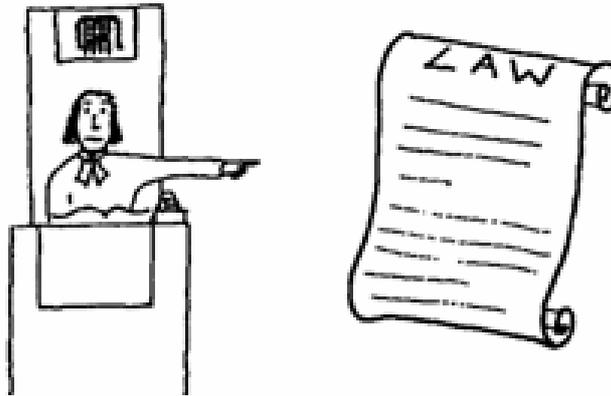
You may want to

- find out how your body works
- find out how to say 'no' if you don't want a relationship
- find out about how the law can protect you
- ask your doctor about your health
- find out about clinics



WHO DO YOU ASK ABOUT SEX AND RELATIONSHIPS?

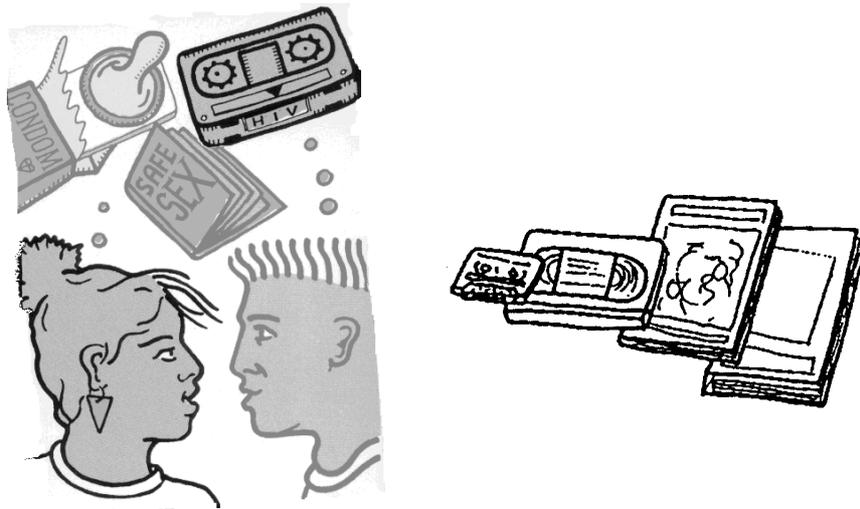
You can ask your support worker about sex and relationships. If they can't answer all your questions, they will find someone else to help.



WHAT ARE YOUR RIGHTS?

You have

- The same rights as people without learning disabilities of the same age
- The right to be treated with respect
- The right to find out about your body
- The right to a private and family life
- The right to get information about your body, your feelings, and the way to behave
- The right to make and break relationships
- The right not to be sexually abused
- The right to marry and start a family
- The right to explore your sexuality to decide if you are attracted to people of the same sex or of the opposite sex



GETTING THE INFORMATION YOU NEED

If you have any problems about sex and relationships, your worker should make sure you get the right help. Your worker may need help from other people to do this.

When you get information, it should be given to you in a way you can understand. This may mean getting it on tape or on video or getting someone to spend extra time explaining things to you.

You should also know how to complain about things and have help to complain.

There is a list of places you can go to for help and more information at the back of this booklet.

You may need help to decide whether you want to have sex with someone and your worker should find the best person to help you with this decision.



KEEPING THINGS PRIVATE

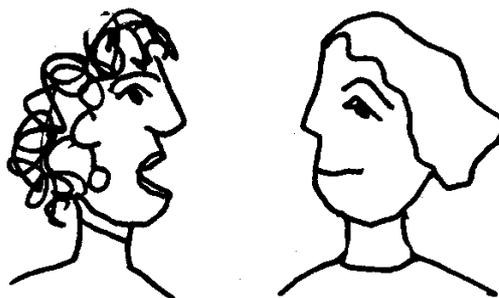
Some things must be kept private.

You need to know what things can be kept private and what things can't. The person working with you must talk to you about this. If the person working with you has to tell someone about your private business, it will be because they are worried that you could be hurt. Your support worker must make sure that you know they are going to tell someone.

If you are unhappy about what your worker says to other people, you can complain. Ask your worker or someone you can trust about how to complain. If you don't live with your family you should be able to lock the door to your room and your worker should not come into your room without asking you if they can. Your worker should help you to have your friends round in private if you want to.

If you have sex it must be in a private place. It is against the law to have sex in the street or somewhere like your work place. You could speak with your worker to find a private space if you need to find one.

You may need help to decide whether you want to have sex with someone and your worker should find the best person to help you with this decision.



KEEPING SAFE

Everyone has the right to feel safe. You may need to learn how to keep safe. Your worker will help you do this if you wish.

If you don't feel safe you must have someone you trust to talk to.

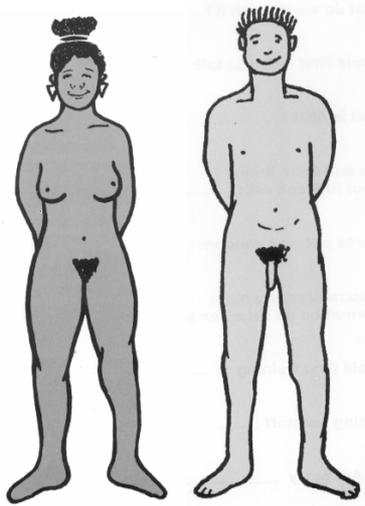
If someone is hurting you or you don't feel safe you must tell a worker. They must listen to you and respect what you say.



WHAT ABOUT YOUR FAMILY?

It is important that your worker listens to what your family says and makes sure they can get information and help if they feel they need it. However, remember you have the right to keep some things private from your family.

If your worker thinks you might be harmed they have to tell someone. But they will always tell you that they are going to do this first.



If you are a woman you may need to find out about:

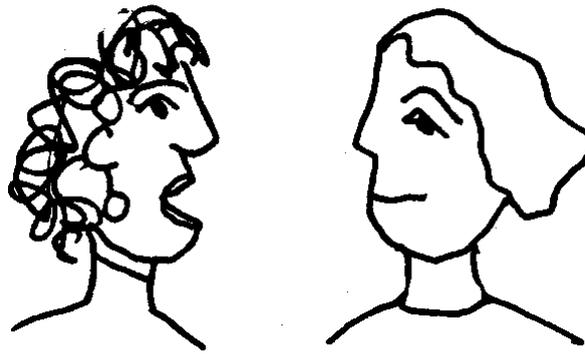
- Getting a smear test
- Finding out about having a baby
- Finding out how **not** to have a baby
- Checking your breasts for unusual lumps or bumps

If you are a man you may need to find out about:

- Checking your testicles for unusual lumps or bump
- How to have a baby with someone
- How **not** to have a baby with someone

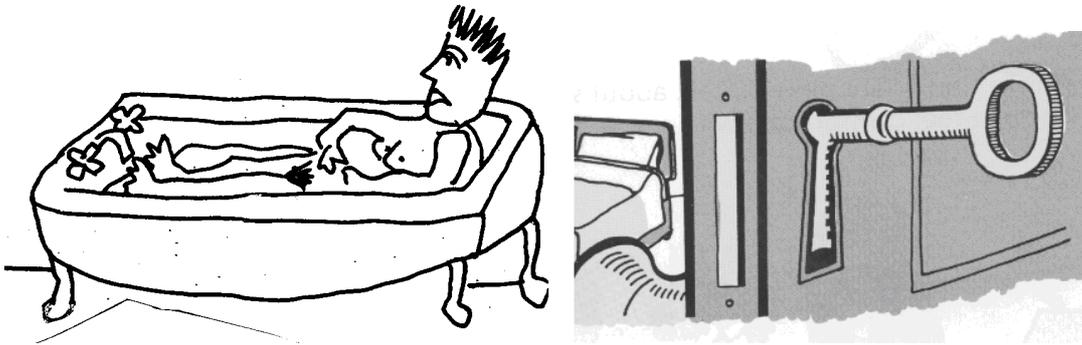
Both men and women may need:

- Information about infections such as HIV, AIDS or Chlamydia, that can be caught by having sex with someone
- Help if they have sexual problems



FINDING OUT ABOUT SEX AND RELATIONSHIPS.

If you need to find out more about sex and relationships, your worker should help you do this



INTIMATE CARE

If someone has to help you bath or help you when you go to the toilet, this should be done in private. If you have any special needs this can be written into your support plan which staff will follow.



PORNOGRAPHY AND SEXUALLY EXPLICIT MATERIALS

If a book or dvd about sex can be bought or hired from a shop, you can ask for help to get them. Some people do not like pictures or videos about sex, so you will need to look at some things only at home in private.

You may need to ask your worker about looking for things on the Internet. You will only be able to do this on a computer and internet account that you own. Both of you will need to ask your worker's manager for advice about this as it is important to make sure you are safe on the Internet.

Some books, dvd's, and internet sites about sex are not allowed by law. Your worker will explain this to you and will not help you access them.





VERY IMPORTANT RULES

The person working with you must not be your girlfriend or boyfriend and they must not have sex with you. If you are having problems with the person working with you, it is very important to tell someone you trust. They will then make sure there is an investigation.

Your worker cannot help you do anything that is against the law.

Section 3 – The Policy

The Policy

Sexuality is a subject that people often find difficult to discuss but it is a part of everyone's life. Women and men who have learning disabilities have a right to be treated as adults and to have their sexuality recognised and respected.

Sexuality is a natural and healthy part of being human. People are entitled to express their sexuality in different ways, showing respect for self and others. People with learning disabilities should be supported to make informed choices, and exercise their rights and responsibilities in regards to sexual health and personal relationships, which are an integral part of their lives.

3.1 RELATIONSHIPS AND SEXUAL WELLBEING

All people with learning disabilities have the right to enjoy a full range of relationships and to choose to express their sexuality at a variety of levels.

In practice this means that workers should ensure a range of opportunities such as

- Help with understanding and expressing feelings, for example pleasure, anger, happiness, loss, joy, love, desire, intimacy
- Giving the opportunity to have a variety of sensory experiences for example massage, food, music, dance, exercise, warm baths, sunshine, rain, colour, smell
- Giving the opportunity to develop a sense of spirituality for example closeness to nature, feelings of oneness, religious beliefs.
- Encouraging a positive self-image, for example developing self-esteem, healthy lifestyle, looking good
- Providing information and education on how people's bodies develop and work, for example naming body parts, differences between men and women, children and adults, puberty, growing older, sexual feelings and functions, pregnancy
- Providing support to develop and maintain friendships, family and social relationships
- Providing information on different means of sexual expression, for example touch, masturbation, making love, same sex relationships, celibacy, use of sexually explicit materials
- Supporting people to enjoy healthy non-abusive relationships through, for example, ensuring privacy, consent (see section 4.19 and Appendix 1) and safety, including access to contraception and negotiating the use of contraception
- Encouraging a sense of one's self in relation to society by, for example, providing information on, and access to, support for disabled people, people from black and ethnic minority groups, older adults, people with HIV, gay men, lesbians, bisexual and transgender.

3.2 CONFIDENTIALITY

People with learning disabilities have the right to absolute confidentiality, unless there is concern about abuse or risk of abuse. They have the right to have their confidentiality acknowledged and respected, and to have clear boundaries to that confidentiality explained. People with learning disabilities have the right to know whether any of their information will be shared and with whom, and the right to decide whether the information should be shared at all. If people with learning disabilities feel their confidentiality has been breached, they have a right to complain.

In practice, this means that workers have a responsibility to

- know the content of this policy when working with people with learning disabilities
- ensure each person with a learning disability using the service/resource is aware of the policy and the guidelines regarding confidentiality of information
- inform each person with a learning disability that they are allowed and encouraged to talk about aspects of relationships/sexual well being if they need to. If they do choose to, their privacy will be respected at all times, and they will be advised by workers of times and places where it would be appropriate to have these discussions.
- agree clear boundaries to confidentiality with each person, ensure they are aware of who has access to their information and which events would impede their right to confidentiality, for example, if the worker has concerns that the individual or another is in a situation of risk
- work towards building an appropriate relationship with each person so that the client feels confident to share personal information with their worker
- be familiar with the policy and procedures for "Safeguarding Vulnerable Adults"
- refer concerns/anxieties/ urgently to the manager or supervisor
- ensure all disclosure of abuse are alerted to the learning disability social services duty worker and line manager
- inform people with learning disabilities about complaints policies and procedures and support them to use these as appropriate.

3.3 SUPPORT FOR WORKERS

People with learning disabilities have the right to be supported by workers with relevant knowledge, skills and resources in relationship and sexual well being.

In practice, this means that workers should

- be familiar with relevant policy and guidelines and be trained in their use
- have access to support from their line manager
- have access to specialist and peer support where required
- have access to relevant and appropriate training on an ongoing basis
- have access to appropriate information and resources both for their own use and for use with people with learning disabilities
- work to their own level of competence. However, this should never diminish the service offered to the person seeking support.
- have the right to hold their own values and beliefs. However, this does not mean that workers may refuse to support the person's individual choice.
- have the right to contribute to the assessment of the person's needs and wants.

3.4 PROTECTION

People with learning disabilities have the right to be protected from any situation where they are vulnerable to exploitation and at risk of physical, sexual or emotional abuse (for definitions of each see, Sussex Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults. All Brighton and Hove council employees in learning disability services should have access to this orange book).

In practice this means that workers have a responsibility to ensure people with learning disabilities know that;

- they have the absolute right to feel safe and to be given the skills to keep themselves safe
- in a situation where they do not feel safe, if they talk to someone they trust they will be listened to
- they have the power to decide how to express their sexuality in a way that is protective of themselves and others.

The person with a learning disability should be taught to:

- recognise the signs when personal safety is compromised
- learn strategies on how to feel safe and protect oneself
- negotiate saying 'yes' and saying 'no'.

It is essential that

- workers and carers have formal training and support to work with each person, to ensure that however sexuality is expressed, it is consensual for all parties
- the relevant training and support is provided so that workers know how to facilitate an effective protective behaviours programme and how to deal with disclosure of abuse
- in the event of a person disclosing a situation of concern or abuse, the person is listened to and the appropriate organisational policies and procedures are invoked which is the Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults in Brighton and Hove.

3.5 MULTI-AGENCY WORKING

All people with learning disabilities have the right to planned and coordinated support and services from agencies with a common value base.

This means keeping the person with learning disabilities as the focus whilst

- working together
- using consistent approaches
- sharing information (see Confidentiality in Section 3.2)

- having knowledge of appropriate specialist services, or where to get that information
- agreeing roles
- joint planning
- joint training
- being aware of different agencies roles and practices
- working to agreed protocols.

3.6 WORKING WITH FAMILIES AND CARERS

Families and carers can be key influencers in the lives of people with learning disabilities. It is important to work in partnership with families, whilst keeping the person with a learning disability as the focus. In practice this means that workers have a responsibility to

- ensure good communication with families and carers exists, and make sure their views are listened to and treated with respect. However the rights of the person with learning disabilities need to be of primary importance.
- Seek consent from the person with LD prior to sharing information with the family or carers. Where capacity to consent is in question discuss this with your manager regarding next steps. Options may involve an in-house assessment of capacity or discussion with CLDT.
- take seriously any issues raised by families relating to personal safety of the person with a learning disability
- share information on appropriate resources with the person's family. This should always be done with the knowledge, and where possible, the agreement, of the person with learning disabilities.
- ensure that families and carers have access to support, training and education. There should be opportunities for carers to meet other carers to find out about and discuss issues.
- If decisions are being made under the MCA (Mental Capacity Act) parents need to be involved in 'Best Interest' meetings and conclusions.

3.7 INFORMATION GIVING

All people with learning disabilities have the right to access any information that they need about relationships and sexual well being.

In practice this means that workers should ensure that

- an agreed person provides this information, at an agreed time and place, discussed with the person with learning disabilities. The choice of who provides information will depend on a number of factors e.g. preference for a specific worker, the level of knowledge or expertise required, professional relationships, and gender or sexuality issues. If a worker recognises that he/she is not the most appropriate person, they should refer on to someone else.

- information gives a balanced view and is free of value judgements
- recognition is given that sexuality may be a difficult issue for the person
- information given or gained considers issues of confidentiality
- shared information e.g. with a parent or relative, is agreed by the person with a learning disability who has the capacity to consent
- information is provided in the most accessible format related to the understanding of the individual. It should be available in a range of formats including written material, video, pictures, symbols and/or multimedia.
- they obtain relevant information from a range of resources and organisations, for example, The Family Planning Association), Community Learning Disability Teams and Primary Trust Care Sexual Health Promotion Adviser.
- people with learning disabilities, workers and families and informal carers all have information about how to disclose abuse or suspected abuse
- people with learning disabilities have information on how to complain about services or individuals. They should be given support by a worker in making a complaint if they wish or require it.

3.8 SEXUAL HEALTH

People with learning disabilities have the same right as others to have a healthy sexual life. They have the right to choose or refuse sexual health care. They have the right to be made aware of all choices. They have a right to confidentiality.

In order to adequately promote sexual health, workers need to be

- confident and competent to discuss sexual health with the person with learning disabilities
- confident to discuss condom use and contraception
- able to inform and support the service user in recognition of safer sex practice
- able to facilitate access to condoms and relevant sexual health services.
- able to access appropriate community services to assist with the above

The following issues could come into a sexual health discussion.

- Smear Tests
- Testicular Awareness
- Breast Awareness
- Periods
- Premenstrual Tension/Syndrome
- The Menopause
- Hormone Replacement Therapy
- Sexual dysfunction (e.g. impotence)
- Condoms
- Sexually Transmitted Infections (STIs)
- Oral, anal and vaginal sex

- Masturbation
- HIV and AIDS
- Contraception
- Emergency Contraception
- Sterilisation
- Abortion
- Pregnancy Testing
- Antenatal Care
- Antenatal screening and genetic counselling
- Family planning
- Sexuality
- Sexual abuse
- Relationships / friendships

Section 4 – Good Practice Guidelines

4.1 PRACTICE GUIDANCE FOR WORKERS

Some of the sections contained in this document are procedural and require action from workers, while others are simply information giving. Workers are therefore strongly advised to read all sections and familiarise themselves with the contents.

It is important for workers to be aware of the legal situation. These guidelines will not under any circumstances permit, encourage, or condone any activity which is illegal.

Throughout the guidelines it is indicated where the law is particularly important. Appendix 1 gives further information on sexuality and the law as it applies to people with learning disabilities.

The sexuality of people with learning disabilities is bound to raise questions and sometimes dilemmas; on the one hand we wish to secure freedom and choice for our clients; but at the same time we have a duty to protect them from exploitation or abuse. Any attempts to strike a balance may inevitably be imperfect.

Supporting people with learning disabilities in the area of sexuality and relationships will involve workers having a positive attitude and sensitive approach when offering help and advice.

Workers should not impose their own beliefs on clients or other workers and should be aware of and respect others' cultural and religious beliefs and practices.

Senior Staff and Managers have a responsibility to create a climate whereby workers who feel worried or distressed about any situation in their place of work are able to approach a senior member of staff to discuss their anxieties.

People with learning disabilities are entitled to confidentiality – see guidance on confidentiality.

However, workers do have an overriding responsibility to report disclosures of abuse or illegal acts to their line manager immediately (See Safeguarding Adults Policy).

It is important for workers to strive towards a climate of privacy for the personal lives of people with learning disabilities. Gossip and minor sensationalism must not take place at the expense of the dignity of people with learning disabilities.

Some people with learning disabilities may use street slang for body parts and sexual practices, and workers should be prepared to use language which can be understood by the person with learning disabilities. However, workers should also support people with learning disabilities to understand other terms and in particular develop adult appropriate language.

Workers should try to feel comfortable when they are required to discuss sexual practices with people with learning disabilities. If they are embarrassed or furtive in their approach, the person with learning disabilities may mirror this. Training may offer workers an opportunity to develop confidence in talking about these issues.

4.2 RELATIONSHIPS

It is important for people to have the opportunity to develop a range and variety of relationships. Some people with learning disabilities are able to do this without help; some will need workers support and assistance. This may include actively seeking out places where couples can have private space alone together, and facilities for an overnight stay.

Relationships that develop may or may not have a sexual element.

Every person has a right to engage in sexual activities that are lawful, wanted and understood, without being exposed to exploitation or sexual violence. Sexual activity between workers and a vulnerable adult is exploitative, abusive and is forbidden by law.

Any allegation of abuse made against a worker will be investigated. The Policy on Safeguarding Vulnerable Adults explains this procedure in detail.

4.3 INTIMATE CARE

When working with people with profound learning disabilities or those with certain physical disabilities it may be necessary for workers to undertake personal hygiene and intimate care tasks.

The physical comfort of people with learning disabilities should be prioritised by workers as being of primary importance in the care individuals. Work relating to intimate care should take precedence over all other tasks e.g. if a client is incontinent during meal time then the physical comfort of the client must be given priority.

The dignity of people with learning disabilities must be upheld by workers at all times.

Considerations should include

- closing toilet / bathroom / bedroom doors

- consulting people with learning disabilities about their intimate care
- sensitivity, for example being aware of appropriate use of language when talking to people with learning disabilities
- awareness of religious and cultural beliefs and practices
- people with learning disabilities have a right to choose who assists them when they need help or support with their personal care where practicable, whilst respecting the rights of both parties.

Negative comments expressed through word or body language should be avoided by workers.

Intimate care should be undertaken ideally by workers whom the client is familiar with and trusts. This will be considered in the recruitment of workers and the planning of work.

Intimate care should be undertaken in private.

The emotional and physical safety of people with learning disabilities should be considered by workers at all times e.g. paying strict attention to Health and Safety matters, e.g. using safe manual handling techniques.

4.4 ELEMENTS OF A SEXUAL HEALTH AND RELATIONSHIP EDUCATION PROGRAMME

The aim of these programmes should be to help people with learning disabilities to develop the self and social awareness needed to make personal relationships with others, and an appropriate awareness of sexuality.

The following list is not exhaustive and should be referred to as a basis for planning sexual health and relationship education. Specialist workers are available to offer practical help and support to workers who lack the experience or confidence in this work (see Appendix 2 for specialist workers in the area of sexual health and relationship education). All workers should be encouraged to seek support if in doubt from CLDT or through the peer support group.

Not all individuals will have an ability to understand all the areas listed and facilitators will have to exercise care and skill in tailoring such input to individual needs.

During the planning stage, workers should give consideration to parental concerns. Parents may wish to have the opportunity to discuss the programme and view materials with the consent of the person with learning disabilities.

Social Skills

Sex and personal relationship education offered to small groups of people with learning disabilities can be beneficial. For this reason, initial work on the following areas will be needed

- Establishing rules and boundaries
- Forming a group
- Awareness of self in relation to others
- Family, friends and relationships
- Societal and cultural attitudes
- Marriage and responsibilities to partners
- Validity of other types of relationship

Body awareness and basic information about sex

- Human Biology
- Reproductive function
- Puberty
- Masturbation, ejaculation
- Menstruation
- Pregnancy; conception; needs of a baby; reality of parenthood
- Same sex relationships

Personal health and contraceptive advice

- How to access a range of services within Family Planning
- Services and within Primary Care, for example, family doctor and practice nurse Sexually transmitted infections
- HIV and AIDS

Appropriate behaviour

- Time and place
- Body language
- Private and public behaviour
- Difference between child and adult behaviour
- Appropriate expression of feelings and emotions
- Use of sexually explicit materials

Assertion: Protection against abuse

- How to make choices
- How to say 'Yes' and 'No' assertively, and how to insist it is acted upon
- Rights and responsibilities of increased independence
- Good touch and bad touch
- Protective behaviours
- Identifying abuse if it happens and reporting it

The Law

- Responsibilities of the individual, workers and parents.

Awareness of Media Influence

- Issues around possible devaluation and exploitation of people through pornography and stereotyping.

Lifestyle choices

- monogamy
- marriage
- celibacy
- multiple partners
- choice of partner

4.5 SEXUALLY EXPLICIT MATERIALS

For legal, professional, moral and ethical reasons this policy cannot support the use or display at work of sexually explicit material (sometimes referred to as pornography) by employees, for whatever purpose.

Sexually explicit materials are readily available to members of the public at the legal age of 18. Providing that the material is only viewed or read in private, this is generally legal. It follows that this material is available to any person with learning disabilities in the same way as any other person.

An interest in such material can be seen as sexual development, especially where the opportunity of sexual discussion is limited or suppressed.

People with learning disabilities should not be reprimanded if found in possession of sexually explicit material. However, those who wish to use these materials should not infringe the rights of other people who do not wish to view or use such materials. Nor should they break the law in what material they have and how they use or view that material.

If a client, who is living in supported accommodation, requests assistance to obtain sexually explicit materials, including those available through the internet, this must be discussed with the Manager and the outcome recorded. When the agreement is made to assist the service user to buy or view sexually explicit materials, it is imperative that only legal materials are purchased. Illegal pornography contains any images of children or adults who look like children. From October 2008 any images that depict harm or hurt will also be illegal.

Workers should feel able to initiate discussion and/or respond to service user questions around the use of sexually explicit materials. For example, it would be possible to point out to the service user that some people believe such material is offensive, that it can give a distorted image of sexuality and that it can be degrading. Council computers can not be used to access sexually explicit material.

People with learning disabilities can be supported in exploring various images of sex, which may be sexually explicit, as part of an educational programme. However, the use of pornography within a teaching programme is not appropriate and should not be used.

4.6 PRIVACY

In our society, sexual activities are expected to be conducted in a private place, and it is important to respect the rights of people with learning disabilities around relationships, sexuality and privacy.

People with learning disabilities should have the opportunity to develop a range and variety of relationships. Relationships that develop may or may not have a sexual element. Residential establishments need to cater for privacy and the following principles should apply.

In residential establishments,

- People with learning disabilities should be able to restrict access to their bedrooms.
- Workers should not go into a client's room without seeking their permission and having very good cause. However, there may be times when permission is not required, for example, Landlords' entry rights.
- Workers should assist in helping the client to make the room a comfortable environment.
- Workers should support people with learning disabilities to entertain friends in private.

All sexual acts should take place in private. Sexual behaviour in public may be offensive to others and could lead to prosecution of those involved. Day Centres are public buildings and consequently are not acceptable venues for any sexual behaviour which may cause offence to others.

In providing privacy for residents, workers will need to remain aware that some people with learning disabilities are vulnerable to abuse by others and may need support so that their rights and wishes are protected. Some people with learning disabilities will require help in making informed decisions.

4.7 MASTURBATION

Masturbation may be an outlet for sexual feeling and it is considered an acceptable sexual behaviour for females and males. People should not be discouraged from masturbating, providing that it is done in private.

If masturbation seems to be taking place excessively, for example if it is interfering with day to day living, or taking place in inappropriate situations, it may indicate other issues which need to be addressed. Workers should consult with their line manager.

Points for consideration may include

- Sexual frustration
- Are they experiencing difficulties with a relationship?
- Is the person bored or needing other stimulation?
- Is he or she able to masturbate effectively? (If not, see below)
- Is the environment appropriate? i.e. privacy.
- Reacting to an infection

Some people with learning disabilities may need specific support in being able to masturbate; this may take the form of education or therapy from a specialist practitioner or the CLDT. It is essential that this be discussed with your line manager. Line managers should be consulted about any proposed training programme or intervention and permission and guidelines should be written down following input from a specialist practitioner or CLDT.

Workers are strictly forbidden to perform physical sexual relief or other sexual acts, with/for a service user. Any contravention of this instruction would be a disciplinary matter and in addition workers could be charged with indecent assault.

4.8 SAME SEX RELATIONSHIPS

People with learning disabilities have the right to conduct a consenting sexual relationship with someone of the same gender aged 16 and above.

Workers need to be aware of their own values around same sex relationships on ethical, moral or religious grounds. Workers should not impose their own beliefs on people with learning disabilities and any discrimination must be challenged.

If a person with learning disabilities thinks they may be lesbian, gay or bisexual (LGB), they should be offered full support by workers to help them discover their sexuality. This could perhaps involve contacting agencies to meet other LGB people, or to access specific support or counselling (see Appendix 2).

The same might apply to people who are questioning their gender. People with learning difficulties are just as likely to be lesbian, gay, bisexual or transgender as the general population.

Sexual health and relationship education programmes may provide an appropriate forum for fuller discussion of the issues.

These important issues should be regularly addressed through the worker's training programme and workers' supervision.

4.9 MARRIAGE, LIVING TOGETHER AND DIVORCE

People with learning disabilities have the same rights in law as anyone else to marry or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The Registry Office can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before they will do so.

If people with learning disabilities express a desire to marry or live together, workers should be willing to discuss this option with them sensitively and seriously. Only if the couple agree, can workers involve parents and carers. However, the benefit of parental/carer support should be emphasised. Workers should be aware of the subtle distinction between offering guidance and influencing people's decision making. The professional's responsibility is to clarify the implications of various actions and to assess practical support needed by the couple.

Living together / marriage will mean that the person's financial and legal obligations will change. Workers may need to help the person with learning disabilities to access appropriate information and advice.

There are many successful marriages and relationships involving people with varying degrees of learning disability. However, as with other couples, there are examples of unsuccessful marriages, some of which may end in divorce. It is important that workers and/or parents do not demand guarantees that a marriage/living together between two people with learning disabilities will work.

The law relating to divorce is the same for a couple with learning disabilities as for others. Workers should be aware of the support services on offer e.g. counselling with Relate. Again, the professional's role would be to offer guidance on the implications of any action.

Couples who separate may need additional support including seeking help from other agencies, such as housing and solicitors, as well as emotional support. Couples who live in residential care homes may need practical provision made to allow them to separate.

4.10 DIVERSE COMMUNITY VIEWS

The people of Brighton & Hove benefit from a range of diverse communities with their own distinctive cultural, religious beliefs and practices. Increasingly, many people with learning disabilities, workers, and parents will come from these minority communities, some of which will have very clear views about the place of sexuality in people's lives. Workers and parents from particular communities may have strong views on matters such as sexual orientation, masturbation, pornography and sexual relationships outside of marriage. Contraception, for example, may be unacceptable or controversial for Roman Catholics.

It is important for workers to understand that cultural and religious perspectives need to be taken into account when making decisions about learning disabled people's lives. However, this in itself can be complex, as it is not always clear what is in fact a religious belief and what is a cultural norm. Any queries about this type of situation should be referred to the line manager who can then seek further guidance.

This document has been written from a perspective, which looks to the rights of the individual, whilst placing this in a context of protection, where appropriate. In many communities the rights of the individual are subservient to what is seen as the greater good of the community. Law puts the rights of the individual first. These two sets of values can conflict with each other and difficulties may arise as a result.

Homosexuality is one of the areas where the rights and preferences of the individual may clash with their community's beliefs. It is important to understand that people with learning disabilities all come from different communities and that sexuality will be just one part of their lives, albeit an integral part. In making decisions and judgements about any individual's sexual behaviour, it is important to make reference not just to the situation in question, but to the wider context of that person's life including the religious/cultural context.

It is also important that, just like anybody else, the person has the right to step, or be aided to step, outside the values of their community, as long as they remain within the limits of the law. However, the consequences for the person of doing so will often have far reaching effects in terms of their place within their family and the larger community. At times like this, workers have a duty to act sensitively to the family's needs; therefore decisions which may have long-term consequences must not be taken lightly, and should be part of the care planning process. Particularly sensitive issues should be discussed with the line manager and CLDT.

4.11 CONTRACEPTION

People with learning disabilities have the same right to information and help with contraception as non-disabled people; this should be discussed sensitively as part of the overall care plan (but may not necessarily be discussed at a review meeting). In making their own decisions about birth control methods, individuals should be supported through referral to the normal medical community resources and specialist agencies (family planning clinic). This must include considerations of the person's cultural and religious values, which may forbid the use of some forms of contraception.

Contraception should be seen in terms of the needs of the person rather than in terms of relieving the anxieties of workers and relatives.

Every effort must be made to ensure that the person understands any contraceptive method advised and the person's wish to inform relatives or not must be respected.

Where a person with a learning disability is unable to understand and take responsibility for contraception, involved parties, including carers, should meet to address issues around the apparent need for contraception and to establish

programmes for future work in support of that person. It may be necessary to consider the Mental Capacity Act and the 'best interests' of the person.

Remember if a woman has not used contraception or her contraception has failed e.g. she has had a burst condom, she can access emergency contraception from a Family Planning Clinic or her family doctor. Emergency Contraception should be taken within 72 hours of intercourse – the sooner the better. See www.swish.org.uk or www.fpa.org.uk for specific information.

Strict attention should be given to limit the number of involved people to absolute minimum i.e. essential parties only, people who need to know.

Workers must be clear that their role is to identify the need, ensure the service user has all the necessary information and then to refer on to the relevant services.

Leaflets on the methods of contraception are available free from family planning clinics (*see useful contact details in Appendix 2*).

4.12 STERILISATION

Sterilisation as a means of contraception is a medical intervention and is a radical procedure intended as an irreversible course of action. This can have major consequences for people with learning disabilities. Therefore all other acceptable alternative methods of birth control must be considered first. Demands for sterilisation from parents or relatives must not override the well being of the individual and their right to choose.

A person with learning disabilities who chooses sterilisation must have the opportunity to receive intensive counselling from a specialist medical advisor, to understand the emotional and permanent implications of sterilisation a referral to the CLDT would be good practice.

Advice and counselling from a specialist outside agency would be appropriate in meeting the needs of the individual and also perhaps family members. It may be necessary to consider the appointment of an IMCA. An IMCA should be called in if the person lacks capacity to make the decision, and has no family members to speak on their behalf, and require serious medical treatment. Such case might go to court of protection for a decision.

Where a person is unable to give consent, sterilisation, on a non-emergency basis, can legally only be carried out as the result of a court application.

Counselling for Female Sterilisation and Male Sterilisation (vasectomy) is available through referral to Family Planning and GP Services, or referral to gynaecology or urology. Vasectomy is a less complicated procedure and is also more effective

than female sterilisation. There is a good Family Planning Association leaflet on sterilisation available.

4.13 ABORTION

Abortion can only be authorised by appropriate medical practitioners.

A woman with learning disabilities has the right to information, counselling and support to make a reasoned decision about whether to continue the pregnancy or to terminate it, regardless of the reason for her choice. The well being of the woman must always come first and she has the right to choose. It is unlikely that a woman will be given a termination in the later stages of pregnancy unless there is severe foetal abnormality or her life is at risk.

If a termination is chosen, it is essential that she is helped to understand all implications and gives her consent freely. It may be necessary to consider the appointment of an IMCA.

Parental or carer demands for a termination must not override the rights and well being of the woman concerned.

Judgements on the ability of the person to be a parent are not grounds for termination of pregnancy, just as this would not be considered sufficient grounds for anyone else.

If an abortion is chosen, this must be carried out in a supportive atmosphere, with sufficient information available and on-going counselling if required.

It is safer for the woman if the abortion is performed at below twelve weeks gestation. Thus when a woman is faced with a dilemma as to whether to continue or terminate a pregnancy or consider adoption, she should access counselling and support immediately. Counselling and referral for termination is available from Family Planning Services and via GP's. Leaflets about abortion are available free from Family Planning Clinics and GPs.

Women with learning disabilities may be at risk of needing second trimester terminations of pregnancy because they are more at risk of missing the early signs of pregnancy due to poor sex education or sexual health opportunities.

4.14 PARENTHOOD

People with learning disabilities have a right to be parents and many of them have a desire to choose to become parents. Those who do should be given access to unbiased pre-parenting advice, if requested. (It is recognised that giving non-prejudicial advice around parenting can be difficult, and workers are encouraged to seek support from their supervisor). However, these rights do

have to be balanced with the responsibilities of parenthood and the need for education on these responsibilities.

Counselling people with learning disabilities who wish to be parents involves the exploration of their expectations, for example, sometimes having children can be seen as "a passport to normality", or there may be unrealistic ideas concerning the responsibilities and restrictions children place on parents. It should be noted that people with learning disabilities can be good parents.

Many believe that people who have learning disabilities will, because of this, have children who will have learning disabilities. This is not always the case, and should not be assumed.

Addressing the issue of parenthood may be new for workers and anxiety may be understandably high. It is important however, that people with learning disabilities who wish to be parents, should not be expected to give guarantees on good parenthood in a way that is not expected of those who do not have learning disabilities.

Some of the areas that could be explored with the individual or couple who wish to be parents are:

- What is the expectation of the individual or couple about becoming parents?
- How much help would realistically be needed to help this couple cope with a
 - child?
 - Is this level of help likely to be available?
- What other support is available -
 - from the individual or couples friends or families?
 - from statutory services: Housing, Social Work, and National Health Service
 - from private and voluntary services?
- Is genetic counselling necessary? Are there risks to the baby?

The Children's Act stresses that the welfare of any child will be paramount and generally will prevail over the interest of the parents; whether the parents have learning disabilities or not. However, it should be remembered that parents also have rights. The local authority has a duty to provide a range and level of services appropriate to children in need who are in its area and to promote their upbringing by their family.

4.15 SEXUALLY TRANSMITTED INFECTIONS

STI is the name used to cover Sexually Transmitted Infections including

- Chlamydia
- genital herpes

- genital warts
- gonorrhoea
- pubic lice (crabs)*
- Hepatitis B*
- HIV and AIDS*
- NSU (non specific urethritis)
- syphilis

* These infections can also be transmitted in other ways.

STIs are a significant health risk for all parts of society. If left undiagnosed, they can result in pain, ill health, infertility and/or death.

People with learning disabilities need to know

- How an STI is passed on
- The symptoms of STIs, and that some people often don't have symptoms
- Where to go for diagnosis, testing and treatment
- How to access services (bus routes, opening times etc.)
- Who to talk to for advice and confidentiality
- How to avoid getting an STI

People with learning disabilities who are sexually active are just as likely as other people to come into contact with STIs.

Workers need to be aware of existing agencies offering advice/support and treatment of STIs, such as Family Planning Services, or Primary Care. (See Appendix 2).

Workers should take an active role to encourage and promote the use of appropriate services. Part of a sex education programme could involve visits to Clinics and well woman clinics, as well as others.

When a person with learning disabilities complains of symptoms associated with an STI, workers should agree a plan of action with the person, which would include seeking medical advice and treatment as appropriate. Symptoms associated with STI include:

- itchiness around the genitals
- lower abdominal pain
- pain during sex
- blisters, sores or lumps, spots in or around the genitals
- unusual or smelly discharge from the penis or vagina
- pain when urinating (peeing)
- unusual or abnormal bleeding

- It is also important to know that some STIs may have no symptoms and screening is very important.

The best way to reduce the risk of getting an STI or passing one on is through safer sex and condom use.

The medical background and matters relating to the sexual health of a person with learning disabilities is strictly confidential. Information on STI would be restricted to essential (need to know) persons only.

Leaflets on a range of STIs are available from Family Planning Clinics and GPs (See Appendix 2 for details)

4.16 OTHER INFECTIONS

Thrush, Cystitis and BV (Bacterial Vaginosis) are other infections that have some of the symptoms of STIs, but are not necessarily sexually transmitted. They are very common and easily treated. In women, because the anus (back passage) is so close to the vagina, it is easy for bacteria and yeasts, that usually live harmlessly elsewhere in the body, to get from the bowel into the vagina that can then cause these infections. Strange discharge and smell, itchiness, soreness when urinating (peeing) can be signs of these infections.

BV is easily diagnosed by a swab test and treated with antibiotics.

Thrush is easily treated with tablets (pessaries) inserted into the vagina and cream for the surrounding skin or a tablet. Thrush is not sexually transmitted, although yeasts can pass to the skin of the penis during sex, causing an itch that only lasts for a day or two.

Cystitis is easily diagnosed either by the story alone, or by a simple urine test. Drinking more can soothe it. Bicarbonate of soda or cranberry juice alkalises the urine, which helps to ease the symptoms and also soothe the bladder. Seek medical advice if in any doubt.

4.17 HIV AND AIDS

As with other STIs, HIV and AIDS pose a health risk to people with learning disabilities. People with learning disabilities are as likely to encounter HIV as people without learning disabilities.

People with learning disabilities should be offered education around HIV and AIDS as an essential part of their health education programme, in a way which is accessible to them.

This element of their education programme would include

- What are HIV and AIDS?
- How people get HIV and how to prevent getting it or transmitting it
- How and where to test for it
- How it is treated
- Medical and social implications of being HIV positive
- Rights to confidentiality

Basic information on HIV and AIDS can be found in leaflets held in Health Promotion Libraries. Such as the Audrey Emerton Health promotion Library (see appendix).

There should also be information and support for HIV negative and untested people with learning disabilities who experience a disproportionate risk of exposure to HIV and subsequent transmission of the virus. This may include those who have high numbers of sexual partners.

There should be provision of specific resources for people with learning disabilities, who are also HIV positive. Resources are available.

These might include

- support to access monitoring and treatment, and information on adherence to drug regimes
- provision of accessible information about HIV transmission and prevention
- access to information and support to help maintain control over exposure of the virus to sexual partners. This would include access to condoms and the skills necessary to use them effectively.
- support and information to access clinical sexual health services (as opposed to HIV-specific clinical services)
- information about other STIs and the particular relevance these have for people with HIV
- support around disclosure of HIV status as appropriate
- support in dealing with the psychological and social impact of HIV diagnosis
- support in dealing with the double stigma of HIV infection and learning disability
- access to appropriate peer support and voluntary sector services
- integration of service provision by agencies concerned primarily with HIV and those concerned with learning disabilities

This list is by no means exhaustive, but clearly illustrates that all of the fundamental issues faced by any person with HIV and is relevant to those who also experience learning disabilities. It is essential that service provision takes account of the different and differing needs of people with HIV who also experience learning disabilities. Services and professionals should address those needs in a way which is accessible and appropriate, non-judgemental, and free

from assumptions about individuals, communities or the opportunities available to them.

Workers should familiarise themselves with local Information and Guidelines on HIV and AIDS particularly Training and Support and Guidelines on Hygiene and Infection Control. It is important that workers keep themselves up to date with information through training.

Parents and carers should be offered support and information on where to obtain advice and further information as appropriate.

4.18 CONDOMS

Condoms are useful in preventing the spread of sexually transmitted infections (STI) and HIV, as well as pregnancy. They are the only method of contraception that reduce risk of STIs as they act as a barrier to virus and bacteria. Safer sex practice means using a barrier method either as a main form of contraception or as well as another method.

People with learning disabilities need to know

- why using condoms is important
- how to ensure the condom is not damaged
- how to put one on correctly, and how to dispose of it
- where to get free condoms and where to buy them
- the different names for condoms
- how to negotiate use of condoms with a partner
- which condoms are appropriate for anal sex, oral sex as well as vaginal sex - with information about the use of lubrication
- what to do if a condom bursts.

4.19 CONSENT

Consent is crucial in deciding whether a particular sexual relationship or act is abusive.

The Sexual Offences Act 2003 contains for the first time a clear definition of consent as follows:-

'A person consents if s/he agrees by choice and has the freedom and capacity to make that choice.'

What needs to be decided is:

- whether the individual had the capacity about whether or not to take part in the sexual activity at the time in question,
- whether s/he was in a position to make that choice freely, not being constrained in any way.

It is not permissible for a decision on consenting to have sexual relations to be made on behalf of another person.

There are some individuals with a learning disability who would be considered as being unable to give consent and who would lack capacity (the ability to make informed choice). This is a complex decision and workers should seek guidance from the CLDT.

The MENTAL CAPACITY ACT (2005) is now the most significant piece of legislation in the protection of vulnerable adults. It establishes a framework for dealing with mental capacity issues, putting the individual who lacks capacity at the heart of decision making, and placing a strong emphasis on supporting and enabling the individual to make his/her own decisions.

In practical terms, it will be necessary to carry out some form of assessment of capacity for some individuals with a learning disability. Assessing the degree to which this is significant in terms of meaningful consent in a person's life should be done by those who know them well. It must also be remembered that, whilst a person may be incapable of making certain decisions in their life, they may be capable of making and retaining other decisions. It should also be borne in mind that just because someone lacks capacity to make a decision on one occasion that does not mean that they will never have the capacity to make a decision on the same matter in the future.

An assessment of capacity for the purposes of sexual relationships requires the assessment to be specifically about the adult's abilities to understand sexual and personal relationships. Professional intervention and assessment may be necessary to identify the current level of knowledge and understanding of sexual and personal relationships in relation to their current circumstances.

Evidence of mutuality should be looked for by those assessing consent, to show that the relationship is not abusive. This is reflected in factors such as

- both parties seeking each other out
- spending spare time together
- shared resources
- shared leisure activities
- restriction of activities with other potential partners.

There are clear situations in which any consent given would be considered invalid.

Factors which might make a person's consent to sex invalid include:

- If a person does not really understand what is being asked
- If a person does not know they have the right to refuse sex
- If a person does not know how to refuse sex
- If a person is afraid to refuse sex
- If a person does not know that sex is not meant to be painful or uncomfortable
- If a person does not know that he or she is being exploited when a reward / incentive or payment for sex is used
- If a person does not know that some relationships are illegal, such as those within families, or between workers and clients.

Consent can only be said to be valid if the person knows what they are consenting to, and has a real option of saying yes or no.

There are situations where people may be engaging in activities which other people view as morally wrong or not in the best interests of the individual. Some examples are same sex relationships, not using condoms, having multiple partners, or being in a violent relationship. The individual could be very aware of what they are doing, and aware of the implications, positive or negative, and may still wish to continue to engage with this activity.

Workers are not expected to make a value judgement about the rightness of any sexual activity which is taking place. However, they are expected to be sensitive to the possibility of abuse. If workers are unsure, they must bring any observations or concerns to the attention of their line manager.

If at any time workers become aware of a particular situation or act taking place which is, in their opinion, abusive they should take immediate action to intervene (See Safeguarding Adults policy). The welfare and well-being of those in their care are of prime importance and not to act quickly would be to have neglected their duty of care.

Produced by Brighton and Hove legal Department

Section 5 - Appendices

APPENDIX 1

LEGAL FRAMEWORK

The Sexual Offences Act 2003 is intended to provide better protection to adults with learning disabilities whilst trying not to interfere with the right to a sexual life of people with learning disabilities who have the capacity to consent.

Some key points of the legislation are set out below:-

- The Act is non-discriminatory, so that men, women and people of all sexual orientations are equally protected. Previously the law only protected women with learning disabilities from male abusers. Now, men and women can be abusers and victims under the law.
- The emphasis now is on capacity to consent, whereas previous legislation operated on the basis that all mentally incapable individuals were vulnerable to the same degree- thus potentially denying them an intimate relationship.
- Three new categories of offences to give extra protection to those with a learning disability or mental disorder from sexual abuse have been introduced.
- Under the Act, any sexual activity between a care worker and a person with a mental disorder is prohibited whilst that relationship of care continues. This applies whether or not the victim appears to consent, and whether or not they have the legal capacity to consent. It also applies to carers working on both a paid and a voluntary basis.

Produced by Brighton and Hove legal Department

APPENDIX 2

USEFUL CONTACT DETAILS

Learning Resource Centre

Educational programme based on this policy content and resource library
Kings House,
Grand Avenue
Hove
BN3 2LS
01273 296184

Health promotion, HIV and Sexual Health team

Primary Care Trust
3rd Floor
Prestemex House
171 -173 Preston Rd
Brighton
BN1 6AG
01273 545403
Support and advice to practitioners delivering sexual health promotion work.
Co-ordination of condom promotion scheme. Resource development.
An online directory of all available HIV and sexual health services in Brighton and Hove available from www.swish.org.uk.

CLDT

Community Learning Disability Team
86 Denmark Villas.
BN3 3TY
Tel: 01273 295550
Community Learning Disability Nurses can offer advice support to access mainstream sexual health services. They can also offer sexual health and relationship education on a one to one or couple basis. The psychology team can assist with assessments of capacity and sexual awareness work. Reference library

Health Promotion Library

The Library,
Audrey Emerton Building,
Royal Sussex County Hospital,
Eastern Road, Brighton
BN2 5BE
Have various resources on sexual health and well being

The Ann Craft Trust

Centre for Social Work, University Park, Nottingham NG7 2RD Tel: 0115 951 5400
Email: communityaction@nottingham.ac.uk
National organisation working with staff in the interest of people with learning disabilities who may be at risk from abuse.

AVERT

4 Brighton Road, Horsham, West Sussex RH13 5BA England

Tel: 01403 210202

Website: www.avert.org

AVERT is an international HIV and AIDS charity based in the UK, with the aim of AVERTing HIV and AIDS worldwide.

BILD (British Institute of Learning Disabilities)

Campion House, Kidderminster DY10 1JL

Tel: 01562 723010 Website: www.bild.org.uk

BILD is the British Institute of Learning Disabilities, a not for profit organisation with charitable status, which exists to improve the quality of life of all people with a learning disability. BILD provides information, publications and training and consultancy services for organisations and individuals.

Consent

Woodside Road, Abbots Langley, Hertfordshire WD5 0HT

Tel: 01923 670796

Consultancy, training, education and supervision on a broad range of sexuality issues for people with learning disabilities.

Enable

6th Floor, 7 Buchanan Street, Glasgow G1 3HL

Tel: 0141 226 4541

'Educate and protect from sexual abuse' is a one year project to train people with learning disabilities to support the delivery of training on sexuality and relationships for adults with learning disabilities.

Allsorts youth project

LGBT support and advice for young people under 26

69 ship street

Brighton BN1 1AE

01273 721211

fpa (Family Planning Association)

Tel: 0141 576 5088 (helpline) Website: www.fpa.org.uk

National helpline for all sexual health information including advice on conception, contraception, abortion and STIs.

GPs (Family Doctors)

A GP can provide many of the contraceptive and genitourinary medicine services that have been detailed in this section. However, it is important that there is a choice of service available.

Respond

3rd Floor, 24-32 Stephenson Way, London NW1 2HD

Tel: 020 7383 0700

Helpline: 0808 8080700

Provides counselling and therapy for people with learning disabilities who have been sexually abused and may be abusers themselves.

Terrence Higgins Trust

52-54 Grays Inn Road, London WC1X 8JU

Tel: 020 7831 0330

Email : info@tht.org.uk

UK's leading HIV/AIDS charity. Advice, counselling and guidance

Brighton Lesbian and Gay Switchboard

(5pm-11pm): Tel: (01273) 204050

APPENDIX 3

RESOURCE LIST

There are many books, resources, DVD's and videos available on sexual health. Due to resources becoming quickly out of date an extensive list will not be provided here,

Most resources are currently available from the following places

Learning Resource Centre

Kings House,
Grand Avenue
Hove
BN3 2LS
01273 296184

The Health Promotion Library,

Audrey Emerton Building,
Royal Sussex county hospital
BN2 5BE
01273 523312

CLDT nursing team –reference only

86 Denmark villas
Hove
BN3 3TY
01273 295550

Health promotion, HIV and Sexual Health team

Primary Care Trust
3rd Floor Prestemex House
171 -173 Preston Rd
Brighton
BN1 6AG
01273 545403

Recommended resources can also be bought through, FPA, BILD, Pavilion all via their websites.

USEFUL WEBSITES

www.swish.org.uk

For an online directory of all available HIV and sexual health services in Brighton and Hove

www.fpa.org.uk

fpa (Family Planning Association) is the UK's leading sexual health charity. Our purpose is to enable people in the UK to make informed choices about sex and to enjoy sexual health

www.ccard.org.uk

Website for the Harm Reduction Team's condom card scheme, to access free condoms.

www.bild.org.uk

Website for British Institute of Learning Disabilities.

www.me-and-us.com

A website which lists useful resources which can be bought or downloaded.

www.ruthinking.co.uk

Website for young people on sexual health.

www.brook.org.uk

Useful site for resources

www.respond.org.uk

Support people with learning disabilities, families, carers and professionals affected by trauma or abuse

Section 6 – Training Guide

6.1 INTRODUCTION

This training programme is intended to support the implementation of Personal Relationships and Sexuality Policy. It aims to give workers and their managers an opportunity to become familiar with the policy and to explore the issues raised as a result of it.

Participants in the training will be asked to consider their own attitudes and beliefs and how these compare with the value base underpinning the policy. Participants will also be asked to refer to case studies to explore the issues raised within a safe and supportive setting.

There are various ways this training programme could be delivered. We would recommend that the best way to deliver the training would be in a multi disciplinary way, or even in teams. The training on the policy could be done as a self study. Workers would be given time to go through it, and then given time to discuss with their manager.

There is an expectation that all staff employed by Brighton and Hove council working in Learning Disability services will undertake this training facilitated by the unit's manager or lead worker. It should also form part of the induction of new staff.

The training programme will not provide the participant with knowledge of how to deliver all aspects of sexual health support. Some workers and managers may wish to develop their skills and knowledge in the area of sexual health further, and again, local training development organisations or some of the agencies in the contacts section could be of use. A useful resource for further training in this subject area is 'Sex and Staff Training' by McCarthy and Thompson which is listed in Appendix 3. The Learning and Development Department within the council also offer training.

Since the local authority has signed up to the policy, workers and managers can be reassured that their employer, supports them in implementing the policy.

6.2 SELF STUDY INSTRUCTIONS

1. The manager should detach the 'Answers to Handout 1' before giving Handout 1 and the policy to the worker.
2. Before reading the policy, the worker should give their answers to the questions in Handout 1. The worker may add in any additional and relevant questions that occur to them.

3. The worker should then read through the policy and guidelines and amend their answers, if need be.
4. The manager should then give the worker 'Handout 2 – case studies' and ask the worker to work through the relevant case studies, answering the questions relating to each case study.

Topics covered in the case studies are as follows:

- Case Study 1 includes accessing services and sex education
 - 2 includes non-consensual sex
 - 3 includes same sex relationships
 - 4 includes masturbation and
 - 5 includes parental involvement.
5. Managers may choose case studies which are appropriate to the contexts the workers are in.
 6. The manager and the worker should then spend time going through the answers to Handout 1 (plus any additional questions that the worker may have added). The manager should share the suggested answers with the worker.
 7. The worker should then share their response to Handout 2, and discuss with the manager.
 8. The training session should end with the worker and manager feeding back what they have gained from the session, identifying any training or resource need they may have.

6.3 TEAM OR GROUP STUDY INSTRUCTIONS

1. The facilitator (who could be the manager or one of the workers) should read through 'Useful tips on group work found at the end of this section.
2. A programme for team training could be as follows, with suggested timings:

Programme

Introductions

What people can expect from the training; warm-up exercise or icebreaker¹. (10 minutes)

Handout 1

Each worker is given Handout 1. On their own they work through the questions, before referring to the policy and adding in their own questions. Then, using the policy and guidelines, they may wish to amend their answers. This could take up to 30 minutes. The facilitator then brings the whole group together to compare answers and the facilitator clarifies the answers. (1 hour)

Handout 2

Split the team into groups of 3 – 4 people. Each group get a case study to read and discuss by answering questions. Give each group 10 – 15 minutes to discuss amongst themselves and answer the questions. Then come back together as a team and discuss. (40 minutes)

Topics covered in the case studies are as follows:

- Case Study 1 includes accessing services and sex education
- 2 includes non-consensual sex
- 3 includes same sex relationships
- 4 includes masturbation and
- 5 includes parental involvement.

Managers may choose case studies which are appropriate to the contexts the workers are in.

Feedback, questions and future needs

Group could each feedback what they have gained from the session and identify any needs they now recognise (training or other needs). (10 minutes)

6.4 ANSWERS TO QUESTIONS

(for use by managers or facilitators)

1. Should workers give information and education on same sex relationships to adults with learning disabilities?

Answer

YES. Section 3.1 states that all people with learning disabilities have the right to enjoy a full range of relationships and to choose to express their sexuality at a variety of levels. In practice this means that workers should ensure a range of opportunities, including providing information on different means of sexual expression, for example same sex relationships.

2. Name an organisation and find the contact details that can give support and advice to people on lesbian, gay, bisexual or transgender issues.

Answer

Terrence Higgins trust, Allsorts youth project, Brighton Lesbian and Gay Switchboard

3. If two people in my care (of the same sex) seem to be starting a relationship what should I do?

Answer

As long as there are not concerns over consent (which you would check by looking for evidence of mutuality, section 4.19), then you would offer all the support the people would need to establish a relationship. This could include reminders of sexual health and relationships education; arrangements for privacy etc (see 4.2 Relationships).

4. What should I do if my personal views are at odds with the policy?

Answer

You are entitled to uphold your own beliefs. However, all workers have to uphold equal opportunities in their work, and need to be careful not to impose their own beliefs on to people with learning disabilities.

5. Name two places you can get specially written sexual health care information for people with learning disabilities.

Answer

Audrey Emerton Building (health promotion library), Learning Resource Centre,

Kings House, CLDT and Health promotion, HIV and Sexual Health team

6. Where would a person with learning disabilities get free condoms?

Answer

Family Planning Centre; or ask at your GP or practice nurse at your health centre. C card scheme.

7. Why would someone go to a GUM (Genito Urinary Medicine) clinic?

Answer

Anyone who needs counselling, information and testing for all sexually transmitted infections. Someone who needs free condoms through, Someone who needs emergency contraception and confidential advice.

8. List three factors that provide good evidence of mutual consent and which suggest that a relationship is not abusive?

Answer

Three of the following a) Both parties seeking each other out b) spending spare time together c) shared resources d) shared leisure activity e) restriction of activities with other potential partners.

9. List three factors that might make an individual's consent to sex invalid

Answer

Three of the following

- a) If a person does not really understand what is being asked
- b) If a person does not know they have the right to refuse sex
- c) If a person does not know how to refuse sex
- d) If a person is afraid to refuse sex
- e) If a person does not know that sex is not meant to be painful or uncomfortable
- f) If a person does not know that he or she is being exploited when a reward or incentive or payment for sex is used
- g) If a person does not know that some relationships are illegal, such as those within families, or between workers and clients.

10. Is someone with a learning disability legally able to engage in sexual activity?

Answer

The emphasis is on capacity to consent so if someone is able to make decisions, in that they have capacity to consent, then they are allowed to engage in sexual activity.

11. When are homosexual acts legal?

- a) Both parties consent
- b) Both parties are over 16
- c) The act does not take place in a public toilet

d) All of the above

Answer

d) all of the above. If a person is lesbian, gay or bisexual, they are equally entitled to get support to meet friends and prospective partners as heterosexual or 'straight' people (section 3.1).

12. Is it safer for a woman to have an abortion before she is over 12 weeks pregnant?

Answer

Yes. That is why it is important that if the woman suspects that she is pregnant, she should have access to pregnancy testing, counselling and possible referral for termination of pregnancy if she decides not to continue with the pregnancy. (section 4.13)

13. Which services should a woman seek help from if she suspects she is pregnant?

Answer

Either from her GP (family doctor), Family Planning centre or young persons service

14. If a woman or man had caught a sexually transmitted infection from their partner, would they have symptoms?

Answer

Not necessarily. Often the most common sexually transmitted infections have no symptoms.

15. If a man or woman were to get symptoms of an STI, describe some of the symptoms they might have.

Answer

Itchiness around the genitals; lower abdominal pain; blisters, sores, lumps spots in or around the genitals; unusual or smelly discharge from the penis or vagina; unusual or abnormal bleeding. (section 4.15)

16. Can you describe emergency contraception and where a woman would get it from?

Answer

Sometimes confusingly known as the 'morning after pill', this pill is taken up to 72 hours after intercourse where either contraception has not been used or the contraception has failed e.g. burst condom. However, the sooner it is taken the better. It is available from GP (family doctor), Family Planning Clinics, or over the counter at a pharmacy

17. Who are the best people to give intimate care?

Answer

People with learning disabilities should be allowed to choose the workers that they want to provide intimate care. Where it is difficult for people to make choices, then it should be offered by workers that the person knows and trusts. (See Section 4.3)

18. Is it appropriate for workers to offer intimate care in someone's living room?

Answer

NO. Intimate care should only be undertaken in private.

19. What should workers think about and do before going into a person's bedroom?

Answer

Workers should ask the person's permission before going into their bedroom. If it is difficult for the person with learning disabilities to make choices, the worker should only go into the person's bedroom for a very good cause. (see 4.6)

20. In a residential care home, should people with learning disabilities have the right to entertain their boyfriend/girlfriend in their own room?

Answer

YES. Workers should enable people to have private time and space with their chosen partner, including the means to lock their bedroom door.

21. If you suspect that a person with a learning disability is being abused, what should you do?

Answer

Everyone has the right to engage in relationships that are not abusive. If there is a suspicion that abuse is present, then the worker should report this to their line manager. The policy document outlining what should happen, when abuse is suspected, is the "safeguarding Adults" (See 4.2)

22. Is masturbation acceptable behaviour for people with learning disabilities?

Answer

YES for both men and women. (see 4.7)

23. When would/should you be concerned about people with learning disabilities masturbating?

Answer

If masturbation is taking place very frequently or in inappropriate places then the worker should check out other issues, or the person is physically harming themselves (see 4.7)

- 24.** Is it acceptable for workers to give physical assistance to someone who has physical difficulties masturbating?

Answer

NO. This would be a disciplinary matter. (see 4.7)

- 25.** Where can adults with learning disability get support in being able to masturbate?

Answer

Community learning disability nursing team

6.5 NOTES FOR MANAGERS / FACILITATORS

ON HANDOUT 2

Here are some suggested general key points and questions, for all case studies, to raise during discussion.

- Responsibility is shared between the person with learning disabilities, the worker, the service (including managers and administrators up to government level, who may ultimately dictate policy/law and fund the service), and any sexual partners
- How much responsibility does the person with learning disabilities have? This could range from none to total responsibility for the consequences of any sexual behaviour.
- Who decided on the level of responsibility of the person with learning disabilities?
- Should people with learning disabilities only gain responsibility for their sexual behaviour once they have demonstrated they could cope with this responsibility?

6.6 HANDOUT 1

1. Should workers give information and education on same sex relationships to adults with learning disabilities?
2. Name an organisation and find the contact details that can give support and advice to people on lesbian, gay, bisexual or transgender issues.
3. If two people in my care (of the same sex) seem to be starting a relationship, what should I do?
4. What should I do if my personal views are at odds with the policy?
5. Name two places you can get specially written sexual health care information from for people with learning disabilities.
6. Where would a person with learning disabilities get free condoms?
7. Why would someone go to a GUM (Genito Urinary Medicine) clinic?
8. List three factors that provide good evidence of mutual consent and which suggest that a relationship is not abusive
9. List three factors that might make an individual's consent to sex invalid

10. Is someone with a learning disability legally able to engage in sexual activity?

11. When are homosexual acts legal?

a) Both parties consent

b) Both parties are over 16

c) The act does not take place in a public toilet

d) All of the above

12. Is it safer for a woman to have an abortion before she is over 12 weeks pregnant?

13. Which services should a woman seek help from if she suspects she is pregnant?

14. If a woman or man had caught a sexually transmitted infection from their partner, would they have symptoms?

15. If a man or woman were to get symptoms of an STI, describe some of the symptoms they might have.

16. Can you describe emergency contraception and where a woman would get it from?

17. Who are the best people to give intimate care?

18. Is it appropriate for workers to offer intimate care in someone's living room?
19. What should workers think about and do before going into a person's bedroom?
20. In a residential care home, should people with learning disabilities have the right to entertain their boyfriend/girlfriend in their own room?
21. If you suspect that a person with a learning disability is being abused, what should you do?
22. Is masturbation acceptable behaviour for people with learning disabilities?
23. When would/should you be concerned about people with learning disabilities masturbating?
24. Is it acceptable for workers to give physical assistance to someone who has physical difficulties masturbating?
25. Where can adults with learning disability get support in being able to masturbate?

6.7 HANDOUT 2 - CASE STUDIES

Case Study 1

Sarah (young woman with learning disabilities) confides in her support worker about the difficulties she is having with her boyfriend. Sarah and her boyfriend (young man with learning disabilities) want to have sex but they are unsure about "safer sex". The worker advises them of the different organisations that have up to date information in user friendly format that would provide them with some knowledge of "safe sex". The worker also advises them that these organisations can provide support and help in talking over the issues.

Questions:

What responsibility does the worker have at this stage?

What responsibility does the person with learning disabilities have?

Who else has responsibilities and what are they?

Case Study 2

A worker reports to her manager that Dave, who has profound learning disabilities, has indecently assaulted Tracy, who also has very profound learning disabilities. She would not understand about consent and was not in a position to protect/defend herself.

Questions:

What responsibility does the worker have at this stage?

What responsibility does the person with learning disabilities have?

Who else has responsibilities and what are they?

Case study 3

John is a 30 year old man with moderate learning disabilities who attends a supported work placement. He lives at home with his parents, who are elderly and quite conservative in their views. John has come to the attention of his key worker at work because of reports that he and another male employee, who also has a learning disability, have been found masturbating each other in the toilets at work and hugging and kissing at a bus stop near work. The other man also lives at home with his parents.

Both men are considered able to give consent regarding sexual relationships. John's work supervisor is concerned that John and the other man are leaving themselves vulnerable by engaging in sexual activity in public places.

Questions:

What responsibility does the worker have at this stage?

What responsibility does the person with learning disabilities have?

Who else has responsibilities and what are they?

Case Study 4

A young male, Mark, who has profound learning and physical disabilities and is a wheelchair user, appeared to want to masturbate on a very regular frequent basis.

He was indiscriminate where he chose to do this and would often start to do it in the presence of other service users and workers.

When he began to masturbate, workers would take him along to his room; hoist him onto his bed so he had freedom, privacy and the opportunity to masturbate in his room with no on-lookers. However, his behaviour became increasingly concerning to workers as he didn't seem to be having much relief, became more frustrated and upset when allowed to masturbate for a long time. As Mark had no speech, it was very difficult to assess why he was becoming distressed.

Questions:

What responsibility does the worker have at this stage?

What responsibility does the person with learning disabilities have?

Who else has responsibilities and what are they?

Case Study 5

A young woman, Anne, with mild learning disabilities who enjoys going for regular breaks at a respite unit, likes the fact that her boyfriend can come and visit her.

However, her mother is against this. She does not approve of the boyfriend as she feels he is too controlling of their relationship. Anne and her boyfriend see each other through the day at their day placement and are keen to socialise more but Anne's mother has prohibited her from contacting him from home.

Anne regularly phones her boyfriend when in respite and is clearly very happy with him. Her mother has phoned the Respite Unit to tell workers that Anne's boyfriend must not come and visit her.

Anne's support worker discussed the situation with Anne and advised her that the Unit would support her decision if she wanted him to come for a visit but it was her decision whether she discussed it with her mother.

The workers at the Respite Unit felt that Anne was more than able to make her own decisions, but also felt they needed to be working with the parent.

Questions:

What responsibility does the worker have at this stage?

What responsibility does the person with learning disabilities have?

Who else has responsibilities and what are they?

6.8 CHECKLIST FOR MANAGERS / FACILITATORS

- Workers have a copy of Personal Relationships and Sexuality Policy OR know where they can easily access a copy.
- Workers have answered the questions in Handout 1 and know the correct answers. They now have a clearer understanding of the content of the policy.
- Workers know where to access guidance and support on legal and consent issues regarding sex and relationships.
- Workers have discussed the case studies and have had an opportunity to think about putting it into practice.
- Worker who has completed the above has a certificate of completion.

USEFUL TIPS FOR SEXUAL HEALTH GROUPWORK

- It is natural to feel embarrassed and if you're feeling this way, the chances are everyone else is too. Simply acknowledging these feelings can help to make them more manageable, and may even help to avoid potential disruptive behaviour which can often be a way of masking embarrassment.
- Take some time to think in advance about your own personal boundaries and be clear about how you would respond to questions about your personal life. What, if any, personal questions are you prepared to respond to, and how will you handle questions you judge to be intrusive and inappropriate?
- If you don't know the answer to a question, be honest about this. You can always find out from elsewhere or suggest the group finds out.
- Approach the work with an open mind and sensitivity to sexual lifestyles and identities which may differ from your own.
- Make sure you have adequate sources of support for yourself e.g. think about co-working with a colleague. Working with a colleague can be very supportive, and it also requires time to plan and establish a comfortable co-working relationship.

CERTIFICATE OF COMPLETION

This is to certify that -----
has successfully completed the self study or training on the Personal Relationships
and Sexuality Policy.

The learning outcomes for the programme are:

- To become familiar with the content of the policy
- To increase confidence in implementing the policy
- To explore issues relating to the delivery of the policy in the work setting
- To develop an awareness of the responsibilities workers have in supporting people with learning disabilities in their sexual health and wellbeing.

Facilitator / Manager

Date