


SEXUALITY, GENDER AND RELATIONSHIPS

equality and inclusion

VERSION No	3	
REVIEWED BY	Registered Manager (MP)	
NUMBER OF PAGES	6	

Policy Statement

The confidential and sensitive nature of information regarding a resident's sexuality or sexual activities means that only those with a specific need to know should be able to access it; the information should be recorded separately and held in a file that is accessible only to those who need to know. This document outlines the policy of this organisation in relation to the sexuality, sexual activities, gender and relationships of residents.

The Policy

This organisation believes that residents have the right, which is often denied to older people and to people with disabilities, to develop and maintain intimate personal and sexual relationships; to engage in sexual activity that is lawful and does not cause significant offence to others; and to enjoy pleasurable experiences and take appropriate decisions for themselves in this area of their lives. We believe that our care practice should support the operation of rights associated with sexuality, gender and relationships and that, where appropriate, we should help to provide the information and guidance that helps residents remain safe and healthy.

Despite the high dependency needs of our residents, staff and management make every effort to support people to maintain existing and develop new relationships as practicable and appropriate as possible on the basis of equality and inclusion for all forms of sexuality, sexual orientation and gender.



Equality and inclusion in relationships and sexuality

This section is about people's relationships and sexuality in social care services for adults receiving personal care and support as well as for staff. It focuses on caring for people who need support to express their sexuality and to have their needs met.

It is healthy to experience sexual feelings and desires, and to want to express sexuality in our everyday lives. When people receive personal care and support, they are likely to lose some privacy. People may feel restricted or judged by those providing their care. Some people may find that their health condition leads them to become vulnerable, as they behave in ways that they would not have done before.

Staff need to understand the importance of enabling people to manage their sexuality needs. This includes making sure people have access to education and information to help them develop and maintain relationships and express their sexuality. Residents and staff also need to understand the risks associated with people's sexuality needs.

Staff need to recognise and support these needs, so that they do not risk discriminating against people or breaching their human rights.

- 1. What is sexuality?** Sexuality encompasses a person's gender identity, body image and sexual desires and experiences. This means people can have needs relating to their sexuality, regardless of their age, mental capacity or personal history. The definition of sexuality for the purposes is deliberately broad. It is important to recognise that sexuality can mean different things to different groups of people and relates to:
 - sex, masturbation, sensuality, physical intimacy, romance and physical attraction
 - gender identity: the sense that we are male or female or not aligned with either gender
 - sexual orientation, including heterosexual, homosexual and bisexual
 - personal dress, body image, personal grooming and sexual expression.

2. What is sexual orientation and gender identity? Sexual orientation describes a person's physical, romantic, and / or emotional attraction to another person (for example: straight, gay, lesbian, bisexual). *Gender identity* describes a person's internal, personal sense of being a man or a woman (or someone who does not identify themselves as a man or woman). Simply put, sexual orientation is about who you are attracted to, and gender identity is about your own sense of self.

3. What does the term LGBT+ mean? LGBT+ describes the lesbian, gay, bisexual, and transgender community. The first three letters (LGB) refer to sexual orientation. The 'T' refers to gender identity. The '+' stands for other marginalised and minority sexuality or gender identities. Managers and staff have a duty to promote equality, diversity and human rights in their service, including for their staff. Staff need to promote LGBT+ inclusive practices. LGBT people need to be proactively supported by staff who understand the need to adequately balance risk and responsibility toward the individual concerned. This will help LGBT people to form and maintain personal, loving, intimate and sexual relationships.

4. When should staff assess a person's sexuality needs? Receiving care and support in a care home need not signal an end to romantic relationships or sexual activity. However, staff need to consider certain practical implications. These include maintaining privacy and understanding what a person's needs are. Sexual expression is a positive, natural human need. Ignoring it can have a negative impact on individuals' physical and mental wellbeing. When staff assess people's needs they should ask about their sexuality needs. In the first instance, this may include information about:

- previous and current relationships
- sexual orientation
- understanding of sexual health
- personal dress preferences
- gender identity.

Information about relationships, sexual habits and intimacy should be gathered by staff who are confident and competent in this area. They may use specialist pictorial tools and prompts to help them talk about this. These conversations can contribute to the development and review of care and support plans.



5. Staff are to help people develop their understanding of sexuality and relationships?


Some people may have never been in a relationship or have been sexually active. They may need support and education to enable them to develop and maintain intimate relationships. Key worker nurses should help people to access this support if they cannot do it themselves. Frank conversations are more likely to take place when close working relationships form between people and staff. It is a positive sign of developing trust between people and staff, and the evolving nature of needs assessment and care planning.


6. Can a best interests assessment be made in relation to a person's consent to sex? Best interest decisions **cannot** be made in relation to a person's ability to consent to sex. This is **specifically excluded** in the Mental Capacity Act 2005 by Section 27 – Family relationships, (1) (b) “Nothing in this Act permits a decision on..... consenting to have sexual relations.”

7. How can staff support people living with a physical disability? People living with a physical disability may tell care staff that they would like to be sexually active and ask for support with the practicalities of this. For example, they may need help arranging to meet new people at social events or clubs. They may already be in a relationship and seek advice about how they might optimise their sex life despite their physical disability. Key worker nurses may need to seek expert advice from a relevant specialist, for example, a nurse specialising in spinal cord injury.

8. How can staff support people with accessing dating services as reasonable and practical? Information is available online for professionals wishing to support disabled people with their sexual lives (see additional resources at the end). There are also specialist dating agencies and online sites to help people form friendships and romantic relationships. Staff should be aware of the potential for people to expose themselves to risk via their online activity and contact with others. For example, people who use services and staff should be vigilant to the risk of scams and the blackmailing.

9. What is sexual disinhibition? Damage to specific parts of the brain can result in people no longer being aware that their behaviours are unacceptable. This could lead to some people being less sexually inhibited in their speech or behaviour. Damage to the brain can also cause increases or decreases in sexual desire. These conditions might lead to people misinterpreting situations or misidentifying someone, resulting in unwanted sexual behaviour. For example:

 A care home resident who has had a traumatic brain injury might not understand their health needs. If they are supported to undress by a care worker, they might misinterpret personal care as a sexual advance.

 Someone with *dementia* who has lived with a partner for many years may accidentally climb into bed with another person living in the same care home, mistaking it for the bed of their missing partner. In this way they would be doing what seemed to them to be normal.

10. How should staff support people exhibiting sexual disinhibition? Most often, sexual behaviour can be understood by looking from the person's perspective. Staff who support people with neurological impairment need a better understanding of the brain's influence on sexual behaviour. Such impairments include people with dementia or traumatic brain injury.

Sexual disinhibition could be a sign that someone is struggling to meet their sexuality needs or that they are bored. Staff should ensure that the person is meaningfully occupied or has access to a safe, private space and time to masturbate, for example.

Providers must ensure behaviour support plans and risk assessments are in place to help protect and support the individual, other people using the service and staff. They should ensure these are reviewed on a regular basis. Where behaviour of this nature is uncharacteristic, a medical assessment should be considered to rule out any underlying physical cause.

11. How should staff respond to incidents? When people living in care experience unwanted sexual behaviour, providers must investigate and report it in a timely and appropriate way. Such incidents include sexual contact, sexual advances, assault or verbal or offensive gestures.

Where there are known risks or concerns, it is always better to try to prevent incidents happening where possible. Care and support plans should be in place to prevent safeguarding incidents from developing. Incidents may range from a person kissing another to sexual intercourse. Policies and procedures clearly direct staff to the action they must take. This includes contacting relevant parties, such as safeguarding authorities and the police.

Manager / deputy manager will notify CQC in line with legal requirements. Where a serious assault has taken place, it will be necessary to preserve evidence and protect the crime scene. Manager / deputy manager will liaise with the police about their requirements. This will avoid destroying potential evidence.

When incidents occur between people who lack capacity, both parties should be treated as vulnerable adults. Staff should be sensitive and discreet and recognise the distress that can be caused to both parties and their families. Support should be provided to both parties. It may be that they have unmet needs for intimacy and companionship that staff can support them to meet in a different and safe way.

Training is provided for staff to help them to identify if people are at risk of exploitation and abuse and how to report this.

12. When someone lacks capacity to consent to sexual relations? There will be times when it is necessary to carry out an assessment of a person's capacity to consent to sexual relations. By law, both parties must consent to sex. For people living with dementia or other mental health conditions, it may be hard to establish whether both parties have the capacity to consent to sex. People in these groups can, and do consent to sexual relations.

It is important that a person's capacity to consent to sex is reviewed regularly. This is particularly important if it is likely to change or fluctuate.

13. How is someone's capacity to consent to sexual relations assessed? The Mental Capacity Act 2005 (MCA) states that a person must always be assumed to have capacity unless it is established they lack capacity. The definition of incapacity is outlined in section 2 of the MCA: "A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain."

Consider the following in establishing capacity in relation to sexual activity: Does the person understand:

- ? that they have a choice whether to have sex and can refuse
- ? that they can change their mind at any time leading up to, and during, the sexual act
- ? the mechanics of sex
- ? contraception
- ? associated health risks, particularly the risk of sexually
- ? transmitted infections
- ? that sex between a man and a woman may result in the woman becoming pregnant (if the woman is in child-bearing age).

Where it is difficult to determine a person's capacity to consent to sexual relations, professional advice must be sought (e.g. adult social care, safeguarding team, etc.). In some instances, cases may be referred to the Court of Protection for determination.

Providers should take steps to prevent people in their care having sex if they are deemed not to have capacity to consent to sex. For example, by speaking with the local safeguarding authority.

14. Do care staff need specialist training? Induction and ongoing training on sexuality and relationships will help staff to respond to situations in a considered way.

Training and awareness of Equality, Diversity and Human Rights (EDHR) issues support staff to be self-aware. It helps them reflect on their own duty to maintain compassionate yet professional boundaries. Policies, procedures, training and discussions during staff meetings are designed to help staff:

- ♥ The wide definition of sexuality
- ♥ awareness of people's equality and diversity rights and meeting these needs
- ♥ recognise that people have different ways of experiencing and expressing sexuality
- ♥ how to support people with their personal relationship needs
- ♥ to facilitate positive support for relationships?
- ♥ have access to information about, and links with, sexual health services
- ♥ how to accommodate people who are in existing relationships (i.e. married, civil partnership, romantic involvement)
- ♥ how to encourage and supported people to develop relationships
- ♥ what action to take if they have concerns that someone is at risk of harm or abuse
- ♥ *EDHR training should also help staff to explore their own assumptions or bias about the sexuality needs of older people, or those living with disabilities, in a safe and supportive forum.*

Care Practice

- 🟢 For a resident who has a marital, civil or sexual partner who resides with them or visits them, our service is provided in ways that respect their wish to be together in private.
- 🟢 Residents are able to decide whom they see and do not see, and, if necessary and requested to do so, our staff provide support in these decisions and protection from any personal contacts that are unwelcome or abusive
- 🟢 When intimate care is given, residents' wishes as regards the gender of the worker are respected where possible
- 🟢 We assist residents who require access to advice or guidance to ensure that any sexual activity they engage in is safe and pleasurable
- 🟢 The sexual orientation and preferences of residents are treated with respect
- 🟢 Homosexual relationships and activities are accorded the same respect as those that are heterosexual
- 🟢 If residents engage in any sexual activity or display that is offensive to a staff member, or if they make a sexual approach to a staff member, the matter is reported to their supervisor; they will take prompt and appropriate steps to discuss the matter with the person concerned and to help them contain their behaviour within reasonable limits
- 🟢 If residents continue to engage in inappropriate sexual activity or display in the presence of a staff member then the service may be terminated
- 🟢 All possible efforts are made to protect residents from any forms of sexual abuse
- 🟢 Any resident who due to disability requires assistance in fulfilling their sexual aspirations has the opportunity to discuss their needs with staff; they will, where possible as part of our care service, arrange for the appropriate help to be provided
- 🟢 Information about residents' personal and sexual relationships and activities is treated confidentially and sensitively, passed only to those with a specific need to know
- 🟢 The opportunity is provided for residents to discuss matters relating to their sexual relationships and activities within the care-planning process if they wish to, always with due regard to the need to treat these issues with confidentiality and sensitivity
- 🟢 Particular care and sensitivity are exercised if it becomes necessary to pass information between staff or to make a written record relating to any matter concerning a resident's intimate relationships or sexual activity
- 🟢 The relatives, friends and representatives of a resident are fully informed about the contents of this policy and are provided with appropriate support and guidance if they seek it
- 🟢 A resident requiring advice on sexual matters or personal relationships can raise the matter with any member of the care staff or management with whom they feel comfortable
- 🟢 Sexual relationships between staff and residents are not allowed.

Accommodation.

- 🕒 **Meals can be booked through the staff and all emergency procedures are clearly visible in the room.**
- 🕒 **Where applicable, if the resident asks for a friend to stay in their room with them the visitor is requested to provide their own portable bed and is responsible for it.**

- 👤 Visitors are informed that when staying overnight, the home cannot be responsible for the safekeeping of any personal possessions.

Further Advice:

- 👤 GPs
- 👤 Men's Advice Line on **0808 801 0327**
- 👤 Broken Rainbow (same gender / transgender relationships) on **0300 999 5428**

Additional Resources:

- 👤 Alzheimer's Society Fact Sheet - *Sex and intimate relationships* https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/factsheet_sex_and_intimate_relationships.pdf
- 👤 Alzheimer's Society Fact Sheet - *Supporting lesbian, gay, bisexual people with dementia.* <https://www.alzheimers.org.uk/get-support/help-dementia-care/lgbt-support>
- 👤 Bates, C Dr (2018) *Sexuality and Learning Disabilities (2nd edition) Practical approaches to providing positive support* www.supportedloving.org.uk
- 👤 BILD links to information on dating support: <http://www.bild.org.uk/information/relationships/dating-to-sex/>
- 👤 Harflett, N & Turner, S, (2016) *Supporting people with learning disabilities to develop sexual and romantic relationships* (National Development Team for Inclusion) <http://www.bild.org.uk/EasySiteWeb/GatewayLink.aspx?aId=7713>
- 👤 Headway, the brain injury association, Sex and sexuality after brain injury <https://www.headway.org.uk>
- 👤 Hughes, J.C., Beatty, A. and Shippen, J. (2014). *Sexuality in dementia. In the Law and Ethics of Dementia* (eds. Charles Foster, Jonathan Herring and Israel Doron); pp. 227-238. Oxford: Hart Publishers.
- 👤 Lipinska D (2018) *Dementia, Sex and Wellbeing. A Person-Centred Guide for People with Dementia, Their Partners, Caregivers and Professionals.* London, Jessica Kingsley Publishers
- 👤 National Institute for Health and Care Excellence Guideline CG42 *Dementia: Supporting people with dementia and their carers in health and social care* <https://www.nice.org.uk/guidance/cg42>
- 👤 NDTi Supporting people to develop relationships http://www.ndti.org.uk/uploads/files/Supporting_people_to_develop_relationships
- 👤 Relationships and sexuality in adult social care services **13** Owens T (2014) *Supporting Disabled People with their Sexual Lives: A clear guide for health and social care professionals.* London. Jessica Kingsley Publishers
- 👤 Parkinson's UK *Guide to Impulsive and compulsive behaviour* <https://www.parkinsons.org.uk/information-and-support/impulsive-and-compulsivebehaviour>
- 👤 SCIE – Social Care Institute for Excellence: *Person centred care for LGBT people who use ASC services: What does good/outstanding look like?* CQC LGBT+ Network presentation LGBTQI+ disabled people | SCIE - Social Care Institute for Excellence, A Skills for Care Guide, *What workers need to know and understand about personal relationships*, contains a sample training course from learning disability provider, Avenues Group <http://www.skillsforcare.org.uk/Topics/Supporting-personalrelationships/>
- 👤 Supporting-personal-relationships.aspx Supported Loving: www.supportedloving.org.uk
- 👤 RCN (2018) *Older people in care homes: Sex, Sexuality and Intimate Relationships*, An RCN discussion and guidance document for the nursing workforce <https://www.rcn.org.uk/professionaldevelopment/publications/pub-007126>

References

- 👤 Definition of sexuality http://www.srcp.org/for_all_parents/definition.html
- 👤 Human Rights Act (1998) <https://www.legislation.gov.uk/ukpga/1998/42/contents>
- 👤 Mental Capacity Act (2005) <https://www.legislation.gov.uk/ukpga/2005/9/contents>
- 👤 Sexual Offences Act (2003) <https://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/offencesagainst-persons-with-a-mental-disorder-impeding-choice>

Related Policies

Care and Support Planning
Code of Conduct for Workers
Equal Opportunities
Equality and Diversity
Safeguarding