



# Contents

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

## Introduction

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

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

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

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

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

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

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

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

stafBT/F1 12 Tf1 0 0 1 500.45 584.17 Tm0 g0 G[(t)7(o)-6( )] TJ4.G 0.078 Tc[(2g-6( 12 Tf1 0 0 1 211.3(i)

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

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

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

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

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

## Values and Actions

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

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

-

## Case Study

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

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

Also, regular meetings with Psychology team from our Community Learning Disability Team took place so staff could ask any questions they wanted. In 2018, Tom opted to change his name via deed poll and since then we have been supporting Catherine. The team have embraced LGBTQ+ Culture, supporting Catherine to Pride events, through the ups and downs of relationships and self-

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

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



# Knowledge and Understanding

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

- The impact of relationships and their impact on our physical and mental wellbeing – this can be explored with people and staff by using Skills for Care [My Wellbeing Journal](#).
- That people who use social care services have the right to live without the threat or actual sexual abuse or harm- staff to be aware of the issues that can occur in social care and be familiar with the concerns raised in CQC's report [Promoting sexual safety through empowerment](#).
- That the Human Rights Act applies to all people. Staff need to know how this Act relates to rights and choices surrounding relationships. Staff need to understand how the right to privacy and family life is applied in day to day life. Such as allowing privacy for relationships to develop as normally as possible, with minimal interference. Also, people have the right to

## Supporting your workforce

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

To support workforce development practice employers need to:

- Establishing a strong empowering organisational culture underpinned by clearly outlined values and principles that are bought into, owned and lived by all staff within the organisation and reflected in every part of their practice. It should be clear that there is no tolerance for staff that do not uphold such values and principles, and action is taken if necessary.
- Make sure that there is a clear policy and guidance. This can reduce staff anxiety as they have supportive guidance to follow which ensures that approaches to

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

- Keep training about personal relationships separate to training around safeguarding, deprivation of liberty and MCA training. However, there would be an expectation to signpost within other training, for example recognising lack of support for people around relationships/ sexual safety as (signs of) potential abuse.
- Ensure that the

## Creating a workforce development programme

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

1. It needs to be linked to regulatory guidance- CQC *Supporting Relationships and Sexuality in Adult Social Care, Promoting Sexual Safety through Empowerment*. Also, the Skills for Health ' *Framework for both learning disabilities and autism*, alongside supporting insight and understanding of other conditions, for example, people living with dementia.
2. It should demonstrate a clear understanding of how certain illnesses and medical conditions (such as dementia) can result in changes in a person's attitudes and behaviour surrounding sex and relationships which can include sexually disinhibited behaviours. Staff should be trained on how to manage these behaviours proactively.
3. It needs to be in line with the organisation's own policy and guidance on relationships and sex.
4. It should aim to break the taboo of talking about sex and relationships in care and support settings, enabling people to feel more confident and less embarrassed about approaching the subject.
5. The language used should be clear and unambiguous, the correct terms should be used to describe people's body parts, aspects of people's sexuality and sexual acts.
6. It needs to have a clear focus on the promotion of people's rights, balanced against the needs for protection and safety.
7. It needs to be linked to current UK legislation such as the Care Act, Mental Capacity Act and Human Rights Act.
8. It needs to raise awareness of how workforce values, attitudes and behaviour can impact on the support people receive.
9. It needs to be co-produced and delivered with people who are supported by social care services.
10. It should be a blended approach using a variety of media and delivery methods including eLearning and face to face workshops, group, one to one and supported learning in practice.
- 11.



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

## **The Law and Personal Relationships**







Consensual intimate relationships are eligible support needs and considered important to wellbeing as part of the Care Act. People are safer when they are given the information and skills around sexual safety and are supported by a

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

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

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

**Mental Capacity Act**







## Exercises - getting the conversation going!

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

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

### Values

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

#### **Task - As an individual please consider each statement and discuss**

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

- have a one -night stand in a shared house (care home or in supported living)
- accessing legal pornography
- have a relationship when their family says they are unhappy with this
- dress in clothes associated with a different gender and go to a family event dressed this way
- visit a strip club

When these questions are posed people often say they have “no issue/concerns” with

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



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



You are supporting Alan

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

## **Worked Example 2 - Meet Gracie and Mark**

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

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

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

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

### **What are the key challenges Mark and Gracie faces?**

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

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

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

### **What could be possible solutions to help Mark and Gracie**

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



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

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

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

### **What could help Emma and Joe?**

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

### **What training could help?**

-

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

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

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

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

#### **What are the key challenges Callum faces?**

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

#### **What could be the possible solutions to help Callum?**

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

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

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

- Training for staff on relationships and sexuality specifically around how autism impacts on relationships and sexuality



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

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

### **What are possible solutions for Julie?**

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

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

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

### **Worked Example 6 - [Meet Sebastian](#)**





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

### **Possible solutions**

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

### **Training and support needs**

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

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

### **Worked Example 8 - Meet Jake**

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

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

**What are the key challenges Jake faces?**

- Jake has few people in his life that can communicate well with him, and that he trusts. Those he builds good communication relationships with are very important to him.
- Although staff have a good communication relationship with Jake, they still make many best guesses at what his communication means, as Jake has limited vocabulary and they know that he can use single signs to have different meanings – and staff have to guess the context.
- Jake does not understand social or ethical rules regarding asking permission of people to take and share photos.
- Because Jake has always been dependent upon support to access all the fun things he likes to do, it is difficult for him to understand the difference between staff and friends.
- Jake has only a few role models of different relationships that he can relate to, and in



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

## References

Age UK (2019) *Safe to be me*. Available from: <https://www.ageuk.org.uk/our-impact/programmes/safe-to-be-me/>







5. No, not every person needs to have an MCA assessment to have sex – we should always start from a presumption of capacity however it is always ok to investigate this if the worker has concerns.

x

6. It is the intention that is the defining factor.  
It is an offence if someone intentionally exposes their genitals with the intention that another person will see





**Supported with grant funding from Department of Health and Social Care.**

[facebook.com/skillsforcare](https://facebook.com/skillsforcare)

[linkedin.com/company/skills-for-care](https://linkedin.com/company/skills-for-care)