skillsforcare

Relationships and sexuality - awareness raising for social care staff training programme

Facilitators guide

Supported Loving

Introduction

Welcome to the 'Relationships and sexuality – awareness raising for social care staff' training programme. All the information you need to run the programme is provided, including PowerPoint slides, lesson plan, worksheets, handouts and a resource list.

This facilitator guide will explain the background and purpose, tell you what the training is about, and provide guidance on how to facilitate the programme. The materials can be used in face to face or online sessions.

Background

Care and support providers are increasingly recognising the importance of addressing the relationships and sexuality needs of people that they support, within the context of offering a holistic, person-centred service. But without adequate training and resources the workforce can lack the confidence and skills to address this previously taboo area of practice.

To address this, Skills for Care has developed this programme in collaboration with representatives of Supported Loving, a national network dedicated to promoting the sexual rights of adults who have a learning disability and/or who are autistic.

Supported Loving previously completed a wide-ranging review of relationships and sexuality resources for all staff working in adult social care in England. This highlighted the need for a practically based education pack to support those working in social care to integrate sexuality into their wellbeing role.

The training has been developed in consultation with staff and managers from a diverse range of care settings, as well as people who draw on care and support. It assumes no prior knowledge but is based on participants having completed the Care Certificate (or appropriate workplace induction), as a minimum requirement.

Aims and learning outcomes

Aim: To equip staff who work in adult social care settings to be comfortable and confident in discussing and addressing the sexuality and intimate support needs of the people they support.

Learning outcomes

- To be knowledgeable about the impact of sex and relationships on wellbeing.
- To be clear about the role of social care staff in supporting opportunities to develop healthy relationships and positive sexual expression.
- To have a basic understanding of legislation in the area of social care and sexual activity.
- To gain an understanding of the key issues to consider when faced with a dilemma involving relationships and/or sexuality.
- To have considered the role of family members in supporting independent, adult relationships.
- To understand safeguarding, sexual safety and positive risk taking, in respect of sexuality and relationships.

Please note that the scope of this course does not include complex forensic or disability specific issues.

Structure of the programme

The programme includes a brief introduction, followed by four modules that can be delivered over separate two-hour sessions or incorporated into two half-day or one full-day training opportunities.

The modules cover:

1. Understanding sexuality and relationships: barriers, benefits and the impact of staff values
2. Roles, regulations and the law
3. Sexual safety and autonomy
4. Practical approaches to relationships and sexuality support

Every topic covered is linked to a PowerPoint slide number and a related worksheet or handout. There's an explanation of the facilitator's role linked to each of the presentations or activities, so you have all the information you need to deliver this training. You will note that some of the slides are quite wordy. This has been done to aid the presenter's understanding, however, you are able to edit the content to reduce the information on the screen. A number of the slides also include explanatory notes.

There's a mix of facilitator led discussions, individual and small group activities, case studies and videos to consider and discuss. Feedback during the trial period identified a need for specific examples and case studies relating to older adults' services. Therefore, for some of the activities there is a choice of resources linked to a) younger adults or b) older people.

Facilitator's role

The programme has been designed so that it can be facilitated by anyone with a training background and social care experience. Some knowledge of relationships and sexuality issues gained through reading or learning opportunities would be desirable.

This is a sensitive topic that requires a considered and careful approach. The training is based on the following key principles, which facilitators are recommended to adopt throughout to promote a nurturing and safe environment.

- Trauma informed (being mindful of the negative, discriminatory messages and experiences that many people who draw on services have received and the secondary impact of this on the people who support them)
- Sex positive (promoting an open, tolerant, progressive attitude towards sex and sexuality, with an emphasis on pleasure)
- Inclusive (reflecting diversity in relation to gender, sexual orientation, religion, culture and age)
- Accurate (ensuring that information is up to date and correct. Using appropriate terminology)
- Evidence based (reference is made to research that backs up recommended practice)

Helpful resources to support you

A Guide to Trauma-Informed Sex Education

The Love Lounge

Supported Loving

The last taboo: A guide to dementia, sexuality, intimacy and sexual behaviour in care homes

Culturally Appropriate Care

The Department of Health's 'Recommended quality standards for sexual health training' also provide useful guidance for trainers working in this area.

Recommendation - The programme has been informed by the views of people who draw on care and support services. Delivery of it would be further enhanced by including experts by experience. If this is possible, the facilitator's role would be to work with a trained co-trainer to ensure that they play an equal and inclusive role, including being able to share how levels of support have impacted on their relationship and sexual expression opportunities.

Delivery and equipment

The course can be delivered online or in person.

You'll require the following equipment or facility for in person delivery:

- laptop
- projector, with sound
- surface on which to project images
- internet access
- flip chart and pens
- sticky notes
- worksheets*
- handouts*
- PowerPoint presentation.*

Additionally, for online presentation you'll need:

- Zoom or Microsoft Teams facility
- participants will require internet connectivity with activated sound and camera.

*These can be sent to participants prior to the training for face to face or online training or you may choose to provide hard copies.

The programme

Welcome and introductions

PowerPoint slides 1-2

Facilitator actions: Welcome participants and explain the housekeeping arrangements, the course structure, and aims and learning outcomes.

Information

Aim: To introduce participants to the structure and content of the training programme.

Learning outcomes

- Feel welcomed onto the programme.
- Understand the purpose and structure of the programme.
- Be aware of the ground rules.
- Have some knowledge of fellow participants.

Group agreement

PowerPoint slides 3

Facilitator actions: Explain the group rules, designed to support the group to work together safely and effectively. Ask if the group wish to add anything.

Icebreaker

PowerPoint slides 4 **Handout A**

Facilitator actions: Split the group into pairs. Ask them to introduce themselves, including details of their employment. They will then feedback information about each other to the group. Allocate one of the numbered images to each pair and ask them to discuss what message the picture conveys.

You can record these on a flipchart and/or summarise verbally, identifying the myth busting issues demonstrated in the pictures. It's also an opportunity to discuss how sexuality is portrayed in the media, in particular the focus on youth, fitness and socially ascribed beauty.

Key challenges

PowerPoint slides 5

Facilitator actions: Ask participants to consider the key challenges that they've found in addressing relationships and sexuality issues in their work. Record these on a flip chart paper and place on a visible wall. For participants attending the course online, ask them to record their responses in the chat or use the whiteboard.

This will help to assess individuals' experience of the subject matter and the key issues that they currently face. You may wish to reference these whilst working through the programme, identifying the issues that relate to stated challenges.

Module 1: Understanding sexuality and relationships: barriers, benefits and values

PowerPoint slides 6

Facilitator actions: Provide an overview of what the module is about and what it is aiming to achieve.

Information

Aim: To increase participants awareness of the values and attitudes that underpin attention to relationships and sexuality support in social care settings.

Learning outcomes

- Be aware of the term sexuality and how this applies to holistic, person-centred support.
- Understand the relevance of sexual orientation and gender identity.
- Highlight the importance of relationships to physical and emotional wellbeing.
- Be aware of the barriers and benefits impacting on the ability of people you support to develop and/or maintain relationships.
- Understand the impact of personal and professional values on effective communication and intervention.

Human sexuality

Activity: How would you define sexuality?

PowerPoint slides 7

Facilitator actions: Provide a short introduction to the complexities surrounding the term 'sexuality'.

Ask participants to think about the term 'sexuality'. They can share this verbally with the group and write a definition using the chat facility if online. Draw out the key themes.

Information

Understanding the term ‘sexuality’ is an important starting point in developing the confidence to have open discussions about this topic. It can be difficult to define, and people may have varying ideas about what the term means.

Presentation: Key messages?

PowerPoint slides 8

Facilitator actions: Present the World Health Organisation definition of sexuality and key messages.

Information

Sometimes people see sexuality as being about sexual intercourse or a person’s gender or sexual orientation, but it’s actually a much wider, multifaceted concept, covering physical, chemical, emotional, intellectual, social and cultural aspects.

A useful and generally accepted definition has been provided by the World Health Organisation (2006):

“…a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

Presentation: Gender and sexual identity

PowerPoint slides 9

Facilitator actions: Explain that this is an important aspect of the sexuality definition. Provide a short presentation on the experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people within the care sector.

Information

People who identify as LGBTQ+ don't always have good experiences within social care services. Research by the Norah Fry Research Centre, University of Bristol, Regard, Stonewall and the Social Care Institute for Excellence (2017) exploring the views of people with a disability found that:

- more than 90% said that their needs as a person who identified as LGBTQ+ with a disability were either not considered at all or were only given some consideration when their needs were assessed or reviewed
- more than a third said that they had experienced discrimination or received poor treatment because of their sexual orientation or gender identity
- more than half of those surveyed said that they never or only sometimes disclosed their sexual orientation or gender identity.

For older people research shows:

- many older people within the LGBTQ+ community need formal care and support but are reluctant to access this due to concerns about how they will be treated (Ward et al, 2011)
- mainstream care settings were viewed as places where people receive care that tended to assume that everyone is heterosexual (Westwood, 2016)
- care workers are sometimes reluctant to acknowledge same-sex relationships (McParland and Camic, 2018).

For more information read Stonewall's report 'Unhealthy Attitudes' on attitudes towards LGBTQ+ people within social care.

Stonewall - 'Unhealthy Attitudes'
Skills for Care - LGBTQ+ learning framework

Activity: Providing inclusive care and support

PowerPoint slides 10-11

Worksheet 1

Facilitator actions: In small groups (3/4 people) ask participants to consider what can be done to support people who identify as LGBTQ+ in care and support settings, including actions that they have taken or are currently taking? Guide participants to write on the worksheet. Facilitate feedback.

Presentation: Some ideas about good support

Facilitator actions: Provide tips for inclusive LGBTQ+ support.

Information

- Everyone has the right to express their sexuality and gender. They should feel comfortable to do this with the people who support them, free from prejudice or abuse.
- Social care staff should always ask people how they identify and what pronouns they use - typically he/him, she/her or they/them.
- If someone cannot communicate, sexual orientation should never be assumed, it's ok to put 'don't know' on any support documentation.
- People within the LGBTQ+ community are more likely to come out to staff if they feel comfortable and safe to do so. Staff should receive training to create a non-judgemental space.
- Staff should be aware of local organisations that support people within the LGBTQ+ community so they can signpost people if necessary.
- Sexual orientation and gender identity are only part of the person. Individuals have other aspects to their identity such as age, disability, race and faith.
- Staff must understand the issues people within the LGBTQ+ community can experience and can provide inclusive, anti-discriminatory support.
- Having images that reflect a wide range of gender and sexual identities in promotional material.
- An awareness of how additional factors such as age and/or culture impact on how confident individuals may feel about being 'out' about their sexual identity/orientation or gender identity.

Barriers and benefits

Presentation: Barriers and benefits

Facilitator actions: Briefly introduce the topic, explaining that recognition of the barriers that people experience can assist in identifying how to eliminate the obstacles.

Information

People who draw on care and support often want to develop and/or maintain relationships with partners or express their sexuality. However, there are numerous barriers that they can face in achieving this. Barriers come from a variety of places e.g., due to an individual's disability or illness, societal, organisational and/or environmental barriers. Restricting peoples' right to have relationships can result in loneliness and isolation, which has a damaging impact on physical and mental health, contributing to conditions such as depression, poor sleep quality, impaired executive function, accelerated cognitive decline, poor cardiovascular function, and impaired immunity.

Activity: Providing inclusive care and support

PowerPoint slides 12 | Worksheet 2 | Video clip

Facilitator actions: Show one of the film clips, based on the working environments of the participants.

- Learning disability – 'Right to Love' Channel 4 News
- Autistic people – Selection of videos from 'Social Care Talk'
- Mental health – 'Unspoken' MIND (be aware this is 25 minutes long so you may not show all)
- Older adults – 'Forgotten love: Sex, intimacy and dementia in care homes' Channel 4 News
- Disabled people and people with a life limiting/threatening condition – Selection of videos from 'Together for short lives'

Ask participants to use the worksheet to identify the following whilst watching the clip:

- the barriers faced by people to developing relationships
- the benefits a relationship brought.

Facilitate feedback and include how the film relates to their own experience as a support or care worker.

Presentation: Research evidence about barriers

PowerPoint slides 13

Handout B

Facilitator actions: Provide a summary of the key barriers highlighted by the research which are common within social care, across support needs.

Information

What does the current research tell us about the main barriers to developing relationships?

Below is a summary of the key barriers highlighted by the academic literature which are common within social care across different support needs.

Individual's disability or condition

Mental capacity

Capacity to consent to sexual relations is often raised as a barrier to developing relationships. If someone is unable to consent to sexual relations, restrictions may need to be placed on the relationship. However, this does not mean they are unable to enjoy any form of intimacy or have a relationship. Research shows support staff can be over-cautious in this area.

Lack of relationship education and skills

Research highlights how some people, in particular people with a learning disability and/or autistic people, may need support and education to learn the necessary skills to develop and maintain relationships. In many instances, social care staff may be required to help them to learn these skills as they would in other areas of support (such as travel or

cooking).

Inability to travel/communicate independently

Research highlights the vital role social care staff play in supporting people to engage in activities and go to places where they might meet a partner or see an existing partner. Research also shows people in existing relationships may need support to maintain a relationship. This might involve physical support to call or text a partner or to invite them over. If this is not maintained, relationships often cease to develop or continue.

Vulnerability to abuse/safeguarding culture

People who draw on care and support can be more vulnerable to abuse than the general population and support staff have a duty of care to keep them safe. There is a strong focus on safeguarding people within social care which can stop people from taking 'acceptable risks' due to their disability or condition. Research highlights the challenge in striking a balance between supporting people to lead full lives (which involves some risk) and keeping them safe.

Societal barriers

Taboo nature

Research indicates that sexuality remains a taboo for many people who draw on care and support. People with a disability are frequently denied an identity as a sexual being, seen as devoid of sexual interest and desires. There is a perception that older people no longer have a sexual identity or an interest in sexual relationships. Research has found that some staff hold such values and these attitudes are a substantial barrier to relationships.

Family restrictions

Families are often cited in research as a barrier to relationships. This is frequently due to fear that their relative will be hurt either physically or emotionally or that they cannot consent to the relationship. Families rarely want to deny their relative the pleasure a close relationship can bring but can have issues if it's sexual in nature. For some families of older people living with dementia, new relationships can be challenging, especially if a spouse is still alive.

Organisational barriers

Restrictive practices

Research highlights how organisations can place barriers which restrict relationships. Examples include not allowing overnight guests and issuing single beds as standard for adults. These measures can deny people the right to enjoy an intimate relationship free from restriction.

Lack of staff training and support

Research demonstrates the complex and challenging situations relating to supporting sexuality that social care staff find themselves in, but they rarely receive training and organisational support to work positively with issues surrounding sexuality.

Environmental barriers

Lack of privacy

Group homes have been cited in research as a barrier to relationships due to privacy - it can be challenging to have space to be alone with a partner. Staff have been reported to not knock when entering bedrooms and in some instances people with a learning disability report not being allowed alone in their rooms with partners, especially with the door shut. However, particularly for older people in larger group homes, care homes can be a place to meet new partners.

Values driving positive sexual expression

Values are central to work in social care and are equally significant in thinking about sex and relationships. They are the principles that guide workers to understand right from wrong and are about what is important when supporting individuals.

Your personal values (what you believe in) and attitudes (how you think and feel about things) are developed through life experiences, including education, culture, religion, family and relationships. Acknowledging and understanding your unique values is an important aspect of being a responsive, reflective practitioner.

Some people that you support may need assistance to develop and/or maintain intimate relationships and to express their sexuality. It's vital that staff have the correct values to support people respectfully in a way that recognises their human right to love, intimacy and sexual expression. Staff need to be accepting, non-judgemental and open-minded surrounding sexuality and intimate relationships. A failure to hold these values places people at risk of prejudice and being denied their rights to have positive relationships and a fulfilling sex life, if this is what they want.

Presentation:
Values driving positive sexual expression

PowerPoint slides 14

Facilitator actions: Provide information about the importance of values in providing positive and responsive support.

Activity: What's the value?

PowerPoint slides 15 (adults) or 16 (Older people)

Worksheet 3 a) adults or b) older people

Facilitator actions: Ask participants to look at the worksheet and consider each of the statements.

a) For the general population - Discuss any different views amongst the group and the reasons why these might exist.

b) For the people that they support - Discuss whether there are any differences between 1 and 2 and if so why.

Facilitate a discussion about the awareness of someone's own values and how they may influence communication and approaches to relationships and sexuality. Reinforce that the focus should be on the values of the individual drawing on care and support.

Module 2: Roles, regulations and the law

PowerPoint slides 17

Facilitator actions: Provide an overview of what the module is about and what it is aiming to achieve.

Information

Aim: To increase participants awareness of the values and attitudes that underpin attention to relationships and sexuality support in social care settings.

Learning outcomes

- Understanding of the breadth of your role as a social care worker in this area.
- Be aware of the legal issues which can impact on relationships and sexual activity.
- Understand how to uphold and support people's human rights regarding sexuality and intimate relationships.
- Know how to meet the Care Quality Commission's guidance on 'Supporting Relationships and Sexuality in Social Care'.
- Understand the criteria for assessing capacity to engage in sexual activity.
- Understand the link between organisational relationships and sexuality policy to good practice.

Staff roles

PowerPoint slides 18

Facilitator actions: Introduce relationships and intimacy support in the context of holistic, person-centred approaches.

Information

The role of a care or support worker

The role can be challenging and complex. Its sheer variety is also a source of great job satisfaction, with workers commonly saying 'we love that every day is different'. So how does responding to sexuality and intimacy needs fit into an already mixed bag of responsibilities? The role is clearly about helping to promote wellbeing by ensuring that individuals have the best quality of life. Person-centred care is often referenced as the way of achieving this, implying that consideration is given to the needs of the whole person from their perspective. If a holistic view is taken, it follows that the same measured and considerate approach should be taken to a person's sexuality and intimate needs as it is to other areas of their life.

"If we talk about holistic, inclusive and person-centred support…it is essential that we include in our conversations with them what is changing in their lives from the perspective of their relationships, sexual and otherwise." Danuta Lipinska (2018)

Presentation: Staff roles continued

PowerPoint slides 18

Facilitator actions: Explain each of the identified roles played by care and support workers that may support relationships and sexual needs.

Information

Different aspects of the role

Various aspects of a positive staff role in relation to personal relationships and sexuality have been identified (Ann Craft 1994). Being able to understand which role is required to meet individual circumstances will assist in clarifying responsibilities.

The roles are:

Educator

This may involve responding to questions or queries about sexuality, ensuring individuals receive accurate information that will enable them to make informed choices and have access to learning in a way that is adapted and accessible. It can mean arranging or providing formal training, accompanying a person to training sessions or utilising a specifically designed off the shelf training pack. This should also extend to providing information for family members and loved ones.

Counsellor

Given the anxieties, fears and barriers that people who draw on care and support may experience around sexual expression and relationships, there will be an inevitable need, at times, for opportunities to share these feelings, in a non-judgemental and safe environment. A chance to discuss and work through the options surrounding love, sexuality and relationships will contribute to an individual's physical and mental health and their capacity to remain in control of significant decisions. Developing good communication and trust will enable open and sensitive conversations to take place.

Role model

Staff act as important role models in the lives of the people that they support. The way that they act and the language that they use can significantly affect how an individual views themselves and what they feel comfortable talking about. Being positive, inclusive and open about sexuality and personal relationships is giving the message of preparedness to listen to and support intimacy issues. Staff actions can also indicate behaviours and personal boundaries that are appropriate, within the setting and socially.

Networker

Staff should be familiar with the network of organisations, both locally and nationally, who are involved in this work. There may be situations where referral is required for expertise, advice or information. This could involve supporting the individual directly, such as attendance at a sexual health clinic or gaining resources that will enhance an individual's capacity for sexual fulfilment, for example working with an occupational therapist on the provision of appropriate equipment. An enquiring and curious approach will enable the worker to seek out information on relevant services and support and keep up to date with legal and policy changes.

Protector

This role includes balancing the needs of vulnerable people against promoting an individual's rights, particularly the duty to ensure protection from unwanted and intimate contact with others. Whilst safeguarding and risk mitigation are key factors in defence against abuse, so are proactive strategies based on preventing harm. These include staff providing consistent personal care, so that anything untoward is immediately recognisable, supporting body awareness and use of anatomically correct language, building awareness of healthy and unhealthy relationships and teaching safe internet use. Staff's role in preventing sexual harm will be based on understanding the individual's needs and responding to their unique susceptibilities.

Empowerer

Enabling people to make their own choices and decisions is fundamental to the care and support worker role. This is channelled through encouragement, facilitation and information that gives people the skills to speak up for themselves. Within the context of relationships and sex it is about supporting people to understand their rights and helping them to have a legitimate voice. This may be in tandem with other organisations whose role is focussed on sexual citizenship or self-advocacy.

Advocate

Sometimes people cannot speak up for themselves and, for various reasons, there may not be the scope for referral to an independent advocacy service, so staff may find themselves advocating on the individual's behalf. This can be based on negative attitudes and barriers presented by others, which requires sensitive, evidence-based staff responses, alongside extensive knowledge of the person's wishes and desires.

Intervenor

When a particular sexual behaviour brings an individual into conflict with legal and societal boundaries, or is a source of personal distress, it may be necessary for staff to intervene. Such interventions should be in line with social care law, such as being least restrictive and should comply with good practice in relation to supporting positive behaviours. External advice may need to be sought if complex matters are being addressed. Direct support workers will form an important element of a team approach to managing sexualised behaviours.

Activity: Staff roles case studies

PowerPoint slides 18 | Handout C | Worksheet 4a and b

Facilitator actions: Ask participants to consider the case studies and identify examples of where the support worker played each of the roles using the form provided. This can be carried out individually or in groups. Ask for feedback and discuss queries or dilemmas raised by the case studies and any challenges they would find in doing this within their own work environment.

Policy and theory framework - Why this is important

PowerPoint slides 19

Facilitator actions: Explain about the Care Quality Commission (CQC) and Skills for Care guidance.

Information

Regulatory guidance

Social care staff receive training to ensure that people are supported safely and within the law. Staff are required to support people with complex issues surrounding intimate relationship and sexual situations, often without any training or guidance. A lack of training and guidance leaves everyone vulnerable. Skills for Care believes this is an area where training and guidance should be provided. They published the guidance 'Supporting people who need care and support to have meaningful and safe relationships' in 2020 to reflect the current issues staff face and provide practical support and guidance.

Supporting personal relationships

If staff provide any form of personal care, the service is classified as a 'registered service' and must meet the regulations set by the Care Quality Commission (CQC). In 2019, CQC published its first guidance for inspectors and social care providers on this topic. 'Relationships and Sexuality in Adult Social Care Services' sets out what registered providers need to do to meet individual's sexuality and relationship needs:

"Providers 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."
CQC, 2019

CQC felt it was important for social care staff to recognise and support these needs, so that they do not risk discriminating against people or breaching their human rights. Even if organisations are not registered with CQC, meeting the criteria within their guidance is still relevant as it demonstrates best practice.

Relationships and sexuality in adult social care services

Activity: CQC guidance framework

PowerPoint slides 20-21

Facilitator actions: Provide information about each aspect of the guidance framework. Ask participants to consider how they would respond if a CQC inspector asked them about these issues. Facilitate a whole group discussion, drawing out examples of good practice.

Rights

Presentation: Rights and the law

PowerPoint slides 22-23

Facilitator actions: Provide an overview of sexual rights, with the World Health Organization definition, including the relevant articles in the Human Rights Act.

Information

Everyone has rights regarding sexual expression and intimate relationships. The World Health Organization Working Definition of Sexual Rights (2002) states that:

"Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services
- seek, receive and impart information related to sexuality
- sexuality education
- respect for bodily integrity
- choose their partner
- decide to be sexually active or not
- consensual sexual relations
- consensual marriage
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life."

Human Rights Act (1998)

Within the UK, we must abide by the Human Rights Act (1998) (HRA) which contains articles that cover our rights relating to sexuality and intimate relationships. The HRA applies to all public authorities (such as local authorities and NHS Trusts) and any other organisations (public or privately funded) that perform public functions such as delivering care. Organisations must comply with the HRA in everything they do from making decisions, planning services and making policies. The rights outlined within the HRA are legally enforceable. This means that if someone thinks their rights have been breached, they can take an organisation to court.

There are three articles in the HRA that relate directly to sexuality and intimate relationships.

Article 8 - Privacy-related rights, including the right to consensual sexual expression in private. This covers the right to live together and enjoy each other's company. The right to develop relationships normally, free from interference as much as possible. The right to have information about us kept private and confidential.

Article 10 - Freedom of expression, including sexual expression. This includes the right to receive information and ideas to make decisions (e.g. information about sex).

Article 12 - The right to marry/have a civil partnership and to start a family.
Breaching people's human rights is not only illegal, but it can have distressing consequences for the individual or couple.

Activity: Human Rights Act

PowerPoint slides 24 | Video clip

Facilitator actions: Ask the participants to watch the clip of Joanne and Lee's story on BBC breakfast to understand how restricting a couple's rights under Article 8 can have a profound and lasting impact on people's lives. Lead a discussion about what could have been done differently.

UK laws, sexuality, and intimate relationships - understanding relevant legislation

Activity: Legal or illegal

PowerPoint slides 25 | Worksheet 5

Facilitator actions: Ask participants to read the list of statements in the worksheet and record whether they think the activity is legal or illegal. This can be completed individually, in small groups or as a whole group. Once completed provide the answers and discuss the practical implications.

Information

Quiz with answers - Are the following acts legal or illegal?

1. **To take/share sexually explicit material (photo/ video) of a 16-year-old**
   Illegal - this is a crime. The person must be over 18 years old.

2. **To masturbate in a locked toilet in a public place**
   Illegal - it is a crime under the Sexual Offences Act (2003) (SOA) 'engaging in sexual activity in a public lavatory'.

3. **To suggest someone you support who lacks capacity to engage in sexual activity accesses a sex worker as they appear sexually frustrated**
   Illegal - it is an offence under the SOA for care workers: causing or inciting sexual activity if the person lacks the capacity to make this choice. If the person expresses a desire to do this and has capacity to make this choice, is it not illegal to use the services of a sex worker. Staff can potentially be vulnerable to prosecution for arranging or paying.

4. **To have an intimate relationship with someone (with capacity) who you used to support (you have since left the company)**
   Legal - this is not a crime if you no longer work with the person. However, if you do work with them, even if they have capacity, it is illegal. It is a crime under the SOA for care workers to engage in sexual activity with a person with a mental disorder.

5. **To help someone buy a sex toy if they have asked for help to do this**
   Legal - You can provide assistance with this as long as the person has the capacity to make this choice and the care worker is not present during sexual activity.

6. **To watch pornography with someone you support**
   Illegal - Under the SOA this could potentially be a crime if a care worker is present during sexual activity or engaging in sexual activity in the presence of a person with a mental disorder.

7. **To decide it is someone's best interest to have sex when they lack capacity to engage in sexual relations but are in a loving relationship**
   Illegal - Under the Mental Capacity Act sex is an "excluded decision" meaning it can never be decided it is a person's best interest to have sex if they lack capacity.

8. **To provide technical assistance to enable an adult to log onto a porn website if they ask for this and are unable to do it themselves**
   Unclear - This point has not been tested in law so there is no definitive answer. A staff member cannot be present during sexual activity or while they view the site. It's advised that staff find other ways around this such as voice activated control (such as Siri on a phone/iPad) or saving the site as a favourite.

Presentation: Relevant legislation

PowerPoint slides 26-27

Facilitator actions: Describe the relevant aspects of the Sexual Offences Act (2003) and Care Act (2014).

Information

Sexual Offences Act (2003)

The Sexual Offences Act (2003) (SOA) is the UK legislation which covers sexual offences that could be committed by or against people with a mental disorder (which could include – learning disability, developmental disability including autism, acquired brain injury, dementia, mental health issues).

General sexual offences which can be committed by anyone – this includes:

1. Rape (insertion of a penis into mouth, anus or vagina)
2. Assault by penetration (any object other than a penis inserted into a mouth, anus or vagina)
3. Sexual assault (sexual touching)
4. Forcing a person to engage in sexual activity with another

Offences against people with a mental disorder - the two sexual offences in this category are:

1. Offences against a person with a mental disorder impeding choice
2. Inducements etc. to a person with a mental disorder

These offences include:

- sexual activity with a person with a mental disorder who lacks capacity
- making a person with a mental disorder engage in sexual activity
- engaging in sexual activity in the presence of a person with a mental disorder
- causing a person with a mental disorder to watch a sexual act.

The person is unable to refuse if:

- they lack sufficient understanding of the nature, or reasonably foreseeable consequences of the sexual activity, or for any other reason, or
- they are unable to communicate their choice.

It is illegal for any person who works with a person with a mental disorder to have sex with them, including paid or unpaid volunteers.

Care Act (2014)

- The Act requires local authorities to promote an individual's wellbeing. Social care workers are well placed to consider the relevance of relationships to emotional and physical wellbeing.
- Reduction of isolation is now an eligible need; social care support should reduce loneliness and isolation.
- Relationships and sexuality should form part of someone's social care assessment and reviews. People may not talk about this in a care review, despite it being something important to them. So it's the role of those offering support to bring this topic up, if it's not already been raised. Staff may need coaching and mentoring to feel comfortable doing this.
- The assessment may indicate that the person needs support and education around sexuality and relationships and support staff will play a vital role in advocating this for the people they work with.

Mental capacity and sexual activity

Presentation: Mental Capacity Act

PowerPoint slides 28-30

Facilitator actions: Present an introduction and overview of the Mental Capacity Act decision making framework.

Information

Mental Capacity Act (2005)

The Mental Capacity Act (MCA) protects the rights of all adults to be able to make our own decisions. If a two-stage test shows a lack of capacity to make specific decisions, they must be made for us in our best interests by those best qualified to do this. The test is whether a person can:

1. understand the information relevant to the decision
2. retain the information
3. use and weigh that information as part of the process of making the decision
4. communicate the decision by any means.

Sex is an 'excluded decision', which means it can never be decided that it's in a person's best interest to have sex. Deciding to get divorced and marriage/civil partnerships are also excluded decisions.

- Decisions can be made around keeping a person safe if they lack capacity to engage in sexual relations, which may mean putting restrictions in place with the appropriate permissions. You would need to make an application under liberty safeguards/deprivation of liberty safeguards.
- A person cannot be considered to lack capacity to engage in sexual activity without attempts being made through education to gain this understanding. There may need to be temporary restrictions put in place while this is sourced as a matter of urgency.
- If a person has the capacity to engage in sexual relations, they have the right to and should not be restricted from doing so.
- If a person disagrees with the outcome of the capacity assessment/best interest decision, they can appeal to the Court of Protection (CoP).
- Complex or borderline cases should be taken to the CoP.

Activity: Capacity to engage in sexual activity. What would a person need to know?

PowerPoint slides 31

Facilitator actions: Spilt the group into smaller groups and ask them to think about which areas would need to be considered if they were going to assess whether a person had the capacity to engage in sexual activity. Ask them to discuss specific questions and resources that may assist the process. Ask each group to provide feedback.

Presentation: Criteria for assessing capacity to consent to sexual activity

PowerPoint slide 32

Facilitator actions: Present the current case law relating to capacity to consent to engage in sexual activity.

Information

Based on current case law, for a person to be able to consent to engage in sexual relations they must be able to understand and retain the following (if they are applicable):

- The mechanics of the sexual act and its character (what goes where/how you do it - based on the type of sex you will be having)
- The reasonably foreseeable consequences of sexual intercourse (namely pregnancy – only if you are having sex with/are a person with a womb of childbearing age)
- That there are health risks involved in sexual relations (basic knowledge of sexually transmitted infections (STIs)/sex can potentially make you unwell)
- That you have the right to say no and can communicate this
- That the risks of STIs can be reduced by taking precautions such as using condoms
- The other person must have the capacity to consent to the sexual activity and must consent before and throughout the sexual activity

As judgements made by the courts (case law) may lead to alterations to these criteria, it is important to keep a check on any changes that have occurred.

Module 3: Sexual safety, safeguarding and autonomy

PowerPoint slides 33

Facilitator actions: Provide an overview of what the module is about and what it is aiming to achieve.

Information

Aim: To increase participants' knowledge and understanding about sexual safety, sexualised behaviour and having meaningful conversations about relationships and sex.

Learning outcomes

- define sexual safety
- identify the worker's role in supporting vulnerable adults' sexual safety
- understand different causes of sexualised behaviour
- develop effective strategies to address inappropriate sexual behaviour.

Sexual safety

PowerPoint slides 34

Facilitator actions: Introduce the topic of sexual safety - developed in response to a growing awareness that people who draw on care and support may experience disproportionate levels of inappropriate sexual contact in those settings.

Activity: Talking about sexual safety

PowerPoint slides 34

Worksheet 6

Video clip 'Let's start talking about sexual safety'

Facilitator actions: Show the video 'Let's start talking about sexual safety' - an animated awareness film made by Nottingham Healthcare NHS Foundation Trust to get people talking about sexual safety.

The facilitator should ask participants to consider the following whilst watching the video, using the worksheet provided:

1. What is sexual safety?
2. Why would people be hesitant to mention that they have experienced a sexual incident?
3. What should someone who draws on care or support do if they feel sexually unsafe?

Activity:

PowerPoint slides 35

Worksheet 7

Handout D

Facilitator actions: In small groups or breakout rooms ask participants to consider this scenario:

A person I support keeps touching some of the people they live with, mainly hugging them and touching their thighs. I don't think they like this and they mainly ignore it, but they haven't told the person to stop.

Ask for feedback and provide additional solutions. Handout D.

Information

Inappropriate touching of other people - possible responses

Be aware of the importance of touch in promoting overall wellbeing. This person may be communicating a desire for physical connection generally, not just of a sexual nature. However, if a person is touching other people in ways you are not sure others are comfortable with it's important that you address this behaviour.

- Identify if there is any pattern to the behaviour. Do they only approach people with certain physical characteristics (e.g. women with long hair). It could be that the person is mistaking people for someone else, such as a partner. Keep a log to try and identify if there are any triggers to this behaviour which could be minimalised.
- Are the people they are touching able to consent to being touched/make it known if they are unhappy being touched? If they can consent, do they want to be touched by this person? If they are not, action should be taken to stop the unwanted touching. They should be told clearly and directly that the behaviour is inappropriate. This message will need to be given consistently by all staff.
- Provide education to the person about how touching people without their consent is wrong. This could involve using visual prompts to explain, such as Hug Me, Touch Me.
- Always ensure that you reinforce and role model consent in daily practice such as asking for their consent before touching them.
- Try to find out from the person why they are touching people. They may state they want a partner. If this is the case support the person to explore dating if this is something they would like. However, they will have to understand and respect boundaries and consent in relation to touching others if they wish to date.

If the person is touching people who do not/cannot consent and you're unable to amend their behaviour through education:

- amend their seating so that they are not sitting next to people who they are likely to touch without consent
- distract them and redirect to a positive activity. To distract, ask a question, turn on the TV, or offer a snack. To redirect, turn on some music they like, go for a walk, or bring out their favourite activity
- look at more appropriate ways to provide physical comfort if that's what they're looking for, such as a hand massage, a cuddle pillow/soft blanket or a cuddly toy or doll
- ensure they are not bored and have activities in their life which they enjoy.

Activity: Sexual safety through empowerment

PowerPoint slides 36

Video clip '**CQC sexual safety through empowerment**'

Facilitator actions: Ask participants to watch this animated video, created by CQC, to accompany their report on sexual safety. Ask them to write one message that they get from watching this video. Write these on a flipchart or PowerPoint slide and discuss the emerging themes.

How to support sexual safety

PowerPoint slides 37

Facilitator actions: Provide information on how individuals and organisations can support sexual safety. Ask participants if they have any other suggestions.

Information

CQC's review of sexual safety in support environments identifies factors that may contribute to supporting people's sexuality, engagement in healthy relationships and maintenance of personal boundaries. These relate to key evidence-based practices that they consider would assist in preventing sexual harm. They speak of the need to address organisational culture and practice, in addition to suggesting new ways for staff to understand and engage with the people they support.

Ideas and processes that support people's sexual expression and prevent incidents by intervening before they happen - from CQC's notifications review 'Promoting sexual safety through empowerment'.

- People are empowered to speak out about unwanted sexual behaviour and can speak openly about their sexuality.
- There is a culture, an environment, care planning and processes that keep people and staff safe, and support people's sexuality and relationship needs.
- People are supported to form and maintain safe sexual relationships if they wish.

- There is joint working with other agencies, such as local authorities, health professionals and the police.
- There is awareness that women, particularly older women, are disproportionately affected by sexual incidents.
- A concerted effort is made to take action designed to help keep people in the service safe from sexual harm.
- The impact of people's health conditions on sexual behaviour is well understood.
- There is an understanding of the emerging use of social media in sexual abuse.

Responding to sexualised behaviours

Presentation: Responses and causation

PowerPoint slide 38

Facilitator actions: Introduce a considered approach to sexualised behaviour, including using a causation framework.

Information

Social care workers may meet people who are experiencing challenges in sexual function due to long term or acquired illness or disability. They may have difficulty in expressing their needs and feelings and their behaviour can be a sign that these feelings are not being met.

CQC's guidance (2019) explains that 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.

It's important not to jump to conclusions when observing what might appear to be sexualised behaviour. A person seen rubbing their genitals in public, may for instance, have an infection or be wearing uncomfortable clothing. Close analysis of the cause of the behaviour will assist in deciding on the most relevant support strategy.

Presentation: Sexualised behaviour framework

PowerPoint slide 39

Handout E

Facilitator actions: Provide information about Hingsburger's sexualised behaviours causation framework.

Information

1. **The environment or living space**
   Due to the environment, if a person is not given privacy, they will do typical things in the wrong place. For example, if they do not have a private place to masturbate at home, they may masturbate in a workplace.
2. **The role models in the person's life**
   If caregivers are violating a person's boundaries, they may just model that behaviour. Workers might hug or touch without asking. If this is copied in a public setting, such as with a shop assistant, they could be accused of assault.
3. **Opportunities to form relationships**
   Who is in their partner pool? Sometimes people have low self-image and don't want a partner with a similar disability or diagnosis. Do they have opportunities to meet a range of potential partners? They may be making advances to inappropriate people because of lack of opportunity.
4. **Social skills**
   Lack of social skills around asking someone out or telling a person you like them can lead to grabbing people inappropriately. Can this person show affection in any other way, besides that which is negative? Can these skills be taught?
5. **Sexual knowledge and understanding**
   Does the person lack the appropriate knowledge to perform a task or develop a relationship? For example, they may not know how to use a condom or that lubrication exists.
6. **Personal history**
   Where did they learn about sexuality? Was the learning trauma based? What impact did the messages and environment have on current actions?
7. **Sexual frustration**
   Is the person able to masturbate effectively? It may be that they do not have a full understanding of how to achieve sexual self-gratification.
8. **Medical needs**
   Does the person have an infection or medical condition that may impact on sexualised behaviour? Irritation around the genital area, for instance, may lead to rubbing or incessant touching.

9. **Medication**
   Prescribed medication may contribute to the behaviour- it can impact on libido and sexual function. Have the doses or the medication been changed recently or has the person been prescribed new medication?

10. **Social rules and boundaries**
    Does the person understand the social rules relating to sexualised behaviours? They may have become disinhibited or hypersexualised due to changes in brain function. Sometimes people act inappropriately, and no one explains it's wrong, they ignore it or even encourage it. We need to be clear about social rules and the consequences of breaking them.

Adapted from a framework developed by Dave Hingsburger et al (2010)

Activity: What's the cause?

PowerPoint slides 40 | Worksheet 8 | Handout E

Facilitator actions: Divide participants into four groups. Ask them to use the framework provided to consider the possible reasons behind these behaviours:

- A person undressing in a public space
- A person attempting to have sex with someone who also lives at the service, who lacks capacity
- A person rubbing their genitals in the lounge
- A person making sexually suggestive comments to staff

Ask for feedback and facilitate a discussion based on Handout E.

Presentation:

Assessing risk and planning interventions

PowerPoint slide 41-42

Handout F

Facilitator actions: Provide information about assessing risk and supporting positive behaviour. Explain using the framework provided, that sexualised behaviours, alongside causative factors, will indicate different levels of risk.

Information

This is a template that can be used by staff to assess situations of concern, including levels of risk and seriousness and possible responses.

Level 1: Intimacy/courtship - No risk

- Kissing, hugging, cuddling
- Consensual, no evidence of distress

Response

- Staff to provide socially appropriate context, that offers comfort and reassurance.
- Recognise intimacy needs and respect privacy.

Level 2: Verbal sexualised communication - Low risk

- Flirting, suggestive language
- Non-aggressive or threatening

Response

- Staff to acknowledge and reflect upon feelings of unease and discomfort.
- Respectfully explain staff roles and boundaries.
- Remind the person who you are, if mistaken for someone else.
- Redirect to a more socially appropriate context or discussion.
- Do not use punitive language.

Level 3: Self-directed sexual behaviours - Low risk

- Masturbation
- Undressing in public/exposure
- No intent to cause harm

Response

- If this is occurring in public spaces, support understanding of public and private areas.
- Redirect activity to a private space.
- Ensure no injury is occurring to the person.
- Provide education, aids and materials to meet individual needs.
- Find appropriate means of sensual stimulation e.g. holding stress ball, hand massage.

Level 4: Physical sexual behaviours - Moderate risk

- Sexual touching of others that may or may not be consensual
- This could relate to a previous partner/ spouse

Response

- Assess whether both parties have capacity to consent to sexual activity.
- Ensure both are consenting to the specific activity and there is no evidence of exploitation.
- Maintain privacy, dignity and safety.

Level 5: Non-consensual, overt physical sexual behaviours directed towards others that are a source of distress - High risk

- Aggression, coercion, harassment, repeatedly unwanted approaches towards others
- May be an illegal act, sexual assault, domestic violence

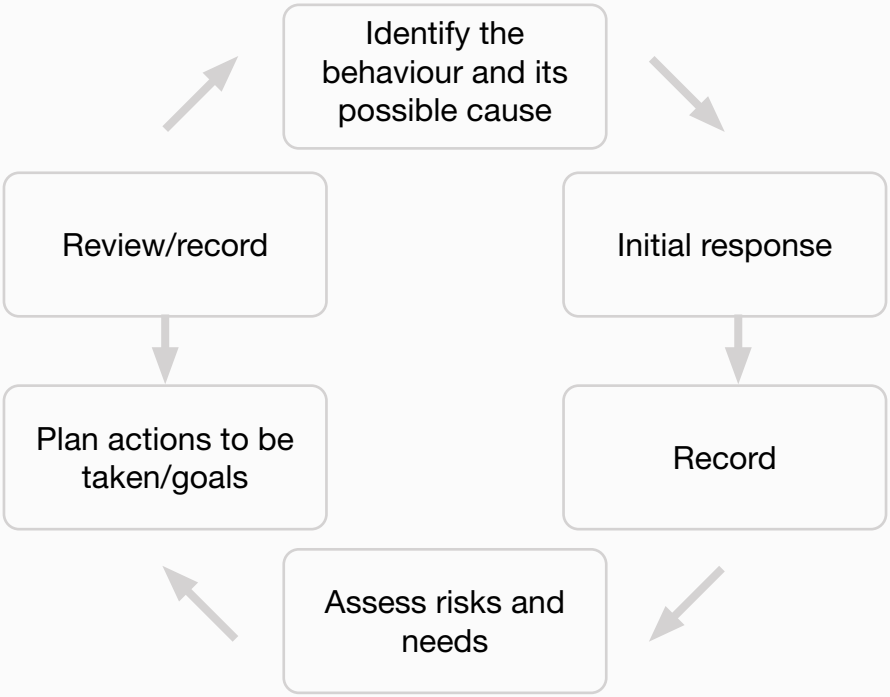
Response

- Apply safeguarding procedures, ensuring that victims are safe from harm and supported.
- Use a person centred, care planning approach.
- Assess the persons awareness and understanding of their behaviour.
- Use consistent behavioural intervention, which may involve referral to specialist agencies and multi-disciplinary support.
- Undertake a comprehensive risk assessment.
- Environmental changes may be necessary.
- Ensure that the person has the necessary information and education to understand the implications of their behaviour and redirect them towards socially acceptable behaviours.

Adapted from 'Intimacy in long term care: A guide to practice resource tools for assessment, response and documentation'

Information

As with any other significant behavioural issue in social care settings, a step by step, cyclical, consistent approach could be taken when supporting sexualised behaviours. This will involve:



There will be some behaviours that will require minimal or no response, such as two consenting adults holding hands in a living area, whilst other behaviours may be serious in content and consequence. There will be a need to consider the level of sexual behaviour identified and the associated risk factors, in relation to the individual and those with whom they come into contact.

A few recognised toolkits exist that assist workers to identify and respond to sexual behaviours. Whilst these focus on children and young people, they also present a helpful systems approach to managing behavioural difficulties in the adult population:

Brook Traffic Light Toolkit.

Activity: Approaches to sexualised behaviours

Worksheet 8

Facilitator actions: Ask participants to return to the groups they were in for the previous activity. Using the framework provided and the worksheet, direct participants to discuss and consider the same scenarios in relation to level of behaviour and risk and what action they might take.

Module 4: Practical approaches to relationships and sexuality support

PowerPoint slide 43

Facilitator actions: Provide an overview of what the module is about and what it is aiming to achieve.

Information

Aim: To understand how best to provide education and information, to understand how to work positively with families and how to develop an organisational culture that supports sex and relationships work.

Learning outcomes

- Have an awareness that everyone has the right to information and/or education surrounding sex and relationships.
- Understand how you should approach discussing sex and relationships with the people you support and their relatives.
- Be able to identify the challenges faced by family members in dealing with relationships and sexuality issues.
- Be aware of key areas of information and/or education required to promote healthy relationships.

Presentation: Top tips to support conversations

PowerPoint slide 44 Handout G

Facilitator actions: Provide suggestions on how to begin the conversation about relationships and sex.

Information

Top tips to support conversations about relationships and sex

- Avoid assumptions. Do not assume that people are disinterested in sexual expression or that they have never been or are past caring about intimacy. Similarly, be cautious about references to the narrow sphere of heterosexual relationships, which lead to people feeling uncomfortable about disclosing their sexual orientation, causing them to shut down or fail to seek support for their sexual needs.
- Introduce the topic rather than waiting for the other person to do so. This grants permission to further the discussion and provides a sex positive message about the service. If it does arise spontaneously convey acceptance and regard, ensuring that the person is aware that this is appropriate in the context of a social care assessment.
- Use inclusive, person-centred language. For instance, 'how would you describe your sexual orientation?', rather than 'are you straight or gay?' or tell me about important relationships in your life, instead of asking if a person is married or has a spouse.
- Begin with open ended, general questions about relationships, such as 'tell me about the important people in your life', before moving on to discussions about intimacy.
- Consider the person's cultural and religious background. Ask them to explain if this has any impact on how they like to be supported in this area.
- Acknowledge the personal nature of the topic. Begin by outlining that part of the admissions or personal planning process includes gathering information that may be sensitive and ensure that they understand that responses are optional.
- Normalise the conversation. Explain that everyone is asked these questions in order to provide the best support possible. Help people to understand that sexual concerns are a recognised aspect of social care.
- Create an atmosphere conducive to uninterrupted, private discussion, using a non-judgmental approach, avoiding abbreviations or jargon and being receptive to clues, however subtle, that the person may offer in terms of what is really important to them.
- Provide accessible information. Consider appropriate visual prompts or communication systems to aid the conversation, such as pictures, objects or signing.

- Be trauma informed. Recognise and acknowledge the inequities and social disparities that people may have experienced in their lives, including oppression and discrimination. Be open to listening to the positive and negative aspects of individual experiences.
- Plan ahead. Consider the questions that you are going to ask and how you will respond to any queries raised. This will involve being familiar with your organisations relationships and sexuality policy.
- When people identify aspirations, such as a wish to maintain intimacy with an existing partner or form a new relationship, ensure that these are recognised as legitimate care needs and included in subsequent action plans.

Presentation: The BETTER model

PowerPoint slide 45 **Handout H**

Facilitator actions: Provide information about the BETTER model, a structured framework to aid discussions about sex and relationships with adults.

Information

Specific models for raising sexual issues have been successfully used in physical and mental health settings. They are equally applicable to all social care settings. The Better Model (Mick et al 2007) offers a structured framework that can be used to assist social care workers during any discussion or assessment relating to social care support and can aid decision making when matching relevant support to identified needs.

The BETTER approach has six individual stages.

B **Bring up the topic**. By raising the issue, you are giving the message that you are open to discussing these issues, either now or at a later date.

E **Explain** that for many people sexuality and relationships are an important quality of life issue and that you and the service are equipped to offer support in this area. This assists in normalising the discussion and might help the person to feel less embarrassed or alone.

T **Tell** the person that if they have concerns you will find appropriate resources to address them. If immediate solutions are not available, you would make a referral to a specialist service or find additional support from someone in your organisation.

T **Time**. The timing may not be right for the person at this stage, which must be respected, but they will know that they can ask for support or discussion in the future.

E **Educate** and inform the person regarding the issues that they may be concerned about. This will provide them with the opportunity to exercise choice and control in decision making. Education regarding sexuality and/or intimate relationships may be needed e.g. sex education, dating guidance, understanding sexual side-effects of medications or how conditions impact on an individual's sexuality and/or relationships.

R **Record** the assessment, review or intervention in the personal care documentation, demonstrating the validity of this topic alongside other support needs. It is important to record how any decisions were made in this area, especially within capacity assessments e.g., how the person was involved, their wishes considered and who was involved.

Activity: Having the conversation

PowerPoint slide 46

Worksheet 9

Facilitator actions: Divide the group into four. Allocate scenarios or negotiate which are most relevant to participants.

There are four scenarios. Ask participants to consider how they might start a conversation based on the BETTER model and 'top tips' and what else might they need to consider. Ask each group to feedback. Read out the solutions and provide the handout I.

The scenarios are:

A. A person I support has asked for help to purchase sex toys.

B. The person I support started masturbating in a public place, is that ok?

C. Someone I support has asked for help to access the internet in order to form relationships.

D. Someone I support keeps making sexually inappropriate comments/gestures towards me.

Activity: Assess my needs

PowerPoint slide 47

Handout I and J (possible responses)

Facilitator actions: Divide the group into four. Allocate scenarios or negotiate which are most relevant to participants. Ask the groups to consider the following:

The people below have recently been referred to the service where you work.

1. What kind of questions would you be asking to identify the support they needed surrounding relationships and/or sexuality?
2. Would you need any other resources to assist you?

Wendy

55-year-old woman living with early onset dementia. She moved into the care home after her partner couldn't cope. Wendy has three children aged between 14 and 20. Her family want to try and maintain as much of their life with their mum/ partner as they can.

Mark

25-year-old man with a learning disability. He has always lived with his parents and has had little autonomy. He wanted to live in a house with other people his age. He has expressed a desire for a relationship but has little experience. He has a small social circle and mainly socialised with his parents.

Harsha

43-year-old woman who moved into supported accommodation after she had an accident which resulted in a brain injury. Before her injury she had recently divorced and had just started dating again. She is looking to start dating but is worried.

Rodger

75-year-old gay man who lived with his partner Mike for 40 years. Rodger is living with dementia and Mike could no longer cope alone so has accessed homecare support for 30 hours a week. He has no contact with this family but has close friends.

Working with families and loved ones

PowerPoint slides 48

Facilitator actions: Outline the role of care and support staff in enabling positive family relationships.

Information

Working in partnership with family members

Supporting people to maintain positive relationships with their family members is an integral part of the care or support workers role. Working constructively with family members can contribute greatly to the individual's emotional wellbeing.

It's important to develop and maintain an open dialogue with families, which may include talking about their loved one's intimacy needs. Given the emotional, social, and cultural restrictions around having these discussions, it may be difficult for family members to engage with support staff or to play the important role of nurturing their relative's sexual feelings, as a parent, sibling, adult child, or partner.

Staff will need to be open, welcoming and sensitive in initiating such conversations, working to normalise the content as an integral part of addressing social care needs.

Activity: Challenges faced by family members

PowerPoint slide 49

Facilitator actions: Ask participants to consider the challenges faced by family members in supporting their relative's sexuality and relationships needs. Encourage them to think about examples from their own experience and setting.

Presentation: Information about the challenges

PowerPoint slide 50

Facilitator actions: Outline some of the challenges that have been noted by families and researchers.

Information

Challenges faced by family members

Family members may experience real challenges in considering issues around sex and relationships involving their loved ones. They experience the same range of anxieties and fears about discussing the subject as anyone else and may well be reticent about bringing up a very private subject with staff. Concerned relatives can, understandably, be very protective about their loved ones, erring on the side of caution or avoidance of risk. This may be the case as much for children of an older person entering a care home, a partner of someone with a newly diagnosed neurological condition or a parent of a disabled adult who is moving to independent living.

Here are some of the challenges that have been noted by families and researchers:

- Concern about the individual being exploited, hurt, or abused.
- Lack of appropriate resources, information, and access to services.
- Embarrassment about having the conversation.
- Lack of competency in dealing with such matters.
- Taboo surrounding involvement in these discussions e.g. daughter thinking about her mother having sex.

- Conflict with religious or cultural family values.
- A belief that the individual does not have sexual feelings (asexual) or that those feelings were in the past (post-sexual).
- New relationships offending the memory of past or present relationships.
- Worries about new or developing physical restrictions.
- Families' views and opinions not being taken into consideration.

Presentation: Promoting partnership

PowerPoint slide 51

Facilitator actions: Provide information on how staff and organisations can support partnership working with families.

Information

To assist in overcoming these challenges, an approach of partnership and collaboration is most helpful. This should be based on building trust; an acknowledgement of families concerns and a commitment to joint problem solving. The following are some ways you can promote this.

- Make family members aware of your organisation's relationships and sexuality policy. When developing or reviewing the policy involve family members in the process.
- Involve them in decision making and planning, but only with the consent of the individual. For example, some parents may not wish their adult children to know the details of their sex life.
- Maintain open dialogue, on a continuous basis, not just when there is a crisis.
- Provide access to information and learning opportunities that may support them in discussing issues about relationships and sexuality.
- Empower the individual to make their own choices about relationships and sex, including being able to communicate these choices to their relatives.
- Whilst families may not always agree with their relative's decision, staff can mediate, explain and assist the family member to come to terms with the decision.

Activity: Working with families scenarios

PowerPoint slide 52

Worksheet 10

Handout K and L (suggested responses)

Facilitator actions: Suggest that participants consider the scenario most relevant to their work setting. Divide into small groups and ask them to consider how they would respond, based on the suggestions for partnership working.

Activity: Videos about family relationships

PowerPoint slide 53

Worksheet 11

Video clips The video links below show examples of family responses in relation to an older person and a person with a learning disability. Show the one that relates most closely to the participants work setting.

1. Forgotten Love: Love, sex, intimacy and dementia in care homes. Channel 4 News.
2. Dave Hingsburger. I want a girlfriend.

Facilitator actions: Ask participants to consider the following questions, based on the information provided in this section and their personal experience.

1. What were the reasons behind the family's response?
2. What approach or action was taken?
3. How effective were the actions?
4. How could you apply this in your own work setting?

Presentation: Any questions

PowerPoint slide 54

Facilitator actions: Ask participants if they have any queries, questions or comments relating to the course.

Assessment activity – Who wants to be a relationship champion

Facilitator actions: Explain that this a fun quiz to provide a recap on knowledge and assess the group's learning. Divide the group into five sub-groups and ask the groups a question in turn. If a group answers incorrectly they will be eliminated. The winning team or teams are those that are still included by the end of the round.

Information

Who wants to be a relationship champion - Post course assessment

Question 1. Which of these roles would staff not play in supporting sexuality and intimacy?

A. Enabler
B. Educator
C. Administrator
D. Advocate

Question 2. Which of the following is not an example of good support for people within the LGBTQ+ community?

A. Assuming a person's sexual orientation by how they dress
B. Treating all relationships equally
C. Taking reports of prejudice/discrimination seriously
D. Being aware of local LGBTQ+ organisations

Question 3. Which of the following is a key benefit of supporting relationships?

A. People are safer
B. Keeps staff busy
C. It is amusing
D. Helps with fitness

Question 4. Which of these values would not help people to develop relationships if held by staff?

A. Acceptance
B. Non-judgemental
C. Bossiness
D. Open-minded

Question 5. What of the following is not an important reason to have a sexuality and relationships policy?

A. Consistency
B. Legally we must have one
C. Increases in staff confidence
D. Promotes best practice

Question 6. Which of the following is not included as a recommendation in CQC's Relationships and Sexuality Guidance?

A. Policy
B. Staff training
C. A commitment to upholding human rights
D. Online safety training

Question 7. Which of the following do you need to know to be considered to have the capacity to engage in sexual relations?

A. How to look after children
B. Names of all the sexually transmitted infections (STIs) you can contract
C. That sex between a man and a women can result in pregnancy
D. Price of condoms

Question 8. Which of the following is not a key barrier stopping people from developing a relationship?

A. Vulnerability to abuse
B. Family restrictions
C. Lack of privacy
D. Lack of interest in having a relationship

Question 9. Which of the following is not under the definition of sexual abuse?

A. Stalking
B. Indecent exposure
C. Rape
D. Calling them explicit names

Question 10. What do CQC recommend including in social care assessments when a person moves into a care home? (Identify two answers)

A. Sexual orientation
B. Personal dress preference
C. Full sexual history
D. Gender identity

Question 11. Which of the following can be a cause of sexualised behaviour? (Identify two answers)

A. Environmental factors
B. Poor role models
C. Lack of education
D. Food allergies

Question 12. Which of the following is not a top tip for providing positive sexuality and relationship education and information?

A. Being factual
B. Using pornography to show real images of sex
C. Avoiding slang
D. Using teachable moments in real life

Question 13. Which of the following are signs of good organisational culture?

A. Few referrals to specialist
B. Risk-aversion
C. A culture of blame
D. Openness surrounding sex

Question 14. Another member of staff is sharing negative stereotypes about the person you support regarding sexuality, what should you do? (Identify three answers)

A. Agree with them to avoid conflict
B. Discuss it with them sensitively
C. Ask them what their fears/concerns are
D. Suggest they attend training/read the policy

Question 15. Which of the following is not a reason why family members may be resistant to engaging with sex and intimacy issues?

A. Concern about the individual being exploited, hurt or abused
B. Lack of appropriate resources, information, and access to services
C. Worry about the impact on financial benefits
D. Embarrassment about having the conversation.

Presentation: Resources

PowerPoint slide 55

Facilitator actions: Refer participants to resources to enhance their learning.

Activity: Course evaluation

Facilitator actions: Provide a course evaluation form for participants to complete.