

Relationships & Sexual Wellbeing

A Policy and Practice Guidelines for those who work with People with Learning Disabilities

**For
Services covered by the
Glasgow Learning Disability Partnership
and
NHS Greater Glasgow Services**



December 2005

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For whom are the policy and guidelines intended?

This policy is for all staff that work with adults aged 16 and over who have a learning disability and are supported by services provided by the Glasgow Learning Disability Partnership and NHS services within Greater Glasgow.

This policy makes explicit the rights that adults with learning disabilities have within Scottish legislation to explore and express their sexualities. This document is intended to provide clear policy statements and guidelines for staff on how these rights are to be enacted whilst similarly ensuring their protection.

It is hoped that this policy makes life easier and happier for people with learning disabilities and also for staff and carers.

Acknowledgements

A multi agency team developed the policy:

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Language Use

Much debate occurred whilst developing and consulting on this policy over the most appropriate language to use in reference to this particular group of people i.e. whether to use “disability” or “difficulty”. The Glasgow Learning Disability Partnership brings together services provided by social work and primary health care and the adopted term used by this partnership is “Learning Disability”. However it is recognised and respected that the People First organisation has consulted with individuals themselves and that “learning difficulty” was selected by them as the preferred term to be used when referring to individuals.

Whilst this policy is aimed at addressing the needs of individuals and respecting their rights in relation to sexual wellbeing and relationships, the policy itself is aimed primarily at those *working* with individuals. It has been decided to use the term most commonly recognised by organisations, which is learning disabilities.

The term is not meant to disrespect, disempower or cause offence to the individuals concerned.

A wide range of paid and unpaid carers support people with learning disabilities. For simplicity the term *carer* is used throughout this document to refer to parents, siblings and other unpaid relationships involving support to people with a learning disability. The term *worker* is used in relation to paid carers.

Section I Introduction

All individuals with a learning disability have the right to explore and express their sexuality and to have positive relationships. People able to consent to sex have a right to have sex and sexual relationships. These rights are legally supported by the Human Rights Act 2000 which incorporates the European Convention on human rights into Scots law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- Freedom of thought, conscience and religion.
- Freedom of expression.
- Freedom of assembly and association.
- The right to have respect for private and family life.
- The right to marry.

All individuals with a learning disability also have the right to access sexual health services and within defined legal parameters consent to treatment and care. This right is described in the above legislation and further highlighted in the amended Fair For All (2000), which ensures equality of access to all health services for people with disabilities including learning disabilities.

Sexuality is a term used to describe the aspects of us that are associated with sexual thoughts, feelings and behaviours. It can be considered in terms of physical expression, self-image, emotional development, social circumstances, sensuality, spirituality and personal identity. All individuals with a learning disability have a sexuality and should be supported to foster this where possible. For people with profound or multiple learning disabilities it might not be possible for this to be expressed physically through having sex with others or even by themselves through masturbation. However it is entirely possible for all people to explore and express sexuality through other means such as close friendships, being held, or through non-sexual sensual stimulation.

Unfortunately, people with learning disabilities, particularly those with profound and multiple learning disabilities are often regarded within our society as non-sexual adults and denied this fundamental human right. There are very few instances where the law permits the limiting of this or any other right. These limits are defined through the Adults With Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003. The law of Scotland generally presumes that adults are legally capable of making personal decisions for themselves and managing their own affairs and this can only be overturned on evidence of impaired capacity.

Under Adults With Incapacity (Scotland) Act anything that is done on behalf of an adult with incapacity will have to:

- Benefit him or her.
- Take account of the person's wishes.
- Take account of the wishes of his or her nearest relative, carer, guardian or attorney.
- Be necessary, achieve the desired purpose without unduly limiting the person's freedom.
- Encourage the adult to exercise what skills he or she has and to develop new skills.

Sex is often associated with youth and physical attractiveness, and when it is not, it is often regarded as undesirable. Staff can often find the area of sexuality and relationships very challenging as a result of this wider cultural perspective and the need to ensure the prevention of sexual abuse. These two important areas create a professional tension within staff roles and responsibilities and therefore it is all too easy for the area of sexuality and relationships to be ignored or for staff to feel vulnerable while trying to manage this area of their role. This is further blurred by the role played by carers in the lives of people with learning disabilities. Carers also can experience the same tensions and can often feel unprepared to cope with the person they care for growing into sexual feelings and behaviours. In between these tensions the area of sexual rights, feelings or relationships can therefore get lost.

The opportunities for privacy, sexual exploration and expression are often very limited. People with learning disabilities are sometimes regarded as sexually deviant because they may exhibit socially inappropriate behaviour. However, often it may be that individuals have no other outlet to express these feelings or are unable to distinguish between public and private behaviours. This is an area where appropriate support is needed. The general reduction in life choices for those with learning disabilities within this arena has an impact on self-esteem, which in turn affects sexuality and sexual health outcomes.

The Scottish Executive document entitled 'The Same As You' (2000), which is a review of services for people with learning disabilities states that:

'People with learning disabilities should be able to lead normal lives'

In order for this to happen it recommends that people with learning disabilities should:

- Be included, better understood and supported by the communities in which they live.
 - Have information about their needs and the services available, so that they can take part more fully in decisions about them.
 - Be at the centre of decision-making and have more control over their care.
 - Have the same opportunities as others to get a job, develop as individuals, spend time with family and friends, enjoy life and get the extra support to do this.
 - Be able to use local services wherever possible and special services if they need them.
- (Scottish Executive 2000)

The draft sexual health and relationship strategy "Enhancing Sexual Wellbeing In Scotland" (2003) outlines the vision of:

'A society that accepts sex as normal and healthy aspect of life, in which people understand the value of their own sexual health, the importance of responsibility and respect for others and have the capacity and means to protect themselves from unwanted outcomes of sexual activity.'

The final strategy "Respect and Responsibility - Strategy and Action Plan for Improving Sexual Health" (2005) recognises as one of its overarching aims the need to:

"support everyone in Scotland, including those who face discrimination due to their life circumstances or their gender; race or ethnicity, religion or faith, sexual orientation, disability or age, to acquire and maintain the knowledge, skills and values necessary for good sexual health and wellbeing"

If we accept that sexual expression is a natural and important part of human life, then attitudes and behaviours that deny sexuality for people with learning disabilities deny a basic right of expression.

It is our belief that the widespread availability of information and education about relationships and sexuality can help improve the choices and outcomes for people. This information needs to be provided in a culture that actively supports rather than undermines the sexualities of people with learning disabilities. This means that a substantial amount of work needs to go into improving the culture as well as raising the skills of those that provide services. In light of this policy, service providers may need to rethink the way in which services are provided.

These guidelines aim to promote more positive, informed and inclusive practice around relationships and sexual wellbeing for staff and organisations that support adults with learning disabilities.

Section 2 Aims and Objectives

The aim of the policy is to ensure that

People with learning disabilities:

- Are given the same opportunities as others to explore and develop their own sexuality.
- Have access to information and support in all aspects of relationships and sexual well being.
- Have their educational, emotional, and support needs met.
- Are 'safe'.
- Are treated with respect and dignity.

Workers:

- Feel confident in supporting the relationships and sexual wellbeing of clients.
- Feel clear about the boundaries of their role in this work.
- Feel supported by management in carrying out this work.

Unpaid Carers:

- Are clear about the rights that the person they care for have.
- Are clear that staff will be expected to enact those rights.
- Feel confident about allowing the persons they care for to have some personal freedom.
- Feel that the person they care for is 'safe' when away from the home.
- Feel supported by staff in enacting this policy.

The Policy will work to achieve this by:

- Providing clear recommendations in terms of implementing education, and training.
- Clearly outlining the rights and responsibilities of
 - Individuals with learning disabilities
 - Carers
 - Workers
- Giving workers clear guidance on how to respond to specific situations.
- Being enacted across all Glasgow Learning Disability Partnership settings (including purchased services) and NHS Greater Glasgow Services.

Section 3 - The policy

Section 3.1 Relationships and Sexual Well-being

People with learning disabilities can often find their choices and opportunities around relationships very limited. However, sexual wellbeing and sexuality are fundamental human rights. Individuals with learning disabilities have the same legal right as everyone else to explore and express their sexuality and experience positive sexual wellbeing. As noted earlier, the law of Scotland generally presumes that adults are legally capable of making personal decisions for themselves and managing their own affairs and this can only be overturned on evidence of impaired capacity. Within this context adults with learning disabilities have the legal right to consent to sexual relationships. This right specifically includes people that have sexual relationships with people of the same sex. Further guidance on consent is defined later in the policy. Where people with learning disabilities are involved in sexual relationships, it is the role of staff to offer support in accessing the relevant information and materials that makes sex safer.

All assessments should consider individual needs and the support required to meet identified needs in relation to relationships and sexual wellbeing. Multi-disciplinary working should be used to develop and agree appropriate individual care plans. When a worker offers support to a person with a learning disability in the area of relationships and sexual wellbeing, the same standard of detailed recording and monitoring is required as in other areas of support. (see section 3.2 on confidentiality)

People with learning disabilities require opportunities to develop, maintain and end relationships including sexual relationships. Organising social events such as dances, walking trips, and specific interest groups can help facilitate this. This would create opportunities for people with learning disabilities to meet each other socially, facilitate relationships and boost their self-esteem, which in turn can lead to more positive sexual health outcomes.

Staff may need to be vigilant that where there are different abilities within couples that one person is not being coerced. Therefore finding time and opportunities to discuss relationships individually is very important.

In practice this means that people with learning disabilities should:

- Be given space and opportunity to develop friendships and relationships in any manner they want (within the boundaries of the current legal framework).
- Make decisions for themselves about the relationships they form and about their own sexual wellbeing.
- Be supported to have relationships.
- Be supported to end relationships when they choose to.
- Have opportunities to learn and become informed about relationships.
- Be given opportunities to express themselves and their feelings.
- Be supported to understand their feelings/desires.
- Be supported to take informed risks.
- Be supported to learn from mistakes.
- Be consulted on what they want and given freedom of choice.
- Be aware of life cycle changes e.g. puberty, menopause, pregnancy.

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- Have the skills to identify changes and recognise irregularities e.g. awareness of physical self examination needs, differences in discharge.
 - Have access to condoms/contraception and sexual and reproductive health services.
 - Have opportunities to learn and become informed about all issues relating to sexual wellbeing.

For people with profound or multiple learning disabilities it may be beyond the person's cognitive ability to learn or process some of these rights, or to consent to sexual relationships. In line with principles outlined in the Adults With Incapacity (Scotland) Act 2000, it is the responsibility of staff to ensure that the above rights are implemented as fully as possible to the ability of the person they work with. It remains appropriate to use multi-disciplinary working to develop a care plan that includes consideration of the individuals support needs in relation to relationships and sexual wellbeing. Consulting with carers is essential and it must be remembered that some carers may have legal decision-making powers.

Learning Scenarios and Further Reading

Contained within this document are some examples of situations staff may face in relation to sexual wellbeing and relationships. Included within these are examples of appropriate practice in these situations. They are included here to give guidance and provide opportunities for learning.

Sexual Wellbeing - Practical Example

Sophie is in a relationship and is thinking about having sex. She confides in you that she and her partner have discussed having sex and have agreed they both want to, but they are both worried she might get pregnant.

Examples of helpful practice:

- Ask Sophie if she would like you to talk about this further with her and if she would like you to also speak to her partner.
- If she agrees discuss this with both individuals to try and ascertain their understanding of what sex is and that it the similar for each of them.
- Explain that there are a number of methods of contraception available and it is up to them both to decide what will be best for them.
- Inform them that they can obtain contraception from either their Doctor or from a sexual or reproductive health service and ask which they would prefer to go to.
- Once they have decided, give them information on how to get there and offer to help them arrange an appointment and ask them whether they would like you to attend.
- Explain to them that using condoms as well as other forms of contraception will protect them against infections.
- Explain that this conversation will remain confidential and that if they have any questions they can speak to you again.
- If you have information available, pass it onto them or offer to source some information you feel would be helpful.

Further Reading

Effective Sexual Health Promotion: A Toolkit for Primary Care Trusts and others working in the field of promoting Good Sexual Health and HIV prevention: Department of Health 2003
<http://www.doh.gov.uk/sexualhealthandhiv/toolkit.htm>

The Sexuality and Sexual Rights of People with Learning Disabilities - Considerations for staff and carers. BILD Publications

Your Rights about Sex - A Booklet for people with Learning Disabilities. BILD Publications

Common Knowledge Website - Sexuality site (included in the learning section)
www.ckglasgow.org.uk

Section 3.2 Confidentiality

People with learning disabilities have the right to staff and organisational confidentiality regarding all aspects of their sexuality, relationships and sexual wellbeing. These rights must be at the heart of staff's practice with people with learning disabilities.

In practice this means:

- Staff need to set clear boundaries as to what is meant by confidentiality and in what instances confidentiality may be breached. Staff should regularly reinforce these boundaries when in contact with someone with a learning disability to ensure they have understood their rights.
- In some instances where confidentiality needs to be breached it may be because the person is at risk of harm and therefore the Protection of Vulnerable Adults Procedure should be implemented.
- NHS staff should follow their own professional guidelines relating to confidentiality.
- Written information, for example in the form of case notes should be kept in a system that supports the right to confidentiality. Information contained within this system should not be shared with anyone without the client's explicit consent.
- Staff need to be clear as to whether or not they have the permission of the person with a learning disability before they talk to his/her carer.
- If a person states s/he does not want her/his carer to be involved/informed her/his wishes must be respected.
- All groupwork/groups should include a confidentiality agreement. This protects people and staff within group situations and allows a more open forum for discussion.
- If staff are unsure as to whether or not they have permission to tell a third party they must assume they do not until they have checked it out.
- In instances where there are concerns/anxieties/disclosures about abuse these should be referred to the appropriate agency, whilst ensuring the individual with learning disabilities is kept informed throughout and continually reassured about what is happening.

When confidentiality cannot be guaranteed

Sometimes confidentiality cannot be guaranteed e.g. when a person is believed to be at serious risk of physical harm or of causing harm to others. Where this is the case staff should thank the person for coming forward with the information and validate their decision to do so. They would then have to explain all the different stages of breaking the confidentiality including

1. Who is likely to be informed and why.
2. What will happen to the person whose confidentiality is unable to be kept.
3. What the likely outcomes are for all concerned.
4. What support they can expect.
5. How much of this will be written down.
6. Reassurance that this will not happen about all confidential matters, just this one in particular.

Confidentiality- Practical example 1

Joan has a learning disability and lives at home with her mum. She has just finished a course about sex and sexuality at the local resource centre. She has asked her key worker to help her to buy a vibrator but doesn't want her mum to know about it.

Examples of helpful practice:

- To explain her right to confidentiality and inform Joan that you will not tell either her mum or another member of staff.
- Tell Joan where she might be able to buy one and offer to go with her if she wants support.
- Chat to Joan about where she might keep the vibrator if she doesn't want others to find it.

Confidentiality – Practical example 2

Mrs Jackson, mother of David, has turned up at the centre and is angry about the fact that she has found a leaflet about gay men's health in David's jacket. She demands to know if David is gay and if he has been having sex with men.

Examples of helpful practice:

- Take Mrs Jackson to a private space and give her time to calm down.
- Explain that you are unable to disclose personal information and explain what the policy is around confidentiality.
- Listen to her concerns and allow her to talk through her thoughts and feelings.
- Offer any supportive literature or helplines that may be useful for her.
- Take the issue of confidentiality to the next staff meeting and discuss how best to prepare people with learning disabilities to manage their personal information.

Further Reading:

“What We Do With Information About You: Data protection Act” available from Social Work Services public Information

“It's your Decision” for information on the Adults With Incapacity (Scotland) Act available from the freephone NHS Helpline 0800 224488

“City of Glasgow Multi Agency Procedures on Protection of vulnerable Adults”

Glasgow leaning Disability Partnership- Policy and guidance on risk assessment and risk management -(In development)

Glasgow City Council Social Work Services-Domestic Violence: Social Work Policy and Code of Practice

Section 3.3 Protection and Safety

One of the biggest concerns many carers have is that the person they care for may find themselves in a situation that leaves them vulnerable to physical, emotional or sexual abuse or exploitation by others.

People with learning disabilities have the right to be protected from situations such as these and carers have the right to know that there is reasonable protection to ensure the 'safety' of the person they care for.

The National Care Standards for Care Homes for people with learning disabilities outlines as part of Standard 9 "You (person with learning disabilities) are confident that you are living in an environment that is free from bullying, harassment and any other form of abuse"

In practice this means:

- All individuals should be informed that they have the absolute right to feel safe and that they have the right to say 'No'.
- People with profound and multiple learning disabilities may be unable to communicate feeling unsafe or things that may have happened to them. Staff should be alert to potential emotional or physical changes. A set of criteria is described at the end of the chapter.
- Individuals with learning disabilities should be given information about personal safety and given opportunities to develop the skills to keep themselves safe. The more people are able to try things out for themselves and set their own boundaries the better they will be at stating and managing those boundaries and asserting their rights.
- All individuals should have the opportunity to learn risk assessment skills. This would include knowing their rights, making decisions, communication, learning consequences e.g. If you have unprotected sex with lots of people you have a greater chance of catching sexually transmitted infections or if you invite strangers back to your house, they might rob or hurt you.
- Most choices and decisions made by any person involve some degree of risk taking. In order to mature and learn, individuals with learning disabilities need to be given the space and freedom to make choices for themselves and to make mistakes and learn from these. Allowing for risks does not mean ignoring signs of abuse such as bruises, distress, becoming withdrawn, not eating or overly sexualised behaviour. If these behaviours are apparent workers should discuss this with their line managers and the individual with learning disabilities. Workers should be aware of and if necessary implement the Protection of Vulnerable Adults Procedure and refer to other appropriate policy guidance e.g. Glasgow Learning Disability Partnership- Policy and guidance on risk assessment and risk management -(In development). Glasgow City Council Social Work Services-Domestic Violence: Social Work Policy and Code of Practice
- Many individuals experience domestic abuse including sexual assault or rape within relationships and staff should be aware that people with learning disabilities may also experience this, regardless of their sexual orientation. If staff believe domestic violence is occurring the Protection of Vulnerable Adults Procedure should be implemented. There are a number of organisations who can offer support and guidance around this issue and staff should seek advice from agencies in instances where they have been informed that domestic abuse is occurring or suspect it may be. These are listed at the back.
- In situations where people do not feel safe, if they talk to a staff member about this they will

be listened to, involved in identifying solutions and informed of any course of action agreed.

- All individuals should be equipped with the appropriate knowledge and skills so that they can decide on how to express their sexuality in a way that is both protective to themselves and others.
- Staff, carers and individuals with learning disabilities should be informed of and be familiar with the appropriate reporting procedures in the event of reporting abuse issues etc.
- All staff must have a Disclosure Scotland check performed.
- Other agencies should adopt this policy whilst contracted to provide services for Glasgow Learning Disability Partnership to and for those with learning disabilities.
- All staff should be aware that the Mental Welfare Commission should be informed of any serious incident and seek guidance from senior staff on this process.

Indicators Which May Help Identification of Abusive Behaviour

These indicators are offered as a guide to behaviours, which may indicate some forms of abuse. They are by no means exhaustive, nor should staff take any or some of their presence as proof of an abusive situation.

1. Behavioural Indices of General Abuse (physical or sexual all of which may also relate to other distress or circumstances)

- Overly compliant behaviour.
- Acting-out aggressive behaviour.
- Reluctance to be at home (early arrival, late departure from day activities).
- Poor peer relations or inability to make friends.
- Lack of trust, particularly with significant others.
- Regressive behaviour.
- Withdrawal Behaviour.
- Drop in performance.
- Attempts to leave home.
- Self-harming behaviour.
- Suicidal feelings.
- Depression.
- Sudden onset of eating problems.

2. Sexual abuse Indices

- Hints about sexual activity that is unrelated to an appropriate relationship.
- A sudden change in uncharacteristic sexual “play” with objects, peers or with themselves, or sexually aggressive behaviour with others.
- Unusually detailed or inappropriate understanding of sexual behaviour.
- Excessive fear/apprehension of or withdrawal from relationships, or conversely, very aggressive behaviour.
- Excessive attachment to people.
- Inappropriate seductive behaviour.
- Excessive fears of settling in bed and/or being left alone.
- Unusual reluctance to join in activities involving the removal of clothes e.g. swimming, changing for sports activities.

3. Physical Indicators of Sexual abuse

- Absence of these indicators does not necessarily invalidate a complaint or disclosure.
- Torn, stained or blooded underclothes.
- Foreign bodies in the genital or rectal openings.
- Over trauma to external genitalia (bruising, laceration, bleeding).
- Overt trauma to same areas leading to difficulty in walking or sitting: constipation or pain/bleeding on defecation, dysuria frequency, haematuria, internal vaginal bleeding.
- Abnormal dilation of urethra, vaginal or rectal openings (suspicion should refer to expert examination).
- Infections, discharges, or sexually transmitted infections in those key areas.
- Pregnancy.

Again, although these symptoms listed above at both **2 and 3** are not necessarily indicative of sexual abuse, extreme or combined symptoms would warrant further consideration and investigation.

Learning Scenarios and Further Reading

Protection - Practical Example

Mary has been seeing Paul for a few months. Paul is her first boyfriend. Her mum notices some bruising on her arm and these usually appear after she has stayed the night at Paul's. When her mum asks Mary what has happened, Mary says she fell. Her mum comes to talk to you about it.

Examples of helpful practice:

- Either on your own or together approach Mary and tell her that you are worried.
- Reassure her and explain that it is not all right for anyone to hurt her.
- Offer her the opportunity to attend a relationships group.
- Give her any relevant literature or help line numbers/services.
- Record the bruising, dates, explanation of event, action taken etc.
- Ask her how the relationship is going.
- Keep your eye on her for any further signs of violence.
- Follow Protection of Vulnerable Adults Procedure if you believe Mary is at risk.

Protection - Practical Example 2

Graeme and Peter both attend a day centre and it has become apparent to one of the workers that they have been having a sexual relationship for a few months. The day centre officer is concerned that they might not be having safer sex and wants to refer them to the learning disability nurse for sexual health advice.

Examples of helpful practice:

- Not to assume that they are necessarily having unsafe sex.
- Not to assume that they are having penetrative sex.
- To ask the couple if they would like any advice or support about their sexual relationship.
- Ensure that the couple has information about the risks of HIV and other sexually transmitted infections in a format that is appropriate to them.
- If you need to ask advice from other members of staff it would be important not to name the couple and to maintain their confidentiality.
- To ensure that sexually active couples have easy access to safer sex materials including condoms and lubricant.
- If it appears that couples are well informed about the risks and have made informed choices to practice unprotected sex, then it is their right to do so.
- To recognise that all staff working with those with learning disabilities have a role to play in providing safer sex advice. A nurse may be able to provide that advice but it may not be necessary to refer the individuals concerned. Checking out with the nurse if you are unsure is a good idea.

Further Reading- Protection of Vulnerable Adults

“It’s your Decision” for information on the Adults With Incapacity (Scotland) Act available from the freephone NHS Helpline 0800 224488

For further information on what happens when abuse may be taking place refer to the “City of Glasgow Multi Agency Procedures on Protection of vulnerable Adults”

For information on complaints, refer to “Improving Services; Your Right to Complain” about Social Work Services available from Social Work Services from Nye Bevan House

Common Knowledge Website
www.ckglasgow.org.uk

Section 3.4 Education and Information

Access to lifelong learning is a vital part of sexual wellbeing. It enables individuals to assess and manage risk and to make informed choices for themselves. If a person is sexually healthy they are able to make decisions that respect themselves and others based on a well considered value base and made from a position of knowledge. Individuals with learning disabilities have the right to access accurate information, resources and education programmes that cover all aspects of sexual wellbeing and which can be accessed in a variety of ways.

In practice this means:

- A Glasgow citywide relationships and sexual wellbeing steering group will be formed to outline the strategic framework and oversee the implementation of a curriculum for education of people with learning disabilities in the area of relationships and sexual well-being.
- A lead sexual wellbeing worker trained in sexual health will be identified within centres/residential homes or other settings to provide guidance to workers and when agreed as someone to whom individuals with learning disabilities can go to access information about sexual wellbeing.
- Information about sexual wellbeing and relationships should be easy to access and therefore general information should be routinely offered to people with learning disabilities or they should be told of high quality websites that may provide the information they require.
- Staff should respond positively to all requests for information about sexual wellbeing and relationships. In the event that this information is not readily to hand, staff will offer to get this information to the individual and give a timescale for doing so. Staff should then seek this information from the lead sexual health worker. Staff, through the Greater Glasgow NHS Board Health Promotion Department can easily access resources, training packs and videos. Resources for individuals with learning disabilities can be accessed through the Sandyford Library.
- Information being handed out should be from an approved list collated by the Relationships and Sexual Well-being steering group.
- Information should be provided in the format most appropriate for the individual. It should be available in a range of formats including written information, sound, vision, e-learning tools.
- All people with learning disabilities should be offered a chance to attend a relationships education group. Relationship groups will be run throughout the year in localities. The lead sexual health worker will coordinate referrals to groups.
- Some people with profound or multiple learning disabilities may require information or education through one-to-one teaching that may include tactile teaching methods. Further guidelines on this are included later on the policy.

Further Reading

["http://www.ckglasgow.org.uk"](http://www.ckglasgow.org.uk) www.ckglasgow.org.uk

www.fpa.org.uk

www.sandyford.org

Section 3.5 Support for Workers

There is often concern and apprehension about facilitating discussions around sexual wellbeing and relationships because:

- Workers may feel they lack sufficient skills and information to do so.
- Fear of repercussions.
- Workers may not know the appropriate boundaries to set.

People with learning disabilities have the right to be supported by workers who have the skills, knowledge and resources to enable individuals to explore and develop their sexuality. Workers have the right to feel supported and equipped to do so.

In practice this means that:

- Workers should be familiar with all relevant policies and guidelines and be trained in their use.
- All workers must attend at least the basic two day training on relationships and sexual wellbeing.
- Sexual wellbeing and relationship training should be integrated into the induction process for all new staff/workers.
- Workers should have access to specialist and peer support where required as well as supervision by their line manager
- Although workers have the right to their own beliefs and values, they are not entitled to impose these on individuals with learning disabilities, nor are they entitled to refuse to support clients on the grounds that the client's choices/lifestyle may conflict with their own values and beliefs.

Section 3.6 - Carers

Carers are an important and influential part of the lives of individuals with learning disabilities. Carers have the right to want what is best for the person for whom they care and it is best practice to consult and to listen the views of carers.

In practice this means that:

- Staff/Workers will make all carers aware of the policy and support them to understand it and its implications.
- Carers should be encouraged to endorse the policy and be supported to participate where possible in the recommendations contained within it.
- Carers should be offered access to training/learning opportunities, information and resources that may support them in facilitating discussions with their sons/daughters/persons they care for about sexual wellbeing and relationships
- Where carers feel aggrieved by a decision, it may be advisable to offer some support. However, in instances where a matter cannot be resolved, staff should ensure that carers are made aware of the appropriate complaints procedures.
- Carers should be informed of the confidentiality boundaries of this policy and what this means in practical terms.
- Carers should be listened to and consulted with in making decisions or implementing new or changed services within the policy boundaries.
- For some people with profound and multiple learning disabilities the court may have given a carer the right to make decisions on the behalf of the person they care for. Staff should check that this includes the right to make decisions in the area of relationships and sexual wellbeing. If it does, carers wishes must be respected and upheld if these decisions comply with AWI (Scotland) Act 2000

Further Reading

Adults With Incapacity (Scotland) Act 2000

“It’s your Decision” for information on the Adults With Incapacity (Scotland) Act available from the freephone NHS Helpline 0800 224488

Section 4 Guidelines for Staff

To further explain the level of practice that would be expected from staff the following guidelines are offered to help focus thinking in relation to more specific issues concerned with relationships and sexual wellbeing.

Section 4.1 Capacity

There are some people with learning disabilities who are considered unable to give consent to sex and who lack the ability to make an informed choice about sex. The Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 Acts are now the most significant pieces of legislation in the protection of vulnerable adults. AWI(S)A is concerned with incapable adults who are defined as being:

“incapable of acting, making decisions, communicating decisions, understanding decisions or retaining memory of the decision in relation to any particular matter, by reason of mental disorder or inability to communicate because of physical disability”.

If a deficiency in communication can be made good by human or mechanical aid the person may not fall within this definition. A person will not fall within the definition only because of dependence on drugs or alcohol or by reason of conduct considered “immoral” or “promiscuous”. It should be remembered that this law is written to benefit those who come under its power and can be appropriately used to protect people from abuse and exploitation.

A medical practitioner, usually a GP, as the law currently stands, can certify incapacity in relation to some decisions e.g. medical conditions. On more complex welfare matters a range of techniques are available to make decisions or manage the affairs or welfare of behalf of an individual. In these circumstances guidance from senior managers and a mental health officer of the local authority would be required.

It is important to acknowledge that because some with a learning disability has been unable to in one area of their life it does not automatically mean that they are unable to make informed decisions to intimate relationships.

Section 4.2 Consent

A person may have the capacity to make decisions in relation to sexual relationships. The issue of consent, however, is crucial in deciding whether a particular sexual relationship or act may have been coercive or abusive. Consideration should be given to:

- Whether an individual is able to give consent.
- Whether the individual gave consent.

It is very important to think about the degree to which a learning disability is significant in terms of meaningful consent and those people who know them well should do this. Evidence of mutuality should be looked for to show that the relationship is not coercive or abusive. These are reflected in factors such as:

- Both parties seeking each other out.
- Spending spare time together to the relative exclusion of other people.
- Shared resources.
- Shared leisure activities.
- Restriction of activities with other potential partners.

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

These include:

- If a person does not really understand what is being asked.
- If a person does not know s/he has the right to refuse sex.
- If a person does not know how to refuse sex.
- If a person is afraid to refuse sex.
- If a person does not know that sex is not meant to be painful or uncomfortable.
- If a person does not know that s/he is being exploited when someone offers her/him inducements for sex.
- If a person does not know that some relationships are illegal such as those with family members or those between workers and clients.

Consent can only be said to be valid if the person knows what they are consenting to and has a real option to choose.

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

Section 4.3 Privacy and Dignity

Individuals with learning disabilities have the right to privacy both in terms of personal space and personal information.

The National Care Standards for Care homes for people with learning disabilities outlines as Standard 16 relating to private life the following rights:

- You have control over who goes into your room or living space and when this happens. Your door will have a locking system that you can use but staff will be able to open it if there is an emergency.
- You have a lockable space for personal belongings in your own living space.
- Staff consult you about visits and visitors and protect you from unwanted attention.
- You can entertain visitors and friends in private.
- You can give visitors refreshments and sometimes share meals with them.
- You can discuss your needs in confidence and privacy with whomever you choose.
- Staff will knock on your bedroom toilet and bathroom doors and wait for you to say they can come in.
- Staff recognise your sexuality and sexual needs and preferences are important to you. They accept and support your right to have intimate relationships that you have consented to in the privacy of your own home and if it is legal to do so.
- You can make and receive phone calls in private and receive mail including e-mails, in private unless there are good reasons to prevent this. If this is the case staff must explain these reasons to you and record them. You receive your mail unopened but receive help in dealing with it if you ask for this.

In practice this means:

- Individuals should be taught about the meaning of privacy and when and where it is appropriate to discuss issues of a personal nature.
- Individuals should be encouraged to use private spaces for sexual activities such as masturbation, as sexual behaviour in public is offensive to others and may lead to prosecution (Refer to sexual offences act 2003). Day Centres are public buildings and consequently are not acceptable venues for any sexual behaviour.
- In instances where someone has behaved in an inappropriate manner, it is important that explanations are given as to what was inappropriate and why, whilst at the same time acknowledging those aspects of the behaviour that were appropriate. Workers/staff should ensure that the situation is dealt with sensitively, and care is taken not to humiliate or degrade someone with a learning disability.
- Individuals with learning disabilities should be able to lock their bedroom doors and where there is no lock, one should be provided unless there is reason not to e.g. individuals would be unable to use it because of a physical disability. Alternative strategies to ensure privacy for individuals with physical disabilities, profound and multiple disabilities should be discussed with the individual and or managers.

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- Workers should not go into a client's room without first seeking permission or having a very good reason, for example, in a medical emergency. If a mistake is made staff and a staff member enters an individual's room without permission the staff member should apologise to the individual concerned.

Individuals' privacy and dignity can be maintained by:

- Knocking before entering a room and not entering until permission has been gained.
- Closing toilet doors.
- Having an awareness of religious and cultural beliefs/practice.

Privacy- Practical Example

David lives in a group home with two other men and he wants to be able to bring his girlfriend back to the house and have her sleep in his room.

Examples of helpful practice:

- To suggest a house meeting is called so each member can have his or her say.
- Perhaps suggest that the other housemates set some ground rules that they all agree to adhere to for anyone bringing back guests.
- Have regular updates to see how the situation is progressing and check everyone is still happy with the situation.

Section 4.4 Intimate Care

Some people with learning disabilities will require staff/workers to assist them with their personal hygiene and carry out intimate care tasks. Individual's intimate care needs should be outlined in their personal care plan.

The National Care Standards for Care homes for people with learning disabilities includes as part of Standard 16 that:

“You will be helped with intimate physical care or treatment sensitively and in private, in a which maintains your dignity.”

People with learning disabilities should be allowed to indicate who they would like to perform their intimate care and this should be adhered to as often as possible. When staff cannot comply with the request an explanation should be given as to why this has occurred e.g. staff member is sick or on annual leave.

Intimate care should be carried out in private and the dignity of people with learning disabilities should be maintained throughout.

Permission should always be obtained before starting any intimate care, and any procedure should be explained as clearly as possible and include an explanation as to why it is needed.

Comments or language, which may imply disapproval, disgust or that may embarrass the individual with a learning disability, should be avoided.

Staff should familiarise themselves with health and safety guidelines in relation to intimate care, and manual handling techniques to ensure both the emotional and physical safety of their clients and themselves.

Further Reading

Primary Care Chaperone Policy

Section 4.5 Training and Learning

Staff/Workers and Carers have the right to training and learning opportunities, which will assist them in facilitating discussions and delivering training around relationships and sexual wellbeing for individuals with learning disabilities.

The policy therefore makes the following recommendations with respect to training:

- Staff should be supported at the highest level to attend relationship and sexual wellbeing training, which can be accessed at various levels.

Basic level:

- 2-day course.
- For staff not directly involved in sexual wellbeing information delivery but who are in regular contact with people with learning disabilities.
- Focussing on values, attitudes, rights, and holistic model of sexuality as well as policy familiarisation.

Specialist Levels:

- Six day training programme tailored to staff that choose to directly support or provide information for people with learning disabilities on relationships and sexual health.
- One day training for all managers of GLDP on policy familiarisation and role of managers in implementation and of policy monitoring.

Attendance on the first level training course should be routine, and made part of the induction process for all new staff.

Carers should be offered attendance on basic level training free of charge, and every effort should be made to ensure this takes place at times and venues accessible to them.

Unless otherwise requested carers should attend training in conjunction with staff in order to allow sharing of each other's experiences/difficulties/concerns.

Section 4.6 Relationships and Sexual Wellbeing

It is the duty of all staff to enable people with learning disabilities to form relationships, including sexual relationships. The level to which they are involved will vary depending on the service they provide, however anyone who is in contact with someone with a learning disability can impact on their ability to foster a relationship.

For support and domestic staff such as those involved in catering, driving and maintenance there is a part to play in the implementation of this policy. While it is not expected that support staff would have a role in facilitating discussion of relationships or sexual wellbeing, they may be able to practically assist people in their relationship choices.

All staff should be familiar with their responsibilities in relation to confidentiality, protection and where relevant, should try to be mindful of privacy when cleaning accommodation. All staff at all times should use respectful non-infantilising language and affirm people's relationships when people with learning disabilities present as a couple.

Examples of other staff support include:

- Actively seeking out places where couples can have private space alone together.
- Providing information about services, where they are and how to access them.
- Respecting individual's privacy.
- Helping couples mark important relationship anniversaries.

However no staff member should undertake sex-related education or action without prior agreement with their management and/or multidisciplinary team agreement.

There may be occasions when staff are aware that a client is attracted to them or vice versa. In instances such as these, staff should approach their manager and raise this issue with them. Together staff and managers should discuss how best to proceed and set regular update meetings to allow for ongoing monitoring. Staff should keep a detailed record of these meetings and should review the situation where required.

Sexual relationships and/or activity between workers and a vulnerable adult are against the law under the Mental Health (Care and Treatment) (Scotland) Act 2003 and will not be tolerated. Any worker found to be engaging in a relationship or sexual activity with someone with a learning disability will face disciplinary action and be reported to the Police.

The Glasgow Learning Disability Partnership will investigate any allegation of abuse made against a worker.

It is easy for people to make assumptions about the kinds of sexual activity people might be having based on things such as their age, perceived sexual orientation or relationship status. These assumptions disempower people and limit their choices, therefore it is important to recognise the effect they can have and try to avoid making them. Staff should never display/express any feelings or opinions based on assumptions about sexual partners, health status, and relationship status of individuals with learning disabilities, their carers or other staff members.

In relation to sexual wellbeing:

People with learning disabilities should be taught the accurate names for body parts and what they do in sexual contexts. This means that they will be in a better position to discuss irregularities with staff or other service provider's e.g. sexual health services.

Staff should explore positive ways they can support individuals to understand and cope with mood changes that can be associated with life cycle changes, exploring physical activity to help with pre-menstrual cramps. Males should be made aware of wet dreams and the nature of wanted and unwanted erections.

Staff should highlight the benefits of physical self-examination and encourage uptake of smear tests/health screening.

Section 4.7 Sexual Wellbeing and Relationship Education

Most people with learning disabilities receive sex and relationships education while at school. This early learning needs to be constantly reinforced as an adult. Effective sex and relationships education, like other learning, builds progressively from stage to stage. However, certain key features are central to any programme of sex-education and should be reinforced at each stage. These include helping people to consider:

- Respect and caring for self and others.
- Respect for individual differences.
- Ways to express and deal with feelings and emotions.
- Ways to keep safe.

Any education programme around relationships and sexual wellbeing for people with learning disabilities should focus on equipping individuals with the skills and knowledge to form and foster relationships as well as develop an awareness of sexuality. Educational sessions can be done through group work, however in some instances it may also be valuable to carry out session on a one to one basis.

Individuals experienced in learning disability issues, who have been trained in relationship and sexual wellbeing, should be supported to deliver education programmes.

Those delivering education programmes need to be sensitive to the differing levels of understanding that may be present within a group. Materials and facilitation styles need to be appropriate to the learning needs of individuals and adapted accordingly. Considerations must be made for those who may have other impairments such as visual or hearing and steps must be taken to ensure information is accessible to them also.

Tactile methods of teaching and hands on communication may be needed, and advice should be sought from those with expertise in this field as to how to approach this. A multidisciplinary approach would be required in the planning of such sessions. Reference should also be made to the guidance on risk assessment and risk management.

There are many specialist workers in the field of sexual wellbeing and these individuals are available for workers to call upon for practical support and advice. Workers should be encouraged to seek support if they are in doubt. (Contact details can be found at the end of this policy.) It would be good practice for all materials used for sexual health education to be available for carers to see as they may wish to discuss the programme.

It may be that a situation arises whereby an individual with a learning disability wishes to attend an educational session around relationships and sexual wellbeing, but their parent/carer is opposed. Unless the individual has been deemed unable to give consent and the parent/carer has been given the right to make decisions on their behalf, the wants of the individual with a learning disability should take precedence over those of the parent/carer. Carers do not have the right to withdraw their son/daughter/person they care for if their son/daughter/person they care for is over 16.

Staff should keep up to date records of what they are planning to do within sessions, what has been delivered and outcomes arising from these sessions. Good record keeping will enable staff to evaluate session, learn and develop future practice. It would be good practice to involve or inform managers about what is being planned for each educational session.

The following are key components of an education programme and although there is no absolute standard in terms of what is delivered and when, it would be expected that workers ensure the learning process is tackled logically and in stages that make learning as easy as possible:

Body awareness and basic information about sex

- Awareness of the way bodies grow and change.
- Uniqueness of their body.
- Where living things come from.
- How human life begins.
- Physical and emotional changes at puberty.
- Menstruation, pregnancy, birth, needs of a baby and reality of parenthood.
- Contraception and reproduction issues.
- Masturbation and ejaculation.
- Age and emotional recognition.

Sexual Wellbeing and Relationships

- Family and other people who care for them.
- Body image and self worth.
- Understanding of own developing sexuality.
- Changing nature of friendship.
- Dealing with sexual feelings.
- Developing an awareness of gender identity.
- Skills required to maintain friendships and relationships.
- Same-sex relationships.
- Awareness of sexually transmitted infections, including HIV and AIDS and how to keep safe.
- Awareness of risks and responsible strategies for keeping safe and healthy.
- Responsibility and commitment within relationships.
- Responsible sexual behaviour.
- How to ask for and use sexual health services.

Appropriate Behaviour

- Time and place.
- Private and public behaviour.
- Appropriate expression of feelings and emotions.
- Use of sexually explicit materials.

Personal Safety

- Appropriate and inappropriate touch.
- Negotiating skills.
- How to say Yes and No and enforce it.
- Personal rights and responsibilities.
- Identifying abuse and reporting it.
- Prostitution and exploitation.
- The law.
- Dealing with bullying .

Further Learning

- Gender stereotypes, equal opportunities and discrimination.
- Peer and media influences.

Section 4.8 Menstruation

In all venues, there should be a choice of tampons and pads either to buy or free of charge.

Toilets should have adequate disposal facilities for these items.

Section 4.9 Masturbation

Masturbation can be a valid outlet of sexual feelings for both men and women and may be the only outlet some individuals will ever have. It should therefore not be discouraged, but individuals should be informed about the difference between public and private space. If it takes place in a public space, care must be taken to ensure individuals know it is the space, not the behaviour, which is problematic.

In instances where someone is not physically able to masturbate but is expressing a desire, a multidisciplinary approach is required as to how this should be approached and dealt with.

Staff should be aware that overly sexualised behaviour or inappropriate behaviour might be a sign of other underlying issues such as abuse. In such instances it is appropriate to raise this with management to seek advice.

Workers are strictly forbidden to perform physical sexual relief or other sexual acts with or for a service user. Any infringement of this guideline will result in disciplinary action and may result in a charge of indecent assault.

Section 4.10 Sexual Health Services

People with learning disabilities have the same rights to services and information as everyone else. Practically this means:

- Staff should make individuals aware of sexual health services, what they can provide and where and how they can be accessed.
- The Health Promotion Department produces a directory of sexual health services that is free and updated regularly. Adult training centres, colleges, health services and other places involved in the care of people with learning disabilities are able to access this resource and use it to refer appropriately to sexual health services. An online version is available at www.sexualhealthdirectory.co.uk.
- Accessing sexual health services can be an anxiety provoking and embarrassing activity for some people. It may therefore be appropriate sometimes for staff to accompany clients to sexual health services if the client wishes/requests this.
- Individuals with learning disabilities have the right to access medical notes about themselves. Time should be taken to explain these notes to the person in a way that makes it easy for them to understand.
- Where sexual health services fail to meet the needs of people with learning disabilities, staff and people with learning disabilities are encouraged to utilise service complaints procedures so that this can pass onto the appropriate planning and decision-making structures.
- People with learning disabilities should be included and consulted at all stages in the planning, development and delivery of services.

Section 4.11 Condoms and Contraception

People with learning disabilities have the same rights as non disabled people to access information and materials that make sex 'safer' e.g. condoms, contraception and emergency contraception.

Ideally individuals with learning disabilities should choose the method of contraception that suits them best and should be supported through referral to the appropriate channels such as specialist clinics or GPs to do so.

Staff may need to familiarise themselves with the different methods of contraception available so that they can answer any queries clients may have.

Consideration should be given to the cultural and religious views of individuals, which may forbid the use of contraception. This should always be explored with the individual rather than assumed.

Staff should bear in mind the need to offer protection against HIV and other sexually transmitted infections as well as unwanted pregnancy, and encourage the use of condoms as an appropriate method.

Contraception such as 'the pill' or depo provera needs to be prescribed by a GP or sexual health service. Emergency contraception can be prescribed by GPs and sexual health services; however, it can also be purchased at local pharmacies. It would be good practice for all venues to have a choice of condoms and lubricants available to people with learning disabilities either to buy through condom machines or to source provision through the C-card service at Sandyford (details at the end).

The role of staff is to provide information and then refer onto the appropriate service.

Staff should not inform an individual's relative or partner about contraceptive choices unless they are given permission by the individual to do so. If staff/workers are in doubt then they must not reveal this information.

Staff and carers do not have the right to make decisions about contraception for someone with a learning disability without the individual's consent. The decision to use contraception must be the choice of the individual. Staff, carers and service providers can highlight the benefits and ensure individuals understand the information given about benefits, choices and use. Where a parent or carer has been given authority by the court to make decisions on behalf of the person they care for, carers may be able to request contraception on their behalf from a medical practitioner. Staff should check that the court decision covers this area.

Resources about contraception and sexual health services can be obtained from the Health Promotion Library and from other sources listed at the end of the policy.

Sexual Health: Practical Example 2

A member of staff is teasing Nicky because they have found condoms in his room. It is well intentioned as an attempt at humour, but the teasing has undermined Nicky's confidence.

Examples of good practice could be:

- To respect people's right to privacy and keep this confidential. Staff should not share this information with other members of staff.
- It is best to avoid humour in this kind of situation, no matter how well intentioned. It is better to treat it matter of factly. Humour is interpreted in different ways by different people and might be misinterpreted if the issue is sensitive.
- If another member of staff were behaving in this manner, it would be helpful to point out how their behaviour may be perceived by clients.
- It is important not to assume that possessing condoms necessarily means Nicky is in a sexual relationship.
- It would be helpful to offer Nicky further information and support about relationships and condoms, without being heavy handed. This will signal that you are someone he can talk to safely about relationships.

Section 4.12 Sterilisation

Sterilisation is the only permanent method of contraception. It is an invasive procedure and is intended to be irreversible.

Demands for sterilisation from family members/partners should not take precedence over the needs and wants of the person with a learning disability and their right to choose. This should be clearly outlined to family members/carers/partners requesting such procedures.

A decision to undergo an invasive permanent surgery as a permanent method of contraception is clearly a decision of some magnitude that requires careful consideration for any women. Individuals with learning disabilities who choose to be sterilised must be offered the appropriate support and guidance from specialist services to ensure they understand the procedures and the implications of the procedure.

A multidisciplinary approach to providing accessible information, advice and support should be adopted to assist the individual's decision making with no-one party having undue influence.

If an adult with the learning disability lacks capacity to make informed decisions about *any* form of medical treatment, their doctor should ensure that their treatment needs are detailed in a the relevant certificate and treatment plan (under to Part 5 S.47 of AWI.)

This section covers all health matters and not just sexual health. When consent cannot be given, sterilisation for non-medical reasons can only occur with the sanction of the court.

It should be noted that whilst sterilisation will prevent pregnancy, it would not protect against HIV and other sexually transmitted infections.

Section 4.13 Pregnancy and Pregnancy Choices

People with learning disabilities have the same rights to make choices in relation to pregnancy outcomes as everyone else. This means that unless they have been deemed unable to consent by a court of law:

- They have the right to choose to have the baby.
- They have the right to choose to have a termination.
- They have the right to choose to have the baby adopted.

The National Care Standards for Care homes for people with learning disabilities outlines as part of Standard 16 “if you are a parent you will be supported to retain and fulfil your parental responsibilities and if you wish you can receive help and support with parenting skills.”

Pregnancy counselling can provide individuals with the information and support they need during this time and is readily available at the Sandyford Initiative.

When a decision has been made regarding the outcome of a pregnancy, a multidisciplinary/multi agency approach should be planned in order to offer and/or arrange support for that person through all stages of whichever route they choose.

Antenatal care should be arranged as soon as possible for individuals intending to continue with a pregnancy.

Demand for termination of pregnancy by carers/partners must not take precedence over the needs, wants and rights of the woman concerned.

Negative judgments about a person’s suitability as a parent does not give grounds for a termination, just as it would not for non-disabled people.

The role of health professionals would be to act in accordance with existing policy and protocols on Termination of Pregnancy. Legally a termination may not be carried out without obtaining the person’s informed consent to the procedure. Professionals are required to ensure that the consent given is informed.

Although staff may find this set of issues difficult, staff/workers have a duty of care to support individuals in making decisions and accessing appropriate support even if it is not in accord with their own personal beliefs

Further reading

Sexual and Reproductive Health in Primary Care Guidelines

Section 4.14 Sexually Transmitted Infections (STIs)

People with learning disabilities have the right to be sexually active and therefore, they are just as likely as other sexually active people to come into contact with STIs.

STIs have health implications for the individual themselves and also any future partners. They can cause pain, ill health, and infertility and in some instances even death.

People with learning disabilities need to be informed about:

- The range of different STIs and possible symptoms.
- How they can be passed on.
- How to prevent infection.
- Where to go for testing and treatment.
- How to access services.
- Who to talk to.

Workers should be aware of the services that exist and should actively encourage service users to utilise them. Many STIs are asymptomatic and therefore individuals may have an STI without having any warning signs that something is wrong. It is therefore important that in addition to condoms and information on their usage, individuals have information outlining where sexual health screening can be accessed and the benefits of accessing such services.

If someone with a learning disability were to complain of symptoms that could indicate an STI, workers should encourage individuals to access services that will be able to test, diagnose and offer treatment. In some instances it may be appropriate for workers to accompany the individual to the service.

A person with a learning disability presenting with an STI does not in itself constitute a significant enough risk to activate the Protection of Vulnerable Adults Procedure.

Section 4.15 Long-term Relationships and Marriage

Long-term relationships can be an enriching and valuable choice for many couples and can provide an opportunity for happiness and fulfilment. Where couples choose to they should be supported to co-habit or marry if they choose to do so and are deemed able to consent to this decision.

People wishing to co-habit or marry should be made aware as fully as possible what the demands and responsibilities, including financial responsibilities, are and any meetings staff have with couples should be documented and reports prepared.

This right includes those in same sex relationships although they are not able to get married. It is the intention of the government to introduce civil partnerships for same sex couples that wish to register their relationship with the state. When this legislation is enacted it will be the duty of staff to support same sex couples into civil partnerships in the same way they would support other couples.

Suitable accommodation may need to be sought for those wishing to marry or cohabit.

Section 4.16 Same-Sex Attraction

Individuals with learning disabilities have the right to have relationships with individuals of the same sex. It is estimated that 10% of the population may be lesbian, gay, bisexual or predominantly heterosexual but occasionally enjoying same-sex encounters or relationships. This means that a similar percentage of people with learning disabilities as well as staff and potentially carers may also be lesbian, gay or bisexual. Avoiding making assumptions about people's sexual orientation and sexual practice will lead to stronger and more meaningful relationships and outcomes for people with learning disabilities.

It is unacceptable for staff to impose negative beliefs or attitudes about same sex relationships on individuals with learning disabilities or their carers or to discriminate unfairly against them on the basis of these views and beliefs.

Under the Employment Equality Directive (Sexual Orientation) 2003 it is unlawful to discriminate against staff on the basis of sexual orientation. While this legislation does not cover people receiving goods and services staff encountering homophobic behaviour acted out in their workplace may be able to activate this legislation. Jokes, language assumptions and behaviour that oppress and discriminate against individuals in same-sex relationships or who are attracted to individuals of the same sex should be challenged.

It is the responsibility of staff to ensure that they and other staff do not treat people differently based on their relationship choices. It is easy to assume that clients are heterosexual, but this is not always the case. It can be helpful to avoid using language that assumes an opposite-sex partner e.g. 'what does your husband think?' The term 'partner' is a suitable alternative.

Some people may be happy to disclose their sexual orientation; others may not. It is important that people decide for themselves and are not pressured into making disclosures. If a person with learning disabilities thinks s/he may be gay, lesbian or bisexual, they should be given full support to help to discover and express their sexuality. There are agencies and support groups, which can be accessed, and these are listed within Glasgow's Sexual Health Directory.

It is important not to limit people's choices in sexual and relationship partners, and it is therefore important that people are given information and support to develop their chosen relationships.

Where people are engaging in same-sex relationships or sexual activities it should not be assumed that they are gay, lesbian or bisexual. These are identities best chosen by individuals themselves and therefore the role of staff is to discuss feelings in relation to same-sex attraction and sexuality and explain the range of diversity.

Staff are able to access training to gain support in doing this.

Section 4.17 Gender Identity Issues

There are individuals within the general population who experience issues related to their gender identity, sometimes known as Transgender issues. Individuals with learning disabilities may also experience these issues and it is important that staff know that individuals who are questioning their gender can be referred to the Sandyford Initiative. The Sandyford Initiative operates a Transgender service and will be able to offer information, support and advice.

Section 4.18 Prostitution

In Scotland it is an offence to solicit someone for the purposes of prostitution or to procure another person for purposes of prostitution. It is technically not illegal to sell sex.

Glasgow City Council views prostitution as one form of commercial sexual exploitation and absolutely rejects the view of prostitution as work, which merely requires legalising and regulating. Therefore staff from all agencies that endorse this policy must not become involved in enabling people to either become involved in prostitution or to procure the services of another person involved in prostitution for a person with learning disabilities. This will also apply while supporting people on overseas trips that have a different approach to legislation on prostitution.

If a person with learning disabilities has become involved in prostitution staff can seek to ensure the person understands the law, the potential sexual health outcomes, abuse potential and other consequences of prostitution. There are services that provide counselling and offer support for those involved in prostitution, these services are listed in the sexual health directory: www.sexualhealthdirectory.co.uk

If there are any doubts about the individual's ability to make an informed choice and it is felt that third parties are exploiting them, staff should seek management support to work out what is in the person's best interest. This is further outlined in the Protection of Vulnerable Adults Procedure. There are a range of support agencies that exist to consult in making this decision.

It is not acceptable for prostitution to take place within any setting covered by this policy.

Section 4.19 Pornography

Whilst some individuals find pornography offensive, in UK law, pornography as such is not illegal. It only becomes so if and when it qualifies as being obscene according to the provisions of the Obscene Publications Act 1959. Therefore although staff may find this set of issues difficult, it is the right of individuals with learning disabilities to access and purchase legal pornographic materials. Staff have a duty of care to support individuals, in making decisions and accessing appropriate support even if it is not in accord with their own personal beliefs. They may therefore be required to support individuals wishing to purchase or access legal pornography.

In these circumstances, appropriate support to an individual with a learning disability would include helping the person to understand the range of perspectives and feelings held by various groups, particularly women's and various faith groups, on the use of pornography. This, in turn will enable the individual to understand the sensitivities of others and enable decisions about private use of such materials.

However staff should not assist with purchase of material that is illegal. Pornographic material is considered legally 'obscene' if it is judged to have 'a tendency to deprave and corrupt' the intended audience. (Section 51 of the Civic Government (Scotland) Act 1982). As a rough guide, material that is offered for sale in newsagents and in licensed sex shops can be assumed to be legal.

Possession of child pornography ('indecent' photographs of children under the age of 16) is a serious criminal offence under the (Section 52 & Section 52(a) Civic Government (Scotland) Act 1982).

There are a vast number of people who use computers and the Internet. Internet pornography has become popular due to the level of anonymity it provides and the fact that pornography is available in large quantities at a fraction of the cost.

Staff should be aware that individuals might access pornography through this means. Some sites do contain illegal pornography; therefore whilst staff should not impose their own personal views, staff may wish to highlight to individuals the types of images/sites that should be avoided for legal reasons.

When using computers provided by Glasgow Learning Disability Partnership services, internet access (currently limited to staff) is bound by the City Council IT Policy (see <http://intranet1.glasgow.gov.uk/html/dept/social/sindex.htm>).

Section 4.20 Pornography

This means that as a general rule, access to Websites that contain material that could be described as: the server blocks extreme/obscene, sex, nudity, mature, dating and several other categories. However, if for business reasons e.g. research or education, an employee requires access to blocked categories they can complete an Internet authorised exceptions form, which can be found at http://intranet1.glasgow.gov.uk/sdesk/graphical/requestsystem/Exceptions_Request.xls .Please note that the form can only be authorised by Neil Bottomley or Keith Moore.

However individuals should be able to access e-learning tools and recommended Internet sites around relationships and sexual wellbeing within the boundaries laid out by Glasgow Learning Disability Partnership policies.

Section 4.21 Rape and Sexual Assault

Individuals with learning disabilities, particularly those with more complex/multiple disabilities may be more vulnerable to rape or sexual assault.

In instances where an individual reports that they have been raped or sexually assaulted staff should implement the Protection of Vulnerable Adults Procedure. In addition there are a number of organisations that can offer support and guidance.

The Appropriate Adult scheme sets out to provide support to individuals with a learning disability or mental disorder who come in to contact with the criminal justice service. The role of the appropriate adult is to assess whether the person understands what is happening to them and in doing so assist in the creation of a just process for suspect accused, witness or victim.

Carers and workers should be aware of this scheme but it is police offices that decide whether an appropriate adult is required when they are interviewing a suspect, victim or witness of crime.

Further reading

Interviewing People who are Mentally Disordered: “Appropriate Adult “ Schemes. The Scottish office June 1998

Section 5 - Equal Opportunities and Sexual Wellbeing

All people should be treated equally irrespective of their race, age, sex, sexual orientation, class, religion and disability unless there are relevant differences of the types of support they need. People who experience prejudice in relation to these issues who also have learning disabilities will be experiencing multiple discrimination and efforts should be made to counter this.

It is the responsibility of staff to familiarise themselves with their employer's equal opportunities policies and guidelines. All staff must be aware of these guidelines, and practice must be consistent with these guidelines.

The law states that it is illegal to discriminate on grounds of sex, disability or race. There is now legislation in place that makes it illegal to discriminate on the basis of religion and sexual orientation in employment illegal. (Employment Equality (Sexual Orientation) Regulations 2003, Employment Equality (Religion or Belief) Regulations 2003, Disability Discrimination Act 1995, Race Relations Act 1975, Sex Discrimination Act 1974)

It is important that staff are aware that people experience adverse discrimination based on these differences. Discrimination can deeply harm a person's health and wellbeing and can have a big impact on how a person feels about themselves and their self-esteem. Staff may have their own attitudes and beliefs about people's differences; however, staff must be careful not to impose their views on others.

Staff are encouraged to challenge the behaviour of colleagues/service users when the attitudes or actions are inconsistent with an approach, which upholds the rights of people with learning disabilities. This can be done either by asking the person not to make these comments, for example "I would prefer you not to make those comments at work" or can be referred to management for action.

Jokes, language assumptions and behaviour that oppress and discriminate against any group must be actively challenged, for example using the word "darling" or "doll" to describe women or describing someone in terms of their impairment, for example "that Downs man over there". Training for staff is available in the area of assertive challenging.

It is not appropriate for communal spaces or offices to be decorated with material that could cause offence, for example, calendars with topless women, football team posters, racist or sexist slogans on postcards, and religious artefacts in mixed denominational settings.

It would be really welcoming if publicity materials for organisations reflected the diversity of people. An example would be including pictures and welcoming statements reflecting people from minority ethnic backgrounds, different age groups, sexual orientations and disabilities.

Written forms are more inclusive if they avoid asking for a person's marital status or use of the term "Christian name" or "maiden name", use the terms "first name" or "surname before marriage" instead.

Cultural differences should be recognized, for example, providing a choice of food that might include vegetarian options or halal meat, observing holidays that reflect differing religious beliefs, providing space and opportunities for prayer and reflection. It is also important not to assume that because a person comes from a family with a religious belief that they also share that belief. In all cases, the person should be asked what they want to do or what their wishes are.

People come from very different financial situations. Many people who have learning disabilities and their carers have low incomes and decreased opportunities for earning money. With this in mind it would be good practice to be able to offer assistance with appropriate expenses such as travel, additional childcare and respite.

The benefit system around disability is not means tested so there can occasionally be people with more of a disposable income who still receive benefits. Staff should take care not to make comments about entitlement to benefits that are offensive.

It would be helpful to offer anti-discriminatory practice training for people with learning disabilities, staff and carers to help them understand this policy.

Further reading

Disability Discrimination Act 1995, update coming in 2004

Race Relations Act 1975

Sex Discrimination Act 1974

Discrimination at Work - It's So Over (Stonewall guide to Employment Equality Directive (Sexual Orientation) 2003

Section 6 Useful Contacts for services, information and training

The Sandyford Initiative
2-6 Sandyford Place
Sauchiehall Street
Glasgow
0141 211 8600
www.sandyford.org

Sexual Health Team
The Sandyford Initiative
2-6 Sandyford Place
julie.craik@gghb.scot.nhs.uk

Common Knowledge
Killearn Centre
29 Shakespeare Street
Maryhill
Glasgow
G20 8TH
0141 276 3641
www.ckglasgow.org.uk

Public Education and Resource Library (PERL)
Greater Glasgow NHS Board
Dalian House
350 St Vincent Street
Glasgow
0141 201 4915
PERL@gghb.scot.nhs.uk

C-Card Service
The Sandyford Initiative
2-6 Sandyford Place
Sauchiehall Street
Glasgow
0141 211 8600
www.sandyford.org

Enable
6th Floor
7 Buchanan Street
Glasgow
G1 3HL
0141 226 4541
enable@enable.org.uk
www.enable.org.uk

FPA Scotland
Unit 10
Firhill Business Centre
76 Firhill Road
Glasgow
G20 7BA
0141 576 5088
www.fpa.org.uk

Useful Websites

<http://www.doh.gov.uk/sexualhealthandhiv/toolkit.htm>
Department of Health: HIV and Sexual Health toolkit

<http://www.sexualhealthdirectory.co.uk>
Glasgow's Sexual Health Directory

<http://www.sxhealth.co.uk>

This sexual health website is intended primarily for General Practitioners and Primary Care health workers.

Section 7 - Rights, Legal and Policy Framework

Legal

The Adults with Incapacity (Scotland) Act 2000

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- Benefit him or her.
- Take account of the person's wishes and those of his or her nearest Relative, carer, guardian or attorney.
- Achieve the desired purpose without unduly limiting the person's freedom.

The Children (Scotland) Act 1995

The Act puts children first. Each child has the right to:

- Be treated as an individual.
- Form and express views on matters affecting him or her.
- Be protected from all forms of abuse, neglect or exploitation.

Parents and local authorities have rights and responsibilities in achieving the balance of care.

The Community Care (Direct Payments) Act 1996

This came into force in 1997. It allows local authority social work departments to give disabled people a Direct Payment to enable them to buy the community care services they have been assessed as needing.

The Data Protection Act 1998

The Act covers how information about living, identifiable people is used.

All organisations that hold or process personal data must comply.

The Disability Discrimination Act 1995

This wide-ranging Act, which came into force in 1996, makes it illegal to:

- Discriminate against disabled people in employment, access to goods, services, transport and education.

Employment Equality Directive (Sexual Orientation) (Religion and Faith) 2003

These two pieces of legislation make it an offense to discriminate against anyone in the workplace on grounds of sexual orientation, religion or faith.

The Human Rights Act 2000

The Act incorporates the European Convention on Human Rights into Scots law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- Freedom of thought, conscience and religion.
- Freedom of expression.
- Freedom of assembly and association.
- The right to have respect for private and family life.
- The right to marry.

The Mental Health (Care and Treatment) (Scotland) Act 2003

The Police Act 1997

Part V of the Police Act 1997. This provides the Scottish Criminal Records Office to issue criminal record information certificates for individuals and organisations.

The Public Interest Disclosure Act 1998

The Act protects workers who 'blow the whistle' about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

The Race Relations Act 1976

The Act makes racial discrimination illegal in employment, service delivery, training and other areas.

The Race Relations (Amendment) Act 2000

The Act makes racial discrimination illegal in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

The Regulation of Care (Scotland) Act 2001

The Act establishes a new system of care regulation covering the registration and inspection of care services against a set of national care standards.

The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

The Rehabilitation of Offenders Act 1974

The Act enables some criminal convictions to become 'spent' or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

The Sex Discrimination Act 1975

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

Policy

Aiming for Excellence: Modernising Social Work Services in Scotland 1999

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high-quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

Enhancing Sexual Wellbeing in Scotland: A Relationships and Sexual Health Strategy 2003

A draft strategy to improve the sexual health of Scotland. The strategy makes clear that sexual health service provision should specifically target those who are most vulnerable including people with Learning disabilities.

Fair For All 2000

This sets out the expectation that NHS services are equally and in culturally appropriate ways to people from Black and Minority Ethnic communities. In 2003 this was widened to include people with disabilities, people who are Lesbian, Gay, Bisexual and Transgender, Older people, and people from different faiths.

Our National Health 2000

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

