SEXUAL HEALTH POLICY, STRATEGY & GUIDELINES

TO MEET THE SEXUAL HEALTH & HIV PREVENTION OBJECTIVES OF "THE NATIONAL STRATEGY FOR SEXUAL HEALTH & HIV" 2001

April 2003 – Final Version

Social Care, Housing and Health Directorate

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INFORMATION SHEET

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POLICY STATEMENT

The need for a policy to govern our own social and personal relationships would be totally unacceptable to all of us. These relationships are a very important and private part of our lives. However, we all have rights and responsibilities in terms of how we conduct our social and personal relationships and we all act within some constraints, including being subject to current legislation.

Service users may wish to continue or develop relationships, or be sexually active and have the same rights and responsibilities as any other member of society. Service users may however also need support with various aspects of their lives, including the development of social and personal relationships and matters relating to sexual health.

In attempting to support service users in matters relating to their sexual health, staff will often feel they are intruding into private and sensitive areas of their lives. Staff will often be working with other staff, carers and adults with a range of needs who may hold differing views on social and personal relationships.

Staff and carers may find themselves supporting service users with disabilities with sensitive issues and dilemmas regarding their relationships where there are no easy answers. Staff and carers will equally be concerned with balancing the rights of service users in order to develop social and personal relationships, whilst also protecting those who might be at risk of abuse and exploitation.

The complex personal and ethical issues involved in the area of sexual heath dictate that a clear policy is required. Without such a policy staff may feel unsupported and vulnerable, which may in turn lead to unmet sexual health needs and the emergence of inconsistent practice across partner organisations.

It is intended that this policy will benefit staff, service users and their carers by meeting their mutual interests. The policy endeavours to outline the balance between rights, responsibilities and risks in relation to social and personal relationships for staff, service users and their carers/relatives.

As sexual health issues are common across all groups of people, throughout this policy reference is made to the term 'service user'. This term is used to represent an individual who may live with either a physical or sensory disability, mental illness, learning disability, substance dependence, or be someone who requires services as a result of an age related condition or serious illness.

The Context for Social and Personal Relationships

All service users have a need for social and personal relationships; the strength of that need and the manner in which this is expressed will be different for each service user.

Whilst a number of service users may have frequent contact with people in both a familial and professional context, some individuals may not always be enabled the opportunity to develop relationships of a personal or sexual nature. A number of factors such as those involving negative attitudes, ignorance and a lack of privacy for those with support needs, may serve to compound such experiences.

As with all members of society it is important for service users to be able to develop a range and variety of relationships. These relationships may therefore include social relationships with acquaintances and more permanent friendships. They may also include a range of sexual relationships including same sex relationships, marriage or cohabitation.

Recognising Rights and Responsibilities

All service users, regardless of their age, disability, ethnicity, gender or sexual preference, have the same rights to freedom of choice as all other members of society.

Implicit in this statement is the need to actively value the rights of all persons to freedom and choice. All staff must respect these rights, whilst at the same time ensuring that service users are fully aware of the possible consequences of their actions and not open to abuse or exploitation.

The following is a set of guiding principles, which have already been tested and used within Personal Relationships Advisory Groups, to help address the problems faced by service providers and service users.

- Clients have the right to be treated with respect and dignity as individuals.
- Clients may wish to have opportunities for loving and being loved and to be helped to achieve fulfilling relationships; these will range from platonic friendships to partnerships, which include a mutually agreed sexual element.
- Clients have a right to receive input from staff that will help them to develop a positive self-image.
- Everyone has the right to represent their own moral, cultural and religious beliefs but nobody has the right to impose these beliefs on anyone else.
- Clients have the right of access to information designed to promote sexual health, including birth control and safer sex, parenthood and genetic counselling, within the limits of their own, and their staffs' ethical beliefs.
- Service users have a legal right to expect confidentiality of personal information held by care agencies. Such information should only be disclosed

with the consent of the service user, where required by order of the court, or where disclosure can be justified in the wider public interest.

- Service users have the right to form and develop personal relationships and to learn from such experiences.

- Service users have the right to seek further advice or follow the complaints procedure if they wish to raise a grievance.

- Service users and staff have an equal right to protection from abuse and exploitation: both have the right to say no.

- Community Care legislation requires individual needs to be assessed over a wide spectrum. Sexual health needs are an integral part of the overall health and well-being of service users and where appropriate should be addressed by service provision and reviews of care packages, etc.

- Service users have the right to the information and privacy necessary for the completeness of their sexuality.

- When requested, service users have a right to advice and counselling regarding physical and emotional needs, including relationships and differing sexual preferences.

- These rights apply to all people with disabilities, irrespective of where they live, the level of assistance required, or their socially acceptable sexual orientation. People have the right to maintain their sexual identity irrespective of the type of service or assistance required. It is clearly unhelpful to make assumptions about any aspects of another person's sexuality.

- In the delicate area of sexual health, there may at times be a tension between the needs of service users and staff. As attitudes to sexual issues are very individual, there is the potential for conflict, which both staff and those using services need to recognise.

- When attempting to address sexual health needs, all service providers and their staff need to be both aware of and protected from situations which may bring an organisation into disrepute, or prove to be illegal.

- Though carers and relatives do not have any legal rights over the affairs of a disabled adult, their influence will often be a crucial factor and needs to be acknowledged. Carers and relatives do however have some rights and expectations of their own which need to be taken into account.

INTRODUCTION

From the outset it is important to note that many service users will not require any intervention or response from staff concerning their sexual health. Staff are expected to use their discretion in relation to whether or not a service user would wish to discuss such a matter, or to decide where it may be legitimate to broach a particular issue with a service user (See 8. Masturbation). However, regardless of particular circumstances all services users and those responsible for their care, will benefit from guidelines, which outline roles and responsibilities in relation to sexual heath.

This document is intended to support staff working with all service users, regardless of age, disability, ethnicity, gender or sexuality. It promotes a shared philosophy and value base, which underpins the rights, responsibilities and risks in relation to the promotion of sexual health.

It should be noted that this policy is not designed to respond to situations where concerns or suspicions of abuse of a service user arise. In such circumstances, any necessary and appropriate response will be guided and informed by existing adult and child protection policies and procedures.

This document has been developed as a collaborative project between the following agencies:

? **Halton Borough Council Social Care, Housing and Health Directorate**
? **Warrington & Halton Primary Care Trusts Health Promotion Services**

Representatives from the following organisations supported the development of a learning disability and physical disability document from which this document has been produced:-

- Acorn Lifelong Learning Centre
- British Deaf Association
- Chester & Halton (NHS) Trust
- CIC
- Deafness Support Network
- Halton Borough Council
- Halton Disability Services
- Lifeways Community Care (Warrington)
- Neurological Rehabilitation Services
- North Cheshire Hospital Trust
- The Stroke Association
- Warrington Borough Council
- Warrington Community Health Care (NHS) Trust
- Warrington Community Living
- Warrington Disability Information Service

Our appreciation and thanks go to Geoff Holliday, Health Promotion Specialist Sexual Health and Mary Orrell Sexual Health Link Worker who have prepared this document.

CONTEXT FOR SEXUAL HEALTH WORK

- Historically work with all service user groups has touched upon issues of sex, sexuality and personal relationships. However, due to the sensitive nature of such work, a wide variance in society's attitudes and a complex and confusing legal context, practice has differed widely, often leading to issues of sexual health often being disregarded.

CONCLUSION

- Staff who's function is to assess need and provide the support necessary to enable service users to live independently, with dignity and respect, can only achieve this by fully embracing the need to promote sexual health for all service users.

- The requirements of legislation and the realities of the twenty-first century make it essential for care agencies to develop a comprehensive framework within which the sexual health needs of all service users can be addressed.

- To do this requires us to adopt a clear policy, a comprehensive strategy to implement this and guidelines to inform practice in each service area.

- The policy and strategy are also necessary in order to create the culture in which positive sexual health work can take place steered by the targets of the “National Strategy for Sexual Health and HIV” (DoH 2001) and “Human Rights Act” (2000).

This document is based upon the following source material:

- Learning Disabilities Sexual Health Policy, Strategy & Guidelines to Meet the Sexual Health & HIV Prevention Objectives of "The National Strategy for Sexual Health & HIV" 2001. Chester & Halton Trust Learning Disabilities Community Support Team (2002)

- Physical Disabilities Sexual Health Policy, Strategy & Guidelines to Meet the Sexual Health & HIV Prevention Objectives of "The National Strategy for Sexual Health & HIV" 2001. Chester & Halton Trust Learning Disabilities Community Support Team (2002)

- Cheshire County Council Social Services "Sexual Health Policy & Strategy to Meet HIV Prevention Objectives of Health of The Nation Report" (1994)

STRATEGIC OBJECTIVES RELATING TO SEXUAL HEALTH AND HIV PREVENTION

The framework to address sexual health issues needs to be based on: -

VALUES

(a) Acceptance, respect and support for individuals' sexual expression and identity, provided that neither the individual nor others are coerced or adversely affected by someone's choice of sexual expression.

(b) The understanding that service users need knowledge and the opportunity to develop skills to make healthier choices, which will protect them in the broadest sense.

(c) These values must operate within Halton Borough Council's Equal Opportunities framework.

(d) All service providers need to have an understanding of the law relating to sexual behaviour, and the rights of all service users to protection from abuse.

PRINCIPLES

Freedom Versus Protection

(a) This policy recognises that sex and sexuality are a positive aspect of development for all human beings, and that people who use our services should be able to access the relevant advice and support to promote their physical, emotional and sexual health and well being.

(b) In applying the policy, consideration has to be given to the dilemma, which may arise between the possibility of service users engaging in illegal activity and the need to provide advice, which may serve to protect service users from greater physical harm (e.g. sexually transmitted diseases including HIV).

(c) Interventions must result in staff being able to distinguish between relationships, which are entered into on an informed equal basis, and those relationships, which are characterised by abuse of power or status.

IMPLEMENTATION

To successfully implement this policy, full consideration must be given to: -

(a) Protection of people who use our services in the broadest sense.

(b) Their wishes and feelings.

(c) Working in partnership with parents and carers.

SEXUAL HEALTH: STRATEGIC OBJECTIVES

In order to make these values a standard of practice for our Partnership Organisations and to apply them in relation to services we provide and those purchased from the private and voluntary sector, an integrated strategy needs to be implemented.

The key points of the strategy are: -

(a)	**SERVICES**	To address the sexual health needs of all service users as an integral part of the commissioning and planning of services.
(b)	**GUIDELINES**	To disseminate a clear value base in order to underpin working practice in all service areas.
(c)	**TRAINING AND SUPPORT**	To enable service providers to meet the sexual health needs of all service users and to feel supported by the policy and strategy.
(d)	**WORKING WITH CARERS AND PARENTS**	To implement the Policy whilst working in partnership with carers to meet the needs of service users.
(e)	**PROTECTION**	To ensure that protection procedures relating to sexual abuse are a vital dimension of all our work with both service users and providers.

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GUIDELINES ON ISSUES OF SEX AND SEXUALITY FOR SERVICE USERS

1. LEGAL ISSUES

It should be noted that all people who use our services are subject to the same legislation in relation to matters of consent and capacity. The common law presumes that all adults possess the capacity to make their own decisions, unless proved otherwise.

Although services may seek to promote positive sexual health, concerns will inevitably arise when service users deemed possibly unable to give consent, by way of capacity e.g. severe mental illness or learning disability, may be engaging in sexual activity. Legislation exists to protect certain categories of vulnerable persons from abuse or exploitation, yet in some case will be a major obstacle in enabling, what for some service users, may be valuable sexual relationships.

Legal advice must be sought by any agency attempting to intervene or provide support in the context of sexual relationships between service users, for whom issues of capacity and consent appear to exist.

1.1 Sexual Offences Act (1956)

Section 7 of this act makes it unlawful for a man to have sexual intercourse with a women deemed to be a 'defective', outside marriage. The circumstances in which the term 'defective' applies is purely a matter of clinical and/or legal judgement, but may apply to those with "a state of arrested or incomplete development of mind which includes "severe impairment of intelligence and social functioning" e.g. a severe learning disability. This legislation does not apply to a male who is labelled as being 'defective'.

This legislation also makes acts, which may not amount to actual sexual intercourse, unlawful. Therefore, sections 9 and 21 of the Sexual Offences Act make it unlawful for anyone to procure a woman labelled as being 'defective' to have sex with a man and for anyone to remove such a woman away from the care of a parent, with the purpose that she shall have sexual intercourse with a man, respectively.

Although the above offences are unlawful by virtue of the act of, or procuring of, sexual intercourse occurring outside of matrimony, intercourse without consent (either because consent was not given by the 'defective' woman, or she does not possess the capacity to give consent) may amount to an offence of rape both within and outside of matrimony.
Of particular relevance to staff, is Section 27 of the Sexual Offences Act. This section makes it an offence for either the "owner, occupier or anyone who acts in the management or control of any premises" to "induce or

knowingly suffer a woman who is a defective to resort to or be on those premises for the purposes of having unlawful sexual intercourse".

1.2 Mental Health Act (1959)

Section 128 of this act (which is not repealed by the Mental health Act 1983) makes it an offence for a man on the staff of a hospital or nursing home to have extramarital sexual intercourse with a woman who receiving treatment for mental disorder in that premises and for a man to have extramarital sex with a women who is subject to his guardianship, or otherwise in his custody or care.

1.3 NHS & Community Care Act (1990)

In meeting requirements to make individual assessments of need, where appropriate the emotional and sexual health needs of service users should be sensitively considered and regularly reviewed.

1.4 Disabled Persons Act (1986)

This reinforces the provision of the Chronically Sick and Disabled Act 1970 to meet the needs of disabled people, and extends the rights of individuals to be represented.

1.5 Children Act (1989)

Children and young people, including those with disabilities for whom we are providing services, have a right to sex education to help them establish their own identify.

1.6 Disability Discrimination Act (1995)

The Disability Discrimination Act introduced new laws aimed at ending the discrimination faced by many disabled people. The Act gives disabled people new rights in employment, access to services and the buying or renting property.

1.7 Disability Rights Commission Act (1999)

The Commission began work in April 2000 and has set as its goal "a society where all disabled people can participate fully as equal citizens".

1.8 Local Government Act (1988)

Section 28 of the Local Government Act 1988 prohibits elected members of a local authority from intentionally promoting homosexuality or from publishing material with the intention of promoting homosexuality, or promoting the teaching in any maintained school of the acceptability of

homosexuality as a 'pretended family relationship'. Material relating to homosexuality within the context of a sex education programme will not be seen as a breach of the Act or in any way promoting homosexuality.

1.9 Human Rights Act (2000)

The Human Rights Act (2000) is intended to create a cultural shift, with rights enshrined in the European Convention of Human Rights permeating the decision making of the government and legal systems at all levels. The act has particular significance for disabled people.

Implications for disabled people

Article 12 of the Human Rights Act (2000) has implications for some disabled people who are routinely discouraged by health authorities or social services from becoming parents. This may take the form of pressurising pregnant women with a disability to have an abortion. Either their disability is seen as an obstacle to effective parenting or it is feared that their disability is hereditary.

Historically some service users have been regarded by society as being inappropriate parents. For example, a disabled woman who is pregnant may encounter attitudinal discrimination at different levels and from a variety of professional associations. Physical barriers when using antenatal services also present a significant challenge in terms of access. Once a child is born, another series of barriers comes into play, as the need to demonstrate capacity as a parent is required by statutory services.

An individual with mental capacity to make decisions for him/herself has the right to marry and found a family. This may require public authorities, such as residential homes, to take positive steps to enable sexual relations to happen. See Article 8 of the HRA.

1.10 Fraser Guidelines

A nurse can give contraceptive advice or treatment to young people under 16 provided that all the following requirements are fulfilled:

1. The young person understands the nurses advice
2. The nurse cannot persuade the young person to inform his or her parents or allow the nurse to inform the parents that he or she is seeking contraceptive advice
3. The young person is very likely to begin or continue having intercourse with or without contraceptive treatment
4. Unless he or she receives contraceptive advice or treatment, the young person's mental or physical health or both are likely to suffer

5. The young person's best interests require the nurse to give contraceptive

2. PROTECTION

Protection procedures for both vulnerable adults and children are a tried and tested part of service provision. In acknowledging that service users have the right to sexual expression, protection needs to take on a wider focus, in the context of safeguarding against the risks of sexually transmitted diseases, unwanted pregnancies and HIV infection. Service users need access to a wide range of sexual health information, geared to their own needs and level of comprehension.

2.1 Consent

Medical Intervention

Individuals have a common law right not to be subjected to medical intervention or treatment without their consent. No other person can legally provide consent on behalf of another person. This legal principle applies unless a person has been deemed mentally incapable of making a decision on the issue. In such a case an intervention may be carried out under the common law doctrine of necessity, if a doctor decides that a particular treatment is in the person's 'best interests'.

For treatments such as abortion or sterilisation of adults deemed not to be capable of consenting to treatment, matters can only be decided upon by the High Court. Decisions as to whether or not to refer such matters to the High Court rest with the responsible medical practitioner.

2.2 Key Principles

The right to private life

The right to private life goes beyond the evolving right to privacy in domestic law. It covers more than the 'inner circle' of an individual's life and includes the right to establish and develop relations with others, including personal relationships established in a home, a hospital, a prison or workplace. It includes physical privacy; so, for example, hospitals will need to address the issue of mixed sex wards and the use of surveillance equipment techniques when dealing with patients; as well as personal privacy, it also covers the rights of homosexuals and transsexuals.

However in the event of perceived problems or difficulties those involved with service users should:

Document their decisions carefully;

- Include those closest to the individual, who are familiar with the individual's usual pattern of communication (not just a medical practitioner), including an independent advocate;
- Include all available and relevant information;

The decisions should:

- Be justifiable by those who make the assessment;
- Be open to a simple system of challenge.
- Be made in a suitable environment and with enough time for effective and meaningful communication to take place.

Where there are concerns about service users who may be engaged in abusive relationships, there are a number of issues, which should be considered.

These include:

- Whether there is a power imbalance between the two people;
- Whether tangible inducements have been used by one person, therefore indicating evidence of exploitation;
- Whether, in the case of heterosexual relationships, the people involved know about the risk of pregnancy;
- Whether both partners have knowledge of and understand what constitutes safer sex and are able to use this knowledge to reduce risks.

The greatest possible care must be given to establishing full consent to a sexual relationship for a service user, not only because this reflects what is in their best interests, but also because it minimises any likely legal intervention. However, staff should be cautious of using the duty of care to deny people choice.

2.3 Schedule 1 Offenders

The information that a person in Social Services care or other community based setting is a Schedule I Offender is sensitive and confidential. The information should be shared with the minimum number of key staff and carers necessary to:

- Meet the needs of the person who is the Schedule I Offender
- Protect vulnerable individuals with whom the Schedule I Offender mixes either in the residential care or community setting.

In normal circumstances other people should not be told of the offender's background. The only situation where information about the Schedule I offence should be revealed is when the nature of a relationship has

developed to such a point where there is an identifiable likelihood of "significant harm" or abuse. Such situations require sensitive handling both with the Schedule I Offender and the other party, in order to protect both.

2.4 Schedule 1 Offenders (Young People)

The information that a young person in residential foster care or other community based setting is a Schedule I Offender is sensitive and confidential. The information should be shared with the minimum number of key staff and carers necessary to:

- Meet the needs of the particular young person who is the Schedule I Offender

- Protect vulnerable individuals with whom the Schedule I Offender mixes either in the residential foster care or community setting.

In normal circumstances other young people should not be told of the offender's background. The only situation where information about the Schedule I offence should be revealed is when the nature of a relationship has developed to such a point where there is an identifiable likelihood of "significant harm" or abuse. Such situations require sensitive handling both with the Schedule I Offender and the other party, in order to protect both.

2.3 Training Needs

An understanding about consent issues should be included in the general training provided for staff, especially in the induction pack.

If concerns remain

If concerns regarding the issue of consent to sexual relationships remain, the need for <u>all</u> the following must be considered:

- Undertaking a multi-agency risk assessment;

- The convening of an adult protection professionals meeting

- Referral to an advisory group within the agency; ?

- Referral to an expert outside the agency.

- A request for legal advice

3. PERSONAL AND SEXUAL RELATIONSHIPS

Underpinning knowledge

Staff need to be aware of the law, policy and good practice that governs their work. They need to know why relationships are important to people as well as the reasons for encouraging and developing these. Whilst some individuals will need support in developing and maintaining relationships, others will not. It is the individual's perception of their sexuality, which is important, and the manner in which they express this within a social situation. This expression can vary and change according to relationships and contexts in which these occur.

Staff should be aware of the concept of self-image and identity and where appropriate should actively encourage people to take an interest in, and express positive feelings about themselves.

3.1 Key Principles

- Work with people regarding their personal and sexual relationships must be within the boundaries of confidentiality and privacy.
- Workers' behaviour should be consistent and non-exploitative **(See 3.2)**
- Workers will need to be aware of their own beliefs and values and how these may impact on their own behaviour.
- It is important to be aware of the assumptions, which surround sex and sexuality, and for staff to understand the reasons why it is important not to make assumptions about individuals.
- Service users should be encouraged to recognise their own rights and responsibilities.
- Staff should be aware of the sources of support and guidance in relation to working with people in respect of their personal and sexual relationships. Staff should be made aware of the action to take should they encounter situations in which they feel unable to cope.

3.2 Abuse of Trust

In line with principles of good practice acknowledged by the Government, all agencies involved with caring for young people and vulnerable adults should have clear codes of conduct to protect against sexual activity within relationships of trust.

Guidance by the Home Office defines a relationship of trust as being "when one party is in a position of power or influence over the other by virtue of their work or the nature of their activity" (Home Office: caring for Young people and the Vulnerable).

In view of the above consenting sexual relationships between staff and service users would not be acceptable due to the relative positions of both parties. Such relationships may also be illegal **(See 1.1)**.

3.3 Training Needs

National Vocational Qualification Frameworks include specific elements of competence in relation to personal and sexual relationships. Training based on Normalisation or Social Role Valorisation usually includes consideration of an individual's self image and identity. Although issues

of sexuality may not be explicitly addressed, such issues have relevant connections.

If Concerns Remain

Where staff have concerns about the support they receive, they should contact their line manager or other appropriate person (someone you feel comfortable with – this may be another manager within the department, staff counsellor, trade union representative or your professional body).

4. SEXUAL HEALTH

Underpinning knowledge

Sexual health is a delicate area of work, which needs to be sensitively and competently tackled. There are a range of agencies and specialist health staff available within mainstream NHS Services (See Appendices).

4.1 Key Principles

Dependent on individual circumstances, service users and staff may need sufficient information regarding the following issues:

- At what stage of a man or woman's life they are fertile.
- Under what circumstances conception occurs.
- When the use of contraception might be appropriate.
- How sexual infections are transmitted.
- How the risk of sexual infection might be reduced and increased.
- The symptoms of sexual infections.
- Other genital conditions, not necessarily sexually transmitted (e.g. thrush and cystitis).
- Where to get further information about genital conditions and sexual transmitted infections (including HIV and Aids).
- A knowledge of Breast Awareness and accessing Breast Screening and Cytology Services for women, and Testicular Examination for men.

4.2 Training Needs

Staff will need to be aware of the appropriate services and agencies available to provide specialist advice and also have some understanding of sexual health.

Reading/Resources

- The National Strategy for Sexual Health and HIV (DH) 2001.

A range of information can be obtained from your local Family Planning Association.

If Concerns Remain:

These should be raised with the Line Manager or via a Professionals Planning Meeting.

5. CONTRACEPTION & REPRODUCTIVE HEALTH

Underpinning knowledge

People may wish to make decisions about contraception whether they are in a relationship or not. Some forms of contraception may be used for other purposes, e.g. the contraceptive pill may be used to regulate periods, barrier methods may be used to reduce the risk of sexually transmitted diseases (See Sexual Health).

5.1 Key Points

- People may wish to make a decision about contraception themselves or they may wish to make a decision with their partner. It should be made clear that if there is the possibility of pregnancy through a sexual relationship then both parties have responsibility for contraception.

- Decisions around the use of contraception should be based upon the informed choice of the service user and if they require assistance should be part of the multi-disciplinary approach.

- Strict attention given to the number of people involved, keeping it to an absolute minimum.

- People should have choices as to where they go for information and who supports them in finding out the information. Gender may be an issue; e.g. who provides the information, who provides any support or advocacy.

- Information about contraception is available from a range of health providers, including GP's, nurses, and Family Planning Agencies. Where possible, service should be enabled to access these services, with support if required and agreed by all parties concerned.

- People may require more than one session of advice and information.

- Practical issues around the use of contraception may need to be discussed with those people it affects, e.g. if the contraceptive pill is used, where it is kept and when it is taken. These issues should be noted on Care Plans where appropriate.

- Staff need to maintain confidentiality over matters to do with contraception.

- Family members may have strong views about contraception and their family member who uses a particular service. These views only need to be taken into account if the service user requests or agrees with this. I some situations such information might be sought by a medical professional who is attempting to determine what is in a service users best interest.

5.2 Fertility Treatment

Article 12 of the Human Rights Act (2000) does not guarantee to anyone a positive right to fertility treatment. However, the denial of fertility treatment to a person with a disability might involve Article 12 together with Article 14. In the UK some health authorities provide for treatment on the NHS and others do not; candidates for fertility treatment are selected according to criteria laid down in the Human Fertilisation and Embryology (HFE) Act and the Code of Practice.

The HFE Act does not exclude any category of women from being considered for treatment but two criteria listed in the Code of Practice have the potential to discriminate against disabled parents. They are:

- The prospective parents' medical histories and the medical histories of their families; and any risk of harm to the child
- Children who may be born with the risk of inherited disorders.

SPECIFIC ISSUES:

5.3 Young People

This section offers guidance to staff and foster parents when dealing with difficult issues that may give rise to conflict.

It is acknowledged:

- that staff and foster parents can only make judgements with the best information that is available at the time;
- that in cases involving complicated decisions, line management will be automatically involved;
- that Foster Carers/Residential Workers should know how to get assistance in making decisions through Group Leaders/Fostering Officers/Senior Managers in and out of office hours;
- that the statutory framework of reviewing the proper protection for staff, so that difficult decisions and instances of dissent are recorded.

5.4 Safer Sex Advice, (Contraception etc)

Residential staff and foster carers may be uncertain about their position in offering pro-active advice/support/counselling to young people in sexual matters, linked with the often debated issue of the supply of contraceptives, e.g. condoms to young people under the age of consent.

The Gillick ruling (1985) established that doctors or other professionals may give contraception advice and treatment to people under 16, if each case is looked at individually and depending on the understanding of the young person (For full details see FPA "Sex and the Law", page 42-43). The Children Act Guidance Volume 4 indicates "Social Services or other caring agencies responsible for the young person should provide sexual education for him/her. sexual education must be cover practical issues such as contraception, particularly in view of the spread of HIV/AIDS. However, it must also cover the emotional aspect of sexuality, such as the part sexuality plays in the young person's sense of identity".

As a result it is reasonable for foster carers/residential workers to assist individual young people to obtain appropriate advice by a referral to a GP, family planning clinic or other sexual health advice centres for young people (see list of resources).

It needs to be borne in mind that young people can seek advice from such sources in any event, independent of any adult wishes.

Some young people, however, will not make use of such services despite it being clear that sexual relationships feature in their lives. In this situation the role of residential staff/foster carers becomes even more critical. It is a responsible action to provide young people with condoms on the basis of protecting their health. However, it must be possible to demonstrate that this action is taken in the context of individual counselling or group training regarding sexual behaviour and the risks of unwanted pregnancy, sexually transmitted diseases, etc, and that no other source of advice or provision is acceptable to the young person.

The test in providing condoms is that the young person would be sexually active anyway and that he/she understands advice given. Guidance on sex education in schools (May 1994) directs teachers to share information about young people requesting contraceptive advice with parents. For young people in care, Social Services is in the parental role, even if this is shared with others who have parental responsibility. While working in a partnership with parents, Social Services staff and carers must take the wishes and feelings of the young person into account and follow the Children Act Guidance in relation to medical treatment. There may, therefore, be times when the young person's wishes and feelings prevent the sharing of such information with parents. Such instances must always be carefully considered and fully recorded.

5.5 Pregnancy

There are times when despite appropriate advice, support and education, young women in care or accommodated become pregnant.

- When a young woman in care becomes pregnant, it is important that she is given careful counselling about the responsibilities of parenthood and the impact of parenthood on her own life. Advice also needs to be available about contraception to avoid further pregnancies (see Section on Contraception).

- Staff and Carers need to be careful to offer balanced advice in this situation, helping the young woman (and the baby's father if he is involved) to weigh up the advantages and disadvantages of continuing with the pregnancy, keeping the baby or considering adoption. Independent advice may be helpful in this situation.

- Early involvement of Adoption Matters (Chester Diocesan Adoption Services) may be helpful; Adoption Matters is contracted by the Borough to offer counselling regarding the pros and cons of adoption and support during pregnancy. At this stage their work is not biased towards adoption but the agency's experience in this area may be useful to staff or carers in clarifying what adoption would mean (no decision is expected from a mother about adoption until after the baby is born).

5.6 Adoption

A young pregnant woman in care of accommodated may wish to consider adoption for her baby. There are very significant issues of the maturity and actual age of the young woman, the position of the natural father (if known) and working in partnership with those who have parental responsibility for the young woman.

- Legal advice is essential to ensure that proper procedures are followed.

- Adoption Matters are contracted to deal with all baby adoptions on behalf of Halton Social Services. Their involvement should be considered at an early stage (see Section on Pregnancy).

- Legal advice is essential. Some judges have recently indicated their disquiet at young people making such a decision in adoption hearings, despite the fact that in Children Act proceedings they can manage their own case by instructing an individual solicitor. It is even more important if the young person's views differ from the people with parental responsibility that legal advice is sought.

5.7 Abortion

There will be occasions when the young woman decides that abortion is the appropriate choice. There are differences in how to proceed in relation to young women under 16 and those over 16, and in whether the young woman is accommodated or in case.

- Legal advice is essential to ensure the correct procedures are followed:

5.8 Young Women Over 16

If over 16, a young woman can seek a termination. However, people with parental responsibility for the young woman should be consulted and their views ascertained, unless the young woman is adamant that she does not wish this to happen. People with parental responsibility of the young woman do not have the unchallengeable right to refuse abortion if they disagree with the young woman's wish for abortion.

- Appropriate independent counselling must be offered to the young woman.

5.9 Young Women Under 16 But Accommodated

Involvement and consent of those with parental responsibility is desirable. If, however, there are very strong reasons why abortion is seen to be in the best interests of the young woman the views of those with parental responsibility will not necessarily be sought. (For further information on this please refer to section 1.10 Fraser Guidelines)

- Legal advice must be sought in the case of clients with a learning disability.

5.10 Young People Under 16 Subject to Care Orders

Social Services via Operations Managers has the power to agree to termination provided that the following have been established at a Statutory Review:

- The young woman herself positively wishes to have an abortion.
- Counselling has been provided.
- Those with parental responsibility have been consulted and any disagreement fully discussed and recorded.
- Abortion is clearly in the best interests of the young woman.
- Legal advice has been taken.

5.11Training

Identified staff need training around the issues of reproductive health, contraception, unwanted pregnancy, and pregnancy.

Reading/Resources

A range of information is available from your local Family Planning Association or Brook Advisory Centre.

Reference Guide to Consent for Examination or Treatment (DH) 2001.

If Concerns Remain

Discuss with your Line Manager

6. SEX EDUCATION

Underpinning knowledge

People should have full rights and responsibilities as regards their personal relationship and sexuality including the right to:

- Receive structured education about human development including sexuality and to be helped to develop a positive self-image of themselves.

- Learn to communicate about sexuality and to develop the appropriate language (including non-verbal) and the vocabulary to do so.

- The right to be given information, advice and guidelines on inappropriate sexual behaviour that might be socially, culturally or legally unacceptable;

- To be taught about sexual exploitation, i.e. to be aware of situations when they are at risk of exploitation or of exploiting others. Such teaching or training should include both information and skill development.

- The right to information about help with contraception and safer sex. This should be done in such a way as not to impose over-protective attitudes.

6.1 Key Principles

- It should be recognised that this is a sensitive area for all and that we have to avoid our personal, cultural, ethical, moral and/or religious views conflicting with the interests of others. It is impossible to be entirely neutral when discussing or teaching value-laden topics, but good practice dictates that every effort should be made to minimise the effects of personal attitudes.

- There should be no expectation that a staff member shall be required to change their own cultural, ethical, moral and/or religious codes. However, where these prevent a staff member from being directly involved in aspects of the agreed programme, they would still be expected to offer their support to other staff dealing with these issues.

- Staff need to be aware that some people may find sex education material sexually stimulating in its own right.

6.2 Training Needs

- Staff should receive training around sexuality issues.
- Staff who have a specific role in delivering sex education should receive additional specialist training.

Contacts

Sex and Relationships Agency For Disabled people (SPOD) 286 Camden Road, London, N7 OBJ. Tel: 020 7607 8851/2.

Family Planning Association, 27-35 Mortimer Street, London, WIN 7RJ

8. MASTURBATION

Underpinning knowledge

Masturbation, or self-stimulation, is a natural activity and a useful outlet for sexual expression, where other opportunities are limited. Knowledge and familiarity with one's own body is also intrinsically linked to positive feelings. Additionally, research has demonstrated that the experience of orgasm has been found to have a number of physiological benefits including the lowering of blood pressure.

8.1 Key Principles

Service users should not be made to feel guilty about, masturbation because of personal values and attitudes held by individual members of staff. If masturbation seems to be taking place excessively or in inappropriate situations, this may indicate other issues which need to be addressed.

Although service users are likely to have the same range of sexual needs as any other group of individuals, their options for both expressing and fulfilling such needs may be limited by a broad range of factors:

1. Psychological factors such as guilt or anxiety.

2. Physiological factors such as poor circulation, skin infections or inflammations, poor vaginal lubrication, and as a consequence of a number of physical disabilities.

3. Communication factors such as other language, speech impairment.

4. Medical factors, including the side effects of some prescribed medications and the effects of some medications prescribed expressly to inhibit male erection.

5. Socio-economic and environmental factors, including a lack of privacy within care settings and an absence of available information and understanding by care staff.

Staff are strictly forbidden to perform physical and sexual relief or other sexual acts with/for a Service User as this could incur a charge of indecent assault.

For service users who through their own choice (if this can be ascertained) have expressed an identified need of input and help in the area of masturbation, a Professionals Meeting should be convened. The meeting should involve Senior Managers and may also include medical professionals etc. Every effort should be made to involve the person in a meaningful way, preferably by his or her direct presence at meetings.

Masturbation is a private and personal issue. However, it is important for both the protection of the service user and the workers involved that decisions

regarding the area of masturbation should be reached only by consensus. This will help to ensure both a transparency of process and ownership of agreed decisions at senior management level within involved services.

The outcome of the Professionals meeting will result in the formulation of a written Care Plan or protocol which will detail how, by whom, where and when any such information and work is undertaken, how the process will be monitored and evaluated and by whom.

All efforts to work with a service user to attempt to change inappropriate behaviour should be established as an integral part of an overall sexual health education programme. Matters of sexual need will then be firmly based in a context of personal relationships, required privacy, health and hygiene and rights and responsibilities.

Unless specifically contracted to do so, it is highly unlikely that direct care staff would be responsible for delivering such work e.g. direct situational teaching of masturbation, as this would be beyond their remit and could conceivably be construed as criminal activity under the Sexual Offences Act, 1956.

8.2 Training

As part of Induction Training all staff should receive input that encourages them to explore their individual values and attitudes in respect to issues of sexuality, and the potential tensions between these and effective professional practice.

If concerns remain

Discuss with your line manager.

9 CROSS-DRESSING

Underpinning knowledge

Dressing up in clothes of the opposite sex is a common feature of the play of children. However, this behaviour in young adults may have more significance.

9.1 Key Principles

- It is not appropriate to meet this behaviour with ridicule, or initial presumptions that there is a deep-seated and sexual identity problem.

- It may be appropriate to discuss with the service user how cross-dressing meets their needs, as part of establishing a therapeutic working relationship. This will also help to demonstrate to a service user an acceptance of their behaviour as being a valid part of their sexuality and also ensure that any service provided is as sensitive to their needs as possible.

- For a person whose physical ability is diminishing there may be practical issues to resolve in a way that meets the individual's need without offending others.

- This should be dealt with without ridicule and sensitively in order to minimise embarrassment

9.2 Training

As part of Induction Training all staff should receive input, which encourages them to explore their individual values and attitudes in respect to issues of expression of sexuality, and the potential tensions between these and effective professional practice.

If concerns remain

Discuss with your line manager.

Individual staff may, because of strongly held religious or other views and experiences, feel unable to assist service users in relation to these specific issues, which may facilitate the service user's sexual health and well being. In these circumstances it may be appropriate to arrange for another worker to be involved. However, it is vital that ***all*** *staff always support work, which help us to meet the individual's sexual health needs as part of overall health and well being, thus following the values of the sexual health policy and values.*

10 LESBIAN/GAY IDENTITY ISSUES

Underpinning knowledge

It is important to remember that everyone has a sexual orientation; it is not a term that refers solely to lesbian, gay or bisexual people. Halton Social Services supports work with its clients to discuss socially acceptable sexual orientation and to develop inclusive procedures.

10.1 Key Principles

- Work with people regarding their personal and sexual relationships must be within the boundaries of confidentiality and privacy.
- Workers' behaviour should be consistent and non-exploitative **(See 3.2)**
- Workers will need to be aware of their own beliefs and values and how these may impact on their own behaviour.
- It is important to be aware of the assumptions, which surround sex and sexuality, and for staff to understand the reasons why it is important not to make assumptions about individuals.
- Service users should be encouraged to recognise their own rights and responsibilities.
- Staff should be aware of the sources of support and guidance in relation to working with people in respect of their personal and sexual relationships. Staff should be made aware of the action to take should they encounter situations in which they feel unable to cope.

10.2 Training

As part of Induction Training all staff should receive input which encourages them to explore their individual values and attitudes in respect to issues of sexuality, and the potential tensions between these and effective professional practice.

If concerns remain

Discuss with your line manager.

<u>SPECIFIC ISSUES:</u>

10.3 Young People

The Children Act is clear about these: Children Act Guidance Book 4, p107, says:

"The needs and concerns of gay young men and lesbian young women need to be recognised and approached sympathetically". The Guidance also recognises the important part that sexuality plays in the young person's sense of identity. Section 28 Local Government Act 1988 (See Section ? Page 10)

Teenage years are a critical and often painful time in the development of individual sexual identity. For those who are already certain that they are gay or lesbian, and others who think they may be, we need to create a culture in which

these young people feel they can seek good advice without fear of an unsympathetic hearing or anti-homosexual attitudes. Young people in this situation often fear that such self-disclosure may lead to their activities being viewed as criminal and that the Police will be involved as a matter of course. (Our actions in such cases are subject to managerial review and standard child protection procedures.)

Gays and lesbian young people need access to good advice from responsible role models of their own sexuality (e.g. via Albert Kennedy Trust, Manchester) as well as good general guidance about relationships, safer sex, etc. If this is the sexual identify with which they feel comfortable, they need to be able to protect themselves from sexually transmitted diseases, exploitation and abuse. We need to ensure that young people know the law.

If appropriate advice is not available within the Centre/Foster Home, counselling should be made available through recognised agencies (see contact lists in this pack).

- Staff and carers should avoid, as a matter or good practice, all negative images and discriminatory language that could discourage young people from seeking advice they need.

10 PORNOGRAPHY AND SEXUALLY EXPLICIT MATERIAL

10.1 Underpinning knowledge and values

Pornography and sexually explicit material is available in a variety of different formats, including magazines, books and videos and is also widely available on the Internet. As services users have the same rights as those of any other member of society, by definition this will include the right of service users to own pornographic material.

This situation clearly presents a significant dilemma, as opinions of pornography will inevitably vary amongst both staff and service users. Although it is clearly legal to access and own pornographic material, such material will be offensive and contrary to the value base of many individuals. Given such tensions, staff will need to balance the individual rights of service users to own such material, with their own principles and beliefs.

In some case staff could use the fact that a service users is accessing pornographic material, as an opportunity to explore underlying sexual health needs. For example, a service user may believe that pornography is their only option for sexual expression, whereas access to education and the provision of opportunities to develop more meaningful social or personal relationships may bring about positive change for the service user.

Whatever an individual member of staff's feelings about pornographic material, it is important to distinguish the majority of such material from that which would breach the Obscene Publications Act. Such material would, for example, feature ilegal sexual activities e.g. those involving children, animals or torture. It is illegal to purchase or own these sorts of materials. It is also an offence to obtain such material for others.

10.2 Illegal/Hard Pornography

Must be removed at once and action taken if any staff or carers have been involved in allowing such material to be made available.

- Halton Borough Council computers, or computers that Halton Borough Council are responsible for, are not under any circumstances to be used to access pornographic material.

- Any concerns of residential or foster carers regarding pornography stored on computer disks should be looked into as a matter of urgency and carers should be mindful of the relatively wide availability of such material.

10.3 Key Points

- While staff may be involved with a service user who wishes to access such material, they also have a responsibility to explain issues of privacy in regard to its use, the offence it may cause to others, and the legal context of such material (e.g. not showing to or risking access by minors).

- Staff must never promote or initiate the introduction of pornography and sexually explicit material to any service user.

- Services should ensure that people who wish to access or purchase pornography and sexually explicit material, do so discreetly and confine its use to within the privacy of their own rooms.

- Pornographic material should not be displayed in areas where this is likely to cause offence to others e.g. communal areas, day centre etc.

- Many staff will wish to stress that they do not wish pornographic material to be displayed during visits to the homes of service users and should be supported in this by management.

- For service users who through their own choice have expressed an identified need of input and help in the area of access to pornography, a Professionals Meeting should be convened. The meeting should involve senior managers. Every effort should be made to involve the person in a meaningful way, preferably by his or her direct attendance at subsequent meetings/discussions.

10.4 Training Needs

As part of Induction Training, all staff should receive input which encourages them to explore their personal values and attitudes in respect to issues of sexuality and the potential tensions between these and effective professional practice.

If concerns remain

If staff are unclear or concerned about the possible consequences of a service user accessing pornography and sexually explicit material, a risk assessment should be undertaken.

Factors to be considered in such a Risk Assessment would include:

- Whether the service user has previously or is presently displaying sexually inappropriate behaviour towards others.

- The Service Users' existing sexual values, attitudes and knowledge, including their capacity to realise that such material may well cause offence to other service users and staff.

- The capacity of the service user, and the ability of the service provider, to ensure that such material is used and kept privately.

It may be helpful for staff to consider the use of specialist staff in the assessment of such factors e.g. psychiatrist, psychologist.

11 ACCESS TO SEX SERVICES

Situations may arise whereby a service user expresses a wish to seek the services of a sex worker (Prostitute). In such circumstances staff must act within strict guidance.

11.1 Support given by staff:

Staff must not under any circumstances, become directly involved in making arrangements on behalf of a service user. Acting in this way could potentially lead to a criminal conviction for procurement for prostitution (See also section 1.1).

12. STAFF ATTITUDES

In the past, sexual activity amongst services has been responded to inconsistently, depending on the attitudes of individual staff members. Protection, for example, has tended to take the form of attempts to deny or condemn sexual activity.

If staff deny or ignore a person's wish for sexual activity, or the development of a relationship, the person using the service is likely to be denied access to advice, knowledge and skills that are essential to making an informed choice (for example on issues of safer sex). Staff will also need to be aware of the need for clear boundaries where personal contact may be misinterpreted and cause confusion. Staff will then be vulnerable, and open to criticism.

If sexual activity is condemned, the person using the service is given a negative message about sexual expression. This will not promote a climate in which sexual health education programmes can be effective in improving sexual health. It also does nothing to prevent the behaviour recurring, even though this may be inappropriate. It may even give rise to further inappropriate or challenging behaviour, of a sexual nature.

Staff therefore, need to acknowledge the sexuality of service users by:

- Adopting and following the values and principles within this policy.

- Being aware of the strategy adopted by the partnership organisations towards sexual health.

- Developing an awareness of their own attitudes, and how these influence decision-making processes and the way in which service users are supported in sensitive areas.

- Giving appropriate and consistent cues to people who use our services, and using language that is non-discriminatory and non-judgemental.

13 PARTNERSHIP WITH PARENTS AND CARERS

Underpinning knowledge

A number of service users either live or maintain close relationships with parents and other relatives. As such, carers and the influence and importance of those relationships cannot be underestimated. It is also important to recognise the cultural diversity of individuals and their families, which may influence decision-making and values and attitudes.

13.1 Key Principles

It is important to recognise that parents and carers of service users have no legal say in what their adult relative does. The law does not recognise the ability of anyone to give consent on behalf of another person. However, it must be recognised that parents and carers often have an influence, a sense of responsibility, and may have extreme difficulty coming to terms with their relative's approach to their personal relationships and their sexuality. It would be important to ensure that relatives and carers are part of all decision-making processes.

People involved with people with service users need to be realistic and accept that family relationships are unique in every situation. It is preferable to initiate contact and work in partnership with carers, rather than respond to anxieties on a crisis basis. Parents/carers should only participate in discussions about personal and sexual relationships where the individual concerned has given permission to do so. This should only be undertaken in private with the individuals' confidante, key worker or advocate.

It is suggested that when service users join any service (day centres, residential accommodation, etc.) a leaflet should be given to them and parent/carers. This would clearly set out the service's position and policies on a range of issues, which, of course, would include the development of social and personal relationships. This should include an explanation of the rights of the individuals and a philosophy statement from the service.

Parents/carers should be offered opportunities to comment and be involved in the development of education/information about personal and social relationships for service users. Information about such areas should be available to parents/carers before their relative starts to receive a service.

13.2 Training

All staff need to be aware of the potential tension between the various people involved in the care of service users. This awareness should be included in induction packs and training should be on going.

If concerns remain

A service may wish to develop an explicit framework, which sets out clearly what the different relationships are between the service and the parents/carers and the service and the service user. It is important to achieve a balance between parental/carer involvement whilst ensuring the needs of the service user are also met. For example, your service may decide that parents have the right to information but service users have the rights to confidentiality. This may need to be clearly stated in the service information.

It is important to ensure that parents and carers are aware of the sexual health policy, and involved in discussions. Vehicles for this could include:

Leaflets explaining the Partnership organisation's commitment to the sexual health needs of people who use our service.

Including carers, and possibly some people who use our services, on staff training events.

Meetings to discuss the issues.

Discussion within individual assessments and reviews.

The differing attitudes of carers towards sexuality needs to be recognised and handled sensitively. At the same time, the rights, needs and views of service users must be the overriding consideration.

Senior managers should be consulted where there is an unresolved conflict of opinion, which will have implications for the service to be delivered.

14. EQUAL OPPORTUNITIES

Underpinning knowledge

It is commonly recognised that there are individuals in society who are part of a number of socially excluded groups. These groups of people may be denied access to a wide range of facilities and services. Members from socially excluded groups may have uniquely individual needs in the area of personal and social relationships and care must be taken to ensure equity of service provision in addressing the needs of such individuals.

14.1 False Assumptions

Untested assumptions about service users may exist on a number of levels. It can be easier for services to assume that older people, or disabled people have no sexuality. This serves to create barriers to those who may wish to seek help for sexual health concerns.

Common prejudice and discrimination have been identified in the following areas:

- Race/ethnic origin.
- Creed.
- Age.
- Gender.
- Marital Status.
- Class.
- Sexual orientation.
- Health.
- Disability.

The outcome of prejudice and discrimination can lead to:

- Service users deprived of potentially therapeutic interventions
- Service users denied protection from sexually transmitted diseases
- Service users being unable to voice their concerns or fears
- Vulnerable service users left open to abuse or exploitation

Before undertaking work with any service user, staff should familiarise themselves with issues around discrimination and how such issues may impact on service users in relation to the promotion of sexual health.

14.2 Training

All agencies should have in place policies regarding the following:

- Anti-oppressive practice.
- Equal opportunities.

Staff at all levels should be provided with training in respect of the above.

Reading

Employer's Policy and Procedures Manual.

If concerns remain – Where staff feel that equal opportunities are not an integral part of service delivery they should discuss these concerns with their line manager or another appropriate person (someone you feel comfortable with – this may be another manager within the department, or your professional body).

15. TRAINING

The strategy clearly outlines the training needs for all staff regarding the "Sex and Sexuality" Policy, and the development of sexual health work. This ranges from basic awareness raising for all staff, to more in-depth training for those looking to develop sexual health programmes for people who use our services.

Staff working with service users need access to specific material geared to needs of the people who use their particular service. Programmes may need to be run individually or in small group settings.

The framework for training support and supervision is contained within the strategy for sexual health.

16. CONFIDENTIALITY

Service users who need help with issues of sex and sexuality, have a right to expect that the confidentiality and sensitivity of the matter be respected. At the same time, they, as well as staff, need to understand that some information passed in confidence, relating to situations of risk, will need to be shared with others (e.g. the line manager).

The sexual health strategy requires reviews and care planning procedures to address the sexual health and development needs of people who use our services. The primary aim is to empower individuals (and also ensure protection, where necessary).

This principle should direct decisions about which information needs to be shared and with whom. Detailed confidential information should not be revealed and discussed at a review as a matter of routine. If there are real concerns relating to matters of risk or protection, these should be discussed with the individual beforehand, and, if necessary, referred to the line manager, to decide how the matter should be handled.

Confidentiality & The Law

A public authority that collects, and retains and/or passes on personal information without the person's consent interferes with the right to private life and will need to justify its actions under the Data Protection Act and Article 8(2) of the Human Rights Act. This requirement has implications for all public agencies holding personal information about individuals and the sharing of such information between all agencies.

This judgement may have important ramifications for people with HIV/AIDS and arguably for others with disabilities or health conditions that are known to subject people to discrimination. While there is a power to withhold publication of names under the Contempt of Court Act, under the Employment Tribunals Act and the Disability Discrimination Act, tribunals have the right to restrict reporting of litigation only until the decision is made when the matter may be reported.

17. SERVICE STANDARDS & PROVISION

Underpinning knowledge

Authorities agreeing a policy on Personal and Social Relationships will not, in itself, ensure that service users are effectively supported in those relationships. As with all policies, it is essential that requirements be incorporated into Service Specifications and Contracts.

17.1 Key Principles

- Once a Policy is agreed, all providers of services must be made aware of the policy and its contents. It is advised that all providers of services are able to access training.
- All Service Specifications, Contracts and Service Level Agreements should specify that compliance with the Policy is good practice.
- Each Service should have a nominated member of staff who takes the lead responsibility for ensuring the Policy is implemented.
- Contract monitoring arrangements should ensure that the Policy is implemented and that Managers and staff are aware of it. Failure to comply should be addressed within the Authorities' usual contracting procedure.
- Care Managers should ensure that the Policy is implemented in relation to individuals they are responsible for. Any perceived failure to comply should be reported to the appropriate contracting forum in line with the Authorities' normal procedure.
- All services should include guidance on relationships and expectations about behaviours in the Information Leaflet for Service Users and their carers so that these are clear.

17.2 Training

Should be part of the Induction Training for new staff.

If concerns remain – Discuss with the relevant representative of the Social Services or Health Authority Contracts Unit.

18. ASSESSMENT & CARE PLANNING

18.1 Assessment

Sexual health needs may form an integral part of a service users overall health and well-being. In attempting to address these, all assessment tools should incorporate issues regarding health and emotional well-being, which may be intrinsically linked to ways of improving or maintaining sexual health.

Dependent on the service being provided, sexual health may not be the sole focus of an assessment. In addition, anxieties may exist, perhaps more often than not on the side of the professional, who may sometime be over cautious for fear of causing offence. However, good assessments will communicate that staff are open to understanding personal and social relationships, including issues of sexual heath and sexuality.

18.2 Provision of Care

In providing services, great care should be taken by staff to be sensitive as to how services may impact on service users personal and social relationships. The manner in which services are provided may impinge on relationships and sexuality in ways which are not always obvious or visible to staff.

Examples may included:

- Physical alteration of sleeping arrangements between partners e.g. moving bed to ground floor.
- Lack of privacy within residential/nursing establishments
- Care arrangements that may increase separation between partners e.g. extending day care provision for one partner.
- Prescription of medication which may reduce libido

Staff will need to think creatively in addressing individual needs, e.g. in the provision of equipment which may enhance quality of life in general but may, if not explored sensitively, have an adverse affect on the sexual health or relationship of the service user and partner.

Intimate personal care tasks should of course be dealt with extremely sensitively. Staff need to recognise that intimate personal care tasks, e.g. washing, toileting, etc, may be upsetting for close relatives particularly partners who may feel unhappy that such tasks are sometimes undertaken by others. Staff should consider the potential impact on the

emotional and personal relationships of the service user, which may not be obvious or spoken about.

Key points to observe at all times are:

- **DIGNITY**
- **CHOICE**
- **RESPECT**

19 APPENDICES

Appendix 1: Contacts & Resources

Contacts

- Body Positive Cheshire & North Wales: 01244 400415
- GHAP (Gay Healthy Alliance Project): 01925 631101
- Genito Urinary Medicine (GUM) Clinics: Warrington: 01925 662476
  Halton: 01928 753101
- LGB Police Liaison Project (Halton): 01928 593000
- 1806/WISH Lesbian, Gay & Bisexual Group: 01925 241994
- National AIDS Helpline: 0800 567 1796
- Terrence Higgins Trust: 0845 1221 200 10am – 10pm Mon-Fri, 12-6pm Sat/Sun
- The Samaritans: 08457 909090
- FFLAG (Families and Friends of Lesbians & Gays): Central Help-line No. 01454 852 418
- LGB Switchboard: 0207 837 7324 (24hr)
- Merseyside (Lesbiline): 0151 708 0234
- Manchester Gay and Lesbian Help-line: 0161 235 8000 (4pm – 10pm)
- Adoption Matters 14 Liverpool Road, Chester, CH2 1AE
  Tel: (01244) 390938 Fax: (01244) 390067
  e-mail: info@adoptionmatters.org

Resources

Life Horizons - I and II sex education for persons with special needs. James Slanfield Company, California

Video - Sexually transmitted diseases - A Schlessinger media educational production.

Video - What is AIDS - Viewstech film and video

Video - Teen sexuality - A Schlessinger media educational production

Video - Jason's private world - Sex education animation video. Life support productions.

Video - Kylie's private world - Sex education animation video - Life support productions.

Video - Your body and sex - Sex education video - Life support productions

Video - No means no - Walsall women's group safety video

Video - What you really need to know about smears. Produced by video arts Ltd.

Video - My Choice: My Own Choice; (1996); A resource which looks at issues of

Sexuality and Sexual Health; Sexual Health team, Barnardos, Queens Road, Bradford.

The Big Sex Show – Information video about sex, meeting people and concerns.

Further Reading

McCarthy, M Thompson D (Revised 1998) Sex and the 3Rs (second edition), Rights, Responsibilities and Risks – A sex education package for working with people with learning difficulties, Publishing House Pavilion.

Bradley A, Ouvny C (1999) Better Choices, Fuller Lives, Unit 3. Building Relationships ISBN 1 902519 08 6. BILD

Firth H, Fraser J, Nelson F, Mayer J (1994) Building Friendships. A resource pack to help young people make friendships and develop relationships. Brook Advisory Centres Education and Publications Unit.

Appendix 2: Bibliography

Ager J, Littler J Sexual Health for People with Learning Disabilities

Atkinson D, Gingell A, Martin J (1997) - I have the right to know. How to run a course on sexuality and personal relationships for people with learning difficulties. BILD

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