

WELCOME
Sexuality in support services training
for managers and leaders



INTRODUCTION



WINSTON
CHURCHILL
MEMORIAL
TRUST



Structure of the course

Who am I

Who are you

Context
Why this is relevant and important
High 5 Alive Model

Communication and assessment

Supporting positive sexual expression

Enabling families

Practice development

AIM: To introduce the topic of sexual expression and sexuality for those who work in care and support services

OBJECTIVES

The course will enable participants to:

- Explore their own values relating to sexual health needs
- Be aware of rights and legal issues regarding people who require care and support
- Explore the barriers in supporting the sexual health needs of vulnerable people
- Use frameworks for thinking about difficult issues
- Be aware of relevant documents, resources and best practice

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Polls



Breakout rooms



Chat

We will be using these zoom features



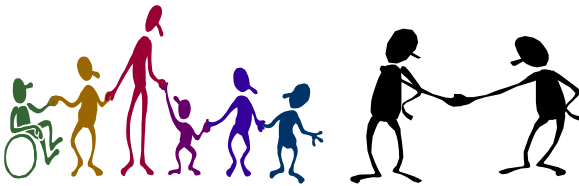
Whiteboard



Share screen



GROUP RULES



GROUP RULES



Stay on mute unless you are speaking



One person to speak at a time



Raise your hand if you want to speak



Listen to each other

Respect other people's views



Confidentiality



Join in and share your ideas

No such thing as a silly question



Keep it simple-no jargon
Let us know if you don't understand




Pass if you feel uncomfortable




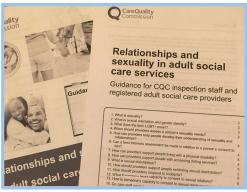
Relax and enjoy yourself



Anything else?

Ice breaker/energiser





- Say your name and your job
- Say why you want to learn about relationships for people with a learning disability

Lancashire Friends and Relationships Group

<p>Policy Does the organisation have a relationship and sexuality policy, including an easy read version? -----</p>	<p>Practical Support for Relationships Are there examples that demonstrate positive support for relationships? How are people encouraged and supported to develop relationships?</p>
<p>Training and support for staff Are staff trained to support people with their personal relationship needs?</p>	<p>Environmental issues (such as privacy / double beds) How does the setting accommodate people who are in existing relationships?</p>
<p>Sexual Health / Relationship Education Is there accessible information about, and links with, sexual health services? Are people using the service given information and support about relationships and sexual health or signposted?</p>	<p>Positive risk taking and safeguarding Are staff aware of what action to take if they have concerns that someone is at risk of harm or abuse? Are sexuality needs (and any associated risks) documented clearly in support plans and RA's?</p>
<p>Supporting difference and personal preferences Does the organisation recognise that people have different ways of experiencing and expressing sexuality? How do sexual needs form part of assessments/ reviews</p> 	<p>Upholding human rights regarding sexuality What is the policy for allowing people to have guests staying over for the night? Are peoples' sexual rights and needs reflected in support documentation and followed in practice?</p> 

Supported loving campaign

- Just 3% of people with learning disabilities live with a partner, compared to 70% of the general population.
- Researchers found that **Good Support makes the difference** in helping people with learning disabilities to have relationships
Supporting people with learning disabilities to make and maintain intimate relationships'- Claire Bates, Louise Terry and Keith Popple. Tizard Learning Disability Review
- Residents of older peoples care homes saw themselves as sexual beings, with a continuing need and desire to express their sexuality (Bauer et al., 2013a)



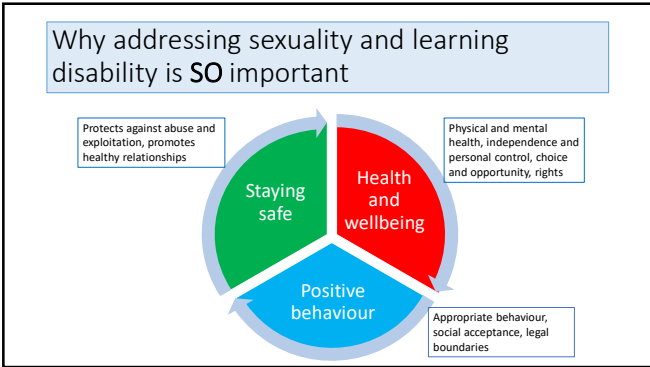
www.choicesupport.org.uk/supportedloving

BARRIERS TO POSITIVE SEXUALITY



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The Hi 5 Alive Model

- Legal
- Capacity and Consent
- Rights
- Safety and Wellbeing
- Values

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Values exercise

APPROPRIATE **NOT APPROPRIATE**

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1	For a person to masturbate
2	For a couple in their twenties to have oral sex
3	To have a "love right condom"
4	To use a vibrator
5	To buy sexual services
6	To use sex chat lines
7	For a person with a vagina to use tampons
8	To express a sexual orientation
9	To have a number of sexual partners at the same time
10	To use legal pornography
11	To take risks in order to meet a partner
12	To live with a partner

HUMAN RIGHTS

OUR RIGHTS

Choices

ABSOLUTE (no exceptions) and NON-ABSOLUTE (can be restricted) RIGHTS

HUMAN RIGHTS

LOVE IS A RIGHT NOT A WRONG

What are our human rights around sex and relationships? - Are they any differences in terms of human rights for people with a learning disability if so what are they?

"... wrapping [disabled people] up in cotton wool... the fact is that all life involves risk... physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare." (Munby, 2007).

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Case example



Man with learning disabilities wins damages after human rights breach

Council to pay £10,000 and costs to man with learning disabilities after delay in providing sex education required, following capacity assessment (2017)

BBC Breakfast




Particularly considering Joanne's story:

- What could the service have done differently?
- What could Joanne and Lee have done?





BBC Breakfast 2019



Sex and the law


What do you know already?



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Mental Capacity Act 2005 Principles

- Assumption of capacity
PwLD should be assumed to be able to have relationships and sex
- People must be given support and opportunity to make decisions
PwLD should be provided with sex education
- Each decision will be assessed separately
A separate and proportionate capacity assessment should be undertaken for sexual relationships and if necessary for linked aspect, such as contraception
- Individuals have a right to make unwise decisions
Making what some might see as poor choices about sex and relationships does not mean that the person is unable to make their own decisions
- Anything done on behalf of someone must be in their best interest and least restrictive of their basic rights
Where a person lacks capacity, services can make decisions in their best interest, but all options should be considered




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Test for capacity to consent

Whether the person can:

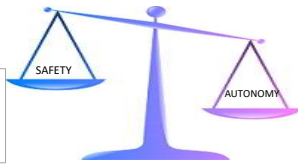
- Understand the information relevant to the decision
- Retain that information
- Use or weigh up the information
- Communicate that decision (verbal or non verbal)



Capacity for sexual relations means understanding the following:



Safety and wellbeing



WELLBEING



Joe asks you to purchase a magazine from the newsagents containing legal pornography

- What are the other issues to consider here?




The Hi 5 Alive Model

- Legal
- Capacity and Consent
- Rights
- Safety and Wellbeing
- Values



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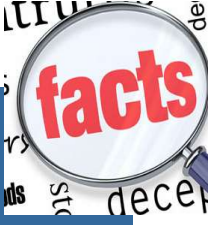
Case study



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Listen Up Lancashire


Answering questions and teachable moments




1. Reassure the person that it is good to ask questions.
2. Find out what the person thinks/is really asking.
3. Decide what message you want to give.
4. Answer the question simply, using correct vocabulary.
5. Encourage the person to give feedback.

The Center for Sex Education, www.SexEdCenter.org

What is a rubber jonny?




Scarborough Method –
Winifred Kempton



Physical-what it is, physical aspects

Social-private, responsibility, laws

Emotional-feelings connected to it


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Practice Scarborough

At your tables, pick one of these words and practice using the Scarborough method. Write the three aspects on a piece of paper.

- > What is a clitoris?
- > What does "having your period" mean?
- > What is sex?
- > What is a 'blow job'?
- > What is masturbation?
- > What is snogging?

What does 'virgin' mean Mum?



Sex and relationships training resources
-some of the great materials that we use



- Egg and sperm
- Ejaculating penis model
- Mini broom and testicles self-examination
- Magnetic body board
- Vulva cartoon
- Personal space mat
- Anatomically correct dolls

Resources



What matters? Relationships conversation cards



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FINDING RESOURCES in your community

- Sexual health services
- Schools
- Colleges
- Pharmacies
- Community Nurses
- Psychology
- Adult social care
- G.P
- Provider services
- Advocacy services



Responding to behaviours- Public Masturbation



I am currently experiencing erections around female members of staff, in communal areas. I will try to touch them when I can, usually on their bottoms or in between their legs. I frequently get erections when I have personal care. I will try to guide staff's hands to my erect penis. As far as staff know I do not masturbate to the point of ejaculation. Staff are not sure why this is but think it might be because I do not know how to.

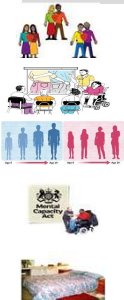


What Is Your Hypothesis? Dave Hingsburger

- 1. Structural: Is it something in the structure?
- 2. Modeling: Is it being modeled by anyone?
- 3. Partner Selection: Is it because they have NO options for partners?
- 4. Inappropriate Courtships: Is it because have they not been taught how to "court" someone?
- 5. Sexual Knowledge: Is it because they lack education?
- 6. Learning History: Is it because of what they learned growing up?
- 7. Perpetual Arousal: Is it because they don't complete?
- 8. Medical: Is it because of a medical issue?
- 9. Medications: Is it because of a change in medications?
- 10. Moral Vacuum: Is it because no one has told them this isn't okay or sexual inhibition?



Sex and relationship-Intervention plan



My sexual behaviour


Relationships and sex education

Growing up

The law

Where I live







Sexual behaviour plan

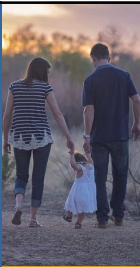
Sex education plan

Working with family members-what are the issues



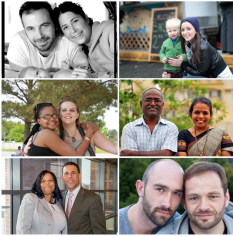
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**Working With Parents
-what are the challenges**


- Build trust
- Find out about their fears, hopes and concerns
- It takes time
- They have the right to share family values
- Parents as peer educators
- Awareness of past experiences
- Self advocacy/human rights-talk with the parent
- Behaviour change theory




Working With Parents/Family Members

- Pre-contemplation ^{SS1}
- Contemplation
- Preparation
- Action
- Maintenance

Behaviour change theory- Prochaska and Norcross 1994

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How Would You Respond



In small groups, read the scenarios and decide what stage the parent/family member is in for accepting their relative as a sexual being.
Discuss how you could respond to them.

TOP TIPS!

- Planned intervention
- Linked to policy
- Management support
- Be concrete
- Answer questions honestly
- Appropriate supporting resources
- Simple responses
- Small sequenced steps
- Keep it short
- Embarrassment is o.k.
- Watch your body language
- Pass.....and return



TOP TIPS

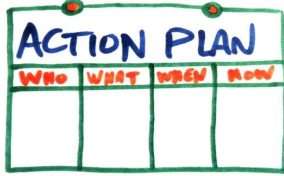
Sexuality and planning

- Is it considered in PCP's, Health Action Plans and Support Plans?
- Why not?
- How can we make this happen?



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Develop a plan for someone that you work with

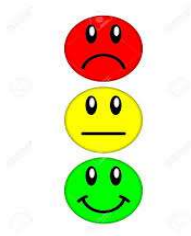


Wrap-up



What is one hope you have for people with learning disability regarding their sexuality?

Evaluation



The slide features a blue header with the word "Evaluation". Below it, three smiley faces are arranged vertically: a red sad face at the top, a yellow neutral face in the middle, and a green happy face at the bottom. The faces are set against a background of faint, light-colored smiley faces.

THANK YOU
for coming!

A respectful request that the slides and training materials are not copied without the agreement of the author-Sue Sharples, Y Training
