

Y Talk about sex and relationships?

Course materials:

No.	Heading
1.*	CQC checklist
1a	CQC form
2	Barriers and benefits
3	Hi 5 Model-supporting relationships
4	Values-OK or Not OK?
5	Human Rights
6	Sex and relationships law quiz
7	Say yes to sex
8	Safety and wellbeing
9	High 5 Alive case study
10	High 5 Alive blank form
11	Scarborough method
12*	What matters? Conversation starter cards
13	Behavioural hypothesis
14	Sexual behaviour and education care plan
15	Stages of change
16	Parent scenarios
17*	Relationships and planning tool
	Resources-course links
	Resources-sexual safety and learning disability-Churchill Fellowship

*In handout 2 file-landscape



Does your service comply with CQC's guidance on relationships and sexuality in adult social care services

This is a useful exercise to do in a team meeting or as part of a training session. It is designed to identify the gaps in support for healthy, intimate relationships and highlight the areas that require attention.

Suggested actions that comply with the guidance criteria and best practice.	Is this available in your service? If Yes, provide an example of a resulting, positive outcome	What could be done to address or improve this?
Policy-a Sex and Relationships policy is in place. It has been reviewed in the last two years		
Policy- there is an easy read version of the policy		
Policy- the policy has been co-produced		
Training- staff are trained to support people with their personal relationships needs		
Training- Staff recognise that their role may involve discussions about sex and relationships		
Relationships education- people supported have access to relationships and sex education		
Relationships information- People using the service have access to information about relationships and sexual health, including signposting to specialist services		

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

experience difficulties relating to sexualised behaviours		
Positive risk taking- the service has access to specialist external support to advise on sex and relationships issues		
Positive risk taking- staff are aware of what action to take if they have concerns that someone is at risk of harm		
Human rights- The organisations practices reflect the Human Rights Act principles in regard to relationships and sexuality		
Human Rights- people can have guests staying over in their rooms if they wish		



BARRIERS TO A LOVING RELATIONSHIP



Benefits:

Barriers:

'Hi 5 Model'-Supporting relationships

The 'Hi 5 Model' has been developed to enable staff members to support each individual as they make choices and decisions about their sexuality and intimate relationships. The 'Hi 5 Model' can be used to identify additional supports that may be needed. This model can also be used to consider any other party involved with an individual, for example, a partner, a friend, a family member or a staff member.

The 'Hi 5 Model' presents five key areas that can assist in decision making (1) Law; (2) Capacity and Consent; (3) Rights; (4) Safety and wellbeing; and (5) Beliefs and Values.

LEGAL

1	16 YEARS OR OLDER?	YES	NO	UNSURE
2	IS THE ACTIVITY LEGAL?	YES	NO	UNSURE
3	IF ANOTHER PARTY IS INVOLVED, EITHER DIRECTLY OR INDIRECTLY, ARE THEY OVER THE AGE OF 16/DO THEY HAVE CAPACITY	YES	NO	UNSURE
If you have ticked NO or UNSURE to any of the above questions then you and the individual should discuss this and get advice from a supervisor/line manager/external expert				

CAPACITY AND CONSENT

1	THE INDIVIDUAL UNDERSTANDS WHAT IS INVOLVED IN THE ACTIVITY?	YES	NO	UNSURE
2	THE INDIVIDUAL UNDERSTANDS THE CONSEQUENCES OF THE ACTIVITY?	YES	NO	UNSURE
3	THE INDIVIDUAL UNDERSTANDS ALL OPTIONS AND POTENTIAL OUTCOMES OF THE ACTIVITY	YES	NO	UNSURE
4	THE INDIVIDUAL IS FREELY CONSENTING TO THIS ACTIVITY, THAT IS, NO ONE IS FORCING THEM	YES	NO	UNSURE
5	IF ANOTHER PERSON IS INVOLVED, THEY ALSO HAVE THE CAPACITY TO CONSENT TO THE ACTIVITY	YES	NO	UNSURE
If you have ticked NO or UNSURE to any of the above questions then capacity to consent has not yet been established. You and the individual must discuss this and get advice from a supervisor/line manager/external expert.				

RIGHTS

1	THE INDIVIDUALS 'HUMAN RIGHTS' ARE UPHELD	YES	NO	UNSURE
2	THE RIGHTS OF ALL PARTIES (INCLUDING OTHER PERSON,PEERS,STAFF MEMBERS) ARE RESPECTED	YES	NO	UNSURE
3	IF REQUIRED, DO ALL PARTIES HAVE ACCESS TO DUE LEGAL PROCESS/ADVOCACY	YES	NO	UNSURE
If you have ticked NO or UNSURE to any of the above questions then you and the individual must discuss this and get advice from a supervisor/line manager/external expert				

SAFETY AND WELLBEING

1	THE INDIVIDUAL CAN KEEP THEMSELVES SAFE AND HEALTHY IN THIS ACTIVITY	YES	NO	UNSURE
2	OTHERS INVOLVED IN THIS ACTIVITY CAN KEEP THEMSELVES SAFE AND HEALTHY	YES	NO	UNSURE
3	THE ACTIVITY CONTRIBUTES TO THE INDIVIDUALS EMOTIONAL AND PHYSICAL WELLBEING	YES	NO	UNSURE
4	THE INDIVIDUAL HAS ACCESS TO EDUCATION AND SUPPORT TO STAY HEALTHY AND SAFE	YES	NO	UNSURE
If you ticked NO or UNSURE to any of the above questions then you and the individual must discuss this and get advice from a supervisor/manager/external expert				
5	DO YOU KNOW,SUSPECT OR ARE YOU CONCERNED THAT ABUSE IS TAKING OR HAS TAKEN PLACE	YES	NO	UNSURE
If you have ticked YES or UNSURE then you have a duty to ensure that this is known immediately to your Supervisor/Manager and the Safeguarding Organisational Leadd				

BELIEFS AND VALUES

1	THIS ACTIVITY IS IN LINE WITH THE INDIVIDUALS BELIEFS	YES	NO	UNSURE
2	THIS ACTIVITY IS IN LINE WITH THE BELIEFS AND VALUES OF ANY OTHER RELATED PARTIES (OTHER PERSON,FAMILY,AGENCY)	YES	NO	UNSURE
If you have ticked NO or UNSURE then you should talk with the individual. Staff members should seek support and advice from Supervisor/Line Manager				

HIGH 5 - ACTION PLAN

	For each area note if there have been issues of concern or conflict identified and agree what action will be taken to address them and who will be involved	Conflict or concern identified	Action to be taken
1	LEGAL		
2	CAPACITY AND CONSENT		
3	RIGHTS		
4	SAFETY AND WELLBEING		
5	BELIEFS AND VALUES		

People involved-

Date-

Review date-



O.K. OR NOT O.K.

4

For each situation, write down your gut thoughts and feelings, not what you think you should write. You will only have to share what you feel comfortable sharing.

		O.K	NOT O.K.	?
1	For a person to masturbate			
2	For a couple in their nineties to have oral sex			
3	To have a 'one-night stand'			
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			

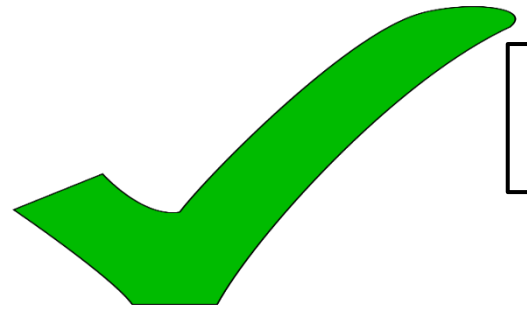


What are our human rights relating to sex and relationships?

Are there any differences for people with a learning disability?



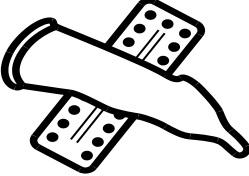


SEX , RELATIONSHIPS & THE LAW-QUIZ QUESTIONS	True	False	Depends
1. It is legal for a person with a learning disability to use a sex worker (prostitute/ stripper/ erotic massage)			
2. To get married a person only needs to know they are taking part in a marriage ceremony, understands the words and agrees/ likes the person			
3. Determining if a person has the capacity to have sex does not include who they are having sex with within the decision			
4. It can be decided that it is in someone’s best interest to have sex with another person			
5. Rape can only be committed by a male person.			
6. It is possible to be convicted of exposure even without intent to cause alarm or distress.			
7. It is always illegal to have a partner stay overnight in a support service due to fire regulations			
8. The age of consent for two men to have sex is 16 years.			
9. It is illegal to engage in sexual activity with someone with a “mental disorder”			
10. The 2003 Sexual Offences Act says it’s illegal for a Worker to have sexual intercourse with a person with a “mental disorder” that they support/care for			
11. Sterilisation, through an operation or by using long-acting contraception (like the implant), cannot typically be performed/ used on an adult without their consent.			
12. A member of staff is likely to be prosecuted if they teach a person they support to masturbate.			
13. A Social Worker is legally required to decide if a person who uses support has the capacity to marry or have a civil partnership.			
14. Any physical closeness (such as kissing) activity noticed between people supported must legally be reported as a safeguarding alert to Adult Social Care			

SAY YES TO SEX



DO YOU UNDERSTAND ENOUGH TO SAY YES TO SEX ?

The law says that for a person to be able to consent to having a sexual relationship there are some things that they need to understand. This is your chance to check whether you know these important things.

Easy read version	Capacity criteria	Yes (x)	No (x)	What support do I need? Who will help?
	I understand how sex works (this can be straight or gay sex)			
	I understand what can happen if a man and a woman have sexual intercourse			
	I understand about contraception and why it may be needed			
	I understand what sexually transmitted infections are and how to prevent them			
	I understand that I, and anyone I am with, have a choice and can say 'no' if either of us doesn't want to have sex			

Safety and wellbeing case study



At a review Jackie confides that she wants to purchase a vibrator. She is upset that staff have said it would not be a good idea because she could not look after one (clean it appropriately etc). When questioned staff laughingly tell you that Jackie has been using a metal coat hanger instead

SAFETY-Identify the issues:

WELLBEING-Identify the issues:

SAFETY-Action to address the issues:

WELLBEING-Action to address the issues:

CASE STUDY 1

Mary is a 30 year old woman with learning disabilities, who lives with her mother.

She has been involved in a relationship's group run by the day service that she attends.

This included talking about different kinds of contraception.

During this session, Mary realises that the implant that she has in her arm is a contraceptive.

It transpires that she was taken to the Doctor by her Mother, in order to 'stop her bleeding'. Mary explains that she first had the implant fitted when she was about 20 and it was changed a few months ago.

Learning that she is using a contraceptive, leads to Mary becoming very upset, as she says that she wants to marry her long term boyfriend and have a baby.



Use the High 5 Alive model to consider the issues raised by this scenario and then decide what action you would take





HIGH 5 ALIVE ANALYSIS

CASE STUDY :

VALUES
LEGAL
CAPACITY AND CONSENT
RIGHTS
SAFETY AND WELLBEING
ACTION:

Scarborough Method.

When responding to questions and explaining a concept, a helpful tool to use is the Scarborough Method. It involves three aspects:

Physical: what it is, physical aspects

Social: private, responsibility, laws

Emotional: feelings connected to it.

Here are some examples:

What is a clitoris?

What does “having your period” mean?

What is sex?

This is a tool to help you think about other aspects of answering a question. Your answer doesn't have to include all of the areas, but it is useful to think about these aspects to give a fuller answer. Teaching about public and private is part of nearly every explanation.

*Adapted from Sex Education for Persons with Disabilities that Hinder Learning. Winifred Kempton, 1988.



Dave Hingsburger- 'Changing inappropriate sexual behaviours'- A Community-Based Approach for Persons With Developmental Disabilities .Paul H Brookes. 1989

HYPOTHESIS (the possible reason for a behaviour)

Some questions to ask yourself when analysing behaviour-

1.STRUCTURAL	Due to the environment. If a person with a learning disability is not given privacy they will do typical things in the wrong place. For example, if they do not have a private place to masturbate at home, they may masturbate in a workplace.
2.MODELLING	If caregivers are violating a person's boundaries, they may just model that behaviour. Workers might hug or touch without asking. If a person with a learning disability does this to a shop assistant they could be accused of assault
3.PARTNER SELECTION	Who is in their partner pool? Sometimes people dislike themselves and don't want a partner who is disabled. Do they have opportunities to meet a range of potential partners. They may be making advances to inappropriate people because of lack of opportunity.
4.INAPPROPRIATE COURTSHIPS	If you had no social skills around asking someone out or telling someone you like them, you may just grab the body part you're most interested in. Can this person show affection in any other way, besides that which is negative. Can these skills be taught?
5.SEXUAL KNOWLEDGE	Does the person lack the appropriate knowledge to perform a task or develop a relationship. Eg May not know how to use a condom or that lubrication exists
6.LEARNING HISTORY	Where did they learn about sexuality? Was the learning trauma based? What impact did the messages and environment have on current actions?
7.PERPETUAL AROUSAL	May be masturbating without climax. Don't know what to do or have been given misinformation which needs to be dispelled.
8.MEDICAL	May have an infection or medical condition that is causing irritation and the need to rub incessantly.
9.MEDICATION	Medication may be causing the behaviour. Have the doses or the medication been changed recently. One man was slapping his penis on the wall because the medication dosage was causing this behaviour.
10.MORAL VACUUM	Where has the person learned what is right and wrong? Sometimes people act inappropriately and no one explains it's wrong, they ignore it or even encourage it. We need to be clear about social rules and the consequences of breaking them





14. Sexual behaviour and sex education care plan

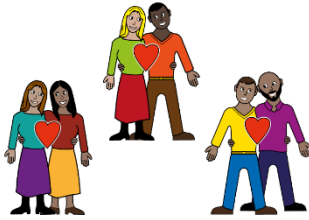




Name:

Date of birth:

Written by:

Date:

Review date:

<p>My sexual behaviour</p> 	<p>I am currently experiencing erections around female members of staff. 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. My erections are frequent and 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.</p>
<p>Relationships and sex education</p> 	
<p>Growing up</p> 	
<p>The law</p> 	
<p>Where I live</p> 	

Sexual behaviour care plan



Sex education plan



SDS Reviewed July 2020

15. STAGES OF CHANGE (Prochaska and Norcross 1994)

Stage	Information	Strategy	Outcome
Precontemplation	Reluctant to change entrenched behaviour	Listen intently Reflect back Open ended questions To help move to contemplation stage	Person begins to consider that an issue exists
Contemplation	Aware problem exists. Considering change but have not made a commitment to action	Provide 'pros and cons' Explore options and concerns Information	Tentative commitment to change
Preparation	Firm commitment to change, with ambivalence	Consider barriers and how to overcome them 'What do you think you will do?' 'Whats the next step?' Education	Making clear change statements and an action plan is in place
Action	Active modification of behaviour. Commitment is clear	Focus on successful activity Reaffirm commitment	New behaviour patterns apparant
Maintenance	Sustained behavioural and attitudinal change Low threat of relapse Be aware that trauma or crisis might precipitate a relapse	Feedback about change Reassure and reinforce Empathy	Behaviour stage process complete and successful. Lapses due to stress/crisis may create the need to start again at pre contemplative or contemplative stages



16.PARENT/FAMILY SCENARIOS

1. A parent approaches you in the hall and says, “How dare you teach my son about sex!!” The son is 29 years old.
2. A parent tells you that they disapprove of their daughter masturbating.
3. A mother comes to you and asks for help talking to their adult child who has a physical disability about having a boyfriend. She wonders if it will just raise her expectations.
4. A sister says that she is very concerned about her brother getting involved with a woman in the service, as his wife has only just died. She wants you to separate them immediately.
5. A family member comes to you and tells you their relative says he’s in love with a man. They are really upset.



Y Talk about sex and relationships. Course links :

Core Capabilities frameworks:

<https://www.skillsforhealth.org.uk/services/item/945-capabilities-frameworks>

CQC Relationships and sexuality Guidance:

<https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf>

CQC Promoting sexual safety through empowerment:

<https://www.cqc.org.uk/publications/major-report/promoting-sexual-safety-through-empowerment>

Skills for Care-Supporting meaningful relationships:

<https://www.skillsforcare.org.uk/Documents/Topics/Learning-disability/Supporting-meaningful-relationships.pdf>

BROOK: Sexual Expression-A relationships and sex resource for people with learning disabilities

http://legacy.brook.org.uk/attachments/Sexual_Expression_Resource.pdf

Maria Charitou · Ethel Quayle · Alan Sutherland-Supporting Adults with Intellectual Disabilities with Relationships and Sex: A Systematic Review and Thematic Synthesis of Qualitative Research with Staff 2020

<https://link.springer.com/content/pdf/10.1007/s11195-020-09646-z.pdf>

Marriage-My marriage, My Choice (Forced marriage)

nottingham.ac.uk/research/groups/mymarriagemychoice/documents/toolkit.pdf

TRAUMA INFORMED PRACTICE

British Columbia Provincial Mental Health and Substance Use Planning Council (2013) Trauma Informed Practice Guide

http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.

Jackson, A. L., Waters, S., & Abell, T. (2015). Taking time Framework: A trauma-informed framework for supporting people with intellectual disability. Melbourne, Australia: Berry Street

<https://learning.berrystreet.org.au/sites/default/files/2018-05/Taking-Time-Framework.pdf>

TRAUMA INFORMED SEX EDUCATION

Cardea-Guide to trauma informed sex education

<http://www.cardeaservices.org/resourcecenter/guide-to-trauma-informed-sex-education>

Sue's Churchill Report

<https://drive.google.com/file/d/14vFmViXgAMtw-dMU81bU0Pe3j8nygxjk/view?usp=sharing>

Supported Loving Toolkit

<https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit>

Wirral Mencap-Free e-learning course

<https://wirralmencap.eloomi.com/login>

Relationships resource list

https://mencapwirral.org.uk/wp-content/uploads/2019/08/Relationships-Resources_Wirral-Mencap-2019-3.xlsx

Lancashire Sexual Health easy read leaflet

<https://lancashiresexualhealth.nhs.uk/wp-content/uploads/2020/02/PL1122.pdf>

SDS August 2020