HALTON BOROUGH COUNCIL

Communities Directorate

Intimate Relationships and Sexual Health Needs for Adults

Policy, Procedure and Practice

February 2012

CONTENTS

INFORMATION SHEET

Service area	All teams
Date effective from	February 2012
Responsible officer(s)	Policy Officer, People and Communities Team
Date of review(s)	February 2014
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	HBC Operational Staff
Date of committee/SMT decision	7th March 2012
Related document(s)	The National Strategy for Sexual Health and HIV, Department of Health, 2002 Progress and priorities – working together for high quality sexual health. Review of the National Strategy for Sexual Health and HIV, 2008 Choosing Health: Making health choices easier. White Paper Safeguarding Adults in Halton Inter-Agency Policy, Procedure and Guidance, 2010 Professional Boundaries Guidance, 2012 General Social Care Council Code of Practice for Social Workers Sexual Offences Act 2003 Mental Capacity Act 2005

Superseded document(s)	Intimate Relationships and Sexual Health Needs for Adults Policy, Procedure and Practice, 2010
Equality Impact Assessment completed	CIRA completed
File reference	

	POLICY	*Practice*
1	**Policy Statement**	
1.1	The purpose of this policy is to set the context/framework for a consistent approach by Halton Borough Council (HBC) staff, in addressing the personal, intimate relationships and sexual health needs of adults, engaged in services commissioned or delivered directly by Halton Borough Council.	*In implementing this policy, there is an expectation that employees of the Council will comply with the requirements of this policy and related documents and treat each individual accordingly*
1.2	The policy and associated guidance aims to draw together the legal framework, whilst also recognising: • Service users' individual uniqueness and diversity • Their right to privacy and independence and to make informed decisions which might include risks • That some individual's circumstances might make them vulnerable to abuse and may need support with minimizing or eliminating those risks • The importance of their physical and emotional wellbeing	
1.3	The policy endeavours to guide professionals who need to assess and manage matters of rights, responsibilities and risks in regard to intimate and sexual relationships.	
1.4	This policy is related to: • Safeguarding Adults in Halton Inter-Agency Policy, Procedures and Guidance, 2010 • Professional Boundaries Supplementary Guidance, 2012 Copies of the above documents should be available in teams but is also available on the Safeguarding Adults/Adult Protection page of the Halton Borough Council intranet and on the Halton Borough Council website at: www.halton.gov.uk/safeguardingadults	*Refer to "Safeguarding Adults in Halton Inter-Agency Policy, Procedure and Guidance, 2010" for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse, domestic abuse, discrimination and exploitation* *"Professional Boundaries Guidance, 2012" for staff who have contact with vulnerable people in the course of their work*
2.	**Who was involved in the production of the policy?**	
2.1	This policy has been developed by a Policy Officer, People and Communities Policy Team. All relevant Divisional Managers, Principal and Practice Managers, Legal Services, Safeguarding Adults Coordinator and the Dignity in Care	

	Coordinator were consulted upon its contents. The policy has been presented to Senior Management Team for agreement.	
3.	**Definitions for the purpose of this policy**	
3.1	**Policy:** This policy is a statement about what the Directorate plans to do, to carry out its responsibilities in relation to the sexual health of service users and safeguarding vulnerable adults from abuse, including sexual, physical and emotional abuse, domestic abuse, discrimination and exploitation.	
3.2	**Procedure:** The steps that need to be taken to implement the policy	
3.3	**Practice:** Practice material identifies good professional practice in order to meet the service user's needs	
3.4	**Sexual Health** When we think of sexual health, the immediate association is Sexually Transmitted Infections (STI's), however, the reality is that sexual health goes well beyond the medical model of treatment. The World Health Organisation (WHO) defines sexual health as: *"A state of physical, emotional, mental and social well being, relating to sexuality: It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.* *For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."*	*Refer to "Safeguarding Adults in Halton Inter-Agency Policy, Procedure and Guidance, 2010" for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse, domestic abuse, discrimination and exploitation*
3.5	**Service User** 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.	
3.6	**Position 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 the United Kingdom, a person holds a position of trust over another, may not engage in sexual relations with that person, as it is considered to be an abuse of trust", as defined by the Sexual Offences Act 2003.	*"Professional Boundaries Guidance 2012" for staff who have contact with vulnerable people in the course of their work*

3.7	Abuse of trust can result in loss of the alleged perpetrator's job or even their licence to practice their profession. Abuse of a position of trust for sexual relations can also lead to criminal charges being raised against the alleged perpetrator.	
3.8	**Consent** The Sexual Offences Act, 2003 defines consent as: "*A person consents if he agrees by choice and has freedom and capacity to make the choice."* The issue of age complicates matters as it is illegal to have sexual relations with someone under the age of 16 years, even if they were to "consent" it would not be valid consent, as they cannot legally do so.	
4.	**Mental Capacity Act 2005**	
4.1	Individuals who lack capacity to make decisions regarding their health and wellbeing may have rights under the Mental Capacity Act, 2005. This is a 'Framework' Act, in that it frequently does not state what is lawful and unlawful, but what framework needs to be followed for decision making. What is lawful or not lawful will always depend upon individual circumstances.	
4.2	This Act provides the definitions of both mental capacity and consent. The Act is unusual among Acts of Parliament in that it starts with five principles which underlie the whole of the rest of the Act. The first three of these address the independence agenda, protecting people from others making decisions on their behalf, if they have the capacity to make those decisions for themselves. Where a person demonstrably lacks capacity, the Act protects them from the consequences of their action or inaction. It does this by providing a structure so that others can make decisions on the person's behalf. The final two principles are designed to protect those who lack capacity by ensuring that any decisions made on their behalf are in their best interests and that the decision maker considers if there is a less restrictive alternative. This interplay between independence and safeguarding hinges on the assessment of capacity. These principles are as follows: • **Principle 1:** A person must be assumed to have capacity unless it is established that s/he lacks capacity • **Principle 2:** A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success	*"Mental Capacity Act 2005. Overall Policy, Procedure and Guidance July 2011" Staff should refer to the definitions regarding capacity and consent in Section 2 and the Principles of the Mental Capacity Act as cited in Section 4.0* *Staff must always assume that a person has the capacity to make a decision for themselves and do everything they can to support them to do so.* *Making what others (including staff) may consider an unwise decision does not in itself indicate a lack of capacity.* *We all make "wrong" decisions and learn from our mistakes.*

	• **Principle 3:** A person is not to be treated as unable to make a decision merely because he makes an unwise decision • **Principle 4:** An act done or decision made under this Act for or on behalf of a person who lacks capacity must be done or made in their best interests. • **Principle 5:** Before the act is done or the decision is made regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.	*Vulnerable people must be allowed to do the same, provided they have the capacity to understand the risks and learn from them.*
4.3	The Mental Capacity Act applies to all individuals in England and Wales who are aged 16 and above and who lack (or may lack) capacity to make any specific decision. Hence everyone directly involved in the care and support of such individuals, including those employed in health and social care will be subject to the statutory responsibilities enshrined in the Act.	
4.4	An individual demonstrably lacking capacity will need someone to make any decisions on their behalf. The more important the decision, the greater the likelihood that more people will be involved. An assessment must be made as to capacity and, if appropriate, the best interests of the individual in respect of each decision. Generally a person's partner, family or friends will be able to provide advice on what is in the person's "best interests" and help when a decision needs to be made. However, in situations where this is not the case and the person is "un-befriended" then the local authority must refer the individual to an Independent Mental Capacity Advocate (IMCA). This is a service that has been established to provide independent safeguards for individuals lacking capacity. The IMCA does not make decisions, but acts in a consultative and advisory role (Halton Borough Council Mental Capacity Act, Overall Policy, Procedure and Guidance, July 2011, Section 12.0). There may be situations where informal decisions by family, friends or professionals cannot be followed. This may be because of a serious disagreement or where the legal situation is unclear and so formal decision making powers are required. In such cases, the Court of Protection (ibid, section 9) is used as a last resort. It has the powers to make a decision on behalf of a person, or can appoint a deputy to make such decisions. It can also declare whether a previous act that has already been or is about to be carried out is lawful or not.	*An IMCA may also be involved in other decisions concerning a care review or an adult protection case where the person lacks capacity – even where family members or others are available to be consulted. This is decided on a case by case basis according to circumstances.* *The IMCA is commissioned by the local authority. The IMCA must be approved by the local authority to undertake the role.* *Making an application to the Court of Protection. The matter should always be referred to the Divisional Manager for the service area concerned (or another in their absence). Divisional Manager will then contact legal services for advice.*
4.5	**Best Interests**	*If social care staff have*

	A key principle of the Act is that any decision made or procedure carried out on behalf of the person who is lacking capacity must be done or made in the person's "best interests" (ibid, Appendix 4). In order to ascertain what is in the person's best interests all attempts should be made to find out their own views (past and present wishes and feelings). It will be necessary to consult with others, identify all circumstances relevant to the decision and avoid discrimination. Is it possible that the person could regain capacity after medical treatment? If so, can the decision wait until then? All options need to be considered in order to decide what is best for the person. This is important because there may be an alternative approach which could prove less restrictive of the person's rights. Best Interests doesn't apply when the person has previously made an Advance Decision to refuse medical treatment while they still retained the capacity to do so. This advance decision must be respected at some future point when the person lacks capacity, even if you think that the decision to refuse treatment is not in their best interests. This is provided in the circumstances outlined in the Advanced Decision remain the same (ibid, Section 7.1-7.3).	*concerns about a capacity or best interests decision that affects the welfare of a person lacking capacity, the local authority should make the application to the Court of Protection.* *See also "Halton Borough Council Mental Capacity Act, Advance Statements and Decisions. Policy, Procedure and Practice, June 2010*
4.6	**Deprivation of Liberty Safeguards (DoLS)** These safeguards are an amendment to the Mental Capacity Act. They provide a legal framework to protect those who lack the capacity to consent to the arrangements for their care and treatment. In particular, they relate to situations where the levels of restriction or restraint used to deliver such care, are so extensive that the person is effectively deprived of their liberty. Prior to the introduction of DoLS, there were no legal processes to protect the interests of vulnerable people in these circumstances. DoLS apply to anyone who is 18 years of age and older. Generally DoLS apply to people who are in residential, nursing or hospital care, who lack the capacity to make decisions about their own circumstances. However, recent case law also indicates that individuals who have tenancies in a highly supported environment (including their own home in the case of support in the community) may also be subject to DoLS. In such situations you should seek legal advice and consider a referral to the Court of Protection. Those detained under the Mental Health Act already have legal safeguards to ensure that they are not detained illegally or inappropriately and do not come under these provisions.	*See Halton Borough Council, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Policy, Procedure & Practice, July 2011.* *DoLS do not apply if the person is detained under the Mental Health Act 1983 (as amended by the 2007 Act). However, they do apply if a person is under Guardianship, part of Section 7 in the Mental Health Act.* *It is the responsibility of the Managing Authority to apply for a DoL authorisation (see Halton Borough Council Mental Capacity Act Deprivation of Liberty Safeguards (DoLS, Policy, Procedure and*

	Restraining a person is not necessarily a deprivation of liberty. It may be appropriate to prevent them causing harm to themselves or others. When used, restraint should be appropriate to the likelihood or potential seriousness of possible harm. However, the European Court of Human Rights in HL v United Kingdom (2004) has decided that where restriction is frequent, cumulative and ongoing, then consideration needs to be given as to whether it has exceeded what is permissible and become a Deprivation of Liberty. If in doubt refer to Legal Services for advice. Application for a DoL is made to the Council on a standard form. Following receipt of this, six separate assessments must be carried out by the Council within 21 days.	*Practice, July 2011 section 2.0)* *For a Standard Authorisation the Managing Authority must apply to the Supervisory Body (Halton Borough Council) using a standard form (ibid, section 2.1-2.6)*
5.	**Context**	
5.1	Sexual health affects our physical and psychological well-being. Sexual health is central to some of the most important relationships in our lives. Therefore, protecting, supporting and restoring sexual health is important (DH, 2002).	*Staff are expected to use their knowledge of relevant legislation, professional judgement and discretion in relation to whether or not a service user would wish to discuss such a matter, or to decide where it maybe legitimate to broach a particular issue with a service user.*
5.2	Although sexual health is about more than just the physical wellbeing of a person, sexually transmitted infections have been rising in the UK over the last decade. Some sexually transmitted infections will impact on a person's quality of life and future fertility. As many sexually transmitted infections can be present without any symptoms, seeking advice on reducing the risk of infections is an important factor in reducing the spread of these infections. This policy places emphasis on the sourcing of appropriate information to enable service users, their parents and carers to make informed decisions about sexual activity, behaviour and relationships.	*In dealing with suspicions of abuse, any necessary and appropriate response will be informed and guided by existing adult protection/safeguarding adults policies and procedures. Refer to "Safeguarding Adults on Halton – Inter-Agency Policy, Procedure and Guidance, 2010" for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse, domestic abuse, discrimination and exploitation.*
5.3	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 or intimate relationships. However, regardless of particular circumstances all service users and those responsible for their care, will benefit from guidelines, which outline roles and responsibilities in relation to sexual health.	
5.4	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 human rights, responsibilities and risks, in relation to the promotion of sexual health.	
5.5	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.	
6.	**Rights and responsibilities of service users, staff and carers**	
6.1	People who use our services have the same human rights as all people to live a full life without abuse, be treated with dignity and respect, be supported, if required, to be able to experience the accepted and lawful range of personal relationships, which may include sexual relationships.	*Staff will not be expected to allow personal prejudices, judgements or sexual preferences to affect their work with service users. The employee must notify his/her manager if (s)he feels such a situation is likely to occur.*
6.2	In exercising these rights, service users have responsibilities to ensure other people's rights are not infringed.	
6.3	Any person to whom the Council provides care and support or for whom they commission care and support has the right to: • Be respected as an individual with rights to privacy, dignity, confidentiality and protection from abuse and exploitation • Be consulted about the type of care and support (s)he needs • Give consent and/or be consulted by others and to be involved in making decisions concerning their personal and sexual relationships • Participate in taking decisions and making choices that affect or may affect his/her lifestyle • Be accepted as a valuable member of the community and respected for their abilities and achievements • Receive services that promote independence and	*It is expected that managers will make sure that services are commissioned, designed and delivered to reflect the rights and principles in this document and identify areas where employees may need support or specialist training to enable them to implement this policy.*

	which inform choice and risk taking as part of personal development • Not be discriminated against because of age, gender, race, religion or belief, sexual orientation, transgender identity or disability • Have access to information held about themselves • Be treated respectfully, in relation to private and family life • Marry according to national laws • Make a complaint if they feel their human rights have been breached • Report abuse and exploitation without fear of reprisal • Protection from abusive and exploitative relationships • Be provided with support and advice • Expect people in positions of trust to exercise their duty of care and appropriately recognise professional boundaries. Service users have: • A responsibility to behave lawfully in public and private places when conducting personal and sexual relationships • A responsibility not to abuse other people	*It is expected that staff will work with service users and employees to enable service users to express their personal choices and preferences in respect of sexuality and personal relationships.* *Employees to understand the boundaries of their roles and take effective and appropriate action if these are breached.* *"Professional Boundaries Supplementary Guidance to General Social Care Council Code of Practice, 2012" for staff who have contact with vulnerable people in the course of their work.*
6.4	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 concerned • 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 and understanding of what constitutes safer sex and are	*The greatest possible care must be given to establishing <u>full and informed</u> consent to a sexual relationship by a service user, not only because this reflects what is in their best interests and may prevent abuse but also because it minimises any likely legal intervention. However, staff should be cautious of using the duty of care to deny people choice.*

	able to use this knowledge to reduce risks	
	PROCEDURE	***Practice***
7.	**Sexual Health**	
7.1	Dependent on individual circumstances, service users and staff may need additional/specialist 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.	*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.* *A list of useful numbers can be found in Appendix 1* *A list of useful resources can be found in Appendix 2* *Sexual health needs are an integral part of the overall health and wellbeing of service users and where appropriate should be addressed by service provision and reviews of care packages.*
8.	**Contraception**	
8.1	Service users 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 • Service users 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 finding out the information. Gender may be an issue e.g. who provides the information, who provides any support or advocacy • Service users to be supported to access more than one session of advice and information where appropriate	*Information about contraception is available from a range of health providers, including GP's, nurses and Family Planning Agencies. Where possible, service users should be enabled to access these services, with support if required and agreed by all parties concerned.* *Practical issues around the use of contraception may need to be discussed with the people it affects e.g. if the contraceptive pill is used, where it is kept and when it is taken. These issues should be*

	• Family members' views about contraception for their family member who uses a particular service will be taken into account if the service user requests or agrees with this. In some situations such information might be sought by a medical professional who is attempting to determine what is in a service users' best interest.	*noted in Care Plans where appropriate.* *Staff need to maintain confidentiality over matters concerning contraception.*
9.	**Fertility Treatment**	
9.1	Article 8 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 8 together with Article 12 and 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.	
9.2	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	
10.	**Pregnancy, Adoption, Abortion**	
10.1	When a service user 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 8. on Contraception).	*Medical advice for the service user should be sought at an early stage to ensure that appropriate medical care is implemented as soon as possible, viability of the pregnancy on medical ground is determined etc to enable the service user, family and carers to make informed decisions.*
10.2	Staff and carers need to be careful to offer balanced advice in this situation, helping the birthmother (and birthfather if it is appropriate to do so) 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.	
10.3	Children and Families Services in the locality area are	

	available to provide advice, support and counselling regarding the process of relinquishing a child for adoption or legal care proceedings. There is an additional service from After Adoption, a specialist voluntary adoption agency which provides independent advice, support and counselling with whom Children and Families have a service level agreement. They provide a service at any stage of the adoption process. Referral to the organisation can be made by the individual or by a professional on their behalf. Legal advice is essential to ensure that proper procedures are followed. Upon the child's birth, additional counselling should be offered to ensure adoption remains the plan.	
10.4	**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".	
10.5	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.	
11.	**Masturbation**	
11.1	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 also intrinsically linked to positive feelings.	*Staff are strictly forbidden to perform sexual relief or other sexual acts with/for a service user, as this could incur a charge of indecent assault.*
11.2	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.	
11.3	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, including: • Psychological factors such as guilt or anxiety • Physiological factors such as poor circulation, skin infections or inflammations, poor vaginal lubrication and as a consequence of a number of physical disabilities	*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*

	• Communication factors such as other language, speech impairment • Medical factors, including the side effects of some prescribed medications and the effects of some medications prescribed expressly to inhibit male erection • Socio-economic and environmental factors, including a lack of privacy within care settings and an absence of available information and understanding by care staff	*construed as criminal activity under the Sexual Offences Act, 1956.*
11.4	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 or other appropriate professionals. Every effort should be made to involve the person in a meaningful way, preferably by his or her direct presence at meetings.	*The outcome of the Professionals Meeting, regarding decisions about the service user's wish to undertake masturbation will result in the formulation of a written Care Plan or protocol which will detail how, by whom, where and when any information and work is undertaken, how the process will be monitored and evaluated and by whom.*
11.5	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.	
11.6	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.	
12.	**Cross Dressing**	
12.1	This practice must be treated with respect and dignity and not seen as a subject for humour or ridicule. Nor should assumptions be made that it is an indication of a sexual identity problem or other problem.	*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.
12.2	It may be appropriate to discuss with the service 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.	*However, it is vital that <u>all</u> staff always support work, which help us to meet the individual's sexual health needs as part of their overall health and well being, thus following the values of the Intimate Relationships policy and values.*
12.3	For a person whose physical ability is diminishing there may be practical issues to resolve in a way that meets the individual's needs, without offending others. This should be dealt with without ridicule and sensitivity in order to minimise embarrassment.	
13.	**Lesbian, Gay, Bi-Sexual, Transgender**	
13.1	It is important to remember that everyone has a sexual orientation; it is not a term that refers solely to lesbian, gay or bi-sexual people. Halton Social Services supports work with its clients to discuss sexual orientation and to develop inclusive procedures. • 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 • 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 e.g.	*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 <u>all</u> 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 Intimate Relationships policy.* *The law means that we have to ensure that LGBT people are treated equally.*

	availability of appropriate training, support from line manager • Staff should be made aware of the action to take should they encounter situations in which they feel unable to cope.	*Staff and carers should avoid, as a matter of good practice, all negative images and discriminatory language that could discourage service users from seeking advice they need.*
14.	**Pornography and Sexually Explicit Material**	
14.1	As service users have the same human rights as those of any other member of society. By definition, this will include the right of service users to own legal pornographic material.	*Illegal 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. For a detailed definition of what constitutes illegal pornography, please refer to Appendix 3.*
14.2	Although it is legal to access and own pornographic material involving adults, such material may 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.	
14.3	In some cases staff could use the fact that a service user 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.	*Halton Borough Council computers, or computers that Halton Borough Council are responsible for, must not under any circumstances be used to access pornographic material.*
14.4	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 illegal 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.	*Staff must never promote or initiate the introduction of pornography and sexually explicit material to any service user.*
14.5	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).	*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.*
14.6	Services should ensure that people who wish to access or	*For service users who*

	purchase pornography or sexually explicit material, do so discreetly and confine its use to within the privacy of their own rooms. Pornographic material must not be displayed in areas where it is likely to cause offence to others e.g. communal areas, day centres etc. Pornography can be accessed via the internet, which workers should be mindful of. There is a fine line regarding the legality of pornographic material, as some such material may be classed as obscene and anything involving children is most definitely illegal and accessing/possessing such material is a criminal offence.	*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. Every effort should be made to involve the person in a meaningful way, preferably by his or her direct attendance at subsequent meetings/discussions.*
14.7	If staff are unclear or concerned about the possible consequences of a service user accessing pornography and sexually explicit material, a properly informed risk assessment should be undertaken.	
15.	**Access to Sex Services**	
15.1	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 legal guidelines.	
15.2	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.	
16.	**Staff Attitudes and Conduct**	
16.1	This policy aims to provide consistently applied good practice standards, in the approach of staff to dealing with the sexual health and intimate personal relationships of service users.	*Staff to adopt and follow the values and principles within this policy: privacy, dignity, confidentiality and protection from abuse.*
16.2	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 or decision (for example, on issues of safer sex).	*Staff should develop an awareness of their own attitudes and how these influence decision-making processes and the way in which service users are supported in expressing their sexual and intimate relationship needs and sexuality.*
16.3	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.	
16.4	The Professional Boundaries Supplementary Guidance to General Social Care Council Code of Practice, 2012, provides the following definitions which staff should adhere	*"Professional Boundaries Supplementary*

	to: **Infatuations** You should be aware that sometimes service users can develop strong attractions to their care or support workers. If this happens to you, you should respond sensitively so that the service user is not embarrassed. When a service user has an infatuation with his/her care or support worker, it is more likely that your words or actions will be misinterpreted, for allegations to be made against you or for it to be interpreted as "grooming". If you discover that a service user is infatuated with you or a colleague, you should: • Report any signs (verbal, written or physical) that make you think the service user is infatuated, to your line manager • Talk with your line manager about how to deal with the situation as soon as you can and ensure that agreed actions are recorded • Whatever action you decide to take, try to avoid distressing the service user **Social Contact** Social contact includes mobile phones, email, text messages, social networking sites, letters, face to face communication or giving lifts to people). You should not: • Arrange any social contact with service users outside of work. If social contact outside of work happens by coincidence (seeing a service user at a social event, for example), you should take care in how you react and be aware that any social contact might be misunderstood. Tell your line manager if you have regular social contact with any service users, so that this can be noted. • Make contact with service users through social networking site such as Facebook, MySpace or Bebo • Give your personal details to service users. This includes your home address, personal mobile number or home telephone number and personal email addresses	*Guidance to General Social Care Council Code of Practice, 2012" for staff who have contact with vulnerable people in the course of their work* *Give appropriate and consistent cues to people who use our services and using language that is non-discriminatory and non-judgemental.*

	• Take service users to your own home • Give lifts to service users, unless this is part of your job role and has been agreed and recorded appropriately All work communications with service users should be carried out in line with the relevant Halton Borough Council policies. **Physical Contact** Physical contact includes physical intervention/restraint, moving and handling, intimate care, dealing with distress and sexual contact. Sometimes it is appropriate for you to have physical contact with a service user, but it is very important that you only do this in ways that are appropriate to your professional role. Physical contact should never be secretive, or for your own gratification. If you feel that any physical contact with service users could be misinterpreted, you should talk to your line manager so that the incident can be noted.	
16.5	If legal 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 behaviour or behaviour of a sexual nature, which challenges services.	
17.	**Partnership with Carers**	
17.1	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.	*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 ongoing.*
17.2	People involved 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 individual's confidante, key worker or advocate.	*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 whist 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.
17.3	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. By welcoming, listening and encouraging their involvement as partners in services for person in care, promotes dignity and respect for themselves and the service user. Information about such areas should be available to parents/carers before their relative starts to receive a service.	
17.4	The differing attitudes of parents and 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.*
18.	**Equal Opportunities**	
18.1	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.	*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.*
18.2	Unfounded 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. Staff must be aware that any person regardless of age, disability or sexual orientation is entitled to pursue a sexual relationship if they wish to do so. This also encompasses people who live in their own home and are receiving services or for those service users who reside in a residential or nursing home. If service users	*Services should have in place policies regarding the following anti-oppressive practice and equal opportunities. Staff at all levels should be provided with training in respect of the above.*

	require support in order to pursue intimate relationships, then staff should be committed to providing the level of support required within ethical and professional boundaries.	
18.3	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	*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)*
19.	**Confidentiality and Information Sharing**	
19.1	The primary aims are to empower individuals and to ensure people are safeguarded, where necessary). Information must be shared only on a need to know basis, in accordance with legal obligations and good practice guidance. 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 passes in confidence, relating to situations of abuse or other risk, will need to be shared with others (e.g. the line manager, policy, other partner agency).	*Refer to "Safeguarding Adults in Halton Inter-Agency Policy, Procedure and Guidance, 2010" for specific procedures relating to alleged abuse, including information sharing and confidentiality.*
19.2	The lawful criteria for the disclosure of information in the public interest, which would in other circumstances, be a breach of confidentiality are: • The safeguarding of the welfare of vulnerable children and adults • Maintaining public safety • Prevention of crime and disorder • The detection of crime • The apprehension of offenders • The administration of justice Before disclosing confidential information to a third party, consideration should always be given to seeking advice from legal services.	*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.*
19.3	**Circumstances that justify Information Sharing** The following circumstances may be justification for sharing	

	information and where necessary, be considered in the decision making process. You should seek legal advice before any disclosure. These circumstances are where: a) There is an overriding public interest in disclosure, such as: • In the interests of national security or public safety • For the prevention or detection of crime, the apprehension of offenders, the administration of justice • In maintaining public safety, the protection of health or morals • For the protection of the rights or freedoms of others • For the safeguarding of the welfare of vulnerable children and adults b) Disclosure is required by court order or other legal obligation c) The person to whom the duty of confidentiality is owed has given informed consent. Consent should be explicit, informed and preferably be in writing. Any verbal agreement should be recorded with the date and time. Silence is not consent. d) Where the subject does not consent but: • Disclosure is necessary to protect the *vital interests* of a vulnerable person who is unable to give consent, or; • Where it is not viable to obtain consent from them e.g. in cases of/allegations of serious abuse or exploitation, or; • Consent by or on behalf of the subject has been unreasonably withheld • Information sharing without consent is necessary for the prevention or detection of crime, apprehension or prosecution of offenders and where these purposes would be likely to be prejudiced by non-disclosure • The Information Commissioner advised that this [in the case of vital interests is where the sharing is	

	necessary for matters of life or death, or for the prevention of serious harm to the individual]. This should only be used where there is substantial chance, rather than mere risk, that not disclosing or informing the data, subject of the intended disclosure, would be likely to prejudice the prevention or detection of crime.	
19.4	The above principles must direct decisions about whether information needs to be shared, when, with whom and for what justifiable purpose.	
19.5	Detailed confidential information should 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.	
19.6	**Risk to children** The use of the term "Schedule One Offender" has been replaced with the term "risk to children", which indicates that a person has been identified as presenting a risk or potential risk to children. The information that a person in Social Services' care or other community based setting is a risk to children, 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 considered a risk to children • Protect vulnerable individuals (children or adults) with whom the person considered a risk to children, has contact in any setting. In normal circumstances other people should not be told of the individual's background. The only situation where information about the individual's offence or risk level should be revealed, is when the nature of a relationship has developed to such a point, where there is identifiable likelihood of harm or abuse. Such situations require sensitive handling both with the person considered a risk to children and the other party.	*Refer to "Safeguarding Adults in Halton Inter-Agency Policy, Procedure and Guidance, 2010" for specific definitions and procedures relating to significant harm and principles of information sharing and confidentiality.* *The Home Office has issued revised guidance in Home Office Circular 16/2005, which explains how to identify those who pose a risk, or potential risk, to children. It includes a consolidated list of offences, which all agencies can use to identify "a person identified as presenting a risk, or potential risk, to children". This guidance identifies the major offences, including sexual offences, against children currently on the statute.*
20.	**Service Standards and Provision**	
20.1	As with all policies, it is essential that the policy's requirements be incorporated into service specifications and contracts. All Service Specifications, Contracts and Service	*It is advised that all providers of services are able to access*

	Level Agreements should specify that compliance with this policy is good practice.	*training.* *Each service should have a nominated member of staff who takes the lead responsibility for ensuring the policy is implemented.* *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.*
21.	**Assessment and Care Planning**	
21.1	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.	*In providing services, great care should be taken 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 include:* • *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*
21.2	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 sometimes 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 health and sexuality.	
21.3	Key points to observe at all times are: • **DIGNITY** • **CHOICE** • **AUTONOMY** • **RESPECT** • **PRIVACY** • **INDEPENDENCE**	
21.4	As per National Minimum Standards for Care, fundamentally care and support workers should 'treat others as you would wish to be treated yourself'.	
22.	**Legislation**	
22.1	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 <u>all</u> adults possess the capacity to make their own decisions, unless proved otherwise.	*Summaries of relevant acts can be found in Appendix3* *Sexual Offences Act (1956)* *Sexual Offences Act (2003)* *Human Rights Act (2000)* *NHS & Community Care Act (1990)* *Equality Act (2010)* *Local Government Act (1988)* *Data Protection Act (1998)* *Mental Capacity Act (2005)*
22.2	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 cases will be a major obstacle in enabling, what for some service users, may be valuable sexual relationships.	
22.3	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.	

APPENDIX 1

Useful Contact Numbers

Organisation	Contact Details	Service/Support
After Adoption	Helpline: 0800 0568 578 Mersey Office: 0151 707 4322 **www.afteradoption.co.uk**	After Adoption is a specialist voluntary adoption agency, which provides independent advice, support and counselling.
Body Positive Cheshire & North Wales	PO Box 321, Crewe, CW2 7WZ Tel: 01270 653 150 Fax: 01270 653 158 Email: **contact@bpcnw.co.uk**	Provides information, advice, support and advocacy for people who are HIV positive, their partners, friends and families, carers and anyone who has concerns about someone who is HIV positive.
Broken Rainbow	Tel: 0300 999 5428 **www.brook-rainbow.org.uk**	Gay, lesbian and transgender advice line
Brook Advisory	Free & confidential helpline: 0808 802 1234 **www.brook.org.uk**	National voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25.
Cheshire Action for Sexual Health (CASH)	CASH, PO Box 321, Crewe, CW2 7WZ Helpine: 01270 653 156 Email: **info@gaymenshealth.co.uk**	Offers support, information and advice on all aspects of sexuality and sexual health.
Genito Urinary Medicine Clinic (GUM)	Hospital Way, Runcorn, WA7 2DA Tel: 01928 753 217	Provides testing and treatment for sexually transmitted infections.
Health Care Resource Centre	Widnes Health Care Resource Centre,	Contraception and sexual health clinic.

	Oak Place, Caldwell Road, Widnes, WA8 7GD Tel: 0151 495 5000	Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy. Chlamydia screening available for under 25s.
The HIV Support Centre	Tel: 0800 137 437 **www.thehivsupportcentre.org.uk** 3rd Floor The Warehouse 7 St James Street South Belfast BT2 8DN	Provides confidential advice and information.
NHS Choices	**www.nhs.uk**	NHS Choices is a comprehensive online information service.
Samaritans	24 hour support Tel: 08457 90 90 90 Email: **jo@samaritans.org** Chris PO Box 9090 Stirling FK8 2SA **www.samaritans.org**	Confidential, non judgemental emotional support.
Terrence Higgins Trust	Tel: 0845 1221 200 **www.tht.org.uk** St Helens Branch Halton and St Helens PCT The Hollies Cowley Hill Lane St Helens Merseyside WA10 2AP	Terence Higgins Trust is the leading and largest HIV and sexual health charity in the UK.

	Tel: 01744 457 389 Fax: 01744 453 085 Email: **info.sthelens@tht.org.uk**	
Contraceptive Education Service Helpline	Tel: 0845 310 1334 Fax: 020 7837 3042 2-12 Pentonville Road London N1 9FP **www.fpa.org.uk**	Provides confidential advice and information on all aspects of contraception.
Rape and Sexual Abuse Support Centre	RASASC PO Box 35 Warrington WA1 1DW **www.rapecentre.org** Email: **support@rapecentre.org** Tel: 01925 221 546	A registered charity that aims to provide crucial specialist support, independent advocacy, counselling and information free of charge and in confidence in a safe and non-threatening environment for anyone accessing the service.
Halton Domestic Abuse Service	Tel: 0300 11 11 247	Provide domestic abuse support to local people in Halton
Halton Domestic Abuse Service Independent Domestic Violence Advisor	Tel: 0300 11 11 247 Mobile: 07944 081 530 Email: **idva@hadwaa.org.uk**	The role of the Independent Domestic Violence Advisor is to promote a service to victims at high risk. They work with a number of organisations to assist clients with the following: • Ensuring the safety of their children • Support to access safety measures • Assistance with choices of legal options and support through the court system • Liaison with agencies such as

		housing, CPS, police and solicitors on your behalf
Halton Domestic Abuse Service Floating Support	Tel: 0300 11 11 247 Mobile: 07944 081 508 Email: **lead@hadwaa.org.uk**	Floating support is a service that focuses on assisting individuals in the following areas: • Help to maintain, identify or access accommodation • Help with accessing appropriate support services e.g. benefits & financial management • Practical support to live independently and manage a home • Emotional support and safety planning • Support for children and access to children's outreach
Halton Women's Centre	Tel: 01925 246 910 Email: **info@therelationshipcentre.co.uk**	We are a specialist service offering a range of information and advice, emotional and outreach support services, family mediation and innovative training and resources to support everyone to develop healthier relationships.
Cheshire Police	Tel: 0845 458 0000 (24 hours)	This helpline will provide help and advice to residents for non urgent queries. If you required help for an urgent issue please ring 999
Cheshire Victim Support	Tel: 0151 424 2785 or	Provide help and advice for victims of

	Tel: 01270 750 068	crime
Force Marriage Unit	Tel: 020 7008 0151	Provides advice for those who have experienced forced marriage
Karma Nivarna	Tel: 0800 5999 247	Provide advice for males and females who are experienced forced marriage
Lesbian Gay Foundation Helpline	Tel: 0161 235 8035	Provide information and advice regarding issues with sexual orientation
St Mary's Centre Sexual Assault Referral Centre	Tel: 0161 276 6515 St Mary's Hospital Oxford Road Manchester M13 9WL Email: **stmarys.sarc@cmft.nhs.uk**	St Mary's Centre provides a range of services for people who have been raped or sexually assaulted. You can access one or all of their services depending on your needs. These services are available for men, women, children and young people. They include: • Immediate Crisis Support • Forensic Medical Examination • Access to Emergency Contraception • Sexual Health Screening for Sexually Transmitted Infections • Access to counselling support for as long as you need it • Access to an Independent Sexual Violence Advisor to provide support through any court action taken

APPENDIX 2

Useful Resources

NHS Choices Sexual Health Resources Videos	**Videos:** • Where to get contraception • Talking about using a condom • Contraception methods • Chlamydia Testing • Living with HIV • Coming Out • STI's • Herpes real story • Sex over 60 • Vasectomy • HIV real story • HIV & AIDS real story • Hepatitis C • Healthy and fulfilling sex life	http://www.nhs.uk/livewell/sexualhealth/
Resources for Sexual Health and Relationship Education	Various resources/reference materials available to purchase from website	http://www.sresources.co.uk/
Brook Advisory Service	Brook Publications sells an array of sex education resources, training manuals, leaflets and brochures for use by young people, teachers, health professionals, youth workers, sex advice workers and parents.	http://www.brook.org.uk/content/M1_publications.asp
F.P.A (Family Planning Association)	Information booklets relating to detailed information on individual methods of contraception, common	http://www.fpa.org.uk/information

	sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy available to download.	
McCarthy, M Thompson D (revised 1998) Sex and the 3 R's (Second Edition) Right, Responsibility and Risks – A Sex Education Package for working with people with learning difficulties		Published by Pavillion

Appendix 3

Legislation

Sexual Offences Act 2003

The Sexual Offences Act 2003 overhauled the legal framework relating to sexual offences and includes provision to guard against the sexual abuse of children and vulnerable adults. It repealed most of the previous law in relation to sexual offences.

The main provisions of the Sexual Offences Act 2003, relating to vulnerable adults are:

- The Act gives additional protection to children and vulnerable adults
- The definitions of rape is amended to include intentional penetration of the vagina, anus or mouth with a penis and forced sexual penetration of objects
- Significant changes to the issue of consent
- A number of specific offences relating to children under the ages of 13, 16 and 18 years
- New offences to protect vulnerable persons suffering from a mental disorder
- New offences relating to forced sexual activity with anyone and forced self-masturbation
- Touching over clothing may constitute an offence
- The Act is gender neutral
- Discrimination against homosexuals has been removed

Sexual Offences Act (1956)

Section 7.0 of this act makes it unlawful for a man to have intercourse with a woman deemed to be “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 amount to actual sexual intercourse, unlawful. Therefore, sections 9and 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, procuring of, sexual intercourse occurring outside of matrimony, intercourse with 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".

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 pressuring 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.

NHS & Community Care Act (1990)

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

Equality Act 2010

The Equality Act 2010 brings together into one Act all previous legislation around Equality and Diversity.

A major feature of the Act is to strengthen and promote two major responsibilities for public authorities, the General Duty and the Socio Economic Duty.

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 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.

Definition of illegal pornography

Sections 63-67 of the Criminal Justice and Immigration Act 2008.

Possession of extreme pornographic images

(1) It is an offence for a person to be in possession of an extreme pornographic image

(2) An "extreme pornographic image" is an image which is both :
(a) pornographic, and
(b) an extreme image

(3) An image is "pornographic" if it is of such a nature that it must reasonably be assumed to have been produced solely or principally for the purpose of sexual arousal.

(4) An "extreme image" is an image which:
(a) falls within subsection 5 and
(b) is grossly offensive, disgusting or otherwise of an obscene character

(5) An image falls within this subsection if it portrays, in an explicit and realistic way, any of the following
(a) an act which threatens a person's life
(b) an act which results, or is likely to result, in serious injury to a person's anus, breasts or genitals
(c) an act which involves sexual interference with a human corpse, or
(d) a person performing an act of intercourse or oral sex with an animal (whether dead or alive)
(e) and a reasonable person looking at the image would think that any such person or animal was real

(6) In this section "image" means:
(a) a moving or still image (produced by any means); or
(b) data (stored by any means) which is capable of conversion into an image within paragraph (a).