HALTON BOROUGH COUNCIL

Adults & Community Directorate

Intimate Relationships and Sexual Health Needs for Adults

Policy, Procedure and Practice

CONTENTS

INFORMATION SHEET

Service area	All Teams
Date effective from	June 2010
Responsible officer(s)	Policy Officer, People & Communities Policy Team
Date of review(s)	June 2011
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	
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 'Adult Protection in Halton – Interagency Policy, Procedures & Guidance' 'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work. Halton Borough Council 2010 General Social Care Council Codes of Practice for Social Workers

	Sexual Offences Act 2003 Mental Capacity Act 2005
Superseded document(s)	Social Care Housing and Health Directorate Sexual Health Policy, Strategy & Guidelines April 2003
Equality Impact Assessment completed	May 2010
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 individuals' 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 endeavors 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: • The document 'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance' • 'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work' [Halton Borough Council Health & Community Directorate 2010] Copies of the above documents should be available in teams but is also available on the Safeguarding Adults/Adults Protection page of the Halton Borough Council intranet and at: www.halton.gov.uk/safeguardingadults or www.halton.gov.uk/adultprotection	*Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse and exploitation.* *'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in*

		the course of their work' [Halton Borough Council Health & Community Directorate 2010]
2	**Who was involved in the production of the policy**	
2.1	This Policy has been developed by the Service Development Officer for Health. All relevant Divisional Managers, Principle and Practice Managers, Legal Services and the Adult Protection Coordinator were consulted upon its contents. The Policy has been presented to Departmental Management Teams and 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 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 'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse 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 who 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 2003.	*'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work' [Halton Borough Council Health & Community Directorate 2010]*
3.7	Abuse of trust can result in loss of the abuser'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 abuser.	
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 aged of 16 years even if they were to "consent", it would be a 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.	
4.2	This Act provides the definitions of both mental capacity and consent. The Act also set out five statutory principles which any act done or decision made under the Act. These principles are as follows: • Principle 1: A person must be assumed to have capacity unless it is established that 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. • Principle 3: A person is not to be treated as unable to make a decision merely because he makes an unwise decision.	*Mental Capacity Act 2005. Overall Policy, Procedure and Guidance November 2008. 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.*

	• Principle 4: An act done or decision made under this Act for or on our 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.	
4.3	The Mental Capacity Act applies to all individuals in England and Wales who are aged 16 and above and who lack capacity to make decisions. 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 decisions on their behalf. The more important the decision the greater the likelihood that more people will be involved. An assessment must be made for each decision.	
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	*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*

	informed decisions about sexual activity, behaviour and relationships.	*'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance for specific procedures relating to alleged abuse, including sexual, physical and emotional abuse 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. However, regardless of particular circumstances all services users and those responsible for their care, will benefit from guidelines, which outline roles and responsibilities in relation to sexual heath.	
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 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 rights as all people to live a full life without abuse, and should 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, judgments 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,	*It is expected that managers will make sure that services are commissioned,*

	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 personal and sexual relationship decisions concerning them • Take part in decisions and 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 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 • receive respect in relation to private and family life • marry according to national laws • make a complaint if they feel their rights have been breached • report abuse and exploitation and to be provided with support and advice • protection from abusive and exploitative relationships • expect people in positions of trust and with a duty of care to exercise boundaries appropriately 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.	*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.* *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.*
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; • 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;	*The greatest possible care must be given to establishing <u>full</u> consent to a sexual relationship for 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*

	Whether both partners have knowledge and understanding of what constitutes safer sex and are able to use this knowledge to reduce risks	*the duty of care to deny people choice.*
	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	*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*

	for information and who supports them in finding out the information. Gender may be an issue; e.g. who provides the information, who provides any support or advocacy. • Service users to be supported to access more than one session of advice and information where appropriate • 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.	*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 those people it affects, e.g. if the contraceptive pill is used, where it is kept and when it is taken. These issues should be noted on Care Plans where appropriate.* *Staff need to maintain confidentiality over matters 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.	*Medical advice for the service user should be sought at an early*

	Advice also needs to be available about contraception to avoid further pregnancies (see Section on Contraception).	*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 young woman (and the baby's father if he is involved) to weigh up the advantages and disadvantages of continuing with the pregnancy, keeping the baby or considering adoption. Independent advice may be helpful in this situation.	
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.	
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 is 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. • 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.	*Unless specifically contracted to do so, it is highly unlikely that direct care staff would be responsible for delivering such work e.g. direct situational teaching of masturbation, as this would be beyond their remit and could conceivably be construed as criminal activity under the Sexual Offences Act, 1956.*
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 professionals etc. 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 such 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	It is not appropriate to meet this behaviour with ridicule, or initial presumptions that there is a deep-seated and sexual identity 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 user how cross-dressing meets their needs, as part of establishing a therapeutic working relationship. This will also help to demonstrate to a service user an acceptance of their behaviour as being a valid part of their sexuality and also ensure that any service provided is as sensitive to their needs as possible.	*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 sexual health 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 need without offending others. This should be dealt with without ridicule and sensitively 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 bisexual people. Halton Social Services supports work with its clients to discuss socially acceptable 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. • *Staff should be made aware of the action to take should they encounter situations in which they feel unable to cope.*	*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 sexual health policy and values.* *The law means that we have to ensure that LGBT people are treated equally* *Staff and carers should avoid, as a matter or good practice, all negative images and discriminatory language that could discourage service*

		users from seeking advice they need
14	**Pornography & Sexually Explicit Material**	
14.1	As services users have the same rights as those of any other member of society, by definition this will include the right of service users to own legal pornographic material.	*Illegal/Hard Pornography Must be removed at once and action taken if any staff or carers have been involved in allowing such material to be made available.*
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 users is accessing pornographic material, as an opportunity to explore underlying sexual health needs. For example, a service user may believe that pornography is their only option for sexual expression, whereas access to education and the provision of opportunities to develop more meaningful social or personal relationships may bring about positive change for the service user.	*Halton Borough Council computers, or computers that Halton Borough Council are responsible for, are not under any circumstances to be used to access pornographic material.*
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 purchase pornography and sexually explicit material, do so discreetly and confine its use to within the privacy of their own rooms. Pornographic material should not be displayed in areas where this is likely to cause offence to others e.g. communal areas, day centres etc.	*For service users who through their own choice have expressed an identified need of input and help in the area of access to pornography, a Professionals Meeting should be convened. 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 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 guidance.	
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 consistency in the approach of staff in dealing with the sexual health and 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 (for example on issues of safer sex).	*Staff to develop an awareness of their own attitudes, and how these influence decision-making*

		processes and the way in which service users are supported in sensitive areas.
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 Guidance provides the following definitions which staff should adhere 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 • Whatever action you decided to take, try to avoid distressing the service user *Social Contact*: (including mobile phone, e-mail, text messages, letter and 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 bingo, for example), 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 sites such as Facebook, MySpace or Bebo • Give your personal details to service users. This includes your home address, personal mobile or home telephone numbers and personal e-mail	*'Professional Boundaries Guidance' for staff and volunteers who have contact with vulnerable people in the course of their work' [Halton Borough Council Health & Community Directorate 2010]* *Give appropriate and consistent cues to people who use our services, and using language that is non-discriminatory and non-judgemental.*

	addresses • 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 any relevant Corporate policies. *Physical Contact*: (including 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 sexual activity is condemned, the person using the service is given a negative message about sexual expression. This will not promote a climate in which sexual health education programmes can be effective in improving sexual health. It also does nothing to prevent the behaviour recurring, even though this may be inappropriate. It may even give rise to further inappropriate or challenging behaviour, of a sexual nature.	
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 on going.*
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 individuals' confidante, key	*A service may wish to develop an explicit framework, which sets out clearly what the different relationships are between the service and the*

	worker or advocate.	*parents/carers and the service and the service user. It is important to achieve a balance between parental/carer involvement whilst ensuring the needs of the service user are also met. For example, your service may decide that parents have the right to information but service users have the rights to confidentiality. This may need to be clearly stated in the service information.*
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. Information about such areas should be available to parents/carers before their relative starts to receive a service.	
17.4	The differing attitudes of carers towards sexuality needs to be recognised and handled sensitively. At the same time, the rights, needs and views of service users must be the overriding consideration.	*Senior managers should be consulted where there is an unresolved conflict of opinion, which will have implications for the service to be delivered.*
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	Untested assumptions about service users may exist on a number of levels. It can be easier for services to assume that older people, or disabled people have no sexuality. This serves to create barriers to those who may wish to seek help for sexual health concerns.	*Services should have in place policies regarding the following Anti-oppressive practice an equal opportunities Staff at all levels should be provided with training in respect of the above.*
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 aim is to empower individuals (and also ensure protection, where necessary). Service users who need help with issues of sex and sexuality, have a right to expect that the confidentiality and sensitivity of the matter be respected. At the same time, they, as well as staff, need to understand that some information passed in confidence, relating to situations of abuse or other risk, will need to be shared with others (e.g. the line manager, Police).	*Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance 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: a) The safeguarding of the welfare of vulnerable children and adults b) Maintaining public safety c) Prevention of crime and disorder d) The detection of crime	*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*

	e) The apprehension of offenders f) The administration of justice	*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 are justification for sharing information and where necessary be considered in the decision making process. 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	*This judgement may have important ramifications for people with HIV/AIDS and arguably for others with disabilities or health conditions that are known to subject people to discrimination. While there is a power to withhold publication of names under the Contempt of Court Act, under the Employment Tribunals Act and the Disability Discrimination Act, tribunals have the right to restrict reporting of litigation only until the decision is made when the matter may be reported.*

	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 advises 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 and with whom.	
19.5	Detailed confidential information should not be revealed and discussed at a review as a matter of routine. If there are real concerns relating to matters of risk or protection, these should be discussed with the individual beforehand, and, if necessary, referred to the line manager, to decide how the matter should be handled.	
19.6	**Schedule 1 Offenders** The information that a person in Social Services' care or other community based setting is a Schedule I Offender is sensitive and confidential. The information should be shared with the minimum number of key staff and carers necessary to: • Meet the needs of the person who is the Schedule I Offender • Protect vulnerable individuals with whom the Schedule I Offender mixes either in the residential care or community setting. In normal circumstances other people should not be told of the offender's background. The only situation where information about the Schedule I offence should be revealed is when the nature of a relationship has developed to such a point where there is an identifiable likelihood of "significant harm" or abuse. Such situations require sensitive handling	*Refer to 'Adult Protection in Halton – Inter-agency Policy, Procedures & Guidance for specific definitions and procedures relating to significant harm and principles of Information Sharing and Confidentiality*

	both with the Schedule I Offender and the other party.	
20	**Service Standards & Provision**	
20.1	As with all policies, it is essential that the policies requirements be incorporated into service specifications and contracts. All Service Specifications, Contracts and Service Level Agreements should specify that compliance with the Policy is good practice.	*It is advised that all providers of services are able to access 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 by staff to be sensitive as to how services may impact on service users personal and social relationships. The manner in which services are provided may impinge on relationships and sexuality in ways which are not always obvious or visible to staff.* *Examples may included:* • *Physical alteration of sleeping arrangements*

		between partners e.g. moving bed to ground floor. • *Lack of privacy within residential/nursing establishments* • *Care arrangements that may increase separation between partners e.g. extending day care provision for one partner.* • *Prescription of medication which may reduce libido*
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 sometime be over cautious for fear of causing offence. However, good assessments will communicate that staff are open to understanding personal and social relationships, including issues of sexual heath and sexuality.	
21.3	**Key points to observe at all times are:** • **DIGNITY** • **CHOICE** • **RESPECT**	
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 Appendix 3* *Sexual Offences Act (1956)*

		Sexual Offences Act (2003) *Human Rights Act (2000)* *NHS & Community Care Act (1990* *The Equality Act (Sexual Orientation) Regulations 2007* *The Sex Discrimination (amendment of legislation) Regulations 2008* *Disabled Persons Act (1986))* *Disability Discrimination Act (1995)* *Disability Rights Commission Act (1999)* *Local Government Act (1988)*
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 case 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 568 578 Merseyside 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 01270 653 150	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	0161 839 8574	Gay, lesbian and transgender advice line
Brook Advisory	81 London Road, L3 8JA Free & Confidential helpline: 0808 802 1234	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 Helpline: 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 01928 753 217	Provides testing and treatment for sexually transmitted infections
Health Care Resource Centre	Widnes Health Care Resource Centre, Oaks Place, Caldwell Road, Widnes 0151 495 500	Contraception and sexual health clinic. Provides contraception, emergency contraception, free condoms, pregnancy testing, sexual health advice and referrals for termination of pregnancy. Chlamydia screening available for under 25s
National AIDS Helpline	0800 137 437 www.aidshelpline.org.uk	Provides confidential advice and information
NHS Choices	www.NHS.co.uk	NHS Choices is a comprehensive on line information service
Samaritans	24 hour support	Confidential, non judgemental emotional

	Call 08457 90 90 90 Email: **jo@samaritans.org**	support
Terrace Higgins Trust	0845 1221 200	Terence Higgins Trust is the leading and largest HIV and sexual health charity in the UK
Women's Health	52 Featherstone Street, London, EC1Y 8RT 0845 125 5245 **health@womenshealthlondon.org.uk**	A national charity that provides gynaecological and sexual health information for women. They provide access to independent, non judgemental health information to enable informed decisions to be taken about health and well being

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 • Hepitius C • Healthy & fulfilling sex life	http://www.nhs.uk/livewell/sexualhealth/
Resources for Sexual Health & Relationship Education	Various resources/reference materials available to purchase from website	http://www.sreresources,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 sexually transmitted infections, pregnancy choices, abortion and planning a	http://www.fpa.org.uk/information

	pregnancy available to download	
McCarthy, M Thompson D (revised 1998) Sex and the 3 Rs (Second Edition) Right, Responsibilities 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 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 sever 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 9 and 21 of the Sexual Offences Act make it unlawful for anyone to procure a woman labelled as being 'defective' to have sex with a man and for anyone to remove such a woman away from the care of a parent, with the purpose that she shall have sexual intercourse with a man, respectively.

Although the above offences are unlawful by virtue of the act of, of procuring of, sexual intercourse occurring outside of matrimony, intercourse without consent (either because consent was not given by the 'defective' woman, or she does not possess the capacity to give consent) may amount to an offence of rape both within and outside of matrimony.

Of particular relevance to staff is Section 27 of the Sexual Offences Act. This section makes it an offence for either the "owner, occupier or anyone who acts in the management or control of any premises" to "induce or knowingly suffer a woman who is a defective to resort to or be on those premises for the purposes of having unlawful sexual intercourse".

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.

The Equality Act (Sexual Orientation) Regulations 2007
Makes it unlawful for a person providing goods, facilities or services to members of the public to discriminate against anyone on the grounds of sexual orientation. This legislation applies to care service providers.

The Sex Discrimination (amendment of legislation) Regulations 2008
Means it is unlawful for providers of goods, facilities and services to discriminate against or harass people on the grounds of gender reassignment.

Disabled Persons Act (1986)
This reinforces the provision of the Chronically Sick and Disabled Act 1970 to meet the needs of disabled people, and extent the rights of individuals to be represented.

Disability Discrimination Act (1995)
The Disability Discrimination Act introduced new laws aimed at aiming at ending the discrimination faced by many disabled people. The Act gives disabled people new rights in employment, access to services and the buying or renting property.

Disability Rights Commission Act (1999)
The Commission began work in April 2000 and has set as its goal “a society where all disabled people can participate fully as equal citizens”.

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

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