Adults with learning disabilities
personal and sexual relationships

A policy for providers
in Westminster

This policy was drawn up in association with Image in Action and family planning association (fpa)
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Introduction
Westminster City Council and NHS Westminster affirm the right of people with learning disabilities to practise and enjoy personal and sexual relationships, if that is their wish. This policy has been produced to ensure that this right is upheld, and to support those who work with service users in upholding it.

However, this is a complex area, with no absolute right or wrong answers in balancing rights, responsibilities and protection issues. We believe that this policy provides a framework for staff to operate within, and a context for decision making that places human rights uppermost.

Not all services are the same: individual services will need to interpret this overall policy, and the sexuality policies that organisations are contracted to provide, according to their own service users’ needs, and to draw up their own guidelines (see section 7 and appendix 2). These would show in detail how the policies are to be implemented in the context of the particular service.

It is expected that all staff working in the borough will uphold this policy. We all hold different values and beliefs about sex and sexuality; and agreeing with the policy does not mean that we agree personally with every aspect of it. But we do have to agree that this policy will be put into practice for users of the service. Staff whose personal views conflict with the policy should discuss it with their manager and an alternative solution should be sought including staff development and training in these areas of their work.

In upholding and implementing this policy, or in developing guidelines and programmes of work, establishments, services, managers and workers should always give due consideration to relevant legislation including, but not limited to, the Mental Capacity Act (2005) and the Sexual Offences Act (2003).

Who the policy is for
This policy covers all those involved in commissioning and providing services for adults with a learning disability who live in (or are the responsibility of) Westminster City Council and NHS Westminster.

What this policy contains
There are three main parts to this document.

Part One  The basic principles of the policy
Part Two  The policy
Part Three  Appendices

Each section of Part Two is organised so that a summary of the principles of that particular policy appear first, followed by guidelines for implementation.

How Westminster will support this policy
- Many people receiving services for learning disabilities from Westminster City Council and NHS Westminster wish and are able to have adult sexual relationships. We aim to support them in engaging in relationships when they are entered into with full and informed consent.
- The borough will ensure that this policy reaches all branches of the service, at all levels.
- It will provide opportunities for staff training about sexuality.
- It will monitor the effectiveness of the policy at regular intervals.
- The policy will be reviewed regularly to ensure that it keeps up to date with both legal requirement and best practice. The first review is scheduled to take place in November and December 2010.

A note about the text
The word ‘parents’ has been used to include parents and carers.
Sex and relationships education is commonly denoted as SRE, a usage which appears in some places in the text.
1. The principles on which this policy is based

At the core of this policy is the principle of Person Centred Planning and non intervention. At all times the aim will be to put the service user at the centre of things, and in control of what happens.

1.1 The rights of people with learning disabilities

- To enjoy and express their sexuality
- To practise their sexuality
- To have their sexuality recognised by others

These rights include support for:

- Information
- Privacy
- Intimacy
- Specialised contraceptive services (UN Declaration 1971)
- Parenthood
- Marriage and civil partnerships
- Sexual preference

But we realise that ensuring these rights can sometimes be complicated. For example:

- A service user may require assistance to access a particular right
- The rights of a service user may conflict with the rights of a parent
- The rights of an individual service user may conflict with the rights of the wider group
- The rights of a service user may conflict with the rights of member/s of staff

In such circumstances, it may be necessary to take the following steps:

- To consult fully with all those involved, including a line manager
- To consider whether there are any legal implications
- To make the decision with sensitivity, focusing on the intentions of the policy

Human Rights

The United Nations Declaration on the Rights of Mentally Retarded Persons 1971 includes these additional rights (quoted in Craft and Craft 1983)

- the right to birth control services which are specialised to meet their needs
- the right to marry

The Human Rights Act 1998 was enacted to comply with the European convention on human rights.
The Right to Decide

The five principles in the Mental Capacity Act (2005) must be followed in any decision-making with adults with learning disability. These are:

1. Every adult must be presumed to have capacity unless they fail the capacity test in the Act.
2. All practicable steps must be taken to help a person with the test of capacity.
3. An unwise decision does not mean a person lacks capacity.
4. Any decision or action taken on behalf of a person lacking capacity must be in their best interests.
5. Any decision or action taken on behalf of a person lacking capacity should aim to be the least restrictive option available.

These principles are decision-specific, and apply equally to each decision that a person makes with regard to their sexuality, as to other decisions about their life. Practitioners must be able to evidence their compliance with these principles when applying this policy to their practice.

1.2. Respecting cultural and religious backgrounds

People with learning disabilities in the City of Westminster reflect the cultural, religious and ethnic diversity of the borough, which should also be reflected in service delivery.

Individual views and beliefs about sexuality are based on culture, religion and upbringing; but we must take care to recognise that the backgrounds of those we work with may be different, and not to impose our values on them.

Good practice includes:

- establishing the person’s cultural and religious background.
- understanding that culture is not static; do not make assumptions

- incorporating a person’s cultural, religious and ethnic background when assessing a situation or providing a service
- working sensitively in developing care plans and programmes of SRE
- considering the wishes of the service user such as in matching workers with the same cultural and religious background
- challenging stereotypes and being prepared to provide flexible service responses
- recruiting staff who reflect the diversity of service users in the area
- endeavouring to make it possible for service users to discuss personal relationships and sexuality with people from their own community if they wish

1.3. Ensuring best practice

Best practice in this area includes:

- Establishments and services discuss the sexuality policy and produce their own guidelines for putting them into practice
- Service users are involved and consulted in producing these guidelines
- Establishments keep up to date with legal and industry changes that affect the sexuality and sexual behaviour of service users
- Establishments should consider the development and implementation of SRE Programmes as referenced throughout this policy. Staff and service users should be fully engaged in this process.
2. Sexuality and people with learning disabilities

All people are sexual beings whatever their abilities or disabilities.

All service users have the right to information and resources on sexuality, sexual health and safer sex, whether they are having a sexual relationship or not.

Any service user who wishes to have a consenting sexual relationship should be allowed to do so, within the constraints of the law.

2.1 The aims of this policy

- To ensure the rights of service users are upheld to engage in personal and sexual relationships, if they so wish
- To provide information about sexuality for staff working with service users
- To offer practical guidelines to staff
- To promote best practice in services provided for service users
- To support establishments in providing appropriate contexts in which discussion of sexual matters can take place
- Relationships between service users can develop
- Service users’ privacy is respected
- To provide information and support for programmes of sex and relationships education for service users
- To promote a consistent and considered approach

2.2. Working in partnership

Since people with learning disabilities take more time to learn and to develop skills, it is essential that a consistent approach is used by all who come into contact with service users. This means that professionals, parents and carers, and people with learning disabilities themselves, need to work together to ensure that people with learning disabilities:

- are helped to live full lives
- are helped to develop full and positive personal and sexual relationships
- are protected from abuse and exploitation

Effective sexuality work requires that all agencies work together to support service users. Some obvious agencies are the contraceptive and local health services but there will be many others (see Appendix 6).

Equally, there will be a need to take account of and coordinate with other policies in the borough: for example

- Housing policies will affect possibilities of intimate couples living together
- HIV and AIDS policies
- The policy for the protection/safeguarding of vulnerable adults

2.3 Personal, social and emotional development

**POLICY**

Establishments should understand and respect the wide variation in sexual and personal development exhibited by people with a learning disability.

Support for this development should be provided.

**Guidelines**

Everyone, including those with a learning disability, has different ways of expressing their sexuality, and this is part of their personality.

Most people with learning disabilities develop physically within the parameters generally exhibited in the population at large, but in some
cases their emotional and social development may be slower. It is not uncommon for sexual feelings to become stronger and sexual behaviour to be exhibited, at a later age than for other people. This means that there are opportunities for sex and relationships education (SRE) and support in adult services.

Support to meet the needs of service users include: information, access to counselling, respect for intimacy, privacy and sensitivity for a developing relationship, help in developing the personal and social skills that encourage a relationship to progress, and possibly some help in modifying their behaviour.

A sex and relationships education (SRE) programme can support service users’ growing awareness of their sexuality.

2.4 Relationships and friendships

**POLICY**

Relationships of all sorts are important to our personal development. Service users should be encouraged to engage in as wide a variety of relationships as they wish, as long as they are within the law (i.e. no under age sexual relationships), mutual and consenting.

It is important for people with learning disabilities to have the opportunity to develop a range of relationships, not only with others with a disability. Many service users, however, have a lifetime of broken relationships, with other service users and staff moving on; and they have not developed the ability to make long-term relationships. To remedy this requires skilled help.

People who do not use speech to communicate should not have their relationships underestimated or overlooked. Living with people for long periods of time is likely to develop a familiarity and security between some individuals which could be very important to their lives.

People vary in their attitudes and expectations of relationships and staff will be expected to deal with service users and situations with sensitivity.

**Guidelines**

Staff should take positive steps to enable people to maintain their network of friendships, including supporting them to:

- maintain and extend their network of friendships
- find new relationships and renew old ones
- Use methods like ‘life story’ books to acknowledge old friendships
- develop links with the local community, for example through clubs, sporting activities and adult education classes.

Individual friendships should be supported where there is no exploitative behaviour.

We should not underestimate the relationships formed by service users who do not use speech to communicate.

Do not exert pressure on those who do not wish to have links or sexual relationships with others; service users are free, if they so wish, not to engage in sexual relationships.

2.5 Sexual preferences and sexual behaviour

**POLICY**

In society today there is a diversity of sexual needs and expression. This is no different for people with learning disabilities. Service users may form sexual relationships with either sex, as other people do.

Within the limits of the law, sexual preferences and behaviour will be respected and supported.
Guidelines

A sexual relationship can offer mutual support and pleasure to the partners involved. In practice, staff should respect any mutual relationships that are formed and should not discourage consensual sexual activity. Informed consent should be present in any sexual relationship.

If a service user tells a member of staff about any sexual relationship, or their desire for such a relationship, this should be treated positively and with sensitivity:

- By keeping information confidential unless otherwise indicated (e.g. issues of vulnerability – see below)
- By offering support if needed, in the form of information and relevant resources
- By contacting outside agencies if required
- By advising on safer sex practices
- By giving support if the individual wishes to tell others, e.g. parents or carers

A wide variety of sexual expression is to be found in the population at large. This is no different for service users. Any behaviour that seems to be giving rise to concern should be discussed via supervision from a line manager.

All the above applies equally to heterosexual, homosexual, bisexual and transgender/transsexual relationships.

Staff should avoid letting their personal views affect their responses to service users’ choice of relationships.

If there are issues of vulnerability, procedures in the Safeguarding policy should be followed (see section 2A Confidentiality and 2E Exploitation and abuse).

2.6 A summary of the law

The age of consent for both heterosexual and homosexual intercourse is 16. (Sexual Offences Amendment Act 2000)

Anal sex between heterosexual couples was made legal in the Criminal Justice and Public order Act 1994.

Unlawful sex is an offence:

For a man with a woman with a mental disorder, or a woman with a man with a mental disorder

For anyone to procure someone with a mental disorder for sex

Sexual activity between two people neither of whom can be considered to give consent:

If there is no exploitation, discretion will probably be exercised and there will be no prosecution.

See Appendix 1 for more details, including the Mental Capacity Act 2005.
3. Some specific issues

3.1 Confidentiality

**POLICY**

Unless otherwise agreed by the service user, confidentiality about sexual matters should be maintained. If there are other factors which mean that confidentiality has to be broken (e.g. for legal or health reasons) the service user’s consent should be gained whenever possible.

**Guidelines**

A confidentiality policy needs to be in place to implement legislation such as the Data Protection Act 1998, created to protect the rights of the person with a learning disability to privacy and respect for the processing of their personal data. Also for everyone to be clear about

- which matters are deemed to be confidential
- lines of referral
- in which circumstances a referral should be made

There are situations in which keeping confidentiality may not be possible, for instance on safety grounds. Staff should follow agreed Health and Safety or safeguarding procedures in these situations and always try to get the agreement of the service user if it is necessary to inform other parties. If confidentiality is to be breached, the service user should be informed.

Confidentiality will need to be breached when a disclosure of abuse, sexual or otherwise, has been made. Staff members have the responsibility under their duty of care to protect the service user from further abuse and to report it by following Protection and Safeguarding procedures. The service user must be informed of these responsibilities and the consequences regarding breaching of confidentiality policy.

Staff should seek support via supervision or from their manager in situations that are not clear.

3.2 Privacy

**POLICY**

Service users have a right to privacy.

This privacy will be accepted and respected by members of staff and all other service users.

**Guidelines**

Relationships, with or without a sexual element, need privacy in places where the service user can relax and entertain. It should be remembered that day centres, adult education and community centres, are public buildings and are therefore not appropriate places for sexual activity.

Certain behaviours, like masturbation, nudity and sexually intimate contact should be seen as acceptable only in private.

As part of the individual care planning process staff may need to work with some service users to think about how they can have privacy to relax and entertain. It’s possible that some service users may need help to reach a private room.

To offer dignity and increase the safety for people with learning disabilities known to be sexually active, staff should ensure that private space is available for service users to engage in sexual relationships, ideally in their bedrooms.

A programme of sex and relationships education (SRE) can help people with learning disabilities to understand the concept of privacy, and how to identify matters and places that should be kept private.
3.3 Masturbation

**POLICY**

*It is normal behaviour to masturbate for both men and women: it is a safe way to explore one’s own sexuality.*

*Reprimanding the service user is not appropriate.*

*People with learning disabilities should be helped to understand that masturbation should take place in private.*

**Guidelines**

Residential providers should ensure that they identify appropriate ‘time and space’ so that everyone has some acceptable opportunity to masturbate, if they so wish. Staff may need to teach a person that there are places where it would be inappropriate to masturbate.

For some people, masturbation can give physical pleasure, release tension and relieve boredom. Others may become very frustrated by being unable to masturbate. It is rare, but, constant masturbation may bring about minor physical harm.

If there is a concern about masturbation this should be discussed with care management. If it is felt necessary, the provider or care management should set up a meeting of relevant professionals, (and the service user and carer if appropriate) to discuss the issues and develop an appropriate plan. The meeting should consider the needs of the individual and how these may be best addressed. Specialist advice may be necessary.

If an individual service user needs support in masturbating effectively, action may only be taken after a meeting of relevant professionals, including the service user’s family. The service user should be consulted, affirming the principle of putting the service user at the centre of any decisions.

It may be decided to provide education to teach a service user how to masturbate. Such education should only be provided by people specifically trained and not by members of staff.

A programme of sex and relationships education (SRE) can help service users to understand the concept of privacy, and how to identify places that should be kept private. The programme should include education about masturbation.

**A summary of the law**

It is not illegal to teach someone about masturbation, but it is good practice to make sure this is an agreed part of the establishment’s sex and relationships education (SRE) policy; and to maintain notes with clear details about the programme.

Any physical touching involved in teaching about masturbation would be considered as sexual assault. (Sexual Offences Act 2003).

In any case where someone was considered to need physical help to understand masturbation, or to masturbate effectively, the decision would have to be taken by a court after a formal case conference.

It is always necessary to refer to the Mental Capacity Act 2005 Code of Practice to guide decision-making in cases where a person’s ability to consent is in question.

3.4 Pornography

**POLICY**

*People with learning disabilities have the same right as others to obtain and enjoy publicly available pornography (e.g. ‘top shelf’ magazines).*

*No pornographic material should be brought into any public parts of the building.*

*Each establishment will set out clear guidelines to avoid service users accessing illegal pornography via the internet.*
Guidelines

Pornography is a controversial subject. Pornography is regarded by some people as offensive and degrading. However, some pornographic material is publicly available and service users cannot readily be denied something that is available to others; it is their choice if they wish to use it.

Pornography can sometimes help people with learning disabilities to achieve some sexual satisfaction which they might otherwise be unable to attain. Its use by people with learning disabilities should be kept under review with regard to the views of other users, staff and members of the public.

Those people with learning disabilities who use pornographic materials must be helped to understand that:

- most people do not behave as the people in the magazine/videos.
- a lot of people are offended by pornography.
- it must be kept and used in private and not brought into any public part of the establishment. A bedroom is usually considered the most appropriate place for such material.

Staff should not bring pornographic material into their work settings, nor will they buy pornographic material on behalf of a service user. The one exception to this is where a person is unable to purchase pornography. For example, a wheelchair user who cannot reach the material on a ‘top shelf’. Any member of staff in this situation should consult with a manager. Assurance will be needed that the service user is making a clear choice (it is always necessary to refer to the Mental Capacity Act 2005 Code of Practice to guide decision-making in cases where a person’s ability to consent is in question.).

Service users may be able to access pornography online via the internet. This can be a growing problem for some establishments. In law, any online extreme pornography is considered illegal. Dealing with this requires each establishment to agree clear guidelines about what is acceptable and what is not; a clear policy on what must be reported to police; and who is responsible for this. It is possible to restrict access to the internet so that illegal pornographic sites cannot be visited.

The guidelines will need to balance the rights of the individual, the requirements of the law, and any potential damage to the service user or others. When these issues arise, staff must inform their line manager.

A summary of the law

It is legal to purchase or own pornography showing people over 18 and if the purchaser is over 18 (Sexual Offences Act 2003).

Sexual images showing children 17 and under are always illegal. This includes images downloaded from the internet. Any material containing sexual images of children must be reported to the police.

It is not illegal to physically assist a client to buy legal pornography.

The use of explicit material to teach sex and relationships education (SRE) is not illegal.

It is also necessary to refer to the Mental Capacity Act 2005 Code of Practice to guide decision-making in cases where a person’s ability to consent is in question.

3.5 Exploitation and abuse

POLICY

All service users have a right to be protected from abuse and exploitation.

All members of staff have a duty to protect service users.

Abuse can never be condoned, whoever the perpetrator.

Members of staff must have no sexual contact or relationship with service users.
Guidelines

All provider organisations and their staff have a duty to protect service users who are vulnerable to exploitation. In cases where staff are concerned that an individual is being exploited or sexually abused, then the Safeguarding Adults policy and procedures should be implemented.


Sexual abuse is defined as the involvement of vulnerable adults in sexual activities which:

- they do not want to have and have not given consent to
- they could not understand enough to give their consent
- they may wish to withdraw from
- are against the law.

Abuse may consist of contact or non-contact abuse, or harassment. It can take place within a family, care-giving situation or other power relationship including trusted friends and neighbours; or with strangers.

‘No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000) defines abuse as ‘a violation of an individual’s human and civil rights by any other person or persons….Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it

Sexual acts which might be abusive include:

Non-contact abuse:
- Voyeurism
- Involvement in pornography
- Indecent exposure

- Harassment; or
- Serious teasing

Contact abuse:
- Touch - for example of breasts, genitals, anus, mouth
- Masturbation of either or both persons
- Penetration or attempted penetration of anus, mouth, vagina with or by penis, fingers, other objects.

Sexual harassment is unwanted and uninvited sexual attention, which may involve ‘jokes’, sexual comments about a person’s body, intrusive personal questions. This is considered a serious matter. Service users may be abusing each other, staff may abuse service users or, in some circumstances, service users may abuse staff.

Provider organisations need to ensure that their procedures cover all these scenarios. Most abuse is perpetrated by someone known to the service user.

Staff working with vulnerable adults do so under the Safeguarding of Vulnerable Groups Act 2006 which establishes a ‘vetting and barring’ scheme managed by the Independent Safeguarding Authority (ISA). The work of the ISA is to prevent unsuitable people from working with children and vulnerable adults. The ISA work in partnership with the Criminal Records Bureau (CRB) The three former barred lists (POCA, POVA and List 99) are being replaced by two new ISA-barred lists.

Employers, local authorities, professional regulators and other bodies have a duty to refer information to the ISA about individuals working with children or vulnerable adults where they consider them to have caused harm or pose a risk of harm.

This is a summary only: refer to the policy for Safeguarding Adults Multi-agency Policy and Procedures (2008). It is also necessary to refer to the Mental Capacity Act 2005 to guide decision-making in cases where a person’s ability to consent is in question.
3.6 Personal care

**POLICY**
Wherever possible, intimate personal care should be carried out by member of staff whose gender was chosen by the person with a learning disability.

**Guidelines**
People with learning disabilities’ should always be encouraged and given opportunity to carry out those aspects of personal care that they can do for themselves – the principle of least intervention.

The wishes of people with learning disabilities’ should be taken into account when deciding who is to administer intimate personal care. The care plan should state how this is to be done. The service user’s sexual preferences should also be respected, although their wishes may not necessarily be for a carer of the same or the opposite gender. There may be reasons why a service user would prefer one person rather than another that have nothing to do with their sexuality.

Situations of intimate personal care may take on an erotic nature for either person. Staff should be aware of this possibility, and seek support from management if it occurs.

**A summary of the law**
Any sexual touching in the context of personal care is illegal. But touching of sexual body parts as part of personal care and hygiene would be considered acceptable.

All staff has a duty of care to protect a client from harm. In the case of harm, a member of staff could be found negligent if it were assessed that harm could reasonably have been foreseen.

3.7 Parental involvement

**POLICY**
Working in partnership with family carers, and supporting them, is always to be aimed for; and is of key importance in the development of service users.

**Guidelines**
It is good practice to keep family carers informed about the personal and sexual development of their sons and daughters, during discussions about care plans for example.

They should be involved wherever possible in discussions about the sex and relationships programme (SRE), about establishment sexuality guidelines, and the perceived needs of their son or daughter.

The involvement and support of family carers enhances service users’ learning, understanding and skills in the area of sex and personal relationships. A common language can be agreed, and learning which takes place in the sex and relationships programme (SRE) can be reinforced by family and home.
If there is disagreement with family carers about any aspect of sexuality, the matter should be discussed with a line manager. Parents are usually supportive of programmes designed to help their sons and daughters gain the skills and understanding needed to enable them to form more satisfying personal relationships, and to protect themselves from potential harm. But sometimes the wishes of the family regarding sexual behaviour and the content of sex and relationships education (SRE) programmes may conflict with the wishes of the service user.

Such situations are usually resolved after discussion but if no agreement can be reached, the wishes of the service user (who is over the age of consent) should be supported. It’s important that the principles of person centred planning are upheld, consulting the service user, and giving control over what happens wherever possible.

A summary of the law
There is no legal requirement to inform parents about the sex and relationships programme (SRE) programme.
Parents have the right to withdraw their children (up to the age of 18) from any non-compulsory sex and relationships programme (SRE)in schools.

4. Partnership and parenthood

4.1 Partnership, marriage and divorce

POLICY
People with learning disabilities have the same right as others to form relationships and partnerships. A wish to live together or to marry should be respected and supported.

Guidelines
The legal, emotional and psychological aspects of living together should be discussed with both partners.

No greater expectations should be held about the viability of the partnership than would be held about any other partnerships in the community.

People with learning disabilities form a variety of relationships. We must not assume that these will always be with other disabled persons.

An experienced counsellor may help to ensure that the couple are aware of the commitment they are entering into.

Couples of the same sex who wish to cohabit should also be offered the appropriate counselling.

A summary of the law
There is no restriction in law on the right of people with learning disabilities to marry. If they are over 18 they may marry as long as the Registrar of Marriages is satisfied that they both understand the commitment they are making (see Mental Capacity Act 2005 Code of Practice)

If they are between 16 and 18 they would need the consent of their parent or guardian, in the same way as other people.

Like marriage, there is no difference in law between people with learning disabilities and
others who wish to divorce. The Matrimonial Causes Act 1973 states that marriage can be made void if either party was suffering from a mental disorder (this definition would include people with a learning disability). In practice, it is unlikely that this would be used as grounds for an annulment.

Partners of the same sex can now enter into civil unions (Civil Partnerships Act 2004).

Forced marriages are illegal under the Human Rights Act 1998. If a service user feels they are being forced to enter into a marriage staff should follow the multi-agency practice guidelines: Handling Cases of Forced Marriages. HR Government. June 2009. (www.fco.gov.uk/forcedmarriage)

4.2 Parenthood

**POLICY**

People with a learning disability have the same rights as others to be a parent.

It should not be assumed that people with a learning disability are excluded from parenthood.

The welfare of any child born to service users will be paramount and will prevail over the interests of the parents (Children Act 1989).

**Guidelines**

This is a situation where rights and responsibilities need to be balanced.

Staff should provide support, information and resources to services users who wish to be parents. These could be by using internal or external agencies offering counselling, training and education to prepare them to cope with a child.

Counselling should discuss the service user’s expectations and responsibilities as a parent.

Assessment of independent functioning should be made, and maximum support from other services should be drawn on; e.g. statutory services (health, social services, housing departments), voluntary services, relatives, friends.

Counselling for service users who wish to be parents should involve an exploration of their expectations. Sometimes having children can be seen as a passport to ‘normality’ or there may be unrealistic ideas concerning the restrictions and duties children place on parents.

Some of the areas that should be explored with prospective parents are:

- What are their expectations about becoming parents?
- What is the level of independent social functioning? The combined social functioning of a couple may be sufficient for independent living, even though the individual alone would not be able to manage.
- How stable is the relationship?
- Are there any possible risks to the baby?

Local authorities have a duty to provide a range and level of services appropriate to the needs of children in its area who are in need, and to promote their upbringing by their family.

A single person similarly has the right to choose whether or not to have children. Again, counselling and support will be needed.

**A summary of the law**

Legally there is nothing to stop a woman with learning disabilities from having a child, if she is considered able to consent (see Mental Capacity Act 2005); but in practice, the reality may be different.

If she is considered to be unable to give consent, the decision may be made that she should have an abortion (according to the criteria in the Abortion Act 1997 and the Mental Health Act 2007 or Mental Capacity Act 2005).
If the woman is considered able to consent and bears a child, the decision may still be made that the child should be taken into care, since the wellbeing of the child is paramount (Children Act 1989).

4.3 Preventing unwanted pregnancy: contraception

POLICY

Information and education about contraception should be available to all service users for whom it is appropriate, whether engaging in sexual activity or not.

Advice and counselling on contraception should be available to service users who need it.

The wishes of the service user should take priority over those of parents.

If a service user becomes pregnant, provider organisations must inform care management.

Sterilisation may take place if the service user makes an informed choice. If no consent is possible, it can only be undertaken for medical reasons.

Guidelines

These matters can give rise to some difficult decisions. Parties involved in the situation may have conflicting views about what should happen.

The principle of putting the service user at the centre of decision-making should always be respected. The use of contraceptives should be viewed in terms of the needs and wishes of the service user, not as a way of avoiding a difficult issue.

Several contraceptive methods are suitable for people with learning disabilities. If service users are sexually active, they will need advice about avoiding any unwanted pregnancy, but information about contraception should be made available to any service users whether or not they are in a sexual relationship. Contraception should form part of a programme of sex and relationships education (SRE) for service users.

The service user’s cultural and religious views should be taken into account. It is good practice to discuss these matters with parents.

Some service users will be able to access contraception without support. For others, there may be a need for discussion with management or a wider network if contraception is requested or thought to be advisable.

Local resources (e.g. clinics) should be identified and used. A visit to a family planning service could be helpful, with support from staff.

For safer sex reasons, the use of condoms should be explained and reinforced for any service user who is sexually active or wants to begin a sexual relationship whatever other method of contraception may be used.

Support should be available for any service user who is in a sexual relationship, or about to begin one. Advice on access to contraception may be provided by a member of staff, or through counselling by a trained worker or an outside agency.

There should be regular reviews of service users who are using contraceptives, paying attention to possible side effects.

Staff should acquaint themselves with all the resources available in the locality, for example family planning clinics and/or Brook Advisory centres. In all cases, staff should ensure that each service user receives appropriate medical advice and ongoing medical supervision.

Sterilisation should only take place where every effort has been made to ensure that what is being done is understood and accepted by the service user. In all cases, legal advice must be sought.
All recommendations for sterilisation must be made at a multi-disciplinary case conference. There will still be a need for education and advice about safer sex; and it should be remembered that sterilisation does not protect a service user from abuse or from sexually transmitted infection.

A summary of the law

1. Contraception
If the client cannot understand, a doctor can decide whether it is in the client’s best interest. For a person under 16, contraception may be provided by a doctor preferably with but if necessary without parental consent, if it is felt to be in the best interests of the young person concerned.

2. Sterilisation
If sterilisation is imposed on a client who cannot give consent, it could be considered to go against Article 12 of the Human Rights Act 1998. In a case where no consent is possible, a special legal declaration will need to be sought.

In both these situations, it is necessary to refer to the Mental Capacity Act 2005 to guide decision-making.

4.4 Options for unwanted pregnancy: termination and adoption

POLICY
The service user’s right to decide is paramount. The wellbeing of the service user should always take priority. Termination may take place if that is the informed choice of the service user and if two doctors agree. Otherwise it can only take place for medical reasons.

Guidelines
If an unwanted pregnancy does occur, options may include termination or adoption. These are sensitive issues that need careful handling. They raise complex issues, requiring legal advice.

Should an unwanted pregnancy occur, service users should receive counselling on the options for the continuation of the pregnancy: including adoption or termination. It must be recognised that recent case law indicates that it is a complicated decision. If adoption is a consideration then specialists in the Children and Families Service of Social Services should be involved. When this is the case care management should ensure that a referral is made to the relevant Children and Families Team.

Staff with religious or moral objections to abortion should not be expected to be involved in the counselling or the decision-making process. A service user should be referred to someone else if a member of staff involved has religious or other objections.

There will still be a need for education and advice about contraception and safer sex for future protection from pregnancy and infection.

Adoption
The welfare of any child born to service users will be paramount and will prevail over the interests of the parents (Children Act 1989).

If adoption is agreed to be the best course, normal adoption procedures should be followed.

A summary of the law

In general, abortion can only be carried out with the consent of the woman. If there can be no consent, two doctors may decide whether any of the four criteria in the Abortion Act 1967 are met Health and social care practitioners are required to work within the framework of the Mental Capacity Act 2005 to guide decision-making in cases where a person’s ability to consent is in question.
5. Sexual health

POLICY

Sexual health issues are just as important for people with learning disabilities as for anyone else. All staff have a responsibility for the health and well being of people with learning disabilities with whom they work and they have a responsibility to promote good sexual health. People should be given support to protect their own and any partner’s sexual health. Sexually Transmitted Infection (STI) and HIV screening and testing should be encouraged for both men and women. Information should be provided on STI and this should include HIV and, where appropriate, Hepatitis B vaccination.

Education should be provided to help people understand and practice safer sex. The use of condoms as a barrier to the transmission of STIs and HIV is to be encouraged. Contraception, including but not limited to condoms, should be available to both men and women. Women in particular should understand the use of contraception methods other than condoms to prevent unintended pregnancy. People who understand the risk and significance of acquiring STIs, including HIV, have the same rights as any person to engage in high risk activity. People who are unable to understand the risk and significance of acquiring STIs, including HIV, have the right under ‘Duty of Care’ obligation to be protected from contracting STIs and HIV.

5.1 Sexual Health Screening and Testing

Guidelines

All people have the right to access timely and appropriate sexual health screening and testing services.

Sexually active individuals are encouraged to have regular full sexual health tests at least every 12 months. For individuals that may have engaged in higher risk behaviours (e.g. unprotected penetrative sexual intercourse), or who have more than one sexual partner, it is considered good personal practice to have a sexual health check up more often.

Staff should be aware of and be able to facilitate access to services relating to sexual and reproductive health as detailed in the following paragraphs.

A full sexual health test is one which will test for all the most common STIs, including HIV. These are available from Genito-Urinary Medicine (GUM) Clinics. GUM Clinics are mainly located at major hospitals. Current standards ensure that a patient should be offered an appointment at GUM within 48 hours.

Some general practitioners will provide sexual health screening or testing and contraception services.

Community based organisations offer Chlamydia Screening for under 25s and Rapid HIV Testing services. For more information see www.check-kit.org.uk

Community contraception services will be advise and offer a full range of contraceptive options for women, including Long Acting Reversible Contraception (LARC). For more information contact Westside Contraceptive Services (see appendix 6; Local Organisations)

Community contraception services, general practitioners and some community pharmacies (for 16 – 19 year olds) will be able to provide Emergency Hormonal Contraception (EHC). For more information contact Westside Contraceptive
Services (see appendix 6; Local Organisations, speak to a GP or see http://www.westminster-pct.nhs.uk/pdfs/EHC%20in%20pharmacy09.pdf

Not all services will have wide experience of working with people with learning disabilities and therefore workers should ensure that appropriate support is given to individuals wishing to access these services. Most services will have a chaperone policy or procedure. Where patients are able to understand the service they will receive and make decisions about these services, their consent would normally be required for a third party to act as a chaperone in consultations.

The Medical Foundation for AIDS and Sexual Health (MedFASH) has produced standards for the provision of sexual health services which include promoting good sexual health; empowering and involving service users; identifying sexual health needs; access to services and protection and use of sexual health information. Further information can be found in the document ‘Recommended Standards for Sexual Health Services’ (MedFASH, 2005) which is available to download from their website – www.medfash.org.uk

The British Association of Sexual Health and HIV (BASHH), British HIV Association (BHIVA) and British Infection Society (BIS) have jointly produced the ‘UK National Guidelines for HIV Testing’ (BASHH, BHIVA and BIS, 2008). These Guidelines set standards for HIV testing and address issues of confidentiality. The guidelines are available to download from the BASHH website – www.bashh.org

Standards for the contraceptive elements of sexual health services have been produced by the Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists. These standards cover contraception, pregnancy and abortion, and screening amongst other key delivery subjects. The ‘Service Standards for Sexual Health Services’ are available to download from the Faculty of Family Planning and Reproductive Health Care website – www.ffprhc.org.uk

Service users should have access to a range of information about local sexual health screening and testing services, STIs, HIV and contraception. Staff should ensure that they are aware of these key sexual health issues and able to provide support to service users who require assistance in understanding information and services.

Staff should be familiar with Post Exposure Prophylaxis for Sexual Exposure (PEPSE) of HIV, including what PEPSE is and how to access it.

Service users under the age of 25 should be facilitated to access a Chlamydia screen through the local Chlamydia Screening Office of the National Chlamydia Screening Programme.

In addition to sexual health screening and testing, staff should be aware of and facilitate access for service users to allied screening programmes such as those for Cervical and Breast cancer for women. NHS Westminster has developed a pathway for breast screening and Cervical screening and services should be aware of their responsibility within this pathway. Further information about these services is available from www.cancerscreening.nhs.uk

Staff should also be aware of and facilitate access to the National Human Papillomavirus (HPV) Vaccination programme for young women in the correct age category.

Staff should be aware of best practice in relation to methods of testicular self examination for men, and be ready to provide support to service users in raising awareness of examination and encouraging men to practice this.

5.2 Safer sex and condom use

Guidelines

Ideally, condoms and femidoms should be made available in centres and residential establishments. Where this is not possible, staff should facilitate service users to purchase condoms.

Staff should be aware of the Westminster condom distribution scheme and supporting policy. Services are encouraged to consider
becoming members of the condom distribution scheme. Further information about the scheme and how to join can be found in Appendix 7.

A programme of Sex and Relationships Education (SRE) should be made available to all service users. This should include elements of both looking at and understanding different types of relationships – not just sexual relationships, and understanding safer sex practices. The programme should make it clear that the use of condoms in any form of penetrative sexual activity protects against STIs including HIV. Further, the programme should make clear that additional contraceptive methods should be used to prevent unintended pregnancy. The programme should be delivered in a way that will encourage the establishment of good interpersonal and sexual relationships, and encourage positive self image and good self-esteem.

5.3 Sexual Transmitted Infections and HIV Guidelines

Several STIs are increasing in prevalence in the general population, but may be particularly noticeable in specific sub-populations such as under 25s. Examples of STIs which have increased in prevalence are chlamydia, syphilis and HIV. Some difficulties have been experienced with STIs such as gonorrhoea displaying resistance to common treatments.

There are many symptoms that could indicate the presence of an STI. These may include rashes or blisters, pungent genital discharge, pain when passing water, bloody urine or stools, or flu like symptoms. However, often there may be no symptoms displayed when an STI is present.

Most STIs are easily treated with a simple administration or course of antibiotics. Left untreated, an STI can have serious health consequences such as causing infertility. STIs such as syphilis and hepatitis if left untreated over a long period will have more serious negative health outcomes which can include mortality.

There is no vaccination against the transmission of, and no cure for, HIV infection. HIV treatments have advanced very dramatically in the past twelve years and in many cases, HIV can be successfully managed as a long term health condition. However, the treatments can cause very unpleasant side effects, and will be required to be taken daily and for life. A strong HIV prevention message should be retained in any sexual health awareness work.

It is not possible to protect people with learning disabilities from all life’s dangers – assessment of risk and risk-taking has long been a feature of services for people with learning disabilities. However, service users should be informed about the risks of contracting an STI and how to avoid this.

All staff have a responsibility to maintain confidentiality relating to a service user’s sexual health whilst upholding any policy implemented in the place of work as well as safeguarding standards.

Training in Sexual Health and HIV Awareness, including infection control, is necessary for all staff and is to be encouraged for carers.

The use of both generic and specialist services as outlined in Appendix 6 for help, support and assistance in relation to sexual health is to be encouraged. Staff should know how to access their local services and facilitate access for service users.
6. Sex and relationships education (SRE)

6.1 Developing a programme

**POLICY**

A programme of SRE should be developed and offered to all service users, to enhance their understanding and skills in personal relationships; and to encourage safer sex practices.

All staff working with service users should be involved in consultations about the SRE programme and be aware of its contents.

Counselling for service users on personal relationships and sexuality should be available if needed.

**Guidelines**

Service users can acquire information, misinformation and attitudes to sex from different sources in their everyday lives, such as, from other service users, from staff or television. A formal SRE programme can supplement, enhance or correct this information.

As far as possible, all service users should be encouraged to take part in a programme of SRE and, in doing so, will be less vulnerable to abuse by other people, less likely to abuse others, become pregnant or get STIs from unsafe sex. In addition, they will feel empowered to make decisions and give consent to sexual relationships as they have a better understanding of their boundaries.

Every attempt should be made to ensure consistent attendance, both of staff and of service users.

It is important that there is consistency of approach within the establishment or service, which is why all staff need to be aware of what is being covered in the programme. Service users will benefit from consistency of messages received from everyone, and in the language used e.g. for body parts.

Staff from within the establishment or service will normally take responsibility for the planning and delivery of the programme, with ‘lead’ staff members receiving training in methods and approaches. It may be possible or desirable to involve others from outside agencies with specialist expertise.

(See Appendix 3: An outline sex and relationships education (SRE) programme for people with learning disabilities)

**One to one support**

This may sometimes be necessary. Skilled counsellors will probably be found outside the establishment or service. Counselling is available on contraception and termination in specialist agencies, for example. Service users may display behaviour for which staff require outside help. Situations which involve counselling include cases of termination of pregnancy, cases where service users wish to cohabit, or have a child.
7. Staff support and training

POLICY

It is the responsibility of staff, at various levels, to make sure service users are allowed to express their sexuality, and to help them to understand about sex and relationships.

Staff will be supported in any aspect of their work which concerns sexuality.

Training for members of staff is of key importance in carrying out the recommendations of this policy.

Guidelines

All staff need to be aware of the sexuality and personal relationships needs of people with learning disabilities so that they can work sensitively and appropriately with service users, and service users can feel comfortable with their own sexuality.

All staff should be given information about the sex and relationships education (SRE) programme.

Members of staff will need to facilitate access to SRE such as access to training, resources and advice.

All staff will be offered appropriate training opportunities about sexuality eg

- as an integral part of their induction to their area of work
- to provide up to date information to existing staff
- more detailed training will be available for staff designated to deliver programmes of SRE.

Induction programmes should include sexuality awareness training.

Staff who work with service users have a key role to play if service users are to benefit from a positive approach to sexuality and self-image. This means that particular attention should be paid to the responses that are made to service users, about sex and sexuality, by everyone who works with them.

Good practice would suggest that an opportunity is provided for all staff to discuss the messages they give to service users, both explicitly and implicitly; and that all staff work to dispel some of the attitudes commonly held regarding sexuality and people with learning disabilities.

Support, including supervision, should be available for staff taking part in these programmes.

Staff has a right to expect from management:

- a consistent approach to sexuality from all levels of workers and management
- clarity about lines of responsibility and accountability
- to be protected e.g. from abuse.
8. Drawing up establishment guidelines

Policy

Each establishment is strongly urged to draw up its own sexuality guidelines, interpreting the boroughs' policy for their own circumstances.

All staff should be involved in this process, to a lesser or greater degree.

Wherever possible, service users should be involved in discussions about these guidelines.

Guidelines

Services will need to consider this policy and any policy on sexuality produced by their provider organisation.

Individual establishment guidelines mean that the principles of these policies can be interpreted for each particular set of circumstances; and that service users can be involved in reaching agreement about matters which apply to their own centre or home.

It is important to make sure that all staff are aware of this policy and accompanying guidelines.

All members of staff should take part at some stage in discussions about establishment guidelines.

Staff roles in relation to sexuality and sex and relationships education (SRE) should be made clear so that lines of accountability are known by all staff.

(Guidance on producing establishment guidelines is to be found in Appendix 2.)
Appendix 1

The law relating to sexuality and people with learning disabilities

This summary gives an outline of the main legal parameters that affect the sexual behaviour of people with learning disabilities. This is a complex area and what appears here should not be taken as definitive or indeed correctly interpreted. Proper legal advice will always be needed in problematic situations.

A recent book has been used in preparing this summary: Learning disabilities, sex and the law, by Claire Fanstone and Sarah Andrews (fpa 2005). Services would find it useful to have this book for reference.

A summary of the law regarding people with learning disabilities and sexual behaviour.

In general there is the same treatment in law for people with learning disabilities as for others; for instance regarding age of consent, age of marriage, divorce, homosexuality, sexual intercourse. Differences relate to the ability to give consent.

A key element of the law relating to people with learning disabilities is to find the balance between risk taking, protection and support.

It is useful to note that some rights are upheld by law, but others have no real power, although good practice would uphold them.

Terminology

Recent legislation used the term ‘mental disorder’ to include people with learning disabilities.

Sexual behaviour and activity

The law makes no distinction between people with learning disabilities and others in terms of sexual behaviour. Differences occur when the issue of capacity to give consent arises.

- rape and sexual assault: these are defined as occurring if happening to someone who does not give consent. Therefore sex with a person who cannot give consent (without capacity to consent) is rape.
- other offences that apply include: inducement to take part in sexual activities; procurement of a person with a learning disability for sex; and protection from any sexual activity with a person who cares for them.

Consent

A person consents if s/he agrees by choice and has the freedom and capacity to make that choice.

The Mental Capacity Act 2005 states that:

- every adult is to be presumed to have capacity unless proven otherwise.
- people should be supported to make their own decisions
- people have the right to make what might be seen as eccentric or unwise decisions
- that intervention should be the least restrictive possible

Refer to the Mental Capacity Act 2005 Code of Practice (see below)

Sex and relationships education (SRE)

There are no laws relating to the provision of SRE outside school age, but it is good practice to work from the premise that people with learning disabilities have a right to be informed about sexuality. A programme of SRE can protect and empower individuals.

Explicit material may need to be used in an SRE programme. This should be part of an agreed work plan.
The Mental Capacity Act 2005.

This Act provides a framework to empower and protect vulnerable people who are not able to make their own decisions (have capacity). All assessment of capacity is decision specific, so it focuses on a particular time when the decision has to be made and on a particular matter to which the decision relates NOT on any theoretical ability to make decisions generally.

It provides for a new Court of Protection as the final arbiter of decisions; and a Public Guardian who supervises court approved deputies.

It introduces a new criminal offence of ill treatment and neglect of a person who lacks capacity.

It assumes that everyone has the capacity to consent until proved otherwise.

The Code of Practice

a) Gives guidance on capacity

- ‘The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes they cannot make their own decisions;
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions;
- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive alternative – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.’

b) Enabling people to make their own decisions

‘There are many ways in which people can be given help and support to enable them to make their own decisions ……… The practicable steps to be taken might include using different forms of communication, providing information in an accessible form, or treating an underlying medical condition to enable the person to regain capacity.’

c) Assessing inability to make decisions:

1. A person is unable to make a decision for him/herself if he/she is unable-
   - To understand the information relevant to the decision,
   - To retain that information,
   - To use or weigh that information as part of the process of making the decision, or
   - To communicate his decision (whether by talking, using sign language or any other means).

2. A person is not to be regarded as unable to understand the information relevant to a decision if he/she is able to understand an explanation of it given to him/her in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).

3. The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him/her from being regarded as able to make the decision.

4. The information relevant to a decision includes information about the reasonably foreseeable consequences of-
   - (a) Deciding one way or another, or
   - (b) Failing to make the decision.
The Mental Health Act 2007

This has amended the Mental Health Act 1983 with a new legal framework for the treatment of people with a mental disorder. Section 2 provides that for certain provisions of the 1983 Act a person may not be considered to be suffering from a mental disorder simply as a result of having a learning disability, unless that disability is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned.

The 2007 Act makes a number of amendments to the Mental Capacity Act 2005 (MCA). The main change is to provide for procedures to authorise the deprivation of liberty of a person in a hospital or care home who lacks capacity to consent to being there. The MCA principles of supporting a person to make a decision when possible, and acting at all times in the person’s best interests and in the least restrictive manner, will apply to all decision-making in operating the procedures.

Appendix 2

A suggested process for drawing up guidelines for an individual establishment or service.

The purpose of establishment guidelines is to clarify in detail how the sexuality policies (of the Borough and of the provider organisation) are to be carried out in the context of each establishment. These guidelines will affect both service users and staff, and an essential component of the process is to make sure all staff are consulted about the contents of the policy, since they are the people who will have to put it into practice. And where possible, service users should also be consulted. It is good practice to consult with parents and carers too.

Appendix 2 is in two parts. First are some suggestions for approaching the task of drawing up the guidelines.

This is followed by a list of possible headings for the document.

1. Guidance on the process of producing establishment guidelines

One way of tackling what can be a time consuming task is to focus on one area at a time. The essential element is the participation and commitment of all the staff: without this, the guidance is less likely to be respected by everyone.

- Stage One
  An initial meeting with all staff

The aims of this meeting are:

- to look at the policies of the borough and the provider organisation
- to gain agreement for the process
- to identify one or two priority areas for action
- identify a small group of staff to work on the first priority; a senior member of staff should be included in this group

Choosing priorities: these might be an area where a recent issue has arisen, or an area of more general long term concern.
Stage Two
The working party
Group members will use their own experience and expertise to suggest what should be included in the guidelines. They can also gather relevant information from other staff and external sources. This group will organise consultation with service users.

Stage Three
The first draft
The information will be collated into a first draft, using the wider policies as a baseline to build on.

Stage Four
Back to the whole staff
The draft will be presented to all staff for feedback.

Stage Five
The draft is finalised

Stage Six
Making the guideline accessible to service users
Service users need to understand the guideline and how it will affect them. Re-drafting it in an accessible form is an essential part of the process.

2. Suggested headings for establishment guidelines

Aims
- to promote acceptance of service users’ sexuality
- to help service users to enjoy their sexuality
- to provide a context in which service users have freedom to practice their sexuality
- to establish contexts in which sexual behaviours are appropriate and acceptable

Respect for service users’ sexuality includes
- provision of appropriate and relevant information and support
- provision of privacy: eg lockable bedroom doors
- confidentiality is always respected
- effective personal care policies

Respect for culture and religion
- information about backgrounds of service users
- staff recruitment
- consultation with relevant people

Advice and counselling
- when is this available, from whom and in what situations

Practical issues
- masturbation
- prevention of pregnancy
- parenthood
- access to condoms and clinics

Sexual health issues
- provision for information and advice on Sexually Transmitted Infections (STI) including HIV
- provision for information and advice on, and supported access to, STI / HIV screening or testing

This process can be repeated to draw up guidelines for other areas.
opportunities for information and advice on associated screening such as breast and cervical screening, and self health checks such as testicular self examination

opportunities for information and advice on safer sex practice

Opportunities for information and learning about sex
• when, who, in what context
• staff roles in provision of SRE programmes eg ‘lead’ staff, lines of responsibility

Support for staff
• induction to include sexuality awareness
• training opportunities for staff providing SRE programmes
• supervision opportunities

Working with parents and carers
• when and how are they informed or consulted?
• what information and advice is available for them?
• procedures in case of disagreements or conflicts relating to sexuality

Pornography
• use of pornographic material on premises
• establishment policy on accessing pornography online
• guidance on what counts as a ‘private place’ within the establishment
• guidance on the purchase of pornographic material by wheelchair users or others who cannot access material without help

Procedures to be followed if concerns are raised

Relationship with other policies and practice
The Protection of Vulnerable Adults
Personalisation
Health Action Planning

Appendix 3
A sex and relationships education programme for people with learning disabilities

An effective sex education programme can support service users and enhance their lives. It can help to reduce the need for crisis intervention in sexuality issues and give all parties a positive framework for approaching sexuality.

The following outline programme details areas which can be covered in sex education for adults with learning disabilities. Any programme should begin from the needs and abilities of the group. It is important that the programme is appropriate and presented in a safe and contained way using methods relevant to people with learning disabilities.

People with learning disabilities have the right to information about sexuality and sexual health, presented within a framework that is sensitive to differences and diversity.

A sex education programme can be approached in stages, always building on the strengths of the group and moving at a pace appropriate to the participants. Regular weekly sessions over a period of time with a consistent group and staff have been found to achieve great benefit. Areas of the programme may be constantly revisited throughout; eg assertion skills, and work in public and private.

Content outline for a sex and relationships education programme

1. Foundation work
Assessing needs and abilities
Building the group
Skills development eg permission, negotiation, communication, decision making
Foundation subjects: body parts, gender, public and private
2. Development
Assertion and choice - ‘good touch, bad touch’
Feelings
Sexual body parts
Sexual function
Life cycle
Masturbation
Menstruation
Friendships

3. Advanced phase
Sexual relationships
Sexual choices and preferences
Consent
Sexual activity
Sexual health: safer sex, sexually transmitted infections
Contraception
Pregnancy, birth, parenting

Context for an effective sex and relationships education programme

It is important that policies are in place and responsibilities are clear. Issues of confidentiality and disclosure during the programme should be established beforehand; and reference made to other relevant policies. Staff need to feel well trained and supported; and to know that relevant and up to date resources are available.

Appendix 4

Methods for sex and relationships education
An extract from ‘On the Agenda’
published by Image in Action 1994

‘Core’ activities for sex and relationships education

Almost all effective classroom activities used to teach sex education are a variation on one or other of these methods. When we become familiar with using these ‘core’ activities, it becomes easier to develop variations of our own.

1. Stationary circle activities
Students interact as a group by
- watching the activity
- following the activity around the circle
- observing actions of others
- waiting
- anticipating their turn
- passing the activity to their neighbour

Examples
Introductory name game: passing a hat, putting it on, saying own name, then name of next person as it passes on
Body parts game: passing a cushion with different parts of the body
Safe touch: passing touch eg hand shake, knee tap, round the circle

2. Circle activities using physical movement
Students learn to develop their skills of permission, choice, assertion, negotiation, by structured interaction within the circle, involving eg walking, throwing or rolling items across.

Examples
Do you want to wear my hat? (with infinite variations!) inviting another to do so; response = yes/no
Guess who? with eyes covered, student feels another’s outline
Body parts dancing: pair dance with specified body part in the circle (choosing partner); or all dance in the circle

All change: changing seats according to given instruction eg ‘if you are a woman’

3. Matching
Within the circle, or a small group, students are asked in turn to match eg
- objects with pictures of places
- objects with pictures of people
This can achieve several different aims: to differentiate people of different age groups; to understand where objects belong; to become familiar with new or unknown objects etc

Examples
Matching objects (or pictures of objects) with picture of person; eg nappy with baby
Matching parts of object eg sanitary towel with (fake) blood
Matching object with correct place eg underwear with drawer; item of clothing with body part

4. Experiential work
Students can learn some things by experiencing them in the classroom. They can be asked to feel, to taste, to smell, to listen, and to identify/discriminate/state preferences. They can be given a sense of what being ‘private’ means, by setting up a separate area of the room for instance. And they can experience being a member of a group, by experiencing cause and effect of their own behaviour on the group, and vice versa.

Examples
Do you like the feel of... (face cream, brillo pad, cotton wool, etc)
Do you like the taste of... (sugar, vinegar, coffee granules etc)
Is this hard/soft, wet/dry? feeling, deciding. (This can then be developed to include work on parts of the body).

Public/private: Is this activity/garment/conversation etc public or private? Go to correct part of room (behind screen/out in the open)

5. Using imagination/mime
Students can gain a range of experiences in this way. They can watch or engage in a situation they may never have encountered. They can practise their skills in situations with which they are familiar. They can be helped to discriminate between what is ‘real’ and what is ‘fantasy’. There are many levels on which these can take place.

Examples
My name, my shape: students make a shape as they say their name; rest of group copy the shape (develops imagination)
Transform the object: as object (eg ball) is passed round the group, each person ‘changes’ it into something else, and makes appropriate movement/sound etc
Making an ‘acting’ space: use for improvisation eg ‘The chemist’s shop’

Public/private: choose a partner; this is the situation; is it public or private? Go to correct place and act it out. (Do the rest of us need to know what is ‘private’?)

6. Distancing techniques
These are ways of enabling students to discuss sensitive/personal issues without personal disclosure. Stories are probably the best known of these, but there are many others.

Examples
Story telling using pictures, models, recordings
Three dimensional models: puppets, anatomically correct dolls
Role play, acting
Use of ‘distanced’ language: ‘he/she’ instead of ‘you/me/I’
London W2 1NY
Appendix 5

Resources for sex and relationships education

This list only includes resources which are currently in print and available for purchase. There are however, other good resources, but which are now out of print. Copies may be available from Health Improvement Libraries. Some are available from the web-site www.me-and-us.com

Publishers’ details are listed by the resource, unless they appear in the list of useful organisations.

1. Resources for people with learning disabilities

Body Boards
Picture based resources cover a range of SRE subjects. The Body Boards are large body outlines which can be used to teach about body parts, gender and public and private. Available from: HeadOn Ltd, PO Box 171, Manchester M21 7ZP
Tel: 0161 998 8877
www.headonltd.co.uk

Books beyond words
A series of illustrated booklets with no words (or very few) designed to assist people with learning disabilities. Subject areas covered include health, emotions and abuse and lifestyle. Available from: Book Sales Office, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.
Tel: 020 7235 2351 ext 146
www.rcpsych.ac.uk/publications

Everything you ever wanted to know about safer sex… but nobody bothered to tell you
Information about safer sex and the prevention of HIV for people with learning disabilities. Available from People First, Unit 3, 46 Canterbury Court, Kennington Park Business Centre, 1-3 Brixton Road, London, SW9 6DE
Tel: 020 7820 6655
www.peoplefirstltltd.com

Jason’s Private World / Kylie’s Private World / You, Your Body and Sex
DVDs for people with learning disabilities with gender specific focuses. Covers consent and saying no, safer sex and condoms. Female DVD (‘Kylie’s Private World’) also covers periods and sanitary protection. ‘You, Your Body and Sex’ includes materials from both other DVDs as well as additional material and subtitles. Available from: Life Support Productions, PO Box 2127, London, NW1 6RZ.
Tel: 020 7723 7520
www.lifesupportproductions.co.uk

Your Good Health: Sex
Illustrated booklet to raise awareness of health issues relating to sex and help people with learning disabilities to access appropriate healthcare. Available from: British Institute of Learning Disabilities, Campion House, Green Street, Kidderminster, Worcestershire, DY10 1JL.
Tel: 01562 723010
www.bild.org.uk

All About Us
A CD-ROM to help the personal development of people with learning disabilities around sex, sexuality and relationships. A self-study learning tool that can be used by someone with learning disabilities on their own or with support. Available from: fpa, 50 Featherstone Street, London, EC1Y 8QU.
Tel: 0845 122 8600
www.fpa.org.uk

Your Private Parts
One of a range of leaflets produced in a clear and accessible way for women with learning disabilities. Available from: The Elfrida Society, 34 Islington Park Street, London, N1 1PX.
Tel: 020 7359 7443
www.elfrida.com

Condoms Why and How
A resource developed by the Westminster Learning Disability Partnership

In addition there are a number of resources that can be ordered through the Public Health Resource Unit (PHIRU) at NHS Westminster
2. Resources for people who work with people with learning disabilities

Various Resources including:

- **Becoming a woman** (Cooper)
  A teaching pack on menstruation for people with learning disabilities; contains activities, work sheets and illustrations.

- **Sex and the three Rs – rights, responsibilities and risks** (McCarthy & Thompson)
  A sex education package for working with adults with learning difficulties. The illustrations need to be used carefully.

Available from:
Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL.
Tel: 0844 880 5061
www.pavpub.com

Various Resources including:

- **Contraceptive display kit**
- **Learning disabilities, sex and the law. A practical guide (book)**
- **Sexuality and learning disability: a resource for staff (book)**
- **Talking Together... (3 separate workbooks)**
- **fpa leaflets**

Fpa produce a variety of resources which will both assist in the delivery of SRE Programmes as well as informing workers about important elements such as the law.

Available from:
fpa, 50 Featherstone Street, London, EC1Y 8QU.
Tel: 0845 122 8600
www.fpa.org.uk

Various Resources including:

- **Chance to choose**
- **Picture Yourself**
- **Picture Yourelf 2**

‘Chance to Choose’ is a manual of methods, and materials for use with young people with learning disabilities from aged seven to adult within a SRE programme. It consists of themes on communication, body awareness, self-esteem, looking after me, relationships, being sexual, sexual health, pregnancy, birth and parenting.

‘Picture Yourself’ and ‘Picture Yourself 2’ are cards with line drawings to help support SRE work. Both come with user notes.

Other resources suitable for working with people with learning disabilities also available.

Available from:
Me-and-Us Ltd, 19 Bainbridge Road, Sedburgh, LA10 5AU.
Tel: 01539 621777
www.me-and-us.co.uk

Various Resources including:

- **Faith, values and sex and relationships education (Sex Education Forum factsheet)**

Factsheet looking at the issues involved in developing an approach to SRE which is inclusive of diverse faith perspectives. Can be downloaded.

Other relevant factsheets and resources available.

Available from:
Sex Education Forum, National Children’s Bureau, 8 Wakley Street, London, EC1V 7QE.
Tel: 0845 458 9910
www.ncb.org.uk/sef
Exploring sexual and social understanding
Karen Dodd et al.
British Institute of Learning Disability, 2007
An illustrated pack that can be used to assess sexual knowledge and capacity to consent of people with learning disabilities.
Available from:
British Institute of Learning Disabilities,
Campion House,
Green Street, Kidderminster,
Worcestershire, DY10 1JL.
Tel: 01562 723010
www.bild.org.uk

Various resources including:

- Let’s do it: Creative activities for sex education for young people with learning disabilities
- Let’s Plan It: A detailed Planning Guide to Developing Programmes of Sex and Relationships Education for People with Learning Disabilities

Books published by Image in Action. ‘Let’s do It’ details activities using visual images and drama for use in schools, colleges and day centres. Also appropriate for working with adults.

‘Let’s Plan It’ includes nine full SRE Programmes with curriculum maps, schemes of work and weekly session plans.

Available from:
Image in Action, Chinnor Road, Bledlow Ridge, High Wycombe, HP14 4AJ.
Tel: 01494 481632
www.imageinaction.org

Male and female cloth models
Anatomically correct, half life size clothed models, with detailed notes. A model of female genitalia and reproductive organs is also available.
Available from:
BodySense, Sunnybank House,
Holly Green, Upton on Severn,
Worcester WR8 0PG.
Tel: 01684 594 715

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Holly Green, Upton on Severn,
Appendix 6

Useful organisations

**British Institute of Learning Disabilities**
Campion House
Green Street, Kidderminster,
Worcestershire DY10 1JL
01562 723010
www.bild.org.uk
Publication sales: 01752 202301
Information, publications, training and consultancy services.

**Brook**
92 – 94 Charlton Street, London, NW1 1HJ
Advice line 0808 802 1234 (national)
020 7387 8700
www.brook.org.uk
Runs local young people’s sexual health services. Produces a range of sexual health resources for young people and those who work with them. Publications from: Brook Publications, PO Box 1239, Coventry CV8 3ZB. Tel: 02476 545557

**fpa**
50 Featherstone Street, London EC1Y 8QU
Helpline: 0845 122 8690
Tel: 020 7608 5240
www.fpa.org.uk
Resources and publications:
fpa direct 0845 122 8600
Helplines, publications, training and consultancy.

**Health Development Agency**
National Institute for Health and Clinical Excellence (NICE)
MidCity Place, 71 High Holborn,
London WC1V 6NA
Phone: 0845 003 7780
www.nice.org.uk
Resources and Information Centre, Produces publicity material and resources on all aspects of health education.

**Image in Action**
Chinnor Road, Bledlow Ridge, Bucks HP14 4AJ
01494 481 632
Provides sex and relationships education for young people and adults with learning disabilities, and staff training.
www.imageinaction.org

**Mencap**
123 Golden Lane, London EC1Y 0RT
0808 808 1111 helpline
Phone: 020 7454 0454
www.mencap.org.uk
Works with people with a learning disability, their families and carers. Has a network of affiliated groups throughout England, Northern Ireland and Wales

**People First**
Unit 3, 46 Canterbury Road
Kennington Park Business Centre
1-3 Brixton Rd
London SW9 6DE
020 7820 6655
www.peoplefirstltd.com
Organisation run by and for people with learning disabilities. Produces a newsletter and resources.

**Respond**
3rd Floor, 24-32 Stephenson Way,
London NW1 2HD
Helpline: 0808 808 0700
Phone: 020 7383 0700
www.respond.org.uk
Challenging vulnerability and sexual abuse in the lives of people with learning disabilities
Training, one to one and group therapy

**Sex Education Forum**
National Children’s Bureau, 8 Wakley Street,
London EC1V 7QE
020 7843 6052
www.ncb.org.uk/sef
Advice and publications on developing sex and relationships policies, working with parents and carers and good practice in delivering sex and relationships education.
Appendix 7

Condom Distribution Scheme

The Condom Distribution Scheme co-ordinated at NHS Westminster provides free condoms as well as training and support to organisations that distribute condoms. The overall aim of the scheme is to promote good sexual health and increase the availability of condoms for particular population groups including people with learning disabilities.

Originally a pilot for GP Practices in Westminster, the scheme now includes other statutory and voluntary organisations and is continually looking to recruit more. It now covers the three PCT areas of Westminster, Kensington & Chelsea and Hammersmith & Fulham.

At present there are approximately 230 organisations distributing condoms through the scheme, including the majority of GP Practices in the areas covered.

Membership of the scheme is always open. For more information about the scheme please go to www.westminsterpct.nhs.uk/services/condomscheme.htm or to join the scheme please contact Russell Carter on 020 7150 8311, email russell.carter@westminster-pct.nhs.uk

Please note that the scheme does not distribute condoms to individuals. For access to free condoms please contact a Sexual Health Clinic / GUM Service, Community Contraception Services or your GP.

Local organisations and services

Yarrow Housing Limited
216 Goldhawk Road, London W12 9NX
020 8740 4735
Yarrow drew up a comprehensive staff policy in 2002 and followed it up with a simple booklet explaining the policy specifically for service users.

Public Health Information and Resource Unit
3rd Floor 15 Marylebone High Street
London NW1 5JD
020 7150 8345

NHS Westminster
15 Marylebone Road, London NW1 5AJ
020 7150 8046

Westminster Children, Young People and Family Services Duty and Assessment Team
Tel: 020 7641 7560

Westminster Learning Disability Partnership
2nd Floor, 215 Lisson Grove, London NW8 8LW
020 7641 7411

Jefferiss Wing Centre for Sexual Health
St Mary’s Hospital, Praed Street, London W2 1NY
020 7886 1697
020 7886 1225 appointments

The Advocacy Project
Unit 8 Buspace studios, London W10 5AP
020 8962 8695

Westside Contraceptive Services
Raymede Clinic, St Charles Hospital, Exmoor Street, W10 6DZ
020 8962 4450
Also runs clinics at other sites across Westminster.
Call for further information.

Pearl Service for People with Learning Disabilities (Sexual Health advice, testing and treatment)
West London Centre for Sexual health, Charing Cross Hospital, Fulham Palace Road, London, W6 8RF
Tel: 020 8846 1579

Images used courtesy of Photosymbols
Adults with learning disabilities
personal and sexual relationships

A policy for providers
in Westminster

This policy was drawn up in association with
Image in Action and family planning association (fpa)