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PERSONAL RELATIONSHIPS AND SEXUALITY POLICY FOR ADULTS WITH A LEARNING DISABILITY



Taking Part One Stop Shop
Providing All Types of Advocacy for Adults With Learning Disabilities



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PERSONAL RELATIONSHIPS AND SEXUALITY POLICY
(Adults with Learning Disabilities)

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PERSONAL RELATIONSHIPS AND SEXUALITY POLICY (ADULTS WITH LEARNING DISABILITIES)

1. Policy Statement

Whilst aware of the differing abilities and differing needs of people with learning disabilities, the Local Authorities and the Primary Care Trusts recognise the significance of intimate personal relationships and of sexual expression for all people.

Within the constraints of current legislation, and the need to ensure physical and emotional safety, Local Authorities and the Primary Care Trusts will promote the rights of people with learning disabilities to develop and enjoy the personal and/or sexual relationships of their choice.

These rights include:

- The right to have opportunities to love and be loved and to engage in consenting relationships, whether sexual or not.
- The right to education and information about their own bodies.
- The right to education and information about personal relationships and sexuality (including responsibility to others), presented in a manner appropriate to their individual needs.
- The right not to be sexually exploited.
- The right to opportunities to develop legally acceptable relationships.
- The right to information and help with contraception and the maintenance of sexual health, including the right to be included in all national sexual screening programmes within mainstream services.
- The right to marry, enter into a civil partnership or cohabit and to receive support in maintaining such partnerships.
- The right to information and advice about the responsibilities of parenthood, and support when deciding whether to become a parent or not.
- The right to support during pregnancy and the subsequent upbringing of children (where their capacity to take care in providing care can be demonstrated).

Capacity regarding relationships and consent to sexual relationship will be assessed in accordance with the Mental Capacity Act 2005 and will have regard to the five underpinning principals:-

- a) an assumption of capacity unless it can be demonstrated this is not the case
- b) ensure that all practical steps are taken to assist someone to make and communicate their own decisions
- c) a person should not be treated as incapable of making a decision just because their decision may seem eccentric or unwise
- d) decisions should always be made in the best interests of the person without capacity and where capacity is not felt to be demonstrated
- e) the least restrictive intervention must always be considered

When enabling people to exercise any of these rights, the Local Authorities and the Primary Care Trusts recognise the need for planned, multi-disciplinary approaches, properly discussed and recorded. On In-Patient Units all issues related to sexuality of patients should be brought to the Clinical Team. Throughout this process, it should be remembered that maintaining the privacy and dignity of the client is of paramount importance. Information should be shared sensitively and on a need to know basis.

2. Purpose

The purpose of this policy is to ensure a coherent and consistent approach towards personal relationships and sexuality across both PCT's and Local Authorities.

It seeks to ensure a proper balance between an individual's rights and responsibilities, their physical and emotional safety, and the rights and responsibilities of others.

3. Scope

This policy is for staff working in services for adults with learning disabilities both in Shropshire, Telford & Wrekin Local Authorities and the Primary Care Trusts. It will have different applications in different settings, depending on the particular needs of each individual.

This policy will also guide and inform the practice of independent and voluntary sector providers with whom Local Authorities and the Trust contract for services.

4. Definitions

Throughout this document the words "sexual relationship" and "sexuality" are intended to include heterosexual, gay, lesbian and bisexual relationships. The policy also applies to the relationships (and needs) of people in transsexual and transgender relationships.

This document refers to people with learning disabilities who are legally adult, that is, over the age of 18. It excludes all and any relationships between persons in caring roles with people with learning disabilities.

Throughout this document the term 'staff' can include volunteers or advocates unless otherwise stated, i.e. anyone in a paid or voluntary caring or support role. Similarly, the words "individual" or "service user" indicate an adult with learning disabilities.

5. Legal Context

The Mental Capacity Act 2005 indicates that people potentially have full legal capacity to make decisions for themselves unless it can be shown that they lack capacity to do this, unless or other legislation takes priority. (For example this may be so in the case of young people aged 16 and 17 years old where the Children Act 1989 may in some circumstances take precedence).

This includes participating in consensual sexual activity that is lawful. These rights are only constrained where the person is assessed as lacking the capacity to consent. Staff need to be aware of the processes and procedures for assessing capacity and seek advice where necessary.

Staff are often faced with situations which challenge. It is important to work within the law while acknowledging individual rights.

There are five Acts that are directly relevant to sexual behaviour of people with learning disabilities:

- Mental Health Act (1983)
- Sexual Offences Act (1985)
- Human Rights Act (1998)
- Sexual Offences Act (2003)
- Mental Capacity Act (2005)

5.1 Human Rights Act (1998)

The following Convention rights are of particular relevance to this policy:

Article 8 - Right to respect for private and family life

Article 9 - Freedom of thought, conscience and religion

Article 12 – Right to marry

5.2 Sexual Offences Act (2003)

This provides a comprehensive new legislative framework for sexual offences, setting out clear boundaries for what is and is not acceptable.

It uses the same definition of ‘mental disorders’ as the MHA 2007 “Any disorder or disability of the mind”. This includes people with learning disabilities.

Sections 30 to 33 relate to offences against people who cannot legally consent to sexual activity because of a mental disorder impeding choice. Sections 34 to 37 relate to offences against people who may or may not legally be able to consent to sexual activity but are vulnerable to inducements, threats or deception because of a mental disorder.

The Act does not intend to interfere with the right to a full and active life, including sexual life, of people with mental disorder **who have capacity to consent**. Neither does it intend to prevent care workers from providing legitimate care including sex education.

However it does recognise the importance of protecting people with mental disorders from sexual abuse by people with whom they are in a relationship of care.

To determine if an individual has the capacity to consent the process and consideration outlined in the Mental Capacity Act 2005 Code of Practice will be followed. This will include a consideration of the five guiding principles and assessment process as outlined in the MCA Code of Practice.

Sections 38 to 44 contain new offences for people who are engaged in providing care, assistance and services to someone with a mental disorder (including people with learning disabilities).

These sections are intended to protect people with learning disabilities from abuse. While it is acknowledged the majority of people working with vulnerable adults are conscientious, responsible people, the law must be able to deal with the minority who betray the trust placed in them.

Among the offences listed in this new Act are: *sexual activity with a person with a mental disorder; causing or inciting a person with a mental disorder to engage in sexual activity; sexual activity in the presence of a person with a mental disorder and causing a person with a mental disorder to watch a sexual act.*

The FPA book “Learning Disability, Sex & the Law” by C. Fanstone & S Andrew’s (2005) is a useful reference.

5.3 Principles of the Mental Capacity Act

Capacity regarding relationships and consent to sexual relationship will be assessed in accordance with the Mental Capacity Act 2005 and will have regard to the five underpinning principals:-

- f) an assumption of capacity unless it can be demonstrated this is not the case
- g) ensure that all practical steps are taken to assist someone to make and communicate their own decisions
- h) a person should not be treated as incapable of making a decision just because their decision may seem eccentric or unwise
- i) decisions should always be made in the best interests of the person without capacity and where capacity if not felt to be demonstrated
- j) the least restrictive intervention must always be considered

Assessing ability to make decisions:

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, the decision?
- Is the person able to understand, retain, use and weigh up the information relevant to the decision?
- Can the person communicate their decision (by talking, using sign language, or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

6. Mandatory Procedures

Managerial Responsibilities

- 6.1** Managers must ensure that their staff understand that all service users have, to a greater or lesser extent, needs in relation to personal relationships and sexual expression.
- 6.2** Managers must ensure that staff fully understand this policy and the need for a consistent and coherent approach to relationships and sexual expression across the organisation, irrespective of the personal feelings and beliefs of individual staff members. (See also 7). (See Appendix A)
- 6.3** All staff will have their own experiences, feelings and beliefs. Managers need to be alert to situations where the personal beliefs or experiences of staff impact on their ability to fully implement this policy, and ensure they are appropriately supported. (See also 7)
- 6.4** Managers must offer support and planning time to staff who are delivering information/ education to service users. This must include checking the teaching plan and materials to be used.
- 6.5** Managers have a duty of care to protect people with a learning disability from sexual abuse where this falls within their remit of responsibility. Managers have a professional responsibility to keep their knowledge and skills up to date. If they have any doubts about

their own competence in this area, they must consult an appropriately trained and experienced colleague.

Staff Training

- 6.6** The employing organisation will ensure that training programmes are available to staff to enable them to explore their own attitudes/values and acquire the necessary knowledge and skills. *Details of appropriate training are attached as Appendix A. Each employing organisation will decide to what extent such training is mandatory.*
- 6.7** Any staff who have completed the training and who are planning to offer structured education / information programmes to individuals or groups should access prior and ongoing supervision and support from appropriately trained and experienced professionals. (See also Appendix A – appropriate training).
- 6.8** A Countywide *Personal Relationships and Sexuality Advisory Group will be formed* to advise upon and share good practice, new developments, information and resources.

Consent & Decision-Making

- 6.9** All sexual activity must be consensual. Staff must be satisfied that the individual has demonstrated the capacity to make an informed choice (within current legal definitions) and also that the individual did give valid consent. If there is any doubt, staff must seek advice, initially from their line manager and, where doubt persists, from the JCLDT (Joint Community Learning Disability Team). The Multi Agency Adult Protection Policy and Local Consent Policies should inform all decisions.
- 6.10** Staff must be satisfied that all sexual activity is within current legislation, which prohibits certain sexual practices and sets age limits for consent (irrespective of learning disability).
- 6.11** Whilst seeking to be supportive of consensual sexual activity, staff need to be alert to abusive or exploitative behaviour. This must be reported to their line manager, with a view to informing the police or invoking the Adults at Risk procedures. The police must be involved if there is any immediate danger. Where a service is registered and inspected, they should also comply with the requirements of Commission for Social Care Inspection (CSCI). Staff are reminded of the need to cease questioning service users about an incident if there is any likelihood of a police investigation.

Where it is identified that a person with a learning disability may put themselves or others at serious risk of harm by their sexual behaviour a referral must be made to the joint CLD Team/Multidisciplinary Team/Police; and/or Child Services as appropriate. If staff are unsure then they should refer to the Multi-Agency Adult Protection Team Shrewsbury 01743 254671, Telford (01952) 385678. These procedures will be used where needed.

- 6.12** The service user's rights and wishes are central to all decision-making. A service user's personal preferences in their relationships and sexual behaviour may bring them into conflict with family members and others involved in their care. They may need to be offered an advocate to enable them to resolve such conflict.

Confidentiality & Privacy

- 6.13** As in other aspects of their lives, service users/residents are entitled to confidentiality, with

information not shared without their consent, unless there are issues of personal safety. In that case, they must always be told that confidentiality cannot be maintained.

- 6.14** Personal and sexual relationships, and individual expressions of sexuality, require access to private space, which must be offered and respected. In residential establishments, public and private areas should be clearly identified. Day centres are, by definition, public places in their entirety.

Education & Information

- 6.15** Service users need information and support to understand their bodies, their sexuality and the nature of relationships. Staff may also need to address needs arising from sexual and relationship problems. All information (whether formally or informally delivered) needs to be appropriate to a person's age, circumstances, ability, gender, culture and religion. Staff may need to build on understanding developed at school and within families. Staff may also need to address needs arising from sexual and relationship problems and/or consider the appropriateness of referring on to specialist services.
- 6.16** Needs relating to a service users' intimate relationships and sexual behaviour should be an integral component of any assessment and person centred plan.
- 6.17** Individual assessments should be scrutinised to identify the need for individual or group intervention. When the need for group intervention is identified, staff leading such sex and relationship programmes must be appropriately trained and supported. Formal sex education should not be delivered by anyone without specialist training and supervision. Wherever possible, service users should be empowered to be actively involved in programme development. Service users participating in such programmes must be involved in their development. Line managers must be kept fully informed. (See Appendix C) and the possible benefits of involving external/specialist trainers to deliver sex and relationship programmes should always be considered.
- 6.18** Service users known to be sexually active or planning to be sexually active must be offered/given access to information and services relating to contraception, emergency contraception, sexually transmitted infections and other aspects of sexual health. Staff must keep themselves informed about relevant local generic services (such as Terence Higgins Trust, Youth Counselling Services, FPA etc...) and, if necessary, enable those services to better meet the needs of people with learning disabilities.

Pregnancy & Parenthood

- 6.19** Staff must remember that pregnancy can be a very happy event & not just problematic. However, staff must be aware of the legal and medical implications of an unplanned pregnancy and be prepared to access advice promptly to ensure that an informed decision can be made between continuing or terminating the pregnancy.
- 6.20** Where the decision is to continue the pregnancy, the mother (and, where possible, the father) must be enabled to consider the various options and assisted to decide whether to bring the child up themselves or seek fostering or adoption.
- 6.21** Where there are serious and well-founded concerns as to their ability to care for a child, colleagues in Local Authorities Children's Services must be consulted.

Enabling

- 6.22** Direct interventions which, under some circumstances, could involve the use of sexual aids or direct physical touch should only be carried out by appropriately trained professionals, Such interventions must be agreed in advance by the JCLDT or multi-disciplinary team, whose responsibility it is to ensure all other options have been explored. The decision must be properly recorded and monitored. (See also 7.4)

Sexually Explicit Material

- 6.23** Other than for the purposes given in paragraphs 6.15 – 6.17 above, staff must not bring sexually explicit material into the work setting or seek to influence service users to obtain it. On those occasions where it is deemed appropriate for staff to assist in accessing such material for service users' personal use, this must be agreed in advance in a multi-disciplinary meeting and the decision recorded as indicated in Point 6.22. (See also 7.1/7.2 for Practice Guidance).
- 6.24** Where service users are known to be accessing material that involves illegal sexual activity (e.g. paedophilia, bestiality or sexual violence) this must be reported to the line manager and to the police. Where there are also concerns that the service user poses a potential threat to others or is being unduly influenced by others, Adults at Risk procedures will be invoked. (See also 7.1 / 7.2 for Practice Guidance).

Professional Behaviour

- 6.25** Some aspects of personal care (especially those involving undressing) can involve intimate touch and can have sexual connotations. Staff must behave in a sensitive and respectful way when undertaking such personal care. Local Authority staff are also referred to their local policies on Intimate Personal Care. (See also 7.3).
- 6.26** Staff should be alert to colleagues who fail to respect service users' privacy, gossip, tease, flirt or are inappropriately intimate (verbally or physically). Any such concerns must be discussed with their line manager or appropriate senior manager. In Local Authorities, staff should also refer to the policy for "Raising Concerns". Investigating and Preventing Abuse, Exploitation and Neglect in Adults". (See also 7.3).

7. Practice Guidance

Sexually Explicit Material

- 7.1** Sexually explicit material is readily available on TV and the Internet and in magazines and videos, and may be a legitimate source of enjoyment and stimulation to service users. However, service users may need to be helped to understand that such material may be offensive and embarrassing to others. They may need support to understand that such material should be viewed in private. Staff and service users also need to be aware that some internet sites contain illegal material.
- 7.2** Viewing sexually explicit material may confuse or mislead service users and they may need help to understand the context and the variety of sexual preferences. In particular, they may need support to understand that they do not need to copy what they view.

- 7.3** Language – staff and service users should refrain from the use of suggestive language. It is not acceptable behaviour. Similarly people should not be heard to be swearing.

Touch

- 7.4** Many forms of physical contact and demonstrations of affection (especially greeting behaviours) have sexual connotations. The difference between sexual and non-sexual touch is often subtle and can be open to misunderstanding on both sides. Service users may need to be helped to communicate how they feel about different forms of touch. Service users may also need to be helped to understand that certain forms of touch are not necessarily acceptable to all the people they meet – or in certain social situations. Similarly, staff should be clear about how they wish to be touched and not collude with socially unacceptable contact.
(See also 6.25 and 6.26)

Sexual Aids

- 7.5** The use of everyday objects for sexual stimulation and pleasure may pose a risk or cause harm to an individual. In such circumstances, service users may need to be supported to use specialist sexual aids. (See also 6.22)

Masturbation

- 7.6** Masturbation is a common element of the sexual behaviour of men and women, but service users may need to be helped to understand that it is an activity requiring privacy. Where staff become concerned that masturbatory practices appear excessive or are causing physical harm, they should seek advice from the JCLDT or multi-disciplinary team. (See also 6.13)

Respecting Diversity

- 7.7** Both staff and service users need to understand the diversity of sexual expression and sexual preference and respect this. Similarly, attitudes towards sex are influenced by our cultural and religious backgrounds – which will not be shared by everyone but which need to be respected. (See also 6.2 and 6.3)
- 7.8** Service users may need to be supported to explore the implications of any decision they make on their relationship with their family or wider community.

Emotional and Sexual Problems

- 7.9** In certain circumstances, staff will need to support people to access specialist advice and/or services. These could include:
- a) Erectile dysfunction
 - b) Painful sex for women
 - c) Abusive behaviour
 - d) Relationship problems
 - e) Exhibiting behavioural or emotional disturbance linked to past abuse
 - f) Psychological problems

8. Do's and Don'ts for Staff

Do	Listen to what an individual may be trying to tell you or ask questions about. Whilst it may seem trivial to you, it won't be to the person concerned.
Do	Realise that your responses to any questions asked or issues raised will be taken seriously. You can be influential, positively or negatively.
Do	Remember that your beliefs, attitudes and behaviour may be different from the individual you are working with, and you do not have the right to impose your view/values.
Do	Remember that other agencies or professionals may be able to help and support you. You are expected to ask for any help you may need.
Do	Remember that it is a fine balance between maintaining confidentiality for an individual and offering poor advice because of the complexity of the situation, both for the individual and yourself. In these situations good practice would be to employ a multi-disciplinary teamwork approach whilst maintaining confidentiality as far as possible.
Do	Accept that each individual wants different levels of sexual contact. "Promiscuity" is a dangerous and derogatory word.
Do	Be supportive to an individual who is clearly stating (or implying by their non-verbal communication or behaviour) that they do not wish to have a sexual relationship.
Do	Remember to communicate with an individual in a way that they can understand.
Do	Remember that people require privacy to enjoy their relationships and friendships and have a right to this.
Do	Remember that you cannot promise to keep a secret and not tell anyone. An individual may be about to tell you they have been sexually abused and/or they have abused someone or been assaulted.
Do	Respond positively to an individual. It is acceptable to tell an individual that you don't know the answer to their question but that you will try and find out. However, always let them know what you propose to do to find out & when you will get back to them.
Do	Raise any concerns you may have with your line manager.
Don't	Promise to keep a secret or not tell anyone. An individual may be about to tell you that they have been sexually abused or assaulted or sexually abused or assaulted someone.
Don't	Mock, tease or make derogatory statements about an individual's relationships, sexual orientation, identity or behaviour.
Don't	Make unrealistic promises of help and support or unrealistic reassurances about an individual's personal relationships.
Don't	Have sexual contact with an individual that you are involved in caring for. It is unethical, unprofessional and illegal. If you feel that this could happen, please discuss this with your line manager.
Don't	Attempt to prevent an individual from pursuing a relationship, which is legal, and of their choice, which may be different to your own or to your beliefs.
Don't	Assume that the individual wants you to tell their parents about their relationship.
Don't	Promote or condone an illegal activity.

9. Risk Taking

- 9.1** Taking risks is part of everyday life. We all learn by experimentation and experience. When we make a successful choice, or make a mistake, we are able to use this experience in the future to make an informed choice as to whether or not to take a calculated risk.
- 9.2** People with a learning disability are often protected from any risk taking and are consequently denied the opportunity to make decisions or learn about the consequences of their actions, good or bad. Lack of experience and/or knowledge inevitably puts the person with a learning disability at risk in all spheres of life.
- 9.3** It is vital that if people with a learning disability are to take their rightful place in society, they must have full and accurate information and the opportunity to use it. Withholding information about personal relationships and sexuality issues can be a risk. Personal and sexual relationships counselling and education must be a carefully planned process, based on the needs of the individual/group.
- 9.4** The individual's care planning process will assist in the development of a consistent approach and ensure service users' rights are observed.

10. Implementation

- 10.1** The policy will be announced to staff through a launch and agencies newsletters.
- 10.2** The policy will be placed on the Shropshire County Council, Telford & Wrekin Council and the Primary Care Trusts websites.
- 10.3** Managers will be expected to draw their staff's attention to the policy in team meetings within 6 weeks of its publication.
- 10.4** A series of briefing sessions will be held across the county at which all teams/establishments are expected to be represented.
- 10.5** An ongoing training programme will be offered through a dedicated worker.
- 10.6** A Countywide *Personal Relationships and Sexuality Policy Advisory Group* will be formed to advise upon and share good practice, new developments, information and resources.

11. Review

- 11.1** The Advisory Group will consider if a review of this policy is necessary every twelve months in accordance with their local review procedures.
- 11.2** There should be an independent audit of the influence and impact on practice of the policy.

SUGGESTED APPROPRIATE TRAINING

Everyone who supports people with learning disabilities needs to develop some knowledge and skills relating to this topic to ensure that they are competent in responding to day-to-day situations and needs. Training needs to be accessed at different levels, according to the tasks and responsibilities of individual workers.

Ongoing training will be developed.

ELEMENTS OF A SEXUAL HEALTH AND RELATIONSHIP EDUCATION PROGRAMME

The aim of these programmes should be to help people with learning disabilities to develop the self and social awareness needed to make personal relationships with others, and an appropriate awareness of sexuality.

Not all individuals will have an ability to understand all the areas listed and facilitators will have to exercise care and skill in tailoring such input to individual needs.

GROUPWORK

- Establishing rules and boundaries
- Forming a group
- Awareness of self in relation to others/self esteem

SOCIAL SKILLS

- Family, friends and relationships
- Societal and cultural attitudes
- Living with someone, marriage and responsibilities to partners
- Professional relationships and boundaries
- Consent
- Parenting skills & support services

BODY AWARENESS AND BASIC INFORMATION ABOUT SEX

- Our bodies and how they work
- Puberty
- Reproduction and sexual intercourse
- Personal hygiene
- Masturbation, ejaculation
- Menstruation
- Pregnancy; Conception; needs of a baby; reality of parenthood
- Same sex relationships
- Transgender issues

PERSONAL HEALTH AND CONTRACEPTIVE ADVICE

- How to access a range of services within Family Planning Services and within Primary Care, for example, family doctor and practice nurse
- Sexually transmitted infections
- Contraception and Condoms
- HIV and AIDS

APPROPRIATE BEHAVIOUR

- Public and private places
- Time and place
- Body language
- Private and public behaviour
- Difference between child and adult behaviour
- Understanding our emotions
- Appropriate/inappropriate expression of feelings and emotions
- Use of sexually explicit materials
- Right and responsibilities

ASSERTION: PROTECTION AGAINST ABUSE

- How to make choices
- How to say 'Yes' and 'No' assertively, and how to insist it is acted upon
- Rights and responsibilities of increased independence
- Good touch and bad touch
- Protective behaviours
- Identifying abuse if it happens and reporting it

THE LAW

- Responsibilities of the individual, workers and parents/carers

AWARENESS OF MEDIA INFLUENCE

- Issues around possible devaluation and exploitation of people through pornography and stereotyping

LIFESTYLE CHOICES

- Monogamy
- Marriage
- Celibacy
- Multiple partners
- Choice of partner
- Spirituality and religious beliefs

Shropshire and Telford & Wrekin's Personal Relationships & Sexuality Policy



There are now new rules for staff about supporting you with relationships and sex. This leaflet explains your rights and responsibilities. There are pictures to help explain the words. Someone will help you understand it.



Staff can give you information about:

- Getting on well with other people
- Making (& keeping) friends
- How your body works
- Having a boyfriend or girlfriend
- Safe sex



When you go to places and meet new friends, you may get to know someone who you want to be a girlfriend or boyfriend.



You can have a loving relationship with someone if both of you agree that this is OK.

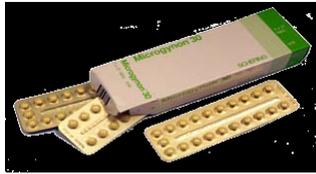


There's good touch and bad touch.

- You must not touch someone if they don't want you to.
- You don't have to let people touch you when you don't want them to.
- You don't have to have sex if you don't want to.



You can get married or live together if you want to. You can get support to help you do this if you need it.



You can learn about different types of contraception for men and women to stop you having a baby.



You can use condoms for "safe sex."

They will also help stop diseases caught by having sex.



If you are thinking about having children, you can get advice and support to help you decide.



The Government has a law about personal and sexual relationships.

- Everybody has to do what the Law says about relationships and sexuality.
- You may need help to understand your rights and responsibilities.



The Law says that people with a learning disability have a right to relationships and to a private life.



The Law is also to help people who might get hurt or badly treated.

- People should only touch you when you want them to.
- You can say 'no' if you want to.



If someone does not know what is happening to them in a sexual relationship or does not want it to happen, then the Law says that it is wrong.

Do you want to know more? Do you need more help?

Ask your Keyworker, Manager
or Joint Community Learning Disability Team



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Easy Read produced using graphics from
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They will also help stop diseases caught by having sex.



There is good touch and bad touch.

- You must not touch someone if they don't want you to.
- You don't have to let people touch you when you don't want them to.
- You don't have to have sex if you don't want to.



If you are thinking about having children, you can get advice and support to help you decide.



You can get married, have a civil partnership or live together if you want to. You can get support to help you do this if you need it.



The Government has a law about personal and sexual relationships.

- Everybody has to do what the Law says about relationships and sexuality.
- You may need help to understand your rights and responsibilities.

Proforma for Equalities Impact Needs Assessment (EINA) – Initial Screening DESK EXERCISE

Contact Officer: ALD Locality Team Managers Tel: 01743 254080	Officers involved in Initial Screening: Joint Learning Disability Team	Date of Initial Screening: April 2008
Policy or Service Function to be Assessed: Personal Relationships and Sexuality Policy for ALD, Joint Community Learning Disabilities Team & South Staffordshire and Shropshire Healthcare NHS Foundation Trust		New or existing function or policy? Existing policy
1. Describe the main aim, objective or purpose of the policy or service function?	Shropshire Council and South Staffordshire and Shropshire Healthcare NHS Foundation Trust have established priorities reflecting the importance of protection and safeguarding the most vulnerable members of the community. The service aims to: Protect and enable vulnerable adults Promote social inclusion Improve health, particularly for those most in need Support family carers To enable staff to work in a safe and supported way with service users regarding sexuality and relationships	
2. Are there any additional objectives? If so what are they?	This policy reflects Shropshire Council's 'Value and Vision' statement and key principles / objectives in 'Valuing People'.	
3. Is the policy or function corporate and far reaching? The policy is for Community Services, Adult Social Care, and Adults with Learning Disabilities.		
4. What numbers of people may be affected or impacted upon by the implementation of the policy? This policy applies to all service users referred to and staff employed by Shropshire Council, Joint Learning Disability Team.		
5. Are key elements of people's lives affected by this policy/function? Within the constraints of current legislation, and the need to ensure physical and emotional safety, Local Authorities and the Primary Care Trusts will promote the rights of people with learning disabilities to develop and enjoy the personal and/or sexual relationships of their choice.		

6. What are the current priorities associated with this policy/function?	<ul style="list-style-type: none"> • The right to have opportunities to love and be loved and to engage in consenting relationships, whether sexual or not. • The right to education and information about their own bodies. • The right to education and information about personal relationships and sexuality (including responsibility to others), presented in a manner appropriate to their individual needs. • The right not to be sexually exploited. • The right to opportunities to develop legally acceptable relationships. • The right to information and help with contraception and the maintenance of sexual health, including the right to be included in all national sexual screening programmes within mainstream services. • The right to marry, enter into a civil partnership or cohabit and to receive support in maintaining such partnerships. • The right to information and advice about the responsibilities of parenthood, and support when deciding whether to become a parent or not. • The right to support during pregnancy and the subsequent upbringing of children (where their capacity to take care in providing care can be demonstrated).
7. Who defined this policy/function and who 'owns' it?	The policy has been defined and is owned by staff from the Joint Community Learning Disability Team and South Staffordshire and Shropshire Healthcare NHS Foundation Trust / Community Services Management.
8. Who implements this policy/function?	This policy will be implemented by the staff team based within the Joint Community Learning Disability team and managers across partner organisations.
9. Who are the main stakeholders in relation to this policy/function?	The main stakeholders are members of staff, service users, carers, providers, voluntary and advocacy organisations.
10. What should this policy/function achieve for the Council ?	The policy provides clear guidance in accordance with agreed national criteria and legislation and specifies local working practices.
11. What should this policy/function achieve for partner organisations?	An understanding that Shropshire Council policy is in line with the Vision and Values statement and key principles / objectives in 'Valuing People' and specifies operational responsibilities.
12. What should this policy/function achieve for the public ?	An understanding that Shropshire Council policy is in line with the Vision and Values statement and key principles / objectives in 'Valuing People', how the team will respond to referrals, assessed needs and reviews.
13. What should this policy/function achieve for employees ?	An understanding that Shropshire Council policy is in line with the Vision and Values statement and key principles / objectives in 'Valuing People', the function and operational responsibilities for team members..
14. Which aspects of this policy/function could contribute to inequality ?	None noted.
15. Do you believe that the policy/function could have a differential impact in terms of equality? Yes.	
Race and culture: What is your evidence?	Training would need to be undertaken with staff to address cultural/race differences regarding issues identified in this Policy

Faith and belief: What is your evidence?		Training would need to be undertaken with staff to address belief/faith differences regarding issues identified in this Policy.
Disability: This document refers to people with learning disabilities who are legally adult, that is, over the age of 18. It excludes all and any relationships between persons in caring roles with people with learning disabilities.		
Gender and sexual orientation: What is your evidence?		Eliminate unlawful discrimination and harassment Promote equality of opportunity between men and women
Age: What is your evidence?		No impact.
16. Are there any groups who could benefit from the intended outcomes of the policy/function, but who do not at present?	No	
17. Do your answers to questions 1-16 show that there is potential/adverse impact from this policy/function? No.		
Can this adverse impact be justified on the grounds of promoting equality for one group? Or for any other reason?		
Race and culture:	N/A	
Faith and belief:	N/A	
Disability:	N/A	
Gender and sexual orientation:	N/A	
Age:	N/A	
18. Should this policy /function proceed to a Full Impact Assessment ? No.		
Date for completion of full impact assessment:		Signed: Date: