

Sexuality and Relationships Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Scope

The purpose of this policy is to ensure a coherent and consistent approach towards personal relationships and sexuality. 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. It will have different applications in different settings, depending on the needs of each individual.

Elements of the policy will have different degrees of relevance depending on different staff roles, and the needs and presenting conditions of different residents, including their degree of mental capacity.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

Sexuality incorporates different elements as defined in this policy, which need to be understood by staff.

We have a duty to ensure that important principles relating to equality, diversity and rights are understood and promoted.

Staff must appreciate the importance of information and open dialogue with residents, and the need for robust assessment, risk assessment, and care planning.

Staff must be aware of their responsibilities and good practice principles, including promoting residents' individuality, sexuality, and maintaining relationships important to them.

Management must appreciate that staff will have different perceptions and personal values which will need exploring, including through appropriate training.

Staff must know how to work with complex situations, sexual disinhibition, and incidents should they arise.

Staff must understand how to work in relation to capacity and consent within sexuality and behaviour.

Management and staff should appreciate the importance of the environment and environmental factors to promote privacy, rights and dignity.

This policy and associated guidance must be read and followed by all staff, including management, when providing care and support to residents.

We recognise the importance to residents of their personal relationships, including intimate relationships, and of expression of sexuality. It is normal and healthy for every person to express their sexuality in ways they wish. We understand the importance of assisting residents to manage their needs associated with sexuality and relationships, though we also understand elements of risk that this can present, and the need for people to be kept safe.

We believe sexuality is an important part of who we all are, and that residents have the same rights to express their sexuality and engage in consenting relationships, including sexual relationships. We recognise the duty we have to residents to promote equality, diversity, and human rights, whilst also having due regard for all residents' privacy, safety and vulnerability.

The Policy

In this document:

- Sexual orientation refers to a person's physical and emotional attraction to another person (who a person is attracted to).
- Gender identity relates to a person's personal identification of being a man or woman, or neither (sense of self).
- LGBTQIA+ refers to persons who identify as lesbian, gay, bisexual, or transgender. The first three letters (LGB) refer to sexual orientation. The 'T' refers to gender identity. The '+' stands for other marginalised and minority sexuality or gender identities.

Reference to sexual relationships and sexuality in this policy includes:

- Heterosexual relationships,
- Gay relationships,
- Lesbian relationships,
- Bisexual relationships,
- Transsexual relationships,
- Transgender relationships, or
- Any expression of sexuality.

Expression of Sexuality

There are many elements to sexuality. A person's gender identity describes how the person wishes to be perceived, whilst their sexual orientation describes who the person is attracted to. Body image can be important to many people, and sexuality is also expressed through individuals' desires and previous experiences.

Expressions of sexuality also occur in other ways and can have different connotations to different people. How a person wishes to present, the way a person dresses, their make-up and jewellery, and their grooming, are all visual references to sexuality. Other expressions of sexuality include:

- Sex
- Masturbation
- Physical attraction
- Intimacy
- Sensuality

We will ensure staff understand these different elements of sexuality, and the degree of importance each resident attaches to them.

Staff members will also understand key elements and definitions relating to the above, including:

- Sexual orientation
- Gender identity
- LGBTQIA+

This will be ensured through the training mentioned further below.

Promotion of Equality and Diversity

The Equality Act 2010 ensures people are protected from discrimination and not treated differently because of their characteristics. This includes, for example, discrimination based on sex, sexual orientation, or gender reassignment. We have a duty to ensure people are not discriminated against in respect of their sexuality, and that equality, diversity, and human rights are promoted, including within the staff team, as well as with residents.

We will ensure diversity is respected through taking account of people's differences and ensuring their value is recognised and promoted. Residents will be assisted to have and maintain personal and intimate relationships of their choosing, reflecting the responsibilities we have as mentioned above, whilst also balancing degrees of risk.

These concepts will form part of the training to ensure staff members understand them and are able to support residents with dignity and respect.

Assessment, Risk Assessment and Care Planning

When a potential resident is referred to the home, part of the assessment will include gathering information from the person or their representative relating to the person's needs, including relevant details relating to sexuality and important relationships. These will be recorded on the relevant assessment form.

Some people may be referred for assistance with task focused objectives, for example, assistance with washing and dressing, or assistance with medicines. Others may be referred for more complex goals and outcomes, such as supporting a person with a cognitive disability to access the community and ongoing support with their daily life and relationships. Sexuality may be a factor relevant to the assessment, depending on what is important to the resident in meeting their objectives, and may include gathering information from the person or their representative relating to sexuality and important relationships. However, it is important for staff to respect a resident's right to privacy in what they wish to share with us, whilst being mindful that they do not risk discriminating against people or breaching their human rights. Staff, therefore, need to be sensitive as to what is important to the particular resident when carrying out an assessment.

Any assessment of a potential new resident should include risk assessments of any impact on others, including behaviours that challenge. Providers should continually review residents' needs and behaviours in line with their care review or as needs change so that staff, as well as people in shared accommodation, are kept safe.

Information gathered needs to include details about previous and current relationships, their sexual orientation, gender identity, and matters important to the person around dress, grooming, and general presentation including use of make-up and jewellery.

Care planning around sexuality and relationships needs to be prepared as soon as appropriate after a person is admitted to the home. This needs to include the involvement of the resident where possible, or those legally acting on the person's behalf where capacity is absent to make decisions related to their sexuality and relationships.

Care planning should include the information relating to sexuality and relationships gathered during initial assessment. It must clearly outline matters important to the person, their preferences and wishes, and issues for staff to consider, along with any actions they need to take in the care and support of the person.

It may be helpful for discussions with residents to be carried out by a staff member who the resident has formed a closer working relationship with.

Receiving care and support should not signal an end to a residents' romantic relationships or sexual activity. As a provider, we will consider practical implications and any actions staff need to take in the care and support of the resident. For example, a resident living with a physical disability may tell care staff that they would like to be sexually active and ask for support with the practicalities of this. They may need help arranging to meet new people at social events or clubs. They may already be in a relationship and seek advice about how they might optimise their sex life despite their physical disability or age. In such circumstances, we will seek expert advice from a relevant specialist or our third sector contacts to signpost residents to activities and community-based resources which will support their personal aspirations and outcomes.

Information in the care plan will be shared with relevant staff members available to them and kept under review. When there are any changes required, amendments must be made immediately, and new information will be communicated to relevant staff. In this way, relevant staff will have up-to-date understanding and knowledge of the person's preferences and requirements, and how support to maintain relationships needs to be provided.

Care planning will assist in the development of a consistent approach and ensure an individual's rights are observed.

Sexual incidents or abuse are most often defined as 'an incident involving a behaviour which is sexual in nature which is unwanted or makes another person uncomfortable' (SCIE) 2022.

Information in the care plan will be shared with staff members providing the resident's care and kept under review. In this way, staff will have up-to-date understanding and knowledge of the person's preferences and requirements, and how to support them to maintain relationships.

Risk assessments must be in place when there are concerns relating to a resident's behaviour, such as around sexual disinhibition. These should be developed with involvement of supporting multi-disciplinary teams for their expertise and must outline particular risks to the person and others, and actions for staff to take to minimise risk of incidents. These also need to be kept under review and updated as and when needed.

Incidents of concern should be reported to the Registered Manager as soon as possible, for consideration of a referral to the local authority Adult Safeguarding Team.

Staff Skills, Awareness and Values

Staff will be trained to understand the values we promote (Welcome All, Bring Love), including supporting residents with sexuality and relationships, and the potential complexities this can involve. We will ensure that:

Staff members directly involved in gathering information at assessment stage, and preparing care plans, will be suitably trained and skilled in having sensitive and supportive conversations, understanding what information is required, and how information is sensitively recorded.

We will provide training to staff members relating to sexuality and relationships. This will ensure staff have an understanding of sexual orientation, gender identity, and LGBTQIA+ definitions to enable them to sensitively support residents.

Training will cover principles relating to equality, diversity, and human rights, along with anti-discriminatory practice, confidentiality, capacity and consent, and the promotion of diversity, individuality, and the residents' rights.

Homes will promote a champion for equality, diversity and human rights.

Those with responsibility for assessment and care planning will also receive training to ensure they understand requirements and good practice principles.

Training will also include awareness of inappropriate behaviour and disinhibition, and staff responsibilities for identifying safeguarding concerns and/or abuse.

Staff members will have their own beliefs, feelings and values. On occasions these may include feelings or beliefs which could affect their ability to adhere to this policy. Management needs to be alert to this, and supportive of staff to ensure compliance with this policy.

Training provided will need to ensure that staff attitudes and values are given focus, and that staff can develop their knowledge and skills relating to supporting residents with sexuality and relationships.

Training should be organised as soon as possible once new staff members have started work and refreshed as frequently as required to support the individuals receiving care and/or in line with guidance.

Staff Practice

Through appropriate assessment, care planning and staff training, residents can expect that their aspirations and goals relating to sexuality and relationships will be supported.

At all times staff must ensure residents' care plans and risk assessments are followed to support residents with their sexuality and relationships.

This includes assisting residents with their preferences and wishes as needed, such as help in maintaining appropriate and consenting relationships, and assisting residents to express their sexuality around preferred dress, grooming, and appearance, for example:

Residents must be supported to access the community as appropriate, to ensure that they can maintain relationships with people and organisations important to them outside of the home. Where this involves degrees of complexity, such as with physical disability, the service will need to involve relevant specialists including healthcare professionals and care management.

There may be occasions when residents wish to use online services, websites, or dating services.

Staff must be aware of any potential risks associated with this, including exploitation and scams, and seek advice from management before providing any practical assistance to residents.

Residents' loved ones may occasionally have different views to the resident with regards to sexuality and personal relationships. This can be a difficult area for staff.

The home must work sensitively, proactively, and positively with representatives and loved ones around their perceptions, with the permission of the resident.

Where the resident has capacity for decisions relating to their sexuality and relationships, staff will ultimately focus on the needs wishes and preferences of the resident.

Staff must respect the resident's capacitated wishes, but where the individual is assessed as lacking capacity under the Mental Capacity Act 2005, they must work within the act and the code of practice.

Working with Sexual Disinhibition

There may be situations when a resident lacks sexual awareness and demonstrate behaviour that may challenge. This could be due to dementia or other conditions which affect thinking and decision making. For example, a resident being supported to undress by a care worker might misinterpret personal care as a sexual advance.

There may also be situations when degrees of confusion mean a resident wrongly identifies another person as their spouse or partner, meaning the resident approaches them in an unacceptable way, such as attempting to enter the other person's bedroom, or displaying inappropriate sexual advances.

Staff must try to interpret and understand what is potentially behind the behaviour and work positively with the relevant resident. This could include diversion, suitable activity, or occupation, or assisting a resident to a private and safe place where they may wish to engage in masturbation, for example.

Risk assessments and care plan strategies must be followed to support the relevant person, and relevant professionals must be contacted and involved if the behaviour seems unusual.

When an incident has occurred involving a resident and inappropriate sexual advances or disinhibition, this must be recorded, investigated, and reported appropriately, such as to the local safeguarding team, police, and a notification to CQC (see the 'Reportable Incidents CQC Policy').

See also 'Regulation 18: Notification of other incidents, CQC (Registration) Regulations 2009.'

The advice of the Police and safeguarding must be followed where needed, with regards to preservation of evidence and arrangements for further investigation.

Residents who have been involved in any incident must be appropriately supported.

Capacity and Consent

In law, both parties must consent to sexual relationships. Where the capacity of both parties is assumed, the relevant residents must be able to continue a relationship without unnecessary intervention or interference.

However, capacity and consent relating to relationships can be a complex area in care services. A person with a diagnosis of dementia may have capacity to consent to sex and intimate relationships. In other cases, a person with dementia may seem to be accepting of sexual advances though may not fully understand these or the implication of them.

Staff members must always seek advice from relevant professionals and management in any circumstances when there is uncertainty or doubt that a resident has the capacity to consent to sexual relations or contact.

In the above circumstances, a capacity assessment relating to sexual relations would need to be carried out (see the 'Mental Capacity Policy'). On occasions it may be difficult to establish whether both parties have capacity to consent to sex. EFH will seek appropriate health or social care support for decisions which are major or complex decisions, including decisions with significant potential consequences such as consenting to a sexual relationship. This means we may not be the assessor in these situations and staff must seek advice from involved professionals. Whoever is responsible for the capacity assessment, the following should be considered:

- Does the resident know who the other person is?
- Does the resident understand sexual acts?
- Does the resident understand that they have a choice engaging in these?
- Does the resident understand they can 'say no'?

- The resident can change their mind at any time.
- The actual mechanics of sex.

Capacity assessments must be kept under review.

Staff must understand that best interests decisions cannot be made in relation to a person's ability to consent to sex: this is excluded from the relevant section of the Mental Capacity Act 2005.

Professional advice must be sought in circumstances when it is difficult to establish capacity, including discussing matters with care managers, healthcare professionals and safeguarding, for example.

Staff members must ensure they intervene proactively when there is any suggestion or sign of discomfort or reluctance shown by any resident to any sexual advance from another resident.

In line with other aspects of residents' lives, residents have a right to confidentiality, and this must be respected and promoted. Where residents have capacity to make decisions relating to sexuality and relationships, information about this must only be shared with others, including family and representatives, when residents have expressly given permission to do so.

Environmental Considerations

There must be an appreciation that residents have a right to privacy, including safe privacy. This involves residents:

Being able to have a place to express themselves as they wish sexually, either on their own or within a consenting relationship.

Ensuring there are safe private places for residents which can also reduce frustration and risk of inappropriate behaviour, such as in communal areas.

Staff members must ensure residents have access to safe private places when they wish, and that due regard is given for good practice principles relating to privacy and dignity including, for example, knocking on doors and waiting for responses before entering bedrooms.

Other initiatives should be considered as needed, such as the provision of:

- 'Do not disturb' signs for doors.
- Options for residents to have double beds where they wish.
- Appropriate arrangements for the visits of guests and partners to residents where relevant, including overnight visits.

References and Further Reading

<https://www.gov.uk/guidance/equality-act-2010-guidance> Equality Act

<https://www.legislation.gov.uk/ukpga/2010/15/section/4> Protected Characteristics

<http://www.legislation.gov.uk/ukpga/2005/9/section/27> Section 27 Mental Capacity Act

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

<https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf?msclkid=4d85f>

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Review date	Next Review Date
July 2024	July 2027