



**Guidelines for Implementing a
Policy on 'Sexuality and Relationships for
Disabled Adults in
Residential Care**

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Introduction

The Sexual Health and Disability Alliance (SHADA) was formed in 2005 by the Outsiders Trust to bring together and support professionals who work with disabled adults.

The following guidelines have been produced as a source of information for residential care homes for disabled adults. We hope you find these guidelines useful in that they can provide a starting point to develop the best working practices for your disabled residents.

Why have a sexuality and relationships policy?

All types of service provision should allow for disabled adults to make informed choices and to be able to freely express their wishes and preferences. Therefore each person, whatever their impairment should, like any other person, be at liberty to pursue their sexual aspirations.

However, many disabled people complain that although their practical needs are met, their personal lives are compromised, with the result that the disabled man or woman may experience sexual frustration, relationship break-ups, on-going depression, inappropriate sexual behaviour, and social isolation.

Residential care should support the rights of disabled adults to develop and maintain social, personal and/or sexual relationships based on the recognition of their human rights.

That is to:

- Be assumed to be sexual beings, even if sex appears to be low on their list of priorities at that time.
- Have their choice of relationships, including marriage, friendships, partnerships and same sex relationships respected and supported by all policies and procedures issued.
- Exercise choice and have their individual morality and beliefs respected.
- Have their privacy and confidentiality respected.
- Have opportunities to be alone with their sexual partner on a regular basis and both parties

be supported through any process of adaptation.

- If they have no sexual partner, be supported to enjoy sex like other single people as far as is possible, without causing significant offence to others. This includes entertaining visitors in private in their own rooms, and being supported to not see people they do not want to see.
- Be offered counselling, information, advice and support to exercise or pursue any of their sexual rights so they can take risks and assume the responsibilities inherent in exercising these rights.

This should be focused on staff being training to deal with :-

- All staff to agree never to be negative, disruptive, exploitative or indiscreet over sexual matters involving residents.
- Encourage residents to recognise that living in a communal setting requires them to conduct personal relationships and engage in sexual activities in ways which are considerate towards other residents
- Residents wanting to have sex together should be given support to enjoy it, bearing in mind the risks and taking precautions to minimise them by means of professional sex enablers to oversee and support normal sexual activity
- Even any resident does things to their bodies during masturbation that endanger themselves, they should be given help to masturbate more safely.
- A separate house should be available for residents who are involved in sexual relationships / activities which disturb the other residents.
- All residents and those funding their residential care, to read and sign their agreement to the Residential Home's policy.
- Residents may have visitors at any time of the day or night and entertain them in their rooms in private
- Residents who have a marital/sexual partner who resides outside the home is offered every possible assistance in maintaining the relationship if that is what they wish
- Residents are able to decide whom they see and do not see, and if necessary are supported in these decisions. A request by a resident to restrict or forbid an unwelcome visitor is recorded and complied with. As far as possible, they are protected both within or outside the home from any personal contacts which are unwelcome or abusive
- Wherever possible, each resident will have their own room but those who share rooms will be given special help if they require privacy for intimate or sexual activities
- As far as possible, on occasions when intimate care, such as washing and toileting, is given, residents' wishes as regards the gender of the care worker are respected
- Residents have ready access to any necessary advice or guidance to ensure that any sexual activity in which they engage is safe and pleasurable
- The sexual orientation and preferences of service users are treated with respect, with gay and lesbian relationships accorded similar respect to that given to heterosexual activities

- The personal relationships and sexual activities of residents are treated with respect by other residents and by others having contact with the home
- Residents who form intimate relationships while resident in the home, either with another resident or with someone living outside the home, are offered every possible assistance in furthering such a relationship
- In instances where two resident in an established intimate relationship come into the home together or one subsequently joins the other, arrangements are made, subject to their wishes, for them to share accommodation, to spend time together, and to take part in activities as partners
- If residents engage in any sexual activity or display which is offensive to others, prompt steps are discretely taken to discuss the matter with the person concerned and to help them contain their behaviour within reasonable limits
- All possible efforts are made to protect residents from any form of sexual abuse
- Any service user who, because of a disability, requires assistance in fulfilling their sexual aspirations has the opportunity to discuss their needs with staff who, where possible, will arrange for appropriate help to be provided
- Residents must not feel that their personal lives are public knowledge and the subject of gossip. Their personal and sexual relationships and activities must be treated confidentially and sensitively and passed only to those with a specific need to know. If possible, they can choose one staff member who will be the only person they will discuss matters relating to their sexual relationships and activities. Notes will be kept to a minimum and be kept private.
- Encourage peer support amongst people with similar disabilities, and support disabled adults in accessing a variety of opportunities enabling them to interact with other people.
- Provide appropriate support and guidance to facilitate the disabled adult's involvement in the wider community.
- Ensure their staff and disabled adults are aware of professional boundaries. Sexual relationships between staff and residents breaches the code of conduct and is liable to prosecution and or dismissal.
- Provide sex education that is relevant to the disability, especially when the impairments are progressive
- Keep up-to-date on research on sex and disability, so that you learn about recent discoveries.

Staff may be apprehensive of the risks in disabled people developing new relationships. Training and support should be given to them for this. Risk is a normal part of developing personal relationships and a human right. Apprehension of staff should not stand in the way of your service users rights. Ensure policies and risk assessments are in place for protection of residents and staff.

Ensure staff are provided with sufficient training to cope with these situations.

Allow staff opportunities to air their concerns and check with other agencies and professionals to gauge good working practices. Remember SHADA members can assist with support and advice. Continue to develop your policy to ensure staff feel confident in supporting their disabled adults to achieve this crucial part of their social care.

Consent and choice

Residents should be encouraged to make their own decisions about their personal and sexual relationships. The law defines the age at which consent can be given for certain relationships and activities. It also requires that for consent to be valid it is freely decided and the individual(s) concerned is/are able to demonstrate a broad understanding of what is involved and have a basic understanding of the likely consequences of their actions. If anyone does not have this level of understanding then, in the eyes of the law, they may be unable to make the decision. However, when their safety is at risk, efforts to protect the resident should be paramount.

Training can help professionals to gain confidence and understand the basics:

- The social model of disability.
- That sex is more than intercourse, and pleasure is not dependent on erections and genital function.
- Sexual orientation – disabled people are the same as everybody else and may be gay, straight, transgender, etc. They may have fetishes, and enjoy a wide range of sexual tastes.
- Many disabled people find love, especially when they have learned to love themselves. Before this happens; it is painful to watch their peers enjoying intimacy, getting married and becoming parents when opportunities don't seem easy for themselves. Reassurance from professionals can help this process.
- Some adults with disabilities may have gaps in their knowledge about sex, simply because their lives have been censored. Health professionals should not extend that censorship but know where to signpost them to gain knowledge.

The ideal is that all professionals who come into contact with disabled people are trained in sex and disability so that disabled people always feel able to include sex and relationship concerns in their conversations. It is useful to provide workshops that demonstrate to staff, just how it feels to have your basic ideals and needs denied to you, and increase awareness that sexual rights are human rights.

Policies may need to include situations like the following:

- A disabled adult cannot masturbate because of impairment.
- Disabled adult wishes to see a sex worker or needs a sex worker to enable him or her to achieve sexual fulfilment
- Disabled person develops a crush on a member of staff.
- A love affair develops between the health care provider and the disabled client.

- Disabled person displays inappropriate behaviour.
- Disabled person suffers from low self esteem.
- Disabled person suffers with depression resulting from the above.

When discussing situations like the scenarios described above, staff should consider:

- Disabled adults need reassurance, respect and privacy. When talking to a disabled person about their sexual feelings and desires, they need to be alone or with their sexual partner, not with PAs, parents, or anyone else in the room.
- You may need to allocate extra time for people with speech impairments both to learn how to communicate and to engage in conversation, as the person who normally translates for you should not be in the room, unless the disabled person is sure that is OK.
- Ensure that disabled clients are informed how and when they can proceed with sexual activity, e.g. after accidents, renal failure, hip replacement or continence related operations.
- Relevant publications and leaflets are given in formats they can access.
- Information and advice about contraception and sexually transmitted infections are provided in formats they can access
- Sufficient signposting information is available.
- Whether the disabled adult has sufficient equipment to support their sexual activities e.g. a double bed with protective railings and hoists.
- If the disabled adult presents with depression or gives any clues that they may be deeply unhappy, check if they are experiencing any personal / sexual difficulties.

What else should your policy contain?

An information pack created specially, containing their personal needs and providing a resource of the support networks available.

Have a universal approach with all services provided by your staff and ensure sufficient information on sexuality and relationships is available in each department.

Examples:

Provide leaflets on other agencies that can help e.g.

The Sex and Disability Helpline 0707 499 3527 11am to 7pm weekdays www.outsiders.org.uk/

www.tlc-trust.org.uk/about/index.php

www.fpa.org.uk/Homepage

http://www.loversguide.com/sex_and_disability.html www.spokz.co.uk/

www.beecourse.com/

Ensure your **information officer** includes contact details of all agencies providing support and relevant information on sexuality and relationships.

Put **procedures** in place to demonstrate how referrals and signposting should be carried out.

It may help to develop **partnerships** with other residential homes and local agencies, to ensure high standards of service are being delivered to your client group.

Include sexuality and relationship **information** in your leaflets and hand-outs.

Confidentiality

Any discussions with residents surrounding the personal issues of sexuality and relationships remains confidential and that it should only be broken in certain circumstances. Client's sexual information should only be discussed amongst staff on a 'need to know' basis and targeted to the appropriate people. There are occasions when information needs to be shared to protect the interests of the staff or client, for example it may be necessary to pass on information to professionals or others in the public interest, for instance, where personal health or safety is at risk, or if required by law.

Exploitation awareness

Measures should be taken to ensure the client group are not exploited. Encourage them to be aware of situations where it could be construed they are exploiting others or they themselves could be exploited.

Factors that could indicate abuse/exploitation/lack of consent: One partner is much more dominating than the other.

- One partner fears physical violence from the other.
- Between two men, if one partner is always penetrated by the other and does not know why.
- A man is being unaware of/uninterested in how women become sexually aroused and who only engages in vaginal/anal penetration.
- The two people were unknown to each other prior to the sexual contact.
- A person describing sex as something that is 'done to them'.
- A person believing that sex is meant to hurt them.
- One partner does not have learning difficulties.
- One partner has severe learning communication difficulties or finds it hard to make choices and express their wishes.
- An individual having a known history of sexually abusing.
- One partner fears the other will end the relationship if they do not have sex.

Factors that could indicate consent/mutuality

- Both partners seem to like each other.
- Both partners seek each other out for company and their relationship is not limited to sexual contact.
- Both partners speak positively about each other.

- Both partners want to go off to private/seclude places.
- With less able people, their facial expressions and body language are positive and welcoming of the sexual contact.
- A man showing that he does think about his partner's sexual pleasure.
- Intimate contact that continues beyond one partner's orgasm.
- A woman experiencing sexual pleasure.
- Both partners undressing to a similar extent.

Clearly, it is easier to see factors which suggest abuse rather than factors which suggest consent. This places a special responsibility on staff to actively look for signs of consent and mutuality from each partner.

Staff should discuss any concerns with their team.

Parental Involvement

Parents, whilst having no legal rights over their adult children, will invariably feel concern and a responsibility to protect, guide, care for, advise and be a friend to their son or daughter. To harness the contribution a parent has to make can be of great benefit to their son or daughter. For a variety of reasons many parents may need help in coming to terms with their son's or daughter's sexuality. The team should be aware of this and offer support to parents as appropriate. If necessary, parents should be given information on your organisation's approach to sexuality and personal relationships.

Pornography, sex books and sex aids

Pornography is a legitimate masturbation tool and not necessarily artistic or great literature although some people prefer tasteful pornography. It is not the duty of the staff or anyone else to be judgemental. It can be useful, however, to inform on legalities, as extreme pornography, that which depicts life-threatening acts, is now illegal under the Criminal Justice and Immigration Act 2008.

An interest in pornography can be a useful way of exploring one's sexuality and many disabled people find it helpful to read books about sex, especially those that include disability, such as *The New Joy of Sex* and *The Sex Book*. *The Ultimate Guide to Sex and Disability* deals with attitudes to sex rather than the mechanics

Sex aids should also be considered as useful for disabled adults to purchase to assist them in areas of sexual fulfilment.

Commercial Arrangements

Increasingly, disabled adults are hiring sex workers and enjoying striptease shows. Prostitution is not an illegal activity; however it is inadvisable to select the less professional services, such as street workers and illegal brothels and parlours. Most self-employed sex workers, often called “escorts” work responsibly and are happy to accommodate disabled clients.

You may prefer to signpost the disabled man or woman to a third party agency, such as the TLC-Trust website, or an advocate who may be able to support the individual in making the appropriate arrangements.

Staff Protection

For a variety of reasons some members of staff may not be willing to participate in the sexuality and relationships agenda. It is recognised that, in providing such support, staff may be putting themselves in a vulnerable position, where allegations could be made, and the relationship between staff and resident is affected.

Draw up a list of the staff in your team who are willing to participate and ensure non-participative staff refer their clients to staff who are willing to provide support in line with the policy. Willing staff should feel confident their team, all the way to the top, will fully support them in their handling of this sensitive subject and offer supervision and specialist counsellors.

Writing your Policy

Hopefully SHADA can coordinate a working party of managers of residential homes, to agree a policy that can be shared.

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