Hertfordshire Partnership NHS
University NHS Foundation Trust

Sexuality and Personal Relationships for Service Users within Inpatient Services Policy

Version:	**2.2**
Executive Lead:	**Exec Director Quality and Safety**
Lead Author:	**Practice Governance Lead, Learning Development and Forensic**
Approved Date:	**16th April 2014**
Approved By:	**LD & F SBU Quality and Risk Committee**
Ratified Date:	**29th April 2014**
Ratified By:	**Policy Panel**
Issue Date:	**27th May 2014**
Review Date:	**27th May 2017**

Target Audience:
This Policy must be understood by all staff working within inpatient services.

Preface - concerning the Trust Policy Management System (PMS)

P1 - Version Control History:

Below notes the current and previous Version details

Version	Date of Issue	Author	Status	Comment
V2	27th May 2014	Practice Governance Lead, LD & Forensic	Superseded	Full review
V2.1	1st May 2015	Practice Governance Lead, LD & Forensic	Superseded	Updated for Care Act 2014
V2.2	19th January 2016	Care Act Programme Manager	Current	Further updated for Care Act 2014

P2 - Relevant Standards: P2 - Relevant Standards:

a) Care Quality commission Fundamental Standards

b) Accreditation for Inpatient Mental Health Services (AIMS) See Appendix 4

C) Social Care Institute for Excellence

c) Dignity in Care – Privacy - Respect privacy when people have personal and sexual relationships with careful assessment of risk.

d) Equality and RESPECT: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.

e) Care Act 2014

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P3 - The 2012 Policy Management System and the Policy Format:

The PMS requires all Policy documents to follow the relevant Template.

- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services, how they work and who can access them.
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance's which will need to go back to the Approval Group annually.

Symbols used in Policies:

RULE **=internally agreed, that this is a rule & must be done the way described**

STANDARD **= a national standard which we must comply with, so must be followed**

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.

All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained & archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or http://trustspace/InformationCentre/TrustPolicies/default.aspx

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PART 1 – Preliminary Issues:

1. Summary

The aim of this guidance is to outline organisational values and agree good practice, to set out guidance for staff who work with service users in inpatient settings, and to provide a framework for service users to understand and develop their personal relationships and aspects of their sexuality as appropriate to their care and treatment whilst using Hertfordshire Partnership University NHS Foundation Trust (HPFT) inpatient services.

This guidance reflects the statutory presumption that all adults (18+) have the capacity to make decisions, unless deemed otherwise. As stated in the Mental Capacity Act 2005:

"In a day to day context mental capacity includes making decisions or taking actions affecting daily life e.g. when to get up, what to wear etc. In a legal context, it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person ***lacking*** *capacity, or for other people".*

1.1. Purpose

This guidance is intended to support all staff working in **inpatient settings**, working with service users regardless of age, ethnicity, gender or sexuality. It promotes person centred approaches, a shared philosophy and value base which underpins the rights, responsibilities and risks in relation to the promotion of personal relationships, sexuality and sexual health.

This guidance provides the procedure that all staff must follow in order to enable service user's rights to be met. Specific guidance is provided on how the guidance can be used by staff in inpatient settings to support and empower service users to fulfil their social and sexual relationships.

It must be acknowledged that it would be impossible to list every situation that may arise in the context of sexuality and personal relationships within this document. However, if staff have any concerns they should consult the multidisciplinary team immediately. It is essential that staff adopt a holistic and person centred approach to each situation. This means considering carefully the uniqueness of the individual's situation and their personal circumstances. It is also important that such decisions are open to review and change if the circumstances change.

Given the sensitivity of these issues it is important that care is taken to support service users in a sensitive way. Consideration to the potential impact on the emotional life and psychological well-being of the individual is paramount. Therefore, it is crucial that the dignity, choice and respect of service users be considered at all times. It is important to note that this policy must be read and understood in relation to guidance and best practice also set out in the Trusts 'Privacy and Dignity Policy – guidance, standards and good practice criteria'.

During the original planning of this guidance there were concerns re: the human rights of individuals if they were not allowed to have sex. However the Trusts legal representation has confirmed that the guidance is in line with the Human Rights Act.

2. Definitions

STANDARD

The term ‘personal relationship’ can mean a variety of things to different people. Textbook dictionary (Wikipedia) definition states that the term applies to ‘ a strong, deep, or close association/acquaintance between two or more people that may range from brief to enduring… based on inference, love, solidarity, regular business interactions, or some other type of social commitment’.

‘Sexual Health’ refers to an individual’s physical and emotional wellbeing related to sexual thoughts, experience, relationships and choice that can all have an impact on one’s overall health and wellbeing. The term ‘sexual health’ also covers the provision of advice and services around relationships, contraception, sexually transmitted diseases and abortion as defined by ‘A Framework for Sexual health Improvement in England’ – Department of Health (2013).

The term ‘sexual relationship’ refers to any sexual activity that takes place not restricted to penetrative sex/sexual intercourse and can also include touching of the genital area and other sexual activity. Again the dictionary definition refers to this as ‘a relationship involving sexual intimacy’.

Sexual health needs vary according to factors such as age, gender, sexuality, ethnicity and some groups are particularly at risk of difficulties relating to both personal relationships and sexual health including people with learning disabilities and mental health difficulties. People with disabilities often face barriers to accessing mainstream health services including those that offer sexual healthcare and it is important for services to work to reduce health inequalities.

There is a growing body of evidence that supports a person centred, holistic approach to all health care and it is widely documented that having strong personal relationships and good sexual health is an essential part of many people’s recovery and rehabilitation.

3. Duties and Responsibilities

RULE

Services have a responsibility to meet their duty of care with regard to service users. All service users regardless of age, disability, ethnicity, gender or sexual preference have the same rights to freedom of choice as all other members of society. All staff must respect these rights, whilst at the same time ensuring that service users are fully aware of the possible consequences of their choices and not open to exploitation or abuse.

Intimate or sexual relationships between staff and service users are **NOT** permissible and will result in legal & disciplinary action (see appendix 1 for information on the sexual offences act 2003).

The following principles are implicit within the work of Hertfordshire Partnership NHS Foundation Trust (the Trust) and must be followed by all members of staff.

Service users have a right to:

- be treated with respect and dignity.
- freedom from sexual abuse and exploitation and to protection provided by services.

- represent their own moral, cultural and religious beliefs;
  however, nobody has the right to impose their beliefs on others.
- Confidentiality regarding information about sexuality and personal relationships. This does not mean keeping quiet when abuse or exploitation is suspected.
- be assisted in pursuing the type of social, personal and sexual relationships they want and to have accessible information/explanations in order to make an informed choice. This will include information about promotion of sexual health, contraception, safe sex, parenthood, genetic counselling and advice/counselling about physical/emotional needs and sexual relationships.
- buy and use sexually stimulating material e.g. legal pornography or sexual aids and to seek education about their use.
- be given support and assistance if they feel that their rights have not been upheld.
- have an advocate and/or someone of their choice to speak up on their behalf if required.

Service users have the following responsibilities to:

- receive advice and information appropriate to their needs
- stay within the law as any other citizen
- respect the rights of others
- treat others with respect, consideration and sensitivity

Staff have the following responsibilities:

- It is recognised that staff are free to hold their own values; however they should not impose their values on service users, with whom they work, but promote the values of the organisation

- Issues of sexuality are seen in the context of the values that underpin the Trust. This translates to a commitment to service users being treated in a person centred way, with dignity and respect in order to maximise and promote rights, choice, control, independence and social inclusion

- In this context the issues surrounding sexuality and the development of personal relationships are seen as a right and as one of many positive aspects which enhance people's lives

- The Trust acknowledges that service users have a right to fulfil their sexuality either alone or with consenting others, of the opposite or same sex. **However, it is not appropriate to support or encourage sexual relationships in an inpatient setting whilst receiving active treatment**

- Services will provide the support and information that service users need to help them make healthy choices. Sexuality is a legitimate part of their lives which staff are obliged to acknowledge and respect and should not be seen as a problem that we are reluctant to address.

All cases where there are suspicions of abuse should be responded to immediately. In such circumstances any necessary and appropriate response will be guided and informed by the Hertfordshire's Safeguarding Adults procedure, or Child Protection Procedures.

4. Confidentiality

Staff are often aware of personal and intimate information or issues concerning service users. Particular care must be taken to keep such sensitive information confidential.

It is recognised that with regard to individual situations the involvement of the carers/ relatives of service users will be dependent on the wishes of the service users themselves. Staff will at all times respect the rights of confidentiality of the service users whilst acknowledging that this may be difficult for carers.

In the interests and wellbeing of service users, there are instances when information has to be shared with others. Whenever possible this will be done with the full knowledge and consent of the service user.

A person's right to confidentiality may be compromised when:

- an illegal act has been committed
- an individual is putting their self or others at risk
- there is a possibility of exploitation of a service user or others
- keeping information confidential would result in a failure to maintain 'Duty of Care'

4.1 Professional boundaries

Professional relationship between staff and service users is very different from that of friends or family members. It can lead to misunderstanding and confusion if staff and service users are not clear as to their respective roles.

Staff must refer to:

Their professional Codes of Conduct and refer to service users:

- care plans
- person centred plans
- risk assessments
- health action plans

It is an offence for any member of staff to take part in any sexual activity with a person in their care. This covers all intercourse, penetration and sexual touching of any parts of their body (See Appendix 1). Furthermore it is always a disciplinary offence for a member of staff to seek or engage in intimate or sexual relationships with service users. Staff are employed to provide professional support to service users and intimate or sexual relationships are unequal and highly damaging.

Staff have a responsibility not to put themselves in a position of vulnerability and to be aware of how their behaviour may be interpreted. All staff working in inpatient settings should be aware of the 'See Think Act - Your guide to Relational Security' NHS guidance and handbook for people who work in secure mental health services.

This handbook maps out the different types of security and in particular the importance of good relational security to keep service users and staff safe.

Relational Security is defined in this guidance as 'the knowledge and understanding staff have of a patient and of the environment, and the translation of that information into appropriate responses and care'. The handbook refers to the importance of staff having safe and effective relationships with service users that are professional, therapeutic and purposeful with understood limits.

The Safeguarding Vulnerable Groups Act 2006 requires the Trust, if a member of staff is dismissed for sexual abuse of a vulnerable adult or child (gross misconduct), to make a referral to the Independent Safeguarding Authority for the individual to be included on the protection of vulnerable adults or child list (PoVA & PoCA). For further information refer to the Trust Disciplinary policy. Information on the Independent Safeguarding Authority is available from www.isa-gov.org.uk

4.2 Line Manager Responsibilities

It is important that a framework is in place for providing advice and support to staff at all levels (including managers) who deal with difficult and sensitive situations. This is imperative given the vulnerability of staff in relation to supporting and advising on sexuality.

- Staff should always make their line manager aware of sexual issues for service users and seek guidance and advice in this complex area
- The line manager is responsible for ensuring that appropriate action is taken in accordance with the law and the Trust policies and procedures
- Staff need to feel their concerns are taken seriously and that their line manager will provide support and feedback
- It is expected that in serious/complex instances the line manager will identify the need to refer on for specialist opinion/assessment e.g. legal or clinical
- If a sexual allegation is made by a service user it must always be passed to a manager as soon as possible for investigation under the Safeguarding Adult Procedures or referral under the Child Protection Procedures whether or not the allegation appears to be valid or not

4.3 Sexual Orientation (Sexuality)

Sexuality Orientation (often termed sexuality), identifies people to a particular orientation which is usually determined by attraction, relationships, sexual activity, personal feelings and personal & social identity. Sexual Orientation is not something that can be chosen, however associated behaviour such as 'coming out' (telling someone or a group of people your sexual orientation) is chosen. There are also people that will choose to stay 'in the closet' (hiding your sexual orientation from people for fear of discrimination or abuse)

The categories used within the Trust to identify someone's sexual orientation are:
- Bisexual – Attraction to both men and women
- Gay – Attraction to people of the same sex
- Heterosexual - attraction to people of the opposite sex
- Homosexual - Attraction to people of the same sex
- Lesbian – Women who are attracted to people of the same sex
- Straight - A common word for Heterosexual

There may still be people that choose a category not included in this list and staff should respect this choice.

It is important to note that Transgender (often termed Trans) **is not** a sexual orientation as it refers to someone who has, changed their **gender** or is planning to do so. It therefore refers to gender identity and Tran's people can be any sexuality.[1]

Dealing with issues surrounding sexual orientation can often be a very difficult time for service users. There may be the fear of prejudice, perceived discrimination from staff or other service users and family/friends as well as internalised discrimination that can affect an individual's mental health and wellbeing, preventing them from 'coming out'. For an individual to persistently deny their personal identity to others can put a huge strain on their recovery and their ability to interact with others and form meaningful relationships.

A message that being lesbian, gay or bisexual is wrong (which we still sometimes see in services) can lead to people feeling isolated, guilty, stigmatised and bad about themselves. It is important that service users feel positive about who they are, including their sexual orientation, and that they are supported in establishing a positive personal & social identity. Also from a legal perspective, the Equality Act 2010 now gives legal protection to service users who may suffer discrimination within services because of people's homophobia (fear and prejudice of lesbian, gay & bisexual people), and legal action can now be taken against services who discriminate.

Staff should ensure they are informed about issues relating to sexuality and relationships and should not need to be educated by individuals on the ins and outs of sexuality, as is often the case.

It is also important to acknowledge that some service users – whether identifying as heterosexual, lesbian, gay or bisexual - that have experienced sexual abuse in the past may have a mixed view about their identity. These people may need additional support and a safe space to work through these issues; however staff must not view sexual abuse as determining someone's identity.

Staff should:

- be aware of different sexualities;
- respect different sexualities;
- make information available which supports different sexualities;
- engage in discussions around relationships;
- put people in touch with relevant organisations or agencies if they do not feel they have adequate information on the issue;
- support service users in accessing appropriate community venues e.g. gay/lesbian cafes, pubs, clubs etc. after their discharge;
- be aware of their own feelings, values and attitudes with regard to this issue.

Staff should not:

- assume all service users are heterosexual;
- make derogatory comments about a person's sexuality
- express homophobic attitudes and beliefs whilst at work.
- make links between sexual abuse and sexual orientation

[1] For further guidance on supporting Trans people in services, please see the Trust Gender Equality Scheme

4.4 Sexual Health

Education on relationships
Education on relationships and sexuality can be gained by individuals in a variety of ways, both formal .e.g. sex education at school and informal e.g. talking to family and friends, reading, watching TV etc**.** However, it may be offered by staff or specific professionals if it is appropriate to the service user's individual needs.

Staff should:

- be aware of how service users get information;
- be able to discuss issues, both formally and informally, with service users and each other within professional contexts and boundaries;
- be able to set up formal one-to-one or group support for service users with supervision;
- know how to contact specialist organisations such as CONSENT for advice and support;
- have access to appropriate teaching material e.g. DVDs, videos, training packs and have support and guidance in their use from someone more experienced in this area.

Sexual health is about ensuring that people are able have fulfilling sexual relationships whilst ensuring that they are minimising any risk to themselves and their sexual partner. It encompasses physical health, emotional health and – for some – spiritual health.

Safer sex messages are key for anyone who is – or is planning to be – sexually active. These messages include the benefits of using condoms for preventing pregnancy and sexually transmitted infections (STI's) and looking at the type of sex you are having and the level of risk involved.

It is important to understand that there may be some very specific messages for people of different sexualities E.g. prevention of pregnancy will be more appropriate for heterosexual people whereas some groups – such as gay men – may be in a higher risk category of some sexually transmitted infections such as HIV, Hepatitis B etc. This does not imply that people should be complacent about their risks as everyone can be affected by STI's.

Increasingly STI statistics show young men and women are taking more risks. With this the most common STI's – Chlamydia and Gonorrhoea - have greatly increased in recent years.

Sexually Transmitted Infections are surprisingly common and can often be asymptomatic. Therefore, although the Trust discourages sexual relationships whilst people are receiving treatment within inpatient settings, we may still have service users who have come into our services with infections. It is therefore important to support service users – where appropriate – to access local sexual health screening services. The most commonly used services are Genito Urinary Medicine (GUM) clinics which are attached to most large hospitals. These services offer screening for all STI's, including HIV and Hepatitis B & C. Current contact numbers for GUM clinics are given in Appendix 3.

It is important – when discussing relationships – to talk about the importance of how to identify risks in sexual behaviour as when these are reduced the individual can feel more at ease and enjoy a healthier and more fulfilling sex life.

Safer sex (including contraception) is a basic right for everyone.

Advice and information should form part of an overall counselling/education programme for the individual. The relative benefits and disadvantages should be taken into consideration

and discussed fully with the person concerned and whenever possible the person should be encouraged to take responsibility for their own sexual health.

Staff should:

- support service users to access sexual health clinics for advice on contraception, safer sex and screening for STI's
- be able to talk about sexuality in relationship to safer sex.
- create an environment where STI's can be discussed appropriately and without embarrassment or stigma
- be able to explain the difference between birth control and prevention of Sexually Transmitted Infections. On occasions, the service user may benefit from a referral to specialist agency for support and education on these issues;
- give advice and where necessary help service user to access health screening such as cervical screening, breast screening and breast awareness, testicular examination etc.
- be aware of their own feelings, values and attitudes with regard to this issue.

Staff should not:

- assist physically with any other form of contraception other than prescribed oral medication
- use their own values or beliefs to imply that having sex in wrong or be seen to favour one sexuality over another

4.5 Developing Relationships

It can be beneficial for service users to develop friendships and relationships within services, and although the Trust discourages sexual relationships because of the service users' current need for treatment fulfilling non-sexual relationships can aid recovery as well as giving someone comfort, companionship, affection and love.

Service users – in some areas of the Trust – may lack the skills needed to form friendships and other relationships and may need help from staff in communicating with others. Relationships can, and should be, encouraged between service users where there are mutual benefits but staff must be mindful of an exploitative behaviour.

If someone lacks the skills necessary to communicate, their need to form relationships should not be overlooked and staff should support them as appropriate using a person centred, creative approach to communication.

Polyamory

Relationships usually occur between two individuals however staff must acknowledge that sometimes people choose to be in polyamorous relationships. This means that someone is in multiple loving relationships.

Staff should be respectful of the fact that a service user in a polyamorous relationship may wish to see their partners simultaneously. This should be facilitated in a similar way to service users seeing other kinds of families that would exceed the usual visitor limit of two people; for example when children are visiting.

Next of kin issues may also arise for people in a polyamorous relationship. If possible the views of all of the service user's partners should be taken into account. Where the law requires one person to act as a legal next of kin that should be explained to the service user in a way that recognises and supports the service user's other partners.

Wherever possible, the service user should make that choice; as is the case with all service users for whom a partner or a parent could be the next of kin. Defaulting to a parent or other blood relative without good cause is unacceptable to the Trust.
Staff must not judge any relationship choices service users make unless it is harmful to the individual or someone else where it will necessary to intervene.

Staff should

- recognise that service users have the same desire to explore a range of intimate relationships as others in society
- recognise that service users have a right to explore such relationships
- offer advice on issues such as safety or appropriateness
- discuss how the person may achieve this after being discharged from the in-patient service
- seek guidance from their line manager if they have cause for concern
- be aware of different types of relationships
- support contacts with existing relationships and friendship networks
- provide space and privacy for people to entertain their friends in an appropriate setting
- help people communicate with their friends, for example, writing letters, using the telephone, etc
- teach appropriate social behaviour. However, in doing so staff must be mindful of possible cultural differences e.g. how relationships are expressed
- be aware of their own feelings, values and attitudes with regard to this issue

4.6 Living together, civil partnerships and marriage

Staff should:

- treat the issue of marriage, civil partnership and living together as a valid choice for service users albeit one which is most appropriately contemplated after recovery and discharge from an inpatient setting
- support people to understand what marriage, civil partnership and living together means and the expectations they have for their relationship
- be aware of their own feelings, values and attitudes with regard to this issue.

4.7 Parenting

Parents with mental health issues or learning disabilities may need additional support in this area.

Staff should:

- provide information and support through appropriately trained services such as Community Nursing, Psychology, Children Schools and Families service;
- be aware of their own feelings, values and attitudes with regard to this issue.

4.8 Parental/carer involvement

Parents/carers should only participate in discussion about personal and sexual relationships where the individual concerned has given permission for them to do so. This should only be undertaken in private with the individual, their key worker, advocate or person of their choice. There may be times when the person cannot give informed permission or agreement (see Mental Capacity Act – defining lack of capacity, appendix 2).

It is important to recognise that parents and carers of service users have no legal say in what

their relative does. The law does not recognise the ability of anyone to give consent on behalf of another person. However it must be acknowledged that parents and carers often have an influence and a sense of responsibility and may have difficulty coming to terms with their relative's approach to their personal relationships and their sexuality. If it is appropriate parents and relatives should be given the opportunity to discuss their concerns and should be directed to the right support and information. It is important to ensure they are part of a process to decide the capacity to consent, if in question, of their relative.

5. Sexual Expression

The way someone views their sexual self can be expressed in many different ways. Sometimes this can be in ways we do not understand as we may never have had experience of this ourselves.

It is important to acknowledge that it is acceptable for service users to express their sexual self in whichever way they choose as long as it is legal and is not abusive to others.

5.1 Physical Contact

Physical contact can range from a touch, shaking hands, to more intimate caressing. It is an important form of communication, especially sometimes for people who have difficulty with speech. The appropriateness of physical contact can vary according to culture, family, age, sex, the nature of the relationship and other factors such as place and privacy and is down to individual choice.

For some care groups, people with learning disabilities for example, it might be appropriate for staff to:

- teach about acceptable touch within social and cultural boundaries, for example shaking hands instead of embracing;
- seek advice from appropriate sources as required;
- support service users to understand the need for privacy and personal space;
- be aware of their own feelings, values and attitudes with regard to this issue.

Staff should not:

- assume all people like close physical contact, personal space should always be respected.

5.2 Masturbation/self-stimulation

Masturbation or self-stimulation is part of sexual behaviour for many men and women. People do this for a variety of reasons. For some it is pleasurable and it relieves sexual frustration and tension. For others it may occur as a result of boredom or frustration and may be indicative of problems in other areas of a person's life especially if it occurs excessively and at the cost of other activities.

Masturbation is an important part of many people's sexual self. It can have many benefits such as pleasure and relaxation, which are particularly important for service users in an inpatient environment. If practiced in private staff should give service users space to enjoy this aspect of their sexual self. Occasionally masturbation may occur as a result of boredom or frustration and may be indicative of problems in other areas of a person's life especially if it occurs excessively and at the cost of other activities.

Staff should

- respect that masturbation is private and only explore and ascertain reasons for the person masturbating if it is creating problems for the individual or others
- direct service users to a private place if masturbating in public
- inform service users that masturbating is an acceptable form of sexual expression if pleasurable
- inform service users that if masturbating in public i.e. community that this is inappropriate
- be aware of their own feelings, values and attitudes with regard to this issue
- provide educational support through appropriately trained staff or services

Staff should not

- make assumptions on reasons why people may be masturbating (this may be particularly important where people may have limited communication)

5.3 Sexual Relationships

Given that service users receiving inpatient services do so because they may have mental health need; engage in offending behaviours (including sexual offending); or show behaviour that may challenge and require assessment and treatment. **Staff should not support or encourage sexual relationships whilst they are in an inpatient setting.** However, friendships should still be supported.

It is recognised that sexual relationships between service users do develop. **If a staff member suspects that service users are engaged in a sexual relationship they should discuss it immediately within the multidisciplinary team.**

The multi-disciplinary team (MDT) should:

- Discuss the situation immediately within an MDT meeting. Implement the Safeguarding Adults or Child Protection Procedure, if the sexual contact is thought to have been abusive or exploitative in any way;
- review the individuals' care plans and develop an action plan to support the individual;
- review the risk management plan;
- decide who should work with the individuals to support them to manage their relationships in a non-sexual way stressing that intimate sexual activities are not appropriate whilst an inpatient. Speak privately to both parties involved together, as appropriate;
- decide if it is more appropriate to move the individuals i.e. to another ward/unit within the service (if possible);
- Explain why this is the case i.e. that it is a public place, may be a distraction from treatment, may be embarrassing to others who are sharing the treatment space.
- Treat the relationship with respect and dignity whilst making clear the boundaries of what is acceptable in the inpatient setting. Discuss the possible feelings of frustration related to the restrictions of being in an inpatient setting on their relationships.
- Encourage them to concentrate on treatment goals and discharge to a community setting where it is appropriate to pursue intimate sexual relations;
- **If the MDT feel any exceptions should be made to this guidance an ethical/professional meeting should be convened through the practice governance lead**;
- be aware of their own feelings, values and attitudes with regard to this issue.

Staff should not

- dismiss or belittle individuals relationships or the expressed desire for intimate relationships;
- speak only to one of the individuals involved

5.4 Sexually stimulating material/ pornography

Sexually stimulating material/ pornography is widely available through newspapers, magazines, posters, films, videos, DVDs, books and the Internet. Some is legal and some is not. The aim of this material is to provoke sexual arousal in the observer. There are convincing political and moral cases for and against the use of pornography but either way it is unrealistic to expect that service users would not have been, or will not in the future be exposed to pornography in one form or another. At times service users may use non-sexual images as a means of sexual stimulation e.g. pictures of children in newspapers, magazines and catalogues. When it is thought that service users are using pictures in this way, this should be discussed with the multi-disciplinary team at the earliest opportunity. In some cases, service users' access to these types of images will need to be carefully monitored and even denied.

Staff should:

- discuss with the multidisciplinary team whether it is appropriate for the service user to have legally available pornographic material;
- be aware of positive and negative ways that pornography could influence service users, in particular in regards to those with sexual offending histories**;**
- discriminate in people's choice of legal pornography;
- ensure all pornographic material is kept and used in private and in a way that does not cause offence to others (either other service users or staff)
- ensure (to the best of their abilities) that pornography is not being shared amongst service users;
- support service users to understand that pornography can cause offence to others;
- be willing to discuss the potential for distorted views of gender and sexuality that may be implicit in some pornography and the differences between reality and fantasy
- be aware of their own feelings, values and attitudes with regard to this issue.

Staff should not:

- promote or initiate the introduction of sexually stimulating material to service users;
- make fun of, or make derogatory remarks about service users who choose to use legal pornography.

5.5 Fetishism

Another area where there is often confusion is where a service user may have a fetish for a particular type of behaviour.

Fetishism is the where a person is aroused by the presence of an inanimate object. This may be an item such as a shoe or particular piece of clothing, or a material such as silk or rubber. As with masturbation, of which it may be a part, this practice should be respected provided it is done in private and that they are not likely to cause harm.

5.6 Erotic Cross Dressing

Erotic cross dressing is where a person, not necessarily a man, dresses in clothing normally worn by another gender for erotic pleasure. As with fetishism and masturbation this practice

should be respected provided it is done in private. Erotic cross dressing should be differentiated from non-erotic cross dressing in which a person wears clothing normally attributed to a gender other than their own for reasons other than erotic pleasure. For example if the person is transsexual or trans in some other way; in this case cross dressing should be accepted wherever it is done, whether in public or private, in any room of the ward or outside the ward.

5.7 Sado Masochism (S&M)

One area where confusion as to best practice may arise, is sadism and masochism and/or dominance and submission; often referred to as S&M or D&S respectively. Within these terms people are sexually aroused, or feel comforted by, CONSENSUAL feelings of control or submission, or the CONSENSUAL feeling of inflicting pain or having pain inflicted. It should be noted that non-consensual S&M or D&S are a completely different practice that is best dealt with by the criminal justice system.

Consensual S&M and D&S practice should be accepted as a legitimate way of expressing one's sexual self. If there are concerns regarding capacity to consent then that should be brought up with the MDT as with any other issue affecting mental capacity.

The Trust's view is that the inflicting of pain is completely unacceptable in an inpatient environment as is any explicitly D&S behavior; as the capacity to consent to undertake these acts will be necessarily absent in the service user at that time. This does not prevent Service Users from raising discussion about these practices and being able to share their views and preferences with support staff which may at times be part of the therapeutic discussions as part of their active assessment and treatment.

5.8 Paraphilia

At times a service user may have a paraphilia e.g. sexual interest in children, bestiality, etc. Paraphilia's are often seen as a form of deviant sexual behaviour and in some cases as a form of psychiatric disorder. When it is suspected that a service user has a paraphilic interest, seek advice and guidance from a specialist e.g. psychiatrist or psychologist.

All concerns or suspicions of child abuse must also be reported to the Named Nurse or Named Doctor and service line manager/team manager who will advise on appropriate action.

Staff should:

- respect the person's sexual expression, if this is legal and non-offensive to others, and advise them on safe and appropriate ways of expressing their sexuality;
- if behaviour is not intended or received as offensive by others support the individual in expressing their sexuality in a way that does not draw negative and possibly stigmatising attention to themselves, e.g. helping a service user to think through whether an item of clothing is appropriate to be worn in public;
- be aware of their own feelings, values and attitudes with regard to this issue;
- inform the service user that sexual expression in a public place could be inappropriate and may be seen as a criminal offence.

Staff should not:

- make assumptions on reasons why people may be expressing themselves sexually in this way;
- make fun of a service user's choice of sexual expression.

5.9 Access to sex services

Situations may arise whereby the service user expresses the wish to seek the services of a sex worker (prostitute). In such circumstances staff must work within strict guidance and consult their line manager.

Staff should not under any circumstances, become involved in making arrangements on behalf of a service user to seek the services of a sex worker. Acting in this way could potentially lead to a criminal conviction for procurement for prostitution. See Sexual Offences Act section 27.

6. Training/Awareness – STANDARD

6.1 Staff support and training

All staff involved in undertaking individual or group work, relating to a service users' sexuality and relationships will be offered appropriate training and support. This will enable staff to gain the necessary skills, confidence and insight to deal with these issues professionally whilst ensuring the respect and dignity of the service user(s).

Health/social care professionals are expected to work to their professional/organisations' code of conduct.

The Trust supports members of staff to treat service users, carers and relatives with dignity and respect, through the provision of induction and personal development training within the KSF framework including Equality, Diversity and Culture training, 'Relating to people' training and specific customer care training as appropriate. This includes the recommendations of the Chief Nursing Officer's review of mental health nursing and the Valuing People programme. In addition to this all frontline staff are required to undertake mandatory training in Clinical Risk Assessment and Management, The Mental Capacity Act and Safeguarding Adults and Children.

The Training and Development Department provides training to meet specific requirements e.g. Cultural Competence training, Dignity in Care workshops.

Training is supplemented by the Trust supervision and annual appraisal process both for the individual and to ensure staff working within their area of responsibility/delegation pass on these requirements.

All of the above is delivered to support good team working and the pro-active function of the local multi-disciplinary teams who bring together the expertise of a variety of disciplines that support service users to get the maximum therapeutic benefit from their chosen treatment and care pathway.

7. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people

based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

RULE: Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

Service user, carer and/or staff access needs (including disability)	The policy will be available on the Intranet and if staff have specific needs pertaining to use of relevant IT and equipment to access the intranet, these will be addressed within a broader framework of support. Any service user or carer who wishes to access the policy can be posted a hard copy and/or sent an electronic version of the policy, whichever is most acceptable. Support staff will make Service Users aware of the policy as the need arises and should be prepared and supportive in detailing the contents of the policy with due sensitivity. All reasonable adjustments must be made to allow Service Users to access the guidance and understand the support mechanism in place regarding their personal relationship and sexual health needs. This includes putting the policy and related information into easy read format if this will allow the service user and/or family/carer the opportunity to access this.
Involvement	All staff should reflect in their clinical practice and empathise and identify needs related to personal relationships and sexual health with service users and/or their carers as appropriate and work with the multi-disciplinary team and service user to establish how best to address these. Any issues arising from this policy must be discussed in supervision. Senior staff across all disciplines will be invited to shape the policy and contribute to the review of the policy. Staff are also encouraged to share and anonymise where appropriate best practice examples and aid learning in both team meeting discussions and via the production by senior staff of learning notes. Staff should be aware of relevant, formal, third sector agencies that can support and assist service users to maintain good personal relationships and sexual health and work with the multi-disciplinary team to assess access to these when deemed appropriate and with the service users request and consent.
Relationships & Sexual Orientation	The policy applies equally across all service user and carers groups regardless of sexual preference and/or orientation. It is explicit in the policy that every person will be respected and their personal relationships and sexual health considered while receiving care, treatment and support from HPFT. Staff acknowledge that personal relationships and sexual health can play a key role in a person's rehabilitation and recovery journey.
Culture & Ethnicity	Discrimination on the basis of culture and ethnicity is described explicitly within the policy as inappropriate and unacceptable practice. Culture and ethnicity may have an impact on how personal relationships and sexual

	health is maintained for individuals. As a result, the service user and/or carers must be consulted and involved on the best ways to promote dignity and respect in these areas.
Spirituality	Discrimination on the basis of religious practice is inappropriate and unacceptable practice. There is reference within the policy to the need to be aware of a range of factors that may potentially impact upon the way appropriate boundaries are interpreted by Service Users or Carers and how the preferences and wishes of Service Users and their family/carers take shape.
Age	Discrimination on the basis of age is described explicitly within the policy as inappropriate and unacceptable practice. There is reference within the policy to the need to be aware of the potential impact of age and any subsequent impact upon the way personal relationships and sexual health, preferences and experience may be interpreted by Service Users or Carers. The focus of the policy is for the staff member to be aware of the possible wide range of individual variables that may impact on the Service User and their Carer/s.
Gender & Gender Reassignment	The policy applies equally across all service user and carers groups regardless of gender and gender reassignment. It is explicit in the policy that every person will be respected and their dignity maintained while receiving care, treatment and support from HPFT.
Advancing equality of opportunity	It is referenced in the policy that certain groups of people including those with disabilities can sometimes face barriers and health inequalities. It is also referenced that staff must at all times identify and find ways to overcome these barriers and services must make reasonable adjustments to allow people to access healthcare services whether inpatient or mainstream.

8. Promoting and considering individual wellbeing

Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is a broad concept and is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual's contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual's wellbeing. How an individual's wellbeing is considered will depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.

In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual's views, wishes, feelings and beliefs;

- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual's circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individuals rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.

9. Process for monitoring compliance with this document

Specific monitoring is set out in the table below:

Action:	Lead	Method	Frequency	Report to:
Trust Policy and Guidance	Equality Manager	Equality Impact Assessments	For each document or service change	Equality Steering Group
Training and Awareness	Training and Development Manager	Evaluation of courses and Personal Development Plans	Annually	Workforce and Organisational Development Group
Equality and Diversity	Equality Manager	Department of Health Learning Disability Census	Annually	Equality Steering Group
		Service users from black and minority ethnic groups experience surveys and action plan	2009 and then at two yearly intervals	Equality Steering Group
Maintenance of Confidentiality	Records Manager	Trend reports on Serious Untoward Incidents/ Caldecott issues.	Quarterly	Information and Governance Group
Service User Experience surveys	Service User and Carer Experience Lead	Having Your Say forms	Quarterly	Service User and Carer Engagement Committee Quarterly reports to commissioners
Untoward Incidents	Patient Safety Manager	Analysis of incidents and subsequent action plans	Quarterly	Quality and Risk Management Committee
Complaints	Complaints Manager	Analysis of incidents and subsequent action plans	Quarterly	Quality and Risk Management Committee

PART 3 – Associated Issues

10. Version Control

STANDARD

Version	Date of Issue	Author	Status	Comment
V1	March 2009	Practice Governance Lead	Superseded	Agreed by the Trust Executive 03.03.09
V1.1	March 2009	Practice Governance Lead	Superseded	Clarification to first paragraph page 14
V2	27th May 2014	Practice Governance Lead, LD & Forensic	Superseded	Full review
V2.1	1st May 2015	Practice Governance Lead, LD & Forensic	Current	Updated for Care Act 2014
V2.2	19th January 2016	Care Act Programme Manager	Current	Further updated for Care Act 2014

11. Archiving Arrangements

STANDARD: All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

12. Associated Documents

STANDARD

- Clinical Risk Assessment
- Communicating With Service Users From Diverse Communities
- Compliments, Concerns & Complaints policy and procedure
- The Single Equality Scheme
- Professional And Personal Boundaries
- Learning From Adverse Events
- Supportive Observation
- Management of Care Records
- Safeguarding Adults From Abuse (A Hertfordshire Inter-Agency Procedure For The Protection Of Vulnerable Adults) and Trust guidance
- Staff Dress Code
- Equality Monitoring of Users of HPFT Services
- Guidance on Translating Service User Written Information

- Management and Prevention of Physical and Non-physical assaults
- Patient Advice & Liaison Service Policy and Procedure (PALS)
- Role and Function of the Named Nurse / Associate Nurse in developing Care / Treatment Plans
- Privacy and Dignity policy

13. Supporting References

STANDARD

Legal

Care Act 2014

Consolidated and modernised the framework of care and support law, introducing new duties for local authorities and their partners, notably the duty to promote and consider the individual wellbeing of service users and carers when delivering care and support.

Care Quality Commission regulations 2009

Essential standards for quality and safety consisting of 28 regulations (and associated outcomes) that are set out in the above CQC Regulations 2009 and also The Health and Social Care Act 2008

Civil Partnership Act 2005

This Act made provision for partners of the same sex to be able to formalise their relationship by marriage.

Disability Discrimination Act 1995 and 2005

Introduced new laws aimed at ending the discrimination faced by many disabled people

Education Act 1986

This Act contains a provision in s 46 about sex education in county, voluntary and special schools maintained by the local education authority. This does not apply directly to day services but it would appear to be sensible for such units to bear the provision in mind.

Equality and Human Rights Commission

Equality & Human Rights Commission began work in October 2007 and has set as its goal ‘championing equality and human rights for all’.

Equality Act 2010

Anti-discrimination legislation that brings together previous legislation found in The Equal Pay Act 1970, Sex Discrimination Act 1975, The Race Relations Act 1976 and The Disability Discrimination Act 1995.

Health and Social Care Act 2008

Human Rights Act 1998

Article 8– the right to respect for private and family life without interference by public authority except such as is in accordance with the law.
Article 12 – The right to marry. An individual with mental capacity to make decisions for themselves has the right to marry and found a family.

Marriage (Same Sex Couples) Act 2013

An act of Parliament which legalises same-sex marriage in England and Wales.

Mental Capacity Act 2005
The Mental Capacity Act provides the framework for acting and making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for them-selves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events must comply with the act.

National Health Service & Community Care Act 1990
In meeting requirements to make individual assessments of need, where appropriate, the emotional and sexual health needs of service users should be sensitively considered and regularly reviewed.

Sexual Offences Act 2003
This is a major piece of law reform which removed discrimination against homosexuals from the law. It created new offences which help protect the public especially those groups who are often targeted for abuse such as children and people with learning disability.

Relevant Literature

Accreditation for Inpatient Mental Health Services (AIMS) Standards – Royal College of Psychiatrists

Framework for Sexual Health Improvement in England 2013 - Department for Health

See Think Act – Your Guide to Relational Security Department of Health NHS 2010

Sex and the Law – 4th edition - written by M. J. Gunn , published by Family Planning Association 1996

Social and Personal Relationships - British Institute for Learning Disabilities (BILD) in association with West Midlands Learning Disability Forum – 2000

The Sexuality and Sexual Rights of People with Learning Disabilities - considerations for staff and carers. Written by Paul Cambridge, Tizard Centre, University of Kent. Published by BILD – 1996

Valuing People, A new strategy for Learning Disability for the 21st Century. Department of Health, 2001

Your Rights about Sex – a booklet for people with Learning Disabilities
Written by Michelle McCarthy and Paul Cambridge, Tizard Centre, published by BILD 1996

14. **Comments and Feedback –** List people/ groups involved in developing the Policy.

STANDARD

list of people/groups involved in the consultation.

Executive Director Quality & Safety	Head of Practice Governance
Quality & Standards Manager	Practice Governance Leads
Risk and Compliance Manager	Patient Safety Manager
Head of Practice Governance	Clinical Directors
Medical Leads	Lead Nurses
Customer Inclusion and Engagement Team manager	Equalities Manager

Service Line Leads	

APPENDICES

The Sexual Offences Act 2003 – care workers' offences

Under the Act any sexual activity between a care worker and a person with a mental disorder is prohibited whilst that relationship of care continues.

A 'relationship of care' is defined as where one person has a mental disorder and another person is regularly involved, or is likely to be involved, face to face, in their care. It applies to people working on both a paid and voluntary basis.

The provisions in the Act relating to care workers of people with mental disorders apply whether or not the victim appears to consent, and whether or not they have the legal capacity to consent.

Care workers may be charged with the following specific offences:

Sexual activity with a person with a mental disorder

This law covers all intercourse, other penetration or sexual touching of someone with a mental disorder. It includes sexual touching of any part of their body, clothed or unclothed, either with your body or with an object.

Causing or inciting sexual activity

This covers causing or persuading someone with a mental disorder to engage in any sexual activity, including sexual acts with someone else, or making them strip or masturbate. This offence applies where someone has incited a person with a mental disorder to engage in sex, even if the intended sexual activity does not take place.

Sexual activity in the presence of a person with a mental disorder

This makes it an offence to intentionally engage in sexual activity when you know that you can be seen by a person with a mental disorder who is in your care, or you believe or intend that they can see you, and where you do this in order to get sexual gratification from the fact that they may be watching you.

Causing a person with a mental disorder to watch a sexual act

This makes it an offence to intentionally cause a person with a mental disorder to watch someone else taking part in sexual activity – including looking at images such as videos, photos, or webcams – for the purpose of your own sexual gratification. It is not intended that this should prevent care workers from providing legitimate sex education. For instance, a care worker showing a person with a mental disorder a video of a sexual act as part of an approved care plan would not be liable for this offence.

Exceptions

There are certain situations in which the care workers' offences do not apply. These are where the care worker is legally married to the person with a mental disorder, or where it can be proved that the sexual relationship pre-dated the start of the relationship of care, as long as that sexual relationship was lawful. This would apply, for instance, where someone who looks after his or her partner following the onset of a mental disorder continues to have a consensual sexual relationship with them.

The Mental Capacity Act – defining lack of capacity

Section 2 of the Act sets out the Act's definition of a person who lacks capacity. Section 2 (1) defines a person who lacks capacity as follows:

- "For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain"
- Section 2 (2) clarifies that it does not matter whether the impairment or disturbance is permanent or temporary. A person can lack decision making capacity even if the loss is partial or temporary or if their capacity fluctuates. In particular a person may lack capacity in relation to ***one*** matter but not in relation to others.
- In order to decide whether an individual has capacity to make a particular decision a two stage test must be applied :
- Is there an impairment or disturbance in the functioning of, the person's mind or brain? If so,
  Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision?

- Section 2 (3) makes it clear that a finding of lack of capacity cannot be made merely on the basis of a person's age or appearance, or from unjustified assumptions based on the person's condition or behaviour. Each person and each decision must be considered on its own merits.

- The 'functional' test focusing on how the decision is made, rather than the outcome or consequences of the decision is detailed in Mental Health Act Policy.

- Before assessing a person's *understanding of information relevant to the decision*, every effort must first be made to provide that information and explain it to a person in a way that is most appropriate for that individual and will assist their understanding. Relevant information will include the particular nature of the decision in question, the purpose for which the decision is needed and the likely effects of making or not making the decision.

- The need to present and explain the information in a way that is appropriate to the person's circumstances is paramount. Suitable support should be provided so that an explanation of the relevant information can be given in a way that is appropriate to meet an individual's needs, using the most effective means of communication. Such methods may be simple language, signing, visual aids, Makaton or any other means to assist the person's understanding. Cursory or inadequate explanations are not acceptable.

- According to the principles of the Act the starting point should be the presumption of capacity. Doubts as to a person's capacity may arise for a number of reasons, either because of the person's behaviour or circumstance, or through concerns raised by someone else, but any such doubts must be considered specifically in relation to the particular decision that needs to be made. The following questions should first be considered:

    - Does the person have all the relevant information needed to make the decision in question? If there is a choice has information been given on any alternatives?

- Could the information be explained or presented in a way that is easier for the person to understand?

- Are there particular times of the day when the person's understanding is better or particular locations where they may feel more at ease? Can the decision be put off until the circumstances are right for the person concerned?

- Can anyone else help or support the person to make choices or express a view, such as an independent advocate or someone to assist communication?

- Family carers and other carers are not expected to be experts in assessing capacity and it is therefore sufficient for them, amongst others using the Act, to hold a 'reasonable belief' that another person lacks capacity in order to receive statutory protection from liability. This means that they will be expected to have reasonable grounds for believing that the person lacks capacity to make the decision or consent to the act in question, at that particular time. Formal processes are rarely required unless the assessment is challenged, for example by the person whose capacity is being assessed or by another family member. In such circumstances, the assessor must be able to point to objective reasons as to why they believe the person ***lacks*** capacity.

Contacts and resources

The Trust is not responsible for the content of the following websites

This list is not exhaustive and the Trust does not promote specific organisations

The Terrence Higgins Trust is a large UK HIV & AIDS charity. Their objectives are to reduce the spread of HIV and promote good sexual health, to provide services which improve the health and quality of life of those affected and to campaign for greater public understanding of the personal, social and medical impact of HIV and AIDS.
Central Office
314 - 320 Grays Inn Road
London. WC1X 8DP
Tel Number: **0845 1221 200 for an adviser or 020 7812 1600 for switchboard**
Fax Number: 020 7812 1601
Email: **info@tht.org.uk**

National Aids Helpline: 0800 867 123

Books and videos available on sexual health
http://www.mcks.scot.nhs.uk/section5/5_4.html

BILD (British Institute of Learning Disabilities)
Campion House, Kidderminster DY10 1JL
Tel: **01562 723010**
Website: **www.bild.org.uk**
BILD is the British Institute of Learning Disabilities, a not for profit organisation with charitable status, which exists to improve the quality of life of all people with a learning disability. BILD provides information, publications and training and consultancy services for organisations and individuals.

The Ann Craft Trust
Centre for Social Work, University Park, Nottingham NG7 2RD
Tel: **0115 951 5400**

Website: www.anncrafttrust.org

Email: **communityaction@nottingham.ac.uk**
National organisation working with staff in the interest of people with learning disabilities who may be at risk from abuse.

Respond
3rd Floor, 24-32 Stephenson Way, London NW1 2HD
Tel: **020 7383 0700**
Helpline: 0808 8080700
Provides counselling and therapy for people with learning disabilities who have been sexually abused and may be abusers themselves.

Learning Disability Helpline

0808 808 1111. The helpline provides information and advice on learning disability issues to callers including people with learning disabilities, their families/carers and professionals

Sexual Health Direct

0845 122 8687 (Monday-Friday 9am-5pm). Sexual Health Direct is a nationwide service run by the Family Planning Association. It provides;

- Confidential information and advice on contraception, sexually transmitted infections, planning a pregnancy, pregnancy choices and sexual wellbeing
- Details of family planning clinics, sexual health clinics and other sexual health services
- A wide range of leaflets on individual methods of contraception, common sexually transmitted infections, abortion and planning a pregnancy

Sexual Health Line England

0300 123 7123. The sexual health line provides advice and information about HIV, AIDS and sexual health/local services. Calls to the helpline are confidential.

Brook Advisory Centres
Tel. 0808 802 1234
www.brook.org.uk

Provides confidential sexual health and advice services for young people and produces resources.

Pavilion Publishing
Tel: 01273 623222
www.pavpub.com

Publish resources looking at sexuality and also publishes training materials on **'Sex and staff Training', 'Sex and the 3 R's'** and **'My Voice, My Own Choice'.**

Family Planning Association
Tel: 01865 719418
www.fpa.org.uk
Produces some publications that are easy to understand for people with minimal reading skills plus videos specifically for young people with learning difficulties. Also publishes **'Talking Together….about Growing Up'** and **'Talking Together…about sex and relationships'** by Lorna Scott & Lesley Kerr-Edwards – practical guides with stories, illustrations and activities to use with young people with learning disabilities.

FFLAG Families & Friends of Lesbians and Gays – Support group 0845 6520311
http://www.fflag.org.uk/
7 York Court, Wilder Street, Bristol BS2 8HQ

Central Helpline no: **01454 852 418**

Safra Project – A resource project on issues relating to lesbian, bisexual and transgender women who identify as Muslim culturally and/or religiously **http://www.safraproject.org/sgi-intro.htmP.O. Box 45079, London, N4 3YD, England, UK**

Email: info@safraproject.org

Samaritans 08457 909090 - is available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, **http://www.samaritans.org.uk/**

In the UK dial 08457 90 90 90, for the cost of a local call.

Black Health Agency 0845 450 4247 - The BHA is a charity dedicated to improving the lives and changing the futures of Black and Minority Ethnic communities. We support and enable people to improve their health and well being through a range of unique services. **http://www.blackhealthagency.org.uk/**

Regard - aims to raise awareness of disability issues within the Lesbian, Gay, Bisexual and Transgendered (LGBT) communities, and to raise awareness of sexuality issues within the disability communities.
http://www.regard.org.uk/

PACE – Mental Health wellbeing, counselling & advocacy for Lesbian, Gay, Bisexual, Trans people. http://www.pacehealth.org.uk/ Helpline - 0808 1807 223

Beaumont society – support for transgender/transsexual people, their friends and relatives. http://www.beaumontsociety.org.uk info line - 01582 412220

London Lesbian & Gay Switchboard - information, support and referral service for lesbians, gay men, bisexual people. http://www.llgs.org.uk/ Helpline - 020 7837 732

Contact numbers for Genito Urinary Medicine (GUM) clinics

Watford	01923 217206
Hemel Hempstead	01442 259035
Woodland Clinic	01438314333 Ext 5206/4571
Hertford Clinic	01707 328111 Ext 3471

Accreditation for Inpatient Mental Health Services (AIMS) – Standards

Working Age Adults (AIMS-WA) and Older People (AIMS-OP)
M13.4 :The patient meets with their primary Nurse to complete the initial ward assessment and initiate their care plan within the first 72 hours following admission. This includes: gender needs, spiritual needs, cultural needs, social needs, physical needs, assessment of mental capacity (if required).

Accreditation for PICU (AIMS-PICU) 13.5 - The patient meets with their allocated Nurse to complete their initial nursing unit assessment and initiate their care plan within the first 24 hours following admission and this includes: gender needs, assessment of mental capacity (if required) spiritual and cultural needs

Accreditation for Inpatient Mental health services - Learning Disability (AIMS-LD).
15.19 - The patient's assessment takes into account existing information and covers social and personal wellbeing to include family/social network/social needs.

Our Values

Welcoming Kind Positive Respectful Professional