HPFT

Sexuality and Personal Relationships

For Service Users within Adult Inpatient Services Policy

HPFT Policy

Version	3
Executive Lead	Exec Director Quality and Safety
Lead Author	Practice Governance Lead, Consultant Safeguarding Nurse & Inclusion & Engagement Team Manager
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Target Audience	This Policy must be understood by all staff working within inpatient services.

Document on a Page

Title of document	Sexuality and Personal Relationships for Service Users within Inpatient Services Policy.		
Ratifying Committee	(Insert Ratifying Committee)		
Version	**Issue Date**	**Review Date**	**Lead Reviewer**
3	2nd January 2018	2nd January 2021	Practice Governance Lead, Consultant Safeguarding Nurse & Inclusion & Engagement Team Manager
Staff need to know about this policy because	The policy outlines the support that should be made available to people in inpatient service users to form positive relationships whilst highlighting those things that are not acceptable practice or behaviour within inpatient services.		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	• Service users should be supported to form positive relationships should they wish to whilst within services. • Staff are required to understand how to manage situations in relation to sex and personal relationships within services. • Staff should be approaching their practice with an impartial, not judgemental views towards different relationships and forms of sexual expression.		
Summary of significant changes from previous version are:	This has been a minor review to allow the deadline for the policy to be extended whilst discussions take place, in early 2018, re: the future Trust priorities in relation to sexual health.		

Contents Page

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 adult 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 (the Trust) inpatient services. This policy does not apply to CAMHS services, however this will be considered at review following targeted work in CAMHS looking at personal relationships and sexual health. Additional resources are available to CAMHS from equality@hpft.nhs.uk

This guidance reflects the statutory presumption that all adults (18+) have the capacity to make decisions, unless deemed otherwise. Capacity regarding relationships and consent to sexual relationship will be assessed in accordance with the Mental Capacity Act 2005 and will have regard to the five underpinning principles:

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

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".*

When enabling people to exercise any of these rights, the Trust should recognise the need for planned multi-disciplinary/agency approaches, properly discussed and recorded. On inpatient ward/units, all issues related to sexuality of patients should be brought to the Clinical Team and should be remembered that maintaining the privacy and dignity of the service user is of paramount importance.

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'

2. Scope

This policy will apply to all clinical staff directly employed working in adult inpatient settings by the Trust. This includes trainees, secondees and staff on honorary contracts or on joint contract with the Trust and another employer. This policy also applies to non-clinical staff who will interact/come into contact with service users.

For clinical staff, professional regulatory bodies provide specific guidance on the standards of professional conduct that apply to relationships between healthcare professionals and service users/carers. This may include guidance on communication, consent, confidentiality, procedures for intimate examinations and use of chaperones. Good practice in these areas is an important part of the maintenance of clear sexual boundaries. The purpose of this policy then is not to re-determine or repeat professional codes of practice but to make clear the Trust's standards expected of all staff regardless of role, band or post.

3. Definitions

3.1 **'Personal Relationship'** refers to close connections between people, formed by emotional bonds and interactions. These bonds often grow from and are strengthened by mutual experiences.

3.2 '**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. Public Health England use the World Health Organisation definition when referring to sexual health promotion - "…a state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity"

3.3 **'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'. According to legislation, the age of consent is 16 when a young person can involve in sexual relationship with consent. However, consideration should be given to the mental capacity of the individual and important that a baseline assessment of the service user's mental capacity is established.

3.4 **'Sexual health'** needs can be perceived differently and diversity can be a factor such as age, gender, sexuality, ethnicity and some groups such as those with learning difficulties and mental health difficulties are particularly at risk of difficulties relating to both personal relationships and sexual health. 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.

3.5 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.

3.6 **'Sexual boundaries**' describe the limits beyond which actions are deemed inappropriate. This means any actions or words of a sexually inappropriate nature with a person in their care, members of the person's immediate family, or anyone else involved with the person's care. Examples of breaching sexual boundaries may include:

- Beginning a personal relationship during or after treatment/care/support.
- Engaging in sexual activity with a service user
- Discussing sexual matters that are not relevant to treatment/clinical intervention
- Using sexual humour or telling "dirty jokes"

- Repeatedly engaging in prolonged conversation about personal matters unrelated to treatment.

3.7 **‘Sexualised behaviour’** Acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires. Examples of sexualised behaviour may include:

- Asking for or accepting a date
- Sexual humour during consultations or examinations
- Inappropriate sexual or demeaning comments or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation.
- Requesting details of sexual orientation, history or preferences for reasons other than provision of high quality clinical care.
- Internal examination without gloves
- Asking for, or accepting an offer of, sex
- Watching a service user undress (unless a justified part of an examination)
- Unnecessary exposure of the service user's body
- Accessing a service user's or family member’s records to find out personal information not clinically required for their treatment
- Unplanned home visits with sexual intent
- Taking or keeping photographs of the service user or their family that are not clinically necessary
- Telling service users about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details
- Clinically unjustified physical examinations

- Intimate examinations carried out without the service users explicit consent
- Continuing with examination or treatment when consent has been refused or withdrawn
- Any sexual act induced by the healthcare worker for their own sexual gratification
- The exchange of drugs or services for sexual favours
- Exposure of, or revealing intimate parts of the healthcare workers body to the service user e.g. exposing thighs, showing breasts, nipples, genitals
- Inappropriate, provocative clothing for work. Unsuitable clothing not adhering to Trust’s dress code policy.

3.8 ‘Social Intimacy’

Ideas about what is intimate or appropriate may differ across society and so clinical staff, in particular, must treat people as individuals with sensitivity to, and respect for cultural and other differences e.g. cultural differences can affect an individual's idea or perception about their personal boundaries, intimacy and dignity.

Staff need to be sensitive to these differences and respond to people in a way that is respective of their views and wishes e.g. always aim to give adequate information, an opportunity for questions and obtain consent before proceeding with any examination, care or treatment or procedure.

3.9 All Staff/ Employees

It refers to people employed by the Trust, regardless of their role, professional discipline, grade, or position.

It includes all employees regardless of contract arrangements e.g. full time, fixed-term, temporary, bank/agency, secondment, etc. It includes both clinical and non-clinical staff.

3.10 Boundaries

This term is used to define the limits of behaviour which allow staff to have a professional relationship with a person in their care. The relationship between staff and the person in their care is a professional relationship based on trust, respect and the appropriate use of power where the focus of the relationship is based on meeting the health needs of the person in their care.

3.11 Child Sexual Abuse

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" (Office of the High Commissioner for Human Rights, 1989). The UK has ratified this convention. Child Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. *(Working together to safeguard children, HM Government 2015)*

3.12 Crossing Boundaries

Staff cross professional boundaries when they behave in a way that oversteps their professional role with a person in their care, their family member or anyone else involved with that person's care in order to create a personal relationship. Such action oversteps the professional role in that it is creating an improper influence within the therapeutic relationship and exploiting a position of professional privilege for potential personal gain. Examples of crossing boundaries may include:

- Revealing intimate details to a service user during a professional consultation, conversation, any other level of engagement
- Giving or accepting social invitations where this is sexually motivated or outside normal working duties/expectations
- Visiting a service user's home unannounced, without a prior appointment, without knowledge of the care team, for no assessed reason (as stated in notes or care plans)
- Seeing a service user outside of normal practice.
- Clinical unnecessarily communications directly to, or about the service user, e.g. text messages, 'phone calls, web-site chat rooms e.g. face book, MSN, etc.

3.13 Professional Intimacy

Professional intimacy may develop as a result of the interpersonal relationship that is established between a staff member and the person in their care. Such intimacy is usually established as result of self-disclosure, sharing personal information, feelings and vulnerabilities.

3.14 Service User

A person who receives care, treatment or support from a healthcare professional. This term is often used interchangeably with patient or client in some service areas. The term service user includes children and young people who use services.

PART 2 – What needs to be done and who by:

'Service user' also applies to carers and others who are close to patients or clients and who are part of their clinical experience, for example a parent who accompanies their child to hospital. Staff need to think carefully about how they behave towards such people, and the effect their behaviour might have on their relationship with the service user.

4. Duties and Responsibilities

Services and staff have a responsibility to meet their duty of care with regard to service users. All service users regardless of age, disability, ethnicity, gender, gender identity 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 the Trust and must be followed by all members of staff.

4.1 Service users have a right to:

- be treated with respect and dignity
- 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
- 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
- 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.
- Be supported in exploring their gender identity which, whilst not explicitly related to personal relationships and sexuality, will often be a factor of importance. (see policy on supporting

4.2 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 in line with HPFT values.

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 and should be working in a way that identifies and manages any biases (unconscious or otherwise).

- 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.

- Staff are responsible for asking all service users to provide feedback on their sexual orientation as part of their care and to ensure this is framed in a way that promotes respect and a willingness to tailor care to an individual's needed. This forms a part of the NHS Sexual Orientation Information Standard which will form a part of the Mental Health & Learning Disability minimum dataset from 1st April 2018.

All cases where there are suspicions of abuse or coercion 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.

5. Managing allegations against people who work with children and young people

Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse of maltreatment of children or young person by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with consistent procedures.

Hertfordshire Safeguarding Children's Board (HSCB) have responsibility for ensuring that there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and for monitoring and evaluating the effectiveness of those procedures.

Ref: Working Together (2015)
All organisations that provide services for children, or provide staff or volunteers to work with or care for children, operate a procedure for handling such allegations.

Refer to the Trust and Hertfordshire Safeguarding Children's Board (HSCB) Procedure: Managing allegations against people who work with children for more details.

5.1 Local Authority Designated Officer (LADO)

The Local Authority must appoint a Designated Officer (LADO) whose responsibility it is to be involved in the management and oversight of individual cases which fall within this procedure, providing advice and guidance to employers and voluntary organisations, liaising with the Police and other agencies, and monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

6. 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'.

7. Professional boundaries

Professional relationships between staff and service users is very different from that of friends or family members as it focuses upon the assessed, legitimate needs of the service user. Employees should be aware of the potential imbalance of power in this relationship caused by the service user's mental and physical health needs and consequent needs for care, assistance, guidance and support. It can lead to misunderstanding and confusion if staff and service users are not clear as to their respective roles. Therefore, it is the responsibility of each employee to maintain appropriate professional boundaries within relationships at all times.

Staff must refer to:
Their professional Codes of Conduct and refer to service users:

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

7.1 Helping and supporting others can be both physically and emotionally demanding and draining. Appropriate boundaries are therefore required in order to allow a service user and workers to engage safely in a professional caring relationship.

7.2 All professional relationships contain the potential for conflicts of interest. Workers may, on occasions, develop strong feelings for a particular service user, family member(s) or carers. These feelings in themselves are neither abnormal nor wrong but will compromise the professional relationship if they are acted upon improperly. If workers feel that they are developing an attraction or an overly familiar relationship with a service user they must disclose such feelings at the earliest stage possible to their line manager, senior colleague or clinical supervisor.

7.3 Intense feelings about and towards service users should be the subject of clinical supervision whatever the nature of the emotion as these have the capacity to unbalance the working relationship and can result in harm if they are unrecognized and not dealt with appropriately. Members of teams have a duty to work to maintain the boundaries of each person within the team by not gossiping and also by reflecting on behaviours and patterns of interaction in the interests of service user care.

7.4 There may be situations where the 'appearance' of a possible relationship between a worker and a service user is open to being misconstrued. Workers finding themselves in a difficult situation, which may be open to being misconstrued, must report the matter to their Line Manager as soon as they become aware of this. Line managers will ensure that this information is recorded and guidance given to the worker as appropriate. Workers can also seek advice from their line manager, professional lead or professional body on how to manage approaches by service users who are trying to initiate relationships which would breach professional boundaries.

Under no circumstances should workers form intimate personal or sexual relationships with service users.

Workers should not behave in a way either inside or outside of the workplace which may call into question their professional conduct or endanger the confidence service users, relatives and carers place in the Trust to deliver 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

7.5 - Examples of inappropriate actions or relationships may include:

- Breaching sexual boundaries including acts, words or behaviours of a sexual nature alongside forming a sexual relationship with a service user (these could constitute offences under Sexual Offences Act 2003 and will be reported immediately via the Trust's Safeguarding procedures)

- Any other type of personal relationship

- Friendships including friendships via texting, the internet and social networking sites

- Divulging personal details to service users about themselves or colleagues, including personal contact details (this includes via the use of internet social networking sites)

- Accepting significant gifts or favours

- Entering into a financial relationship this includes the setting up of business/organisations etc.

- Banter / play-fighting which sometimes occurs on longer-term in-service user wards where familiarity can become excessive and inappropriate

- Developing inappropriate relationships with family members of a service user visited during escorted leave or assessments made at home

- Inappropriate use of social networking websites in breach of the Social Networking Policy.

- Instances occurring between a worker and service user which the worker seeks to conceal from other colleagues and do not form part of the agreed care plan.

The list is not exhaustive. It has been drawn up to enable staff to know and understand the types of conduct which would be deemed inappropriate.

7.6 Disciplinary Action & Appropriate Conduct

Failure to maintain professional boundaries with service users may lead to disciplinary action being taken and dependant on the circumstances and, where appropriate, a referral to professional registration bodies being made and or referral for investigation under safeguarding procedures.

7.6.1 Pre-existing Relationships:

If a close friend, partner or family member of an employee accesses services provided by the Trust it is the responsibility of the employee to maintain each relationship within its own appropriate boundary. Where personal or business relationships precede the professional relationship or where dual relationships exist employees **must** inform their line manager at the earliest opportunity. Any such instances will be handled in a sensitive manner and the employee will be given the opportunity discuss and explore potential boundary conflicts. It may be appropriate for a service user to be treated by another team / professional within the team or in the case of admission for the employee to be moved to another area of the Trust for the duration of the service user's treatment.

7.6.2 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.

7.6.3 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.

7.6.4 Relational Security is defined in this guidance as 'the knowledge and understanding staff have of a service user 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.

7.6.5 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

8. Sexual Boundaries

8.1 What Constitutes a breach of sexual boundaries?

A breach of sexual boundaries occurs when a staff member/employee displays sexualised behaviour towards a service user, child, young person or carer. Breaches of sexual boundaries do not just include criminal acts such as rape or sexual assault, but cover a spectrum of behaviours, of varying seriousness, all of which can cause harm. The following list groups the main types of sexual boundary breaches in descending order of seriousness:

- Child sexual abuse
- Child sexual exploitation
- Criminal sexual acts
- Sexual relationships
- Other sexually motivated actions towards service users, children, young people, service users, such as sexual humour use of the internet or other social media for grooming -refer to LSCB Procedures in relation to internet/social media and child sexual exploitation
- Inappropriate comments.

8.2 The consequences for service users when sexual boundaries are breached

Underpinning professional and regulatory bodies is the fundamental principle that therapeutic caring relationships between staff and service users must always focus solely on the health and social care needs of the service user, and not to build personal or social contacts for staff. For example, the Nursing and Midwifery Council (NMC) guidance states that moving the focus of care away from the service users‟ needs – towards staff needs- is an unacceptable abuse of power. Breaches of sexual boundaries by healthcare workers are unacceptable because:

- It can cause significant, enduring, and long lasting harm to service users
- It damages trust and exploits the position of trust e.g. service users trust in the employee and the public trust in healthcare professionals in general
- It impairs professional judgement; sexual or inappropriate involvement with a service user may influence an employee’s decisions about care and treatment to the detriment of the service user.

8.3 Reporting Potential Breaches of Professional boundaries between Employees and Service Users

8.3.1 Where an employee becomes aware that there is a risk that they could or have developed a non-professional relationship with a service user they must **immediately** seek advice from their line manager, their professional lead or another senior manager.

8.3.2 On receipt of a report of a breach or potential breach of professional boundaries action must be taken by line management and the employee concerned to prevent further development of a non-professional relationship. This can include (and is not limited to), support, guidance and/or investigation under the disciplinary policy as appropriate.

8.3.3 Where colleagues are aware of the possibility that an inappropriate relationship is developing between a service user and an employee they should immediately raise it with their line manager, another senior manager or head of profession (if applicable). Should an employee not feel able to raise any concerns through the usual management channels the Public Interest Disclosure (Speak Up) Policy can also be used to report concerns.

8.3.4 On being informed of the possibility of an inappropriate relationship between a worker and service user, the relevant manager must immediately undertake a fact finding process to discuss the issues that have been raised with the worker involved.

8.3.5 Once such discussions have taken place, where necessary steps should be taken to ensure that the relationship / potential relationship does not develop further. Appropriate action must be taken to ensure any issues are reported and investigated using the correct process e.g. datix, a safeguarding referral, Serious Incident (SI) Report, and/or a disciplinary investigation. Where a disciplinary investigation is deemed to be necessary the Human Resources Department should be contacted immediately.

9. Acknowledging the power of imbalance

Staff must recognise and acknowledge that they are often in a position of power. A power imbalance may arise due to any of the following:

- In order to be diagnosed or treated a service user may have to share personal information
- The staff member can influence the level of intimacy and/or physical contact during the diagnostic and therapeutic process
- The staff member knows what constitutes appropriate professional practice whereas the service user or carer is in an unfamiliar situation and/or is mentally unwell or lacking in capacity and may not know what is appropriate
- Where staff members may be considering a relationship with a former service user or carer the dynamic of the previous relationship may remain and influence the current relationship deeming it inappropriate
- It is the responsibility of staff members to be aware of the potential for the power imbalance and to maintain professional boundaries to protect themselves and their service users.

Failure to meet this responsibility may lead to disciplinary action.

10. Professional Boundaries between Employees and Former Service Users

10.1 Former service users can be harmed as a result of a sexual relationship with a staff member/employee who has been involved in their treatment, although

circumstances can clearly differ. A relationship between a staff member/employee and a former service user which would almost never be appropriate would be:

- if the staff member/employee provided long term emotional or psychological support to the former service user

- where the former service user was suffering from mental health issues at the time of treatment from the staff member/employee.

10.2 Sexual relationships with a former service user will often be inappropriate regardless of how long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will often have involved an imbalance of power.

10.3 The possibility of a sexual or personal relationship with a former service user may arise, for example, through social contact. If an employee develops a personal or sexual relationship with a former service user of the Trust they must seek guidance from their line manager at the earliest opportunity to minimise the risk of any subsequent allegations of abuse or serious misconduct which in turn may raise concerns about their professional integrity or the integrity of the Trust.

10.4 If an employee thinks that a relationship with a former service user might develop, he or she must seriously consider the possible future harm which could be caused and the potential impact on their own professional status. They must use their professional judgment and give careful consideration to the following:

- when the professional relationship ended and how long it lasted

- the nature of the previous professional relationship and whether it involved an imbalance of power

- whether the service user was particularly vulnerable at the time of the professional relationship and whether they are still vulnerable

A relationship with the carer or relative of a former service user will often be inappropriate for the same reasons that a relationship with a former service user is inappropriate

10.5 A personal or sexual relationship with a former service user of the Trust, their carers /or relatives is only ever likely to be acceptable where an employee contact with the service user, their carers or relatives during treatment was minimal or was a considerable amount of time ago.

10.6 To avoid any concerns about the professional integrity of healthcare professionals who have entered into relationships with former service users of another Trust where the healthcare professional was involved in their care as an employee of that Trust, employees must share such information with their line manager as soon as the employee is aware of the relationship.

11. 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

12. Sexual Orientation (Sexuality)

Sexual 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

[1] For further guidance on supporting Trans people in services, please see the Trust policy on 'Supporting Gender Identity in HPFT Services' as well as the Trust Privacy & Dignity Policy.

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 provides 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
- assume links between sexual abuse and sexual orientation.

13. Sexual Health

13.1 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 (STIs) 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 STIs.

13.2 Sexual Transmitted Infections (STIs)

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

STIs 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.

13.3 Sexual Health Services

County	Details
Hertfordshire	Sexual Health Hertfordshire: http://www.sexualhealthhertfordshire.clch.nhs.uk/
Norfolk	iCASH (integrated services across Norfolk, Essex, Cambridgeshire & Peterborough): https://www.icash.nhs.uk/
Essex	Essex Sexual Health Service: https://www.essexsexualhealthservice.org.uk/

Staff should:

- support service users to access sexual health clinics for advice on contraception, safer sex and screening for STIs
- be able to talk about sexuality in relationship to safer sex
- create an environment where STIs can be discussed appropriately and without embarrassment or stigma
- be able to explain the difference between birth control and prevention of STI. 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.
- Support with information re: accessing local sexual health services.

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.

13.4 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.

13.5 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 be 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

13.6 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.

14. 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.

14.1 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.**15. Sexual**

14.2 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.

15. Therapeutic Interventions

Service users and carers should have access to information detailing what they can expect from a consultation with a member of staff.

- Clear communication helps to avoid misunderstandings. This should apply to all consultations in all settings, including home visits
- Information should be explicit and evidenced
- Staff must communicate with service users and carers in a way that is
- Understood and takes into account particular communication requirements and intervention type.

For example:

- When a physical examination should be expected.
- A description of boundaries – acceptable and unacceptable behaviour.
- What to expect in talking therapies e.g. questions and enquiries that some may consider to be intrusive and intimate.
- What is expected of the service user and/or carer.
- The availability and procedure around Chaperones
- Contact details of the person to whom they may turn in confidence and/or a copy of the Trust complaints procedure to discuss or raise any issue that may give them concern before, during and after care, treatment or support.

15.1 Physical Contact

Touch is a basic human gesture and physical contact is an integral part of healthcare. Touch conveys to many people reassurance, care and concern and it can be valuable expression of a supportive and caring relationship. But touch is not value-free, it is conditioned by social and cultural norms and it can convey powerful signals. Therefore, touch may be perceived as threatening or manipulative, it could be physically painful and it can be a form of abuse.

Hands also carry microorganisms that can be transmitted through touch and may cause harm to those susceptible in infection. Staff members/employees use touch informally as gesture of care and formally. Therefore it is essential that for those registered with professional bodies the relevant professional codes of practice are adhered to at all times. All staff should consider these key principles at all times so that there is consistency of practice within the services.

- Physical touching between staff and service users is to be discouraged and avoided except in cases of clinical need e.g. carrying out physical examinations, treatment, manual observations, etc.
- Service users may misinterpret physical contact as affection outside of the professional relationship. Service users may also see physical contact as an expression of favouritism e.g. where a staff member hugs one service user and not another
- All staff should be aware of the risks of physical contact with a service user that it may be misunderstood and may lead to staff being vulnerable to allegations of inappropriate professional behaviour or worse.

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.

16. Withholding information from colleagues about service users

Withholding information impacts on the safety and well-being of service users and might be regarded as concealing information. Examples might include:

- Withholding personal information
- Not reporting the intention of the service user to self-harm or harm others
- Not reporting violent or critical incident/issues
- Not reporting safeguarding issues
- Not completing full records of service user interactions
- Undertaking an investigation or informal enquiry without the knowledge or authorisation of a senior manager.

17. Contact outside of the workplace

- Staff should never give out their personal contact details to service users
- Staff members should not give personal details of others to service users
- Staff should not allow service users to visit their homes
- Staff must not encourage service users to develop relationships with the staff member's relatives or friends, this includes visiting their homes or socialising inpatient areas
- Staff must not use social networking web sites e.g Facebook, Twitter, under their own name or using another identity to contact service users, maintain contact with service users or share information about service users with others.

18. 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).

19. 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.

20. **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.

21. 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.

21.1 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.

21.2 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 behaviour; 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.

21.3 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.

22. Access to sex services

Situations may arise whereby the service user expresses the wish to seek the services of a sex worker. 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.

23. Training and Awareness

Write a breakdown of all staff groups training requirements and the frequency of training required by each group. This must be done in the form of a table and should include details of who will provide the training. Where no formal training is required, describe the informal method of raising staff awareness of the Policy.

23.1 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.

24. Process for monitoring compliance with this document

Specific monitoring is set out in the table below:

Key process for which compliance or effectiveness is being monitored	Monitoring method (i.e. audit, report, on-going committee review, survey etc.)	Job title and department of person responsible for leading the monitoring	Frequency of the monitoring activity	Monitoring Committee responsible for receiving the monitoring report/audit results etc.	Committee responsible for ensuring that action plans are completed
Trust Policy and Guidance	Equality Impact Assessments	Equality Manager	For each document or service change	Equality Steering Group	Who
Training and Awareness	Evaluation of courses and Personal Development Plans	Training and Development Manager	Annually	Workforce and Organisational Development Group	Who
Equality and Diversity	Department of Health Learning Disability Census	Equality Manager	Annually	Equality Steering Group	Who

	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	Trend reports on Serious Untoward Incidents/ Caldecott issues.	Records Manager	Quarterly	Information and Governance Group	Who
Service User Experience surveys	Having Your Say forms	Service User and Carer Experience Lead	Quarterly	Service User and Carer Engagement Committee Quarterly reports to commissioners	
Untoward Incidents	Analysis of incidents and subsequent action plans	Patient Safety Manager	Quarterly	Quality and Risk Management Committee	
Complaints	Analysis of incidents and subsequent action plans	Complaints Manager	Quarterly	Quality and Risk Management Committee	

25. Embedding a culture of equality and 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.

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.

26. 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.

Part 3 – Document Control & Standards Information

27. Version Control

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	Superseded	Updated for Care Act 2014
V2.2	19th January 2016	Care Act Programme Manager	Superseded	Further updated for Care Act 2014
V3	27th May 2017	Practice Governance Lead, LD & Forensic	Superseded	Minor updates pending review of sexual health priorities for Trust in early 2018.

28. Archiving Arrangements

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.

29. Associated Documents

- 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

30. Supporting References

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.
- **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

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

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
Inclusion and Engagement Team manager	Equalities Manager
Service Line Leads	

Part 4 Appendices	
Appendix 1 – The Sexual Offences Act – Outline of Care Workers offences	**27**
Appendix 2 – The Mental Capacity Act – Outline of Section 2	**28**
Appendix 3 - Useful Contacts and Resources	**30**
Appendix 4 - Accreditation for Inpatient Mental Health Services (AIMS) – Standards	**33**

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