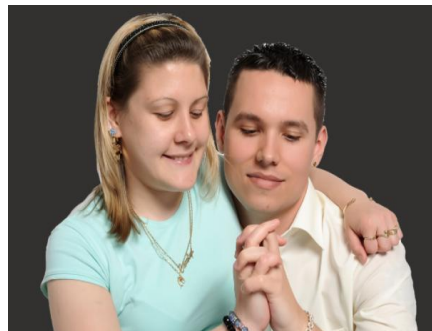


## **MAKING CHOICES, KEEPING SAFE**

### **Relationships & Sexual Health. Policy and Best Practice for those who support adults with a learning disability.**



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## Section 1

### 1a. Introduction

There has been a longstanding appetite in NHS Forth Valley to formulate policy and guidance in respect of Relationships, Sexual Health and Wellbeing for people with learning disabilities. In undertaking this work, NHS Learning Disability Services made reference to existing guidance and best practice in this area as well as collaboration with specialist sexual health practitioners and wider consultation throughout Forth Valley.

*Making Choices, Keeping Safe (MCKS)* was used as a reference point for initiating this work. MCKS was produced in Lothian as a response to the sexual health needs of people with learning disabilities. It was written in wide consultation with, and with input from, people with learning disabilities, their parents and carers.

It is hoped this policy is adopted by other professionals and organisations supporting people with learning disabilities across Forth Valley. This will ensure consistency in approach and good practice as well as upholding the human rights of people with learning disabilities and achieving the best outcomes for them.

As yet, we do not have an Easy Read policy for people with learning disabilities to learn about their Rights and the Standards they can expect to receive. This Sexual Health & Relationships policy from Scottish Autism outlines best practice and can be used by other agencies [autism-policy-for-mobile-and-web.pdf \(centralsexualhealth.org\)](https://www.centralsexualhealth.org/autism-policy-for-mobile-and-web.pdf)

This policy and guidance has been produced with contributions from the following people from NHS Forth Valley Community Learning Disability Teams and Sexual Health:

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## 1b. Background/Context

Various policy drivers in Scotland over the past decade acknowledge the importance of relationships, sexual health and wellbeing in relation to people with learning disabilities. Policy is underpinned by a Human Rights based approach.

*“There is more recognition today of the human right of people with a Learning Disability to form relationships and express their sexuality, as stipulated in Article 8 of the Human Rights Act” - (Liberty, 2009)*

Furthermore these guidelines adhere to values that are firmly rooted within the United Nations - ‘Universal Declaration of Human Rights’ (UDHR) and their philosophy underpinning Harm Reduction. It supports the rights of all people with Learning Disabilities to access health information and services in a safe and supportive environment. The following principles, written by Anne Craft (1987), outline these rights:

- *The right to grow up, that is, to be treated with the respect and dignity accorded to adults*
- *The right to know, that is, to have access and assimilate information about themselves, their bodies and those of other people, their emotions, and appropriate social behaviour*
- *The right to be sexual and to make and break relationships*
- *The right not to be at the mercy of the individual sexual attitudes of different caregivers*
- *The right not to be sexually harmed or abused*
- *The right to humane and dignified environments. – Craft (1987)*

These guidelines would also add the following to the above principles:

- The right to explore and express sexuality and sexual orientation/gender.

People with learning disabilities the right of choice and control in relation to friendships and sexual relationships no differently than any other individuals in society. Sexuality is a natural and healthy part of being human. People are entitled to express their sexuality in different ways, showing respect for self and others. People with learning disabilities should be supported to make informed choices; exercising their rights and responsibilities in regards to sexual health and personal relationships, which are an integral part of their lives.

These ideas are reflected and reinforced through Mental Welfare Commission Guidance and the Keys to Life:

*“Sexual expression, sexual relationships, marriage and children are a natural and expected part of a person’s life experience. People with a mental illness, learning disability or other mental disorder, have the same personal and sexual needs and rights as anyone else. At the same time people with a mental disorder can be at particular risk of abuse or exploitation. Balancing those rights and risks raises a host of legal and moral dilemmas to which there are no easy solutions. Whilst the*

*motivation may be to protect, professionals and carers need to consider carefully whether any interference with an individual's rights is ethical, lawful, necessary and in proportion to the risks.” - Consenting Adults? MWC 2019 (Updated)*

*“It is recognised that some people with learning disabilities will need help to meet others and build relationships. Relationships take many forms. Each relationship is important in the sense of belonging, social inclusion of people with learning disabilities and important in realising the potential of people with learning disabilities.”- (Keys to Life, 2013)*

## **1c. Ethos and Values**

In order to follow the recommendations from The Keys To Life in improving Relationships and Sexual Health for people with a learning disability, we must provide opportunities to put this topic on the agenda.

The document is a reference and a guide for staff. The ‘Good Practice’ section covers basic issues such as Confidentiality, Privacy and Guardianship, which sets the legal and ethical approach. The ‘Topics’ section is designed to provide information on specific subject areas including Sex, Contraception, Parenthood, Pornography and Sexual Abuse.

It is intended that this policy and guidance can be used by anyone who supports people with a learning disability or autism. This includes staff from health, social work, support workers, volunteers, friends and family carers.

This policy and guidance aims to help raise awareness of the importance of relationships and sexual health for people with a learning disability and to increase the knowledge and confidence of staff.

Staff then need to use this knowledge and confidence to create opportunities for their service users to talk about relationships and sexual health. This interaction could be from a planned intervention, series of appointments or group work, to including it in care planning and reviews or informal, everyday chats. All present opportunities for beneficial outcomes.

The document also provides links to useful resources and contacts for further advice, information, support or training.

It is equally important that people with a learning disability understand their legal rights in terms what support, information and advice they can expect from those who assist them.

Some people may not need a lot of support around relationships, sexual health and wellbeing from workers. However, most people with a learning disability will benefit from guidelines that describe and explain workers’ roles and responsibilities.

This document is designed to:

- provide a set of principles and values to support work in the area of sexual health and relationships
- provide staff with relevant and up to date information
- increase understanding, confidence and competence in work relating to relationships, sexual health and wellbeing
- outline clear guidance on how to respond in specific situations
- signpost useful links and resources
- consolidate learning beyond initial training for staff
- provide an accessible source of information for staff

By adopting this policy and guidelines, all staff and carers who support people with a learning disability in Forth Valley are signing up to Good Practice. Service users will benefit from a professional, consistent approach and an ethos which puts their Sexual Rights first.

## 1d. Purpose and Aims

The information in this document relates to people with learning disabilities who are adults; defined as an individual aged 16 and older.

The Scottish Government's Learning Disability strategy, Keys to life (2013) provides the following definition of Learning Disabilities:

*"People with Learning Disabilities have a significant effect, lifelong condition that started before adulthood, which affected their development and which means that they need help to:*

- *understand information*
- *learn skills*  
*and*
- *cope independently*

*But it is acknowledged as only part of a description. It does not capture the whole person who can be much more – a friend, a family member, a community activist, a student, a parent, an employee or employer, to name just a few roles. It is essential that we keep in mind all of these possibilities. The term Learning Disabilities is now used throughout the UK, particularly in health and social care settings. We are aware there are some mixed views about this, and the terminology may be reviewed at some point in the future". - (Keys to Life, 2013)*

This group includes people with a learning disabilities with and without autistic spectrum disorder (ASD). However some of the information and resources may also be relevant for some people with ASD who do not have a learning disability. Similarly much of the information is transferable to younger people, but for guidance specifically where young people are involved in sexual activity under the age of 16, follow the link below to the Underage Sexual Activity Guidance:

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2010/12/national-guidance-under-age-sexual-activity-meeting-needs-children-young/documents/0108880-pdf/0108880-pdf/govscot%3Adocument/0108880.pdf>

## **Summary**

Establishing and maintaining relationships, expressing their sexuality and keeping well in respect of their sexual health are some of the most important issues for people with learning disabilities in Scotland today. They need to be supported and enabled to find healthy, loving relationships whilst ensuring that they can recognise abuse and know where to get help.

The Adults with Incapacity Act and the Adult Support and Protection Act informs the basis for intervention around issues of consent and vulnerability within relationships. The background to each intervention will be different but adherence to the underlying principles of the legislation and guidance from the Mental Welfare Commission aims to ensure that balance is reached between human rights and protection.

This document should guide all work in respect of these issues regardless of who is supporting the person with a learning disability.



## Section 2

### What do we mean by Sexual Health?

Sexuality is a subject that some people may find difficult to discuss but it is a part of everyone's life. People who have a learning disability have a right to be treated as adults and to have their sexuality recognised and respected. Sexuality is a natural and healthy part of being human. People are entitled to express their sexuality in different ways, showing respect for self and others. People with a learning disability should be supported to make informed choices, and exercise their rights and responsibilities in regards to sexual health and personal relationships, which are an integral part of their lives.

### Sexuality encompasses sexual health, so what do we mean by sexual health?

It is important that we don't limit our thinking about sexual health to pregnancy and sexually transmitted infections. Sexual health should be considered in its broadest sense to ensure that people's physical, mental and emotional needs are met adequately.

supports people with need to understand potentially positive good relationships lives.

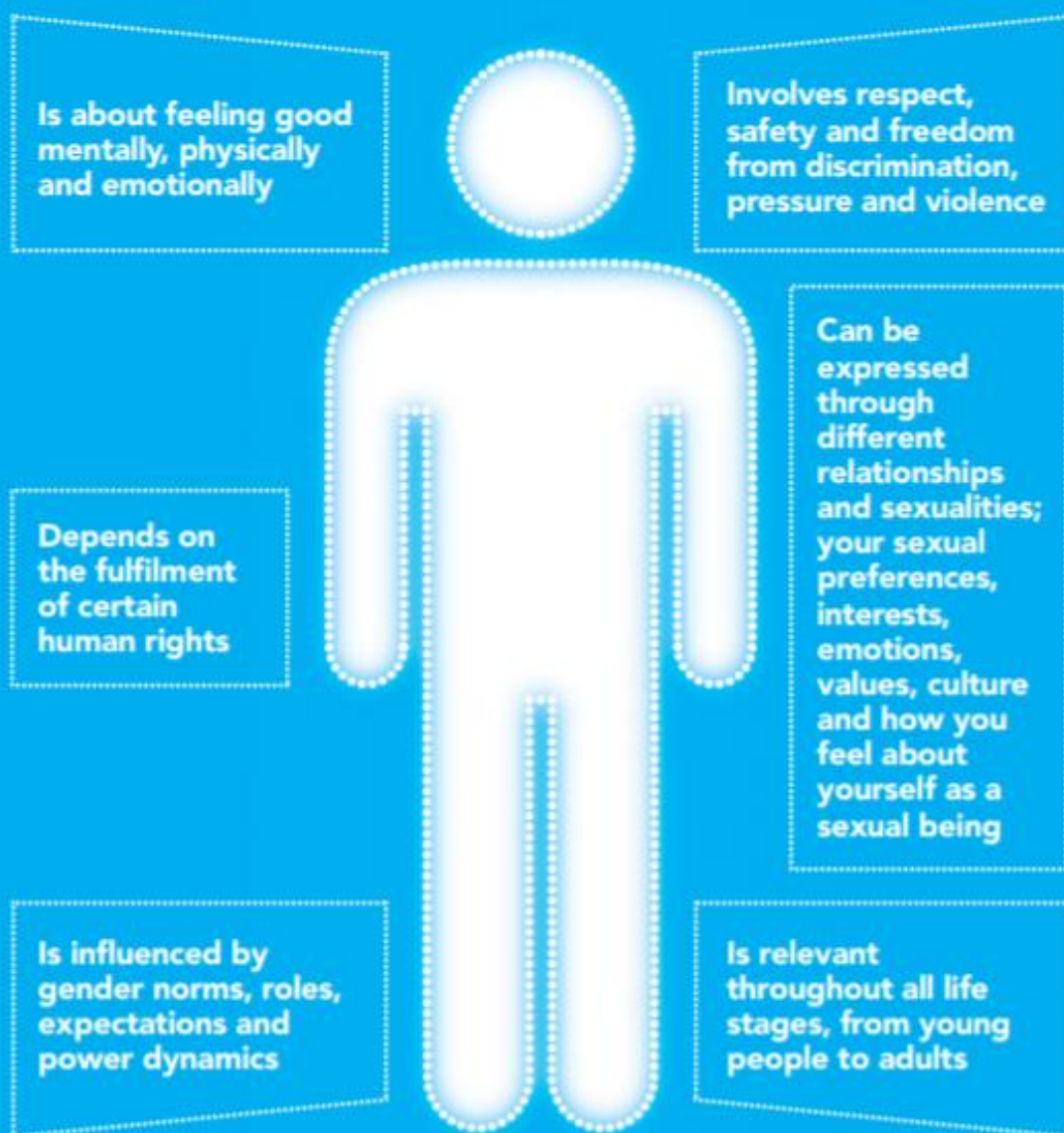
*All people with learning disabilities have the right to enjoy a full range of relationships and to choose to express their sexuality at a variety of levels.*

Everyone who learning disabilities and promote the role that sexuality and can play in people's

# What do we mean by sexual health?



We are thinking about sexual health in its broadest sense. The key elements of sexual health, when viewed holistically and positively, are as follows (WHO 2010). Sexual health...



Sexual health needs to be understood within specific social, economic and political contexts and in particular the inequalities linked to poverty and gender inequality. It's not just about an individual's behaviour but the context in which the behaviour is taking place or the reasons underpinning the behaviour.

## Why Relationships and Sexual Health are so important for people with a learning disability.

### What does research tell us about children, young people and adults with a learning disabilities in relation to Sexual Health & Relationships?

- They are 3 to 4 times more likely to be abused, including Sexual Abuse.<sup>1</sup>
- Children and young people with learning disabilities are more at risk from Child Sexual Exploitation.<sup>2</sup>
- There are less likely to have had sex education, in part due to misconceptions they are not or will not be sexually active or groomed/exploited/abused. This increases a young person's vulnerability to abuse.<sup>3</sup>
- Women with learning disabilities are more likely to experience Gender Based Violence.<sup>4</sup>
- Lack of sex education contributes to the denial of sexual and reproductive rights for women with learning disabilities including contraception, sexual health, planned pregnancy and parenthood.<sup>5</sup>
- Parents with learning disabilities are up to 50 times more likely to have their children taken in to care.<sup>6</sup>
- Adults with learning disabilities are over-represented in the criminal justice system for sexual offences. Sex education plays a key part in prevention.<sup>7</sup>
- Children, young people and adults are also at a greater risk of displaying inappropriate or harmful sexual behaviour if they do not understand the law, the risks of breaking the law and the consequences.<sup>7</sup>

1. Sullivan, P.M., & Knuton, J.F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257-1273.
2. Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Scotland Briefing (2015)  
<https://www.pkc.gov.uk/media/39939/Unprotected-Overprotected-Scotland-Briefing.pdf>
3. National guidance for child protection in Scotland: protecting disabled children from abuse and neglect (Scottish Government 2014)  
[https://www.pkc.gov.uk/media/39931/National-Guidance-for-Disabled-Children/pdf/National\\_Guidance\\_for\\_Disabled\\_Children](https://www.pkc.gov.uk/media/39931/National-Guidance-for-Disabled-Children/pdf/National_Guidance_for_Disabled_Children)
4. Gender Based Violence and Learning Disability (Health Scotland 2019)  
<http://www.healthscotland.scot/media/2846/gender-based-violence-and-learning-disability.pdf>
5. OUR BODIES, OUR RIGHTS: Identifying and removing barriers to disabled women's reproductive rights in Scotland (2018) <https://www.engender.org.uk/content/disabled-women/>
6. Booth, T. & Booth, W. (2006). The uncelebrated parents: stories of mothers with learning difficulties caught in the child protection net. *British Journal of Learning Disabilities* 34, 94 - 102.
7. Harmful sexual behaviour by children and young people: Expert Group report (2020).  
<https://www.gov.scot/publications/expert-group-preventing-sexual-offending-involving-children-young-people-prevention-responses-harmful-sexual-behaviour-children-young-people/>

## How does learning disability increase vulnerability to sexual abuse and exploitation?

### Key Vulnerability and Risk Factors include:

- Lack of Relationships, Sexual Health & Parenthood Education.
- Being socially isolated.
- Not understanding The Law or their rights.
- Few opportunities to develop friendships or relationships, to learn what is a healthy or unhealthy relationship.
- Not recognising they are being abused.
- Keeping secrets/not disclosing abuse for fear of repercussions.
- Not disclosing abuse for fear of reaction of services and professionals (Child/Adult Protection).
- Being unable to communicate what is happening to them.
- Not being asked about their Sexual Health or Relationships.
- Not having the opportunity to talk about sex, or to disclose concerns.
- Assumptions by parents/carers/staff that people with a disability or autism are not sexual, and therefore not being abused.
- Not having the language for private body parts, sex, abuse.
- Are used to a power imbalance/bullying/coercion.
- Have less choice, be used to obeying/complying to survive, lack belief that they can control things in their lives.
- Are dependent upon adults for intimate care.
- Concerns that professionals will intervene in relationships, or take their children in to care..

People with a disability are 'at greater risk of harm partly from the effects of their disability and their environment and partly because of the response of practitioners'.

*National Guidance for Child Protection in Scotland . Additional Notes For Practitioners; Protecting Disabled Children From Abuse And Neglect (Scottish Government 2004).*

[https://www.pkc.gov.uk/media/39931/National-Guidance-for-Disabled-Children/pdf/National\\_Guidance\\_for\\_Disabled\\_Children](https://www.pkc.gov.uk/media/39931/National-Guidance-for-Disabled-Children/pdf/National_Guidance_for_Disabled_Children)

If, as practitioners, we can increase our own knowledge and skills in Sexual Health, Relationships, Parenthood and Consent, and that of people with a learning disability, we can help to reduce some of the vulnerability and risk factors.

## Section 3

### Good Practice

#### Working with service users

All people with learning disabilities have the right to enjoy and maintain healthy relationships, including sexual relationships. (People) with a learning disability should be given appropriate relationship, sexual health and parenting education in collaboration with health and social care partnerships, so they are empowered around their own reproductive health and to have access to advice and services.

*(Keys to Life. Unlocking Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021).*

In practice this means that workers should ensure a range of opportunities such as:

- help with understanding and expressing feelings, for example pleasure, anger, happiness, loss, joy, love, desire, intimacy
- opportunity to have a variety of sensory experiences
- giving the opportunity to develop a sense of spirituality
- encouraging a positive self-image
- providing information and education on how people's bodies develop and work, for example, naming body parts, differences between genders, children and adults, puberty, growing older, sexual feelings and functions, pregnancy
- providing support to develop and maintain friendships, family and social relationships and intimate/loving relationships
- providing information on different means of sexual expression, for example, touch, masturbation, sex, same sex relationships, celibacy, use of sexually explicit materials
- supporting people to enjoy healthy non-abusive relationships through ensuring privacy, consent and safety, including access to contraception and negotiating the use of contraception
- encouraging a sense of one's self in relation to society

Staff can create opportunities to put Sexual Health & Relationships on the agenda for service users by:

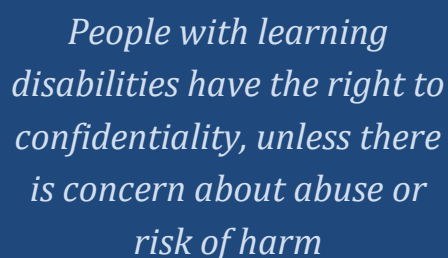
- ensuring Sexual Health is on the care plan and reviews
- informal chats
- creating a safe space to pursue sexual interests
- showing service users how to access information online and providing easy to read information, resources, leaflets
- providing opportunities for service users to meet friends/partners
- signposting to/assisting in accessing sexual health services
- delivering group work and information sessions

## Confidentiality

People with a learning disability have the legal right to confidentiality. They have the right to have their confidentiality acknowledged and respected, and to have clear boundaries to that confidentiality explained.

They have the right to know whether any of their information will be shared and with whom, and the right to decide whether the information should be shared at all. If people with a learning disability feel their confidentiality has been breached, they have a right to complain. In practice, this means that staff have a responsibility to:

- know the content of these guidelines
- ensure they keep up-to-date with relevant training
- ensure each person with a learning disability is aware of the guidelines regarding confidentiality of information
- inform each person with a learning disability that they are allowed and encouraged to talk about aspects of relationships/sexual wellbeing. If they do choose to, their privacy will be respected at all times, and they will be advised by staff of times and places where it would be appropriate to have these discussions
- agree clear boundaries to confidentiality with each person, ensure they are aware of who has access to their information and which events would impede their right to confidentiality, for example, if the staff member has concerns that the individual or another is in a situation of risk
- work towards building an appropriate relationship with each person so that the service user feels confident to share personal information with staff
- refer concerns/anxieties/disclosure of harm or abuse to the relevant agency, whilst making sure each person is aware of the process
- be familiar with guidelines and procedures on legal constraints to maintaining or breaking confidentiality, in particular circumstances of public protection, where staff have a duty to breach confidentiality. Where someone suspects there may be an adult or child at risk of harm they must follow the NHS Forth Valley Child Protection/Adult Support & Protection Procedures  
[NHS Forth Valley – Adult Protection](#)  
and  
[NHS Forth Valley – Child Protection](#)
- in all cases where staff deliberately release information, even if they believe it to be in the best interests of the public, they must be able to justify their decision
- inform people with learning disabilities about complaints policies and procedures and support them to use these as appropriate
- If the person has a Power Of Attorney/Guardian under the Adults with Incapacity Act, they still have the right to confidentiality although the Power Of Attorney/Guardian might have powers to allow access to some information.



*People with learning disabilities have the right to confidentiality, unless there is concern about abuse or risk of harm*



## Protection

People with a learning disability have the right to be protected from any situation where they are vulnerable to exploitation and at risk of physical, sexual or emotional harm. In practice this means that staff, have a responsibility to ensure people with learning disabilities know that:

- they have the absolute right to feel safe and to be supported to learn the skills to keep themselves safe.
- in a situation where they do not feel safe, if they talk to someone they trust they will be listened to.
- they have the power to decide how to express their sexuality in a way that is protective of themselves and others.

In practice, this means that the person with a learning disability should be taught to:

- recognise the signs of abuse and when personal safety is compromised.
- learn strategies on how to feel safe and protect oneself.
- negotiate saying 'yes' and saying 'no'.
- know who/where to go to for help.

It is essential that:

- staff provide opportunities for service users to talk about sexual health and relationships through informal chats, care plans and reviews
- staff provide the opportunity to disclose abuse through informal chats, care plans/reviews, routine enquiry
- the relevant training and support is provided so that workers know how to deal with disclosure of harm or abuse
- in the event of a person disclosing a situation of harm or abuse, the person is listened to and the appropriate organisational policies and procedures are invoked to ensure the protection of that individual and any other people who may be at risk. Care staff must follow the NHS Forth valley Child Protection/Adult Support & Protection Procedures - for more information, click on this link: [NHS Forth Valley – Adult Protection](https://www.nhs.uk/forthvalley/adultprotection/)

This easy-read document can use used by staff with service users to ask about Relationships and Sexual Health and includes Abuse.

<https://www.centalsexualhealth.org/media/9026/routine-enquiry-form-including-pregnancy-ckuk2020.pdf>

## **Multi-Agency Working**

All people with learning disabilities have the right to planned and coordinated support and services from agencies with a common value base. This means keeping the person with a learning disability as the focus whilst:

- working together
- using consistent approaches
- sharing information as appropriate (see Confidentiality Section)
- having knowledge of appropriate specialist services, or where to get that information
- agreeing roles
- joint planning
- joint training
- being aware of different agencies' roles and practices
- working to agreed protocols
- in particular complex cases involving a variety of carers and services

## **Information Giving**

All people with a learning disability have the right to access any information that they need about relationships and sexual wellbeing. In practice this means that workers should ensure that:

- staff provide opportunities to discuss sexual health and relationships
- if a staff member recognises that he/she is not the most appropriate person, they should refer on to someone else
- information gives a balanced view and is free of value judgements
- recognition is given that sexuality may be a difficult issue for the person
- information given or gained considers issues of confidentiality
- shared information, e.g. with a parent or relative, is agreed by the person with a learning disability in advance
- information is shared with a guardian/power of attorney where they have the legal right and specific powers, with the knowledge of the service user
- information is provided in the most accessible format related to the understanding of the individual. It should be available in a range of formats including written material, DVD, pictures, symbols and/or multimedia
- they obtain relevant information from a range of resources and organisations
- people with learning disabilities, staff, families and informal carers all have information about how to disclose abuse or suspected harm
- people with learning disabilities have information on how to complain about services or individuals. They should be given support by staff in making a complaint if they wish or require it
- people with learning disabilities have information about local independent advocacy organisations. They should be referred with their consent wherever possible

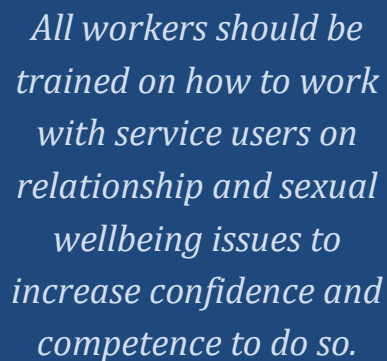


## Support for Staff/ Workers

People with learning disabilities have the right to be supported by workers with relevant knowledge, skills and resources in relationship and sexual wellbeing. In practice, this means that staff should:

- be familiar with relevant policy and guidelines and be trained in their use
- have access to support from their line manager
- have access to specialist and peer support where required
- have access to and complete relevant and appropriate training on an ongoing basis
- have access to appropriate information and resources, both for their own use and for use with people with learning disabilities
- work to their own level of competence - however, this should never diminish the service offered to the person seeking support
- have the right to hold their own values and beliefs - however, this does not mean that staff may refuse to support the person's individual choice
- have the right to contribute to the assessment of the person's needs and wants
- staff and carers have formal training and support to work with each person, to ensure that however sexuality is expressed, it is consensual for all parties

See Appendix for information on training.



*All workers should be trained on how to work with service users on relationship and sexual wellbeing issues to increase confidence and competence to do so.*

## Capacity to consent to sexual activity

The law starts from the assumption that all adults, including those with a learning disability, have the capacity to consent. - (Mental Health Act 2003)

Some people with a learning disability will have the capacity to consent to sexual relations whilst others would be considered as being unable to give consent and lack capacity (the ability to make an informed choice).

It is also important to note that capacity is not an absolute term. Some people may have the capacity to make decisions about certain aspects of their daily lives, for example a person may be able to consent to sexual relations but be unable to make decisions about medical treatment.

Capacity can also change. For example, an individual may not be able to consent to a sexual relationship prior to receiving sexual health and relationships education but this may change once the person receives the appropriate information, education and support. Staff should be able to provide this.

Consent is crucial in deciding whether a particular sexual relationship or act is abusive. What needs to be decided is:

- whether consent was able to be given, and
- whether it was given by the individual

Evidence of mutuality should be looked for by those assessing consent, to show that the relationship is not abusive. This is reflected in factors such as:

- both parties seeking each other out
- spending spare time together
- shared resources
- shared leisure activities
- restriction of activities with other potential partners

Staff should note that even where a person can't consent to a sexual relationship, they can still enjoy a relationship which may include hugging, kissing, touching, holding hands etc and should be given the opportunity to find love and express love.

## **Incapacity to consent**

The Sexual Offences (Scotland) Act 2009 defines a person as incapable where due to a mental disorder they are unable to understand what a sexual act is, to decide whether to take part in the sexual act, or communicate such a decision.

Factors which might make a person's consent to sexual activity invalid include if a person:

- has capacity and does not give consent
- does not really understand what is being asked
- does not know they have the right to refuse sex
- does not know how to refuse sex
- is afraid to refuse sex
- does not know that sex is not meant to be painful or uncomfortable
- does not know that he or she is being exploited when a reward/incentive or payment for sex is used
- does not know that some relationships are illegal, such as those within families, or between workers and clients
- has capacity but feels coerced into sexual activity because the other person is in a position of trust, power and authority

Where consent is not given, the situation may be deemed abusive or exploitative, or the person may be at risk of abuse or exploitation. In this instance, staff members must adhere to their Adult Protection Policy.

It is important to remember that people with learning disabilities, just like everyone else, may have less-than perfect relationships. They may also choose to engage in risk taking sexual behaviour, such as multiple partners, not using condoms etc. Parents, carers and staff may disapprove or view this as morally wrong, whereas the individual could be very aware of what they are doing, and aware of the implications, positive or negative, and may still wish to continue to engage with this activity.

Staff should be non-judgemental in respect of the rightness of any sexual activity which is taking place and to recognise the difference between abuse and risk-taking. However, it would be good practice to make the individual aware of potential risks and to encourage safe sex. Staff should also be sensitive to the possibility of abuse. If staff are unsure, they must bring any observations or concerns to the attention of their line manager.

Staff can ask their manager to refer a service user to their local Adult Learning Disability Team who can assess capacity to consent to a sexual relationship.

## Working with families and carers

It is important to recognise that family members and carers have no legal powers to intervene in the life of an adult they care for, unless they have specific proxy powers such as welfare power of attorney or welfare guardianship under the Adults with Incapacity (Scotland) Act 2000. However, many people live with family members, are dependent on them for support and their families may strongly influence their values, attitudes and decisions.

With a few exceptions, family members and carers generally act with the best interest and autonomy of the person in mind, but they may also have great difficulty in coming to terms with the adult's sexuality or sexual behaviour and fear the consequences.

Family members may need support in accepting their relative's sexuality. Parents may need help to recognise and accept that adulthood brings change in terms of their son or daughter's expectations, as well as their legal rights as an adult. Staff can assist with this. It is important to work in partnership with families, whilst keeping the person with a learning disability as the focus.

In practice this means that staff members have a responsibility to:

- ensure good communication with families and carers exists whilst upholding the person's legal right to sexual health and relationships and to confidentiality
- make sure that families and carers views are listened to and treated with respect. However, the legal rights and best interests of the person with a learning disability needs to be of primary importance
- take seriously any issues raised by families relating to personal safety of the person by undertaking an appropriate risk assessment
- understand what specific legal powers are granted to a welfare guardian/welfare power of attorney and consult with those people where necessary and in line with their designated responsibilities. It is important to remember that, even where parents/carers do have legal powers of welfare attorney or welfare guardianship, any decisions must be in the best interest of the individual
- support the person with a learning disability to communicate their wishes to family and carers and challenge decisions as necessary through advocacy
- if sharing appropriate information and resources with the person's family, this should always be done with the knowledge and prior agreement of the person with a learning disability if the individual has the capacity to do so
- signpost families and carers to services and ensure that they have access to relevant information relating to sexual health and relationships
- ensure that individuals, families and carers have access to the complaint procedure

## Welfare Guardianship

By Law, if an adult is unable to make key decisions or take necessary actions to safeguard their own welfare, a court can appoint a 'welfare guardian' to do this for them. Welfare guardians can make decisions about where a person lives, as well as about their personal and medical care.

The welfare guardian might be a relative, friend or a carer. The court can also appoint The Chief Social Work Officer of a local authority to be a person's welfare guardian. The law that sets out the role and responsibilities of guardians is the Adults with Incapacity Act (Scotland) 2000.

Staff should know where there is a welfare guardian order in place. They should know who the welfare guardian is and have a copy of the certificate and legal powers. This should tell staff exactly what legal powers the guardian has in terms of sexual health and relationships. It should not be assumed that the guardian has unrestricted authority over all decision making, or that all information must be shared with the guardian.

In terms of good practice, staff should ensure this information is in place when they begin supporting a service user.

Staff should discuss sexual health and relationships with the guardian in advance (e.g. when the order is first granted/when the person with a learning disability first accesses the service). They should determine what powers the guardian has, how they wish to exercise their powers and whether they agree to delegating their powers e.g. to staff and other professionals.

Understanding what powers the guardian has and how they can be delegated helps to give clarity to decisions and avoid delays, for example, if a member of staff needs to accompany a service user to a sexual health clinic for treatment.

Guardians can make decisions that may have a big impact on a person's life. Staff must help make sure these decisions are in the person's best interests and in line with the safeguards set out in law.

The law says that a guardian's decision:

- must be of benefit to the person concerned
- will only be taken when it is really needed
- must take into account the wishes of the person
- should restrict that person's freedom as little as possible
- should only be taken when the person could not make a decision
- should involve carers, relatives and people working closely with the person

It is not uncommon for a member of the staff and for the service user to question or to disagree with the wishes of the guardian, for example, not being allowed to watch pornography. Where a guardian has decision-making powers, they should consider on the basis of every decision whether it is appropriate for them to apply those powers and to what extent they should be applied.

Although most guardians generally act with the best interests of the person in mind, staff must recognise that the decision of the guardian does not always reflect the wishes of the person with a learning disability. Staff can challenge the decisions of the guardian in line with the law and good practice and in the best interests of the service user.

Guardianship orders should also be reviewed regularly to ensure that they continue to be relevant and of benefit to the person concerned. Local authorities have a duty under the Act to supervise all welfare guardians, and to visit the guardian and the adult at regular intervals. The wants and needs of the service user will change due to a variety of factors - age, circumstances, experience and understanding. Capacity for understanding and for consent can also change.

Staff should identify the changing wants/needs/wishes of the service user and use this information with regards to any welfare decisions.

If staff have any questions about the guardian's decision they should:

- speak to their manager
- speak to the guardian to see if the situation can be resolved
- speak to the social worker overseeing the guardianship arrangements
- contact the Mental Welfare Commission for advice. The MWC receive copies of all welfare guardianship orders and can check these. They can also follow up and investigate an individual's care and treatment under the Guardianship order
- contact the local Community Learning Disability Team for help and support
- make the guardian aware of the complaints procedure

Staff should also:

- collect and record the wishes of the service user. An Advocacy Service can help with this
- make the service user aware that they can disagree and challenge any decision under the guardianship order
- make the service user aware that they can contact also social work, an advocacy service and/or the Mental Welfare Commission directly for advice and support [Welcome | Mental Welfare Commission for Scotland \(mwccot.org.uk\)](https://www.mwccot.org.uk)
- make the service user aware that they can contact their local Community Learning Disability Team for help and support
- make the service user aware of the complaints procedure

## **Welfare power of attorney**

Under the Adults with Incapacity Act 2000, someone can be appointed to act for the individual and to make decisions on their behalf.

The difference between Guardianship and Power of Attorney is that the individual chooses to whom they wish to grant power of attorney. The individual must have capacity to make this choice and be able to understand and explain their wishes. A welfare power of attorney relates to decisions around health and social care. Powers only come in to effect at the onset of incapacity.

Power of attorney can be used by someone anticipating permanent incapacity in the future or to deal with temporary incapacity.

As with welfare guardianship, power of attorney is a legal process and staff should be aware of:

- who has power of attorney
- what the powers include
- when they come in to effect
- what the process is to challenge any decisions
- the current views of the individual if possible

If staff have questions about powers of attorney they can contact:

The Office of Public Guardian. <https://www.publicguardian-scotland.gov.uk/general/contact-us>

## Intimate Care

When working with people with a profound learning disability or those with certain physical disabilities, it may be necessary for staff to undertake personal hygiene and intimate care tasks.

People who rely on others for intimate care can be more vulnerable to sexual abuse. The dignity of service users must be upheld by staff at all times.

It is important that service users understand the difference between intimate care and abuse, through standards and modelling good practice. Considerations should include:

- closing toilet/bathroom/bedroom doors to maintain privacy, wearing gloves and conducting a professional routine
- talking through each process as it is carried out, checking if they are ok, gaining consent
- sensitivity, for example being aware of the appropriate use of language when talking to people with learning disabilities and using biological terms for body parts
- awareness of religious and cultural beliefs and practices
- allowing the person to choose who assists them when they need help or support with their personal care where practicable, whilst respecting the rights of both parties
- If two people are supporting the person with personal care the focus of communication should be between the staff and the person rather than between the staff themselves

Negative comments and disapproval expressed through word or body language should be avoided by staff.

Intimate care should be undertaken ideally by workers whom the client is familiar with and trusts.

Intimate care should be undertaken in private.

The emotional and physical safety of people with learning disabilities should be considered by staff at all times e.g. paying strict attention to Health and Safety matters.

The emotional and physical safety of staff should be considered at all times e.g. using safe manual handling techniques.

The physical comfort of people with learning disabilities should be prioritised by staff as being of primary importance in the care of individuals. Work relating to intimate care should take precedence over all other tasks e.g. if a service user is incontinent during meal time then the physical comfort of the person must be given priority.



## Privacy

It is important to respect the rights of people with learning disabilities around relationships, sexuality and privacy.

People with learning disabilities should have the opportunity to develop a range and variety of relationships. Relationships that develop may or may not have a sexual element. Residential establishments need to cater for privacy and the following principles should apply.

In residential establishments:

- people with a learning disability should be able to lock their bedroom doors
- staff should not go into a service user's room without seeking their permission and having very good cause. However, there may be times when permission is not required, for example, landlords' entry rights
- staff should assist in helping the service user to make the room a comfortable environment
- staff should support people with a learning disability to entertain friends or partners in private

All sexual acts should take place in private, including masturbation. Sexual behaviour in public may be offensive to others and others can be a sexual offence, leading to prosecution of those involved.

Where possible individuals with a learning disability should be supported to plan to meet friends/partners both in public and in private. This supports the individual to develop a sexual relationship in a private setting.

In providing privacy for residents, staff will need to remain aware that some people with a learning disability are vulnerable to harm by others and may need support so that their rights and wishes are protected. Some people will require help in making informed decisions.

## **Diverse community views**

Staff, parents, carers and people with a learning disability may hold strong views on matters such as sexual orientation, pornography, sexual relations outside of marriage and contraception.

Staff should understand that cultural and religious perspectives may impact on any decisions that a service user may make. However, it is just as important that, just like anyone else, the person has a right to step, or be aided to step, outside of these values.

Whilst staff should be mindful of the freedom of choice and personal opinion, they also need to make service users aware of acceptable and unacceptable behaviour, especially when it impacts on other people. For example:

- A person may not agree with same sex relationships, but homophobic comments or behaviour is against the Law.
- Not using contraception is a choice a person is free to make, but this needs to be made with the agreement of their sexual partner and with the knowledge of the risk of STI's and pregnancy.
- Forced Marriage and Female Genital Mutilation are illegal.

Staff may have their own views on sex toys, masturbation, pornography etc. It is important that staff support the service user in their own choices, provided they are legal, rather than imposing their own values.

This policy has been written from a perspective of Human Rights and Scottish Law.

## Section 4 – Topics

### Sexual activity

Sexual activity refers to the way in which humans experience and express their sexuality. Every person has a right to engage in sexual activities that are lawful, wanted and understood, without being exposed to exploitation or sexual violence.

Sexual expression is wide ranging and can include anything from stroking, cuddling, masturbation and self stimulation to vaginal intercourse, anal intercourse or oral sex.

Sexual intercourse including vaginal, anal and oral sex is legal from the age of 16 and over. This is the same for heterosexual relationships and same sex relationships.

People with a learning disability often have fewer opportunities to be sexually active, especially with a partner. Staff should enable service users to meet partners and enjoy intimacy.

Even if a service user is unable to consent to sex, they may enjoy kissing, cuddling and feeling close to someone else.

People with a learning disability have a right to express emotions and sexuality in ways that suit them and are legally accepted for all adults.

Staff should be confident and open to discussing different types of sexual activity, including pleasure, intimacy and how to stay safe.

Training should be provided by workplaces to help staff feel prepared to do so and increase knowledge of sexual health and wellbeing issues for people with learning disabilities.

All sexual activity with another person should be consenting.

Sexual activity between staff and an adult at risk of harm is exploitative, abusive and is forbidden by law. Any allegation of harm or abuse made against a member of will be investigated.

Love Sex and You Easy Read leaflet [love-sex-and-you-localised-vrs.pdf](#)  
([centralsexualhealth.org](#))

How Babies Are Made [asn\\_how-babies-are-made.pdf](#) ([centralsexualhealth.org](#))

Be Safe Have Fun website for people with a LD aged 14 and over [Health :: Welcome to](#)  
([ckuk.org.uk](#))

National resource for Relationships, Sexual Health & Parenthood Education  
[www.rshp.scot](#)

## Same Sex Relationships

Around 10% of the general population are estimated to be lesbian, gay or bisexual (LGB). It follows that the same proportion of people with learning disabilities are likely to be lesbian, gay or bisexual.

There may be additional barriers to people talking about or acting on feelings of same-sex attraction due to fear of negative responses by parents/carers/support worker/friends. Staff need to be aware of their own values around same sex relationships on ethical, moral or religious grounds.

Any discrimination must be challenged, whether this is among staff or people who are being supported.

If a person with learning disabilities thinks they may be lesbian, gay, or bisexual (LGB), they should be fully supported by workers to help them discover and express their sexuality. This could perhaps involve:

- providing easy-to read information on LGB [Health :: Welcome to \(ckuk.org.uk\) love-sex-and-you-localised-vrs.pdf \(centralsexualhealth.org\)](http://ckuk.org.uk/love-sex-and-you-localised-vrs.pdf)
- creating opportunities to chat about sexual orientation, e.g. informal chats, care plan reviews
- listening to the person. Allowing them to explore their feelings at their own pace
- assuring confidentiality. Not 'outing' the person directly or indirectly
- contacting agencies for support, if that is what the person wants
- exploring local LGB social or dating groups/websites <https://www.lgbthealth.org.uk/>
- some people who have feelings of same-sex attraction decide not to use the labels gay, lesbian or bisexual for themselves. People should be supported to understand commonly understood meanings of these labels, while not being pressured to take on a label they have not chosen

People with learning disabilities who are LGB or have feelings of same-sex attraction but have been assessed to lack capacity to have sexual relationships should still be supported by workers. They can still enjoy meeting other LGB people and to build friendships or loving relationships, just as anyone else may be supported to be socially and romantically active.

During any group or individual discussions about relationships, workers should not make assumptions about sexual orientation. Using words that are not connected to an assumption about sexual orientation can also help (e.g. talking about a 'partner' rather than boyfriend or girlfriend) or giving examples that include same-sex attraction or bisexual people.

## Gender Diversity

Gender identity is about how someone feels inside about whether they are a man, woman or neither. It is separate from someone's biological sex (including hormones, chromosomes, genitals, testes/ovaries). Gender identity is also different from sexual orientation. Transgender people can be any sexual orientation (e.g. lesbian, gay, bisexual or heterosexual).

People who change their body or express their gender in a non-traditional way are sometimes known as transgender people. Expressing gender diversity can include; wearing different clothing, changing their appearance (e.g hair, make up), using a different name, taking hormones or having physical treatment to change their body. People should not be pressured to use the label transgender or to say why they want to express their gender in a particular way, if they don't want to.

People with a learning disability have the right to express themselves without having to explain or justify themselves. Staff should be open, accepting a person as they are and being available to speak about feelings. Service users may need staff to provide practical support to enable them to express themselves. This could be through:

- creating opportunities to discuss wants or needs e.g informal chats, care plan reviews
- providing easy to read information on Gender Diversity [What is transgender \(centralexualhealth.org\)](http://www.centralexualhealth.org)
- creating opportunities to cross-dress
- going shopping for clothing
- helping someone to change their name legally
- supporting a referral to a specialist service <https://www.scottishtrans.org/>
- exploring local support/social groups <https://www.lgbthealth.org.uk/>

Discrimination should be challenged by staff and other service users.

It is not acceptable to deny someone the right to express their gender in their preferred way because other people are uncomfortable with this. In single-sex settings, services may need to be adapted to ensure that an equivalent service continues to be offered.

People who want to permanently change their gender must be supported to live full time in their chosen gender. This is part of the assessment and treatment process. Contact <https://www.scottishtrans.org/> for information. Your local Sexual Health clinic also offer advice and can refer to specialist services like the Sandyford clinic. Book an appointment at your local FV Sexual Health clinic here [www.centralexualhealth.org](http://www.centralexualhealth.org)

## **Marriage, civil partnerships, living together, divorce**

People with a learning disability have the same rights in law as anyone else to marry or live together.

Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.

If people with a learning disability express a desire to marry, co-habit or enter a civil partnership, workers should be willing to discuss this option with them sensitively and seriously - whatever their sexuality. Only if the couple agree, can workers involve families and carers. However, the benefit of family/carers support should be emphasised.

The professional's responsibility is to clarify the implications of various actions and to assess practical support needed by the couple.

Living together/marriage will mean that the person's financial and legal obligations will change. Staff may need to help the person with a learning disability to access appropriate information and advice

There are many successful marriages, civil partnerships and relationships involving people with varying degrees of learning disability. However, as with other couples, there are examples of unsuccessful marriages and relationships, some of which may end in separation and divorce. It is important that workers and/or families:

- do not demand guarantees that a marriage/living together between two people with a learning disability will work
- support separated couples to seek help from other agencies, such as housing and solicitors, as well as emotional support
- support couples who live in care homes with practical provisions to allow them to separate

## Forced Marriage

Forced marriage is when someone faces pressure to marry. This can be pressure from the partner or from family or friends.

Pressure can include threats, physical or sexual violence. It can also be emotional and psychological pressure. For example, being made to feel like they are bringing shame on their family.

Everyone has the right to choose:

- who you marry
- when you marry
- if to marry at all

Forced marriage is different to an arranged marriage – where families take a leading role in choosing a partner for their son or daughter and both parties give their full and free consent.

Men, women and children of all ages and backgrounds can be victims of forced marriage.

Whatever the situation, if anyone uses emotional or physical pressure to force someone into a marriage or a civil partnership without their consent, this is an abuse of their human rights and is against the Law.

Forcing someone in to marriage is a criminal offence in Scotland and includes:

- taking someone abroad to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured or not)

If you know someone is at risk of a forced marriage, or has been a victim of a forced marriage, you can contact Scotland's Domestic Abuse and Forced Marriage Helpline 0800 027 1234 (24 hour) or email [helpline@sdafmh.org.uk](mailto:helpline@sdafmh.org.uk)

Or contact the Forced Marriage Unit 020 7008 0151 email [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)

<https://www.gov.uk/guidance/forced-marriage#how-the-forced-marriage-unit-can-help>

## Relationships, Sexual Health and Parenthood Education (RSHP)

Scotland has a national resource for schools to support the teaching of Relationships, Sexual Health and Parenthood Education (RSHP). Education begins at age 3 through to 18. [www.rshp.scot/](http://www.rshp.scot/)

All children and young people are entitled to receive Relationships, Sexual Health and Parenthood Education in school. However, research shows that children and young people with a learning disability are less likely to receive any sex education, partly due a misconception that they are a-sexual and do not need this information.

It is now recognised that lack of RSHP increases vulnerability to abuse and work is ongoing to improve RSHP in schools for children and young people with a learning disability. However, staff will be supporting adults with a learning disability who:

- have had no prior sex education at all
- received some sex education in mainstream class which they did not fully understand
- have forgotten most of their sex education from school
- have relied on pornography to learn about sex

All staff should be able to talk to service users about Relationships, Sexual Health and Parenthood Education and know where to access resources.

Staff should also recommend resources for parents and carers to use with the person with a learning disability.

Adults with a learning disability do not need 'capacity to consent' to their own learning - just as young people in secondary schools do not need permission from parents to receive RSHP. However, families and carers should be helped to understand that talking about sexual health does not encourage sexual activity. Openness to discuss sexual health with both parents and service users will assist in developing a proactive and supportive approach.

If staff are unsure what 'Relationships, Sexual Health and Parenthood Education' should consist of, a good place to start is the national RSHP resource. [www.rshp.scot/](http://www.rshp.scot/)  
Topics include:

**Early Years** - My Body & Correct names for Private Body Parts, Families & Friendships, Personal space and Privacy, Pregnancy & Looking after a baby.

**Lower Primary** - My Body, Body Changes, My Family and Friends, Gender, LGBT, Being safe online, How babies are made and Pregnancy.

**Upper Primary** - Puberty and Body Changes, Relationships, LGBT, Consent, Online Safety, Physical Abuse, Sexual Abuse, Emotions, Love, Sex, Pregnancy, Parenthood.

**Secondary** - Puberty, Periods/Erections, Masturbation, Love, Equality, LGBT, Consent, the Law, Sexting, Pornography, Grooming, Abuse, Love, Relationships, Sex, Contraception, Condoms, STI's, Pregnancy choices, Abortion, Parenthood.



## Contraception

People with a learning disability have the same right to information and help with contraception as non-disabled people. This should enable them to make their own decisions about contraception methods.

Important things to note:

- consenting to using contraception is separate from consenting to sexual activity
- contraception should be seen in terms of the needs of the person rather than in terms of relieving the anxieties of workers and relatives
- every effort must be made to ensure that the person understands any contraceptive method
- where a person can consent to their medical treatment, confidentiality must be maintained and the person's wish to inform relatives or not must be respected

Young people over the age of 12, with capacity, can consent to their own medical treatment. Someone with Power of attorney or Guardianship should only be consulted if the person they are responsible for lacks capacity and if their powers include responsibility for medical treatment.

There are many different forms of contraception such as:

- longer lasting contraception (sometimes referred to as long acting and reversible contraception or LARC) such as a coil or an implant
- condoms
- oral contraception
- dermal patch
- injection

Male and Female Condoms are not medical devices and therefore no consent is needed to buy or use them. There is no legal age for buying condoms.

Staff should be prepared to assist a service user:

- in accessing services which offer contraception such as GP surgery or Sexual Health clinics.
- by learning how to use the contraceptive (easy read leaflets etc).
- by providing reminders (when to take pill, when to go for next injection).
- in getting help from a GP or sexual health clinic for any problems.

Easy Read leaflets are available at:

<https://www.centalsexualhealth.org/contraception/easy-read-leaflets/>

Free contraception is available from sexual health clinics in Stirling, Clackmannanshire and Falkirk [www.centalsexualhealth.org](http://www.centalsexualhealth.org)

## Emergency Contraception

Emergency Contraception is a form of contraception that is taken to prevent pregnancy AFTER someone has had sex. This may be because the couple have not used any contraception at all, the contraception has failed (e.g. condom burst) or the contraception has been used incorrectly (e.g. missed pill).

Emergency contraception reduces the risk of pregnancy if used properly but should not be seen as an alternative to other methods of contraception.

There are two types of emergency contraception:

1. Emergency Contraceptive Pills The emergency contraception pill is taken orally. It is sometimes called the 'morning after pill'. This, however gives the impression that the pill needs to be taken the morning after sex, which is incorrect. Emergency contraception pill can be taken up to 3 or 5 days after sex.
2. The Copper-T Intrauterine Device, commonly known as a Coil. This is a small plastic and copper device that can be fitted into the womb by a doctor or nurse usually within five days of having unprotected sex. Depending on a woman's menstrual cycle, the coil can sometimes be fitted after 5 days.

**It is recommended that emergency contraception is used as soon after sex as possible as it is more effective.**

If a girl or woman needs Emergency Contraception, she can get it for free (for girls aged 13 and over) from pharmacists, GP's and Sexual Health Services. The pharmacist is usually the quickest and easiest option.

Staff may need to support the woman to access these Services. The woman will also need advice on future use of contraception and condoms. Emergency Contraception services are confidential.

Time is of the essence. Where a service user lacks capacity and has a guardian (with power to consent or refuse this medical treatment) staff must discuss emergency contraception with the guardian as soon as possible.

It is good practice to discuss contraception in advance (eg. when the order is first granted/when the person with a disability/autism first accesses the service). This enables staff to determine what powers the guardian has, how they wish to exercise their powers and whether they agree to delegating their powers eg to support staff and other professionals

Prior agreement with guardians allow staff to quickly and confidently take the service user to the pharmacist/doctor/ sexual health clinic for treatment. If a service user needs immediate access to emergency contraception, but the guardian is absent/cannot be reached/has not made their wishes clear in advance, the doctor can prescribe emergency contraception 'in the best interests of the patient'.

Easy Read leaflet on Emergency Contraception can be found here [Easy Read Leaflets \(centralsexualhealth.org\)](http://centralsexualhealth.org)

## Condoms

Condoms are useful in preventing the spread of sexually transmitted infections (STI) and HIV, as well as pregnancy. They are the only method of contraception that reduces risk of STIs as they act as a barrier to virus and bacteria.

There is no legal age to buy or receive condoms. Condoms are not a medical device, therefore no consent is needed to buy, receive or use condoms even if the service user has a power of attorney or guardian.

Male condoms are over 98% effective if used correctly. It is useful to encourage service users to practise using male condoms (i.e masturbating with them). This makes it much more likely that the person will use a condom, and use it correctly, during sexual intercourse.

Female condoms are 95% effective if used correctly.

NHS Forth Valley can provide free condoms to eligible organisations for their service users. Contact the Health Improvement Resource Service, [NHS Forth Valley – Resources](#)

NHS Forth Valley also provide a free Condoms by Post service to people living in the Forth Valley area [Free Condoms by Post - Central Sexual Health - NHS Forth Valley \(freecondomscentral.co.uk\)](#)

People with learning disabilities need to know:

- why using condoms is important
- how to check the date and kitemark
- how to open the packet correctly and ensure the condom is not damaged
- how to put one on correctly, and how to dispose of it
- where to get free condoms and where to buy them
- how to negotiate use of condoms with a partner
- the selection of condoms that are available - with information about the use of lubrication
- what to do if a condom bursts

Different types of condoms are available including ribbed, flavoured, non-latex (if someone is allergic to latex) and a range of sizes. All male condoms are suitable for vaginal, oral and anal sex.

For anal sex, additional lubricant should be used. Lubricant should not be used for vaginal sex unless there is a problem with dryness.

Condoms are also available from sexual health clinics in Stirling, Clackmannanshire and Falkirk [www.centralexualhealth.org](http://www.centralexualhealth.org)

Easy Read leaflet [Easy Read Leaflets \(centralexualhealth.org\)](#)

Condom leaflet [Creative Condom Leaflet.pdf \(centralexualhealth.org\)](#)

## Sexually Transmitted Infections (STI)

STI is the term used to cover sexually transmitted infections. The most common ones include chlamydia, genital herpes, genital warts, gonorrhoea, pubic lice (crabs), hepatitis B, HIV, non specific-urethritis (NSU), syphilis.

STIs are a significant health risk for all parts of society. If left undiagnosed, they can result in pain, ill health and, in some cases, infertility.

People with a learning disability need to know:

- how an STI is passed on
- the general signs and symptoms of STIs, and that some people often don't have symptoms
- where to go for diagnosis, testing and treatment
- how to access services (bus routes, opening times, etc).
- who to talk to for advice and confidentiality
- how to avoid getting an STI
- people with a learning disability or autism who are sexually active are just as likely as other people to come into contact with STIs

Symptoms associated with STI include:

- itchiness around the genitals
- lower abdominal pain
- pain during sex
- blisters, sores or lumps, spots in or around the genitals
- unusual or smelly discharge from the penis or vagina
- pain when urinating (peeing)
- unusual or abnormal bleeding

Some STIs may have no symptoms and screening is very important. The best way to reduce the risk of getting an STI or passing one on is safer sex and condom use.

If a service user complains of symptoms associated with STI, staff should help to arrange an appointment at the Sexual Health Clinic as soon as possible.

[www.centalsexualhealth.org](http://www.centalsexualhealth.org)

The medical background and matters relating to the sexual health of a person with learning disabilities is strictly confidential. Information on STI would be restricted to essential (need to know) persons only.

Information on STIs is available on the Central Sexual Health website (not easy read). [Sexually Transmitted Infections & BBV's \(centralsexualhealth.org\)](http://www.centalsexualhealth.org)

Easy read leaflets are here [Easy Read Leaflets \(centralsexualhealth.org\)](http://www.centalsexualhealth.org)

## HIV (Human Immunodeficiency Virus)

HIV is a Sexually Transmitted Infection (STI) and a Blood Borne Virus (BBV). HIV is a virus that attacks the immune system and makes it difficult to fight off other illnesses.

People with learning disabilities need to know:

- what HIV and AIDS are
- how people get HIV and how to prevent getting it or transmitting it
- how and where to test for it
- how it is treated
- medical and social implications of being HIV positive
- rights to confidentiality

You cannot catch AIDS. HIV causes AIDS. It is only HIV that can be passed on.

AIDS stands for Acquired Immune Deficiency Syndrome. It's the name given to a collection of infections and diseases, such as tuberculosis, pneumonia and some cancers that, when present, indicate that the HIV virus has severely weakened someone's immune system.

There is no cure for HIV but there are drugs that can slow the progress of the condition. With recent developments in the treatment for HIV, people can feel well, work, have relationships and have children.

Providing condoms is an effective way to promote safe sex. If used correctly, condoms can prevent the transmission of HIV.

If staff are working with someone at risk of HIV (for example, someone who is in a relationship with a partner who has HIV), it is important to know what treatment is available.

**Pre- Exposure Prophylaxis (PrEP)** – medicine taken by people who are considered high risk to prevent them becoming infected with HIV through sex or drug use. Recent research suggests that PrEP is as effective as condoms at preventing HIV.

**Post Exposure Prophylaxis for HIV (PEP)** - anti-retroviral drugs (drugs used to treat HIV) that are given to try to prevent HIV infection in someone who has been exposed to the HIV virus. PEP is most effective if given within 24 hours of exposure.

Contact Central Sexual Health to discuss eligibility for treatment on 01324 673554. Out of clinic hours, attend the Emergency Department.

You can find more information about HIV and treatment at:

[https://www.centalsexualhealth.org/sexually-transmitted-infections-hepatitis/blood-borne-viruses-\(bbvs\)/hiv/](https://www.centalsexualhealth.org/sexually-transmitted-infections-hepatitis/blood-borne-viruses-(bbvs)/hiv/)

## Sterilisation

Sterilisation is an effective method of contraception. However, it is usually permanent and difficult to reverse. It is therefore helpful to consider alternative methods of contraception first, in particular the option of longer lasting reversible contraception for women such as the coil or implant. These are comparably effective and less invasive.

For women, the procedure involves cutting, sealing or blocking the fallopian tubes to prevent eggs reaching the sperm and becoming fertilised. Female sterilisation does not affect hormones or stop periods.

Male sterilisation is also known as a vasectomy. It involves cutting or sealing the tubes that carry a man's sperm, thereby preventing the sperm reaching an egg and fertilising the egg.

A person with a learning disability who chooses sterilisation must have the opportunity to receive appropriate counselling from a specialist medical advisor, to understand the emotional and permanent implications of sterilisation.

Demands for sterilisation from families or relatives **must not** override the wellbeing of the individual and their right to choose.

Where a person is unable to give consent, sterilisation, on a non-emergency basis, can legally only be carried out as the result of a granted court application and must be in the person's best interests.

Information and referrals for Female Sterilisation and Male Sterilisation (vasectomy) is available through the GP or sexual health clinic.

## Pregnancy

Research on reproductive rights (Disabled Women; Our Bodies, Our Rights. Engender 2017) shows that women with a learning disability often have no information, guidance or support around planned pregnancy.

Too often, a woman receives support only after the pregnancy is confirmed.

Staff should ensure that women and men with a learning disability:

- have the opportunity to talk about their future plans and wishes around pregnancy (care plan reviews, informal chats)
- are supported to find out how their medication or any health condition can affect a pregnancy
- are supported to take steps to prepare for pregnancy (following advice on medication, eating healthily etc)
- know how pregnancy occurs
- recognise the signs of pregnancy
- can access a pregnancy test
- know what to do if they are pregnant and where to go for help
- have the opportunity to talk about their needs as future parents and the needs of the baby and identify who can help

Pregnancy tests can be bought in pharmacists and supermarkets. Free pregnancy tests are available at the Sexual Health Clinic. [www.centralexualhealth.org](http://www.centralexualhealth.org)

It can be more helpful to take a pregnancy test at a Sexual Health Clinic as staff can then discuss the results and explore pregnancy options with the woman. She can then be referred to the appropriate service, depending on whether or not she wants to continue with the pregnancy.

Alternatively, if the woman is pregnant and knows she wants to continue with the pregnancy, she can self-refer by booking Forth Valley Maternity Appointment [NHS Forth Valley – Positive Pregnancy Test](#)

People with a learning disability can be supported by specialist midwives and the Learning Disability team.

Easy read information on pregnancy is available here;  
[Easy Health | Home](#)

Ready Steady Baby Easy Read

[Ready Steady Baby! Easy Read: Guidance for health professionals - Publications - Public Health Scotland](#)

CHANGE easy-read information 'My Pregnancy My Choice' – free copies may be available from your midwife. Can be purchased here [CHANGE - Shop - Products - Easy Read - Accessible Information \(changepeople.org\)](#)

## Parenthood

People with a learning disability have a right to be parents and many of them have a desire to choose to become parents.

Studies have shown no direct link between learning disability and inadequate parenting, in that intellectual impairment alone does not mean an individual will be a poor parent. However, we know that parents with learning disabilities are more likely than any other group of parents to have their children removed.

Parents fare better when they have planned the pregnancy and birth and have knowledge, skills and support already in place. Staff should ensure that men and women with a learning disability have the opportunity to discuss their wishes to be parents through care plan reviews or informal chats.

Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities (SCLD 2009) outline 5 key features when working with families or those preparing to be parents:

- Staff should refer to the Community Learning Disability Teams (CLDT) if parental disability is considered. Assessment should start as early as possible during pregnancy. Multiple assessments by different agencies should be avoided to prevent disadvantaged assessments.
- Staff should provide information which is clear and easy to understand. Easy-read formats should be used, and there are several useful resources.
- Specific parental needs which may affect parenting should be assessed and addressed (e.g. tenancy or financial issues). Workers should be mindful of potential barriers to support, such as a distrust of professionals for fear of children being removed. Research describes a 'cloak of competence' where parents are keen to present as able to avoid drawing attention to a problem, which may lead to negative assumptions about their coping skills. As a result, many parents only come to the attention of services at times of crisis.
- Support should be sensitive to the family's changing needs over time, and should be offered for as long as the family requires it.
- People with intellectual impairment have a right to access independent advocacy under the Mental Health Care and Treatment (Scotland) Act (2003)<sup>23</sup>. This should always be provided where there is a child protection plan.

Staff can create opportunities for service users to discuss and plan parenthood and involve other agencies who can support with this.

CHANGE have easy read publications 'You and your baby' 'you and you little child'.

May be available free from your health visitor or can be purchased here [CHANGE - Shop - Products - Easy Read - Accessible Information \(changepeople.org\)](http://changepeople.org)



## **Abortion (Termination of Pregnancy)**

An abortion is the medical process of ending a pregnancy so it doesn't result in the birth of a baby. It is also known as a termination.

The pregnancy is ended either by taking medications or having a minor surgical procedure. One in three women in the UK will have an abortion in their lifetime.

Abortion is regulated by Law and can only be authorised by medical practitioners, such as a GP or a doctor at the Sexual Health clinic. Abortion is legal up to 24 weeks of pregnancy. After 24 weeks an abortion can only go ahead under extreme circumstances (e.g. where the life of the mother is in danger).

The earlier the termination is performed, the better. It is safer for the woman if the abortion is performed before or up to 12 weeks' gestation.

Women with a learning disability may be at risk of needing second trimester terminations of pregnancy because they are more at risk of missing the early signs of pregnancy due to lack of understanding or poor sex and relationship education. It is important that any RSHP Education includes Signs of Pregnancy.

A person with learning disabilities has the right to information, counselling and support to make an informed choice about whether to continue the pregnancy or to terminate it.

Family or carer demands for a termination must not override the rights and wellbeing of the person concerned. Judgements on the ability of the person to be a parent are not grounds for termination of pregnancy, just as this would not be considered sufficient grounds for anyone else.

If someone is thinking about having an abortion, they can self- refer to the Forth Valley Termination of Pregnancy Service [Abortion \(centralsexualhealth.org\)](http://Abortion(centralsexualhealth.org))  
People can also be referred by their GP.

When a person is deemed unable to give consent to an abortion, such treatment, on a non-emergency basis, can only be given as the result of an application under the Adults with Incapacity (Scotland) Act. Such an application should only be considered in the light of the principles of the Act, including the fact that an adult will not be deemed incapable if they have a communication difficulty that can be rectified by mechanical or human means.

**Video** [Abortion – Let's Talk About It](#) | [Learning resources](#) | [National Improvement Hub \(education.gov.scot\)](#)

## **Smear tests (cervical screening)**

All women aged 25-64 across Scotland are invited to have a cervical screening test every three years. A cervical screening test is currently the most effective way to screen for cervical cancer. This is a way of preventing cervical cancer by detecting and treating pre cancerous cell changes. If left untreated these abnormal cells could develop into cervical cancer.

Women with a physical or learning disability are less likely to attend cervical screening. Other low participation groups include 25 - 34 year olds, those living in areas of high deprivation, black or minority ethnic women, lesbian and bisexual women and those who are eligible within the transgender community.

Staff can support a woman with a learning disability to attend her smear test by helping her to respond to the invitation, booking an appointment, using easy-read information to explain the process in advance and help her to prepare, accompanying her to the screening if she wishes.

Some women with a learning disability can find smear tests distressing. They may benefit from series of visits to the clinic or surgery before the test so that they can develop trust in the people involved. Staff can contact the GP to ensure that reasonable adjustments are being made to accommodate the person.

If a woman has such severe learning disabilities that she is unable to be able to give consent to having the test, it can be very difficult for the people caring for her to make a decision about what is best for her. It is strongly suggested that in this situation you ask each woman's GP for advice. Hopefully the doctor will have known her for some time and there will be certain amount of trust between them

Staff can also encourage service users to look for signs and symptoms and to tell a staff member if they have any concerns. Signs/ symptom can include unusual vaginal bleeding, changes to vaginal discharge, pain or discomfort during sex, unexplained pain in lower back or pelvis.

You can access the following easy-read leaflets to support people with learning disabilities and their carers:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/790791/CSP05\\_an\\_easy\\_guide\\_to\\_cervical\\_screening.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/790791/CSP05_an_easy_guide_to_cervical_screening.pdf)

<http://www.healthscotland.com/uploads/documents/1428-A%20smear%20test%20could%20save%20your%20life-March2020-Easy%20Read.pdf>

Easyread leaflets include 'Smear Test'  
[Easy Read Leaflets \(centralsexualhealth.org\)](http://centralsexualhealth.org)

## Checking breasts and testicles

Breast screening is routinely offered to women between the age of 50 and 70. Out with these ages, screening is available if anyone has signs or symptoms. Men can also develop breast cancer but, if they have symptoms, are likely to be offered other tests, such as a biopsy.

Women with learning disabilities are less likely to attend routine breast screenings. This is often because they do not understand the invitation or the importance of screening, they cannot read the letter, they are unable to make the appointment or get to the place of screening.

Staff should help people with learning disabilities to understand the process and to make arrangements for the screening.

There is no routine screening for men's testicles. They have a responsibility to check themselves and look for signs and symptoms.

Staff in a residential setting or who care for a person in their own home or have regular contact with a service user are ideally placed to remind them to check themselves. They can also look for signs/changes during intimate care.

Staff should provide opportunities for someone to tell a staff member if they have any concerns.

It is important to see a GP if someone:

- finds a lump.
- notices changes to the size, outline or shape of their breasts.
- has a discharge or bleeding from the nipple.
- has a rash around the nipple.
- notices any change to the nipple position.
- feels pain or discomfort in the breast area that doesn't go away.

Men should also regularly check their testicles. They should look for:

- any unusual lumps or swelling,
- a sharp pain.
- a heavy scrotum.
- increase in the firmness in their testicles.
- any unusual differences between one testicle and the other.

Easy Read information is available here on checking breasts and checking testicles:

[http://www.healthscotland.com/uploads/documents/159-Keep%20Yourself%20Healthy%20A%20Guide%20To%20Examining%20Your%20Breasts\\_Easy%20Read.pdf](http://www.healthscotland.com/uploads/documents/159-Keep%20Yourself%20Healthy%20A%20Guide%20To%20Examining%20Your%20Breasts_Easy%20Read.pdf)

<http://www.healthscotland.com/uploads/documents/26404-Keep%20Yourself%20Healthy%20A%20guide%20to%20examining%20your%20testicles.pdf>

## **Sexual problems**

It is common for both men and women to experience sexual problems at some stage in their lives. Such problems can cause a great degree of distress.

Common sexual problems include; lack of sex drive, premature ejaculation, erectile dysfunction, pain during sex, lack of orgasm.

Sexual function depends on physical, psychological and emotional factors and can be affected by a number of things such as illness, medication, stress, relationship problems and substance misuse.

Some problems resolve themselves, but others may need professional help to improve or overcome them.

If you support someone who is experiencing problems you should enable them to see their GP. The GP will usually start with investigating whether there is an underlying health cause or problem with existing medication.

Depending on the circumstances, they may suggest a sex therapist.

NHS Forth Valley's Sexual Health clinic can refer patients for Relationship Counselling. For more information see the Central Sexual Health website:

<https://centralsexualhealth.org/forth-valleys-free-sexual-health-care-services/service-directory/relationships-sexual-problems/>

A GP or the Sexual Health clinic can also refer to the NHS Forth Valley Andrology clinic for Erectile Dysfunction.

## **Masturbation**

Masturbation may be an outlet for sexual feeling and it is considered an acceptable sexual behaviour for females and males. People should not be discouraged from masturbating, providing that it is done in private.

Masturbation is a sexual release, but is also used as a comfort, to aid sleep, to reduce stress.

If masturbation seems to be taking place excessively, for example if it is interfering with day to day living, or taking place in inappropriate situations, it may indicate other issues which need to be addressed. Staff should consult with their line manager.

Points for consideration may include:

- Sexual frustration
- Are they experiencing difficulties with a relationship?
- Is the person bored or needing other stimulation?
- Is he or she able to masturbate effectively?
- Is the environment appropriate i.e. have they adequate time alone in private in their bedroom?
- Possible underlying health issue?
- Are they in pain or discomfort?

Some people develop rituals or fixate on objects when masturbating. As long as this is doing no harm, and in private, there is no reason to intervene.

If someone is masturbating with dangerous objects that could cause harm (e.g. a glass bauble in the anus, a sharp instrument in the vagina) this is an immediate cause for concern and should be acted on without delay. Staff will need to replace the dangerous objects with suitable sex toys. See section on Sex Toys.

Staff can not provide physical assistance to help with masturbation but should provide resources etc.

Social stories may help to redirect behaviour. Examples can be found here:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Speech and Language Therapy and the Community Learning Disability Nursing Team can help to create stories for individuals.

Resources including DVD's to help teach about Masturbation and technique can be accessed at the NHS Forth Valley Health Improvement Resource Service

[NHS Forth Valley – Resources](#)

## Safer internet use

People are increasingly forming relationships online. Workers may be asked to assist people in accessing social networking sites, dating sites, gaming sites, or chat rooms.

Staff and people with a learning disability should be aware of any age limits (e.g. over 18s only) and costs that may apply.

The use of such sites can have particular benefits for people with a learning disability as they often have few friends and can be socially isolated. Online chats can sometimes be easier than face to face meetings, with no awkward silences or eye contact.

However, staff and service users need to be aware of the risks, including:

- Grooming (Sexual Exploitation).
- Bullying.
- Threats and blackmail.
- Exposure to inappropriate and illegal sexual material.
- Cyber sexual abuse on line, e.g. using webcam/audio technology to force, observe or exhibit unwanted sexual behaviours.
- Requesting money.

Staff should encourage people with learning disabilities to ensure they never display their full name, address, and phone number, passwords and bank details or disclose where they are going to be at a specific time.

Remember that people may not always be who they say they are, and that profile pictures may not always be true representations - it is important staff remind service users about this.

Staff can help service users to access safer websites (chat rooms/ dating sites etc). They can also provide more opportunities for service users to socialise and meet friends and partners, rather than relying on online relationships.

Dates and Mates (groups in Forth Valley)

[Home - Dates-n-Mates Scotland](#)

<https://datesnmates.org.uk>

Common Knowledge CK Friends <https://www.ckuk.org.uk/index.php/ck-friends/>

Scottish Autism also have information about local and national groups on their website <https://www.scottishautism.org/events/other-events/kinnections-social-group-0>

## Sexual Abuse

Sexual abuse is any unwanted sexual act. It includes a range of activity including rape and sexual assault.

Young people and adults with a learning disability are more at risk of Sexual Abuse. Key vulnerability and risk factors include:

- lack of Relationships, Sexual Health & Parenthood Education
- being socially isolated
- not understanding The Law or their rights
- few opportunities to develop friendships or relationships, to learn what is a healthy or unhealthy relationship
- not recognising they are being abused
- keeping secrets/ not disclosing abuse for fear of Adult Protection
- being unable to communicate what is happening to them
- not being asked about their Sexual Health or Relationships
- assumptions that they are not sexual, and therefore not being abused
- not having the language for private body parts, sex, abuse
- are used to a power imbalance/ bullying/ coercion
- have less choice, be used to obeying/complying to survive, lack belief that they can control things in their lives
- are dependent upon adults for intimate care

Staff working with people with a learning disability should be aware of the additional risks and vulnerabilities of service users and proactively work to prevent and tackle sexual abuse. This should include:

- increasing knowledge, understanding and awareness of the sexual exploitation of people with learning disabilities through training
- understanding of capacity to consent and how to assess this
- providing Relationships, Sexual Health & Parenthood Education
- creating opportunities to talk about Sexual Health in care plan reviews, informal chats etc
- supporting service users to make friends and meet partners in safe environments online and in the community
- understanding safeguarding and following intimate care guidelines
- allowing service users to make choices and be assertive

If someone discloses sexual abuse, local contacts are available here:

[Rape and Sexual Assault \(centralsexualhealth.org\)](http://centralsexualhealth.org)

This includes details of The Meadows, a local dedicated service for adults and children in Forth Valley who have been sexually abused.

[NHS Forth Valley – The Meadows](#)

Easy Read posters on sexual abuse, exploitation, grooming and domestic abuse are available here: [Gender based violence easy read posters - Google Drive](#)

## Sexual Exploitation

Sexual exploitation is a form of sexual abuse. It involves a person taking advantage of a power imbalance to force/entice/bribe/manipulate/coerce someone to engage in sexual activity with them (and in many cases, others) in return for something.

The 'something' could be many things, such as food, money, drugs, alcohol, cigarettes, a roof over their head, a bed for the night, a mobile phone, gifts, care, affection, love. It could also be the avoidance of harm or violence.

Children, young people and adults with a learning disability are more at risk of sexual exploitation because:

- they are lonely and looking for friends/ boyfriends/girlfriends
- they are used to a power imbalance in relationships
- they don't know what sexual exploitation is
- they don't know that sexual exploitation is against the law
- they often have low self esteem and may never have had someone showing an interest in them before, giving them compliments, buying gifts

One of the most common forms of sexual exploitation is the 'boyfriend model' which refers to boys/men who befriend other boys, men, girls or women, initially pretending to be a new friend and then wanting to be their 'boyfriend'. Once the relationship is established the abuse begins.

Most people with a learning disability want to have a partner. Some people would rather have a partner that abuses them than no partner at all.

Fearing that adult protection will intervene is a barrier to disclosure. Staff must balance the rights of service users to take risks and to make choices (even bad choices) against safeguarding and a duty of care.

Staff can:

- educate people with a learning disability about healthy relationships and what abuse is
- talk to people they support about their relationships and regularly check they are safe and happy
- provide opportunities for them to meet partners and have healthy relationships

A useful tool for starting the conversation is here:

<https://www.centralexualhealth.org/media/9026/routine-enquiry-form-including-pregnancy-ckuk2020.pdf>

Easy Read leaflets [Gender based violence easy read posters - Google Drive](#)



## Commercial sexual exploitation

Commercial sexual exploitation involves a wide range of sexual activities that are often linked and objectify and harm women. They are typically activities that men buy from women, or profit from.

Examples include:

- prostitution
- phone sex, internet sex or chatrooms
- stripping, pole dancing, lap dancing, peep shows
- pornography
- trafficking, sex tourism and mail order brides

These can be in exchange for things such as drugs, money, food, shelter, protection.

While women and girls are at the greatest risk of being abused through commercial sexual exploitation, men can also be affected and can become involved in prostitution for similar reasons to women.

Vulnerable men and women are more at risk of being exploited and trafficked. This includes men and women with a learning disability.

The Scottish Commission for Learning Disability's 'Consultation Response; Trafficking and Exploitation Strategy Review' (Nov 2019) identifies key vulnerabilities including:

- social isolation and loneliness
- overprotection
- society refusing to view them as sexual beings
- lack of sex education
- barriers to accessing services

[https://www.sclld.org.uk/wp-content/uploads/2019/11/Trafficking-and-exploitation-response\\_designed.pdf](https://www.sclld.org.uk/wp-content/uploads/2019/11/Trafficking-and-exploitation-response_designed.pdf)

Although selling sex in Scotland is legal, as are lap dancing clubs, strip clubs and some aspects of pornography, the Scottish Government recognise that those involved may have very few other viable options, are being exploited and need greater support to escape their situation.

Staff can help people with a learning disability by:

- providing assistance to find meaningful work, leisure activities, friendships, healthy relationships
- helping people to understand what abuse is and where to get support
- creating opportunities to talk and disclose any worries or concerns

## Gender based violence and domestic abuse

People with a learning disability are more at risk of abuse when in a relationship.

Gender-based violence (GBV) is violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

It is predominantly men who carry out such violence, but not all men are violent. Men can experience domestic abuse too and it also occurs in same-sex relationships

Many of the reasons for vulnerability are outlined in the topics 'Sexual Abuse and Sexual Exploitation'. People with learning disabilities may be unlikely to disclose abuse due to these factors, along with their fears of not being believed or taken seriously, especially if a previous disclosure has been dismissed. This can lead to further fears of being accused of, and getting into trouble for, lying. This can then lead to self-blaming and feeling ashamed and embarrassed.

People may also not disclose due to a fear of losing control over their lives through the legal instruments in place to protect them. They fear that if they share that they have experienced abuse or that they have made a mistake, their capacity would be challenged and they might be placed under guardianship.

Staff should support service users, both male and female, and of all ages & abilities by:

- creating opportunities for service users to disclose abuse e.g talking about sexual health & relationship in informal chats, care planning and reviews
- using the recommended prompt sheet:  
<https://www.centralexualhealth.org/media/9026/routine-enquiry-form-including-pregnancy-ckuk2020.pdf>
- providing easy to read information on domestic abuse and gender based violence
- reading and adopting good practice from Public Health Scotland's Guidance for practitioners who support people with a learning disability:  
<http://www.healthscotland.scot/publications/gender-based-violence-and-learning-disability-guidance-for-practitioners>

If a service user discloses abuse, staff should contact local organisations for information and support. A list of local organisations is available here:

[Support for Survivors of Sexual Abuse / Sexual Assault \(centralexualhealth.org\)](https://www.centralexualhealth.org/support-for-survivors-of-sexual-abuse-sexual-assault)

Safer Scotland has an Easy Read Guide on Domestic Abuse:

<https://safer.scot/wp-content/uploads/2020/06/What-is-Domestic-Abuse.pdf>

Easy Read Guides from SCLD [Gender based violence easy read posters - Google Drive](#)

## Female Genital Mutilation

The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.

It is also known as female circumcision or cutting.

Genital Mutilation is recognised internationally as a violation of the human rights of girls and women. It is illegal in the UK and is child abuse.

It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

It is nearly always carried out on minors, usually between the age of 8 and 15 (before puberty starts) and is a violation of the rights of children.

The practice also violates a person's rights to:

- health, security and physical integrity
- be free from torture and cruel, inhuman or degrading treatment
- life (when the procedure results in death)

FGM has no health benefits. It is very painful and harms girls and women because it interferes with the natural functions of their bodies.

It can also cause long-term problems with sex, menstruation, urination, childbirth and mental health.

The Prohibition of Female Genital Mutilation (Scotland) Act 2005 made it a criminal offence to have female genital mutilation carried out in Scotland or abroad, and increased the maximum penalty from five to 14 years imprisonment.

This Scottish Government link provides details of support for those at risk of, or who have experienced FGM. <https://www.mygov.scot/fgm/get-support/>

Leaflet (not easy read but for young people)

[My Body, My Rules | Sandwell Council](#)

## Pornography

As a general definition, pornography is sexually explicit imagery that is not used for the purposes of education. Pornographic images are not just limited to adult films and magazines. Research shows that the internet is the now most common medium for viewing pornography.

Pornography can give young people and adults an unrealistic and unhealthy view of sex and relationships, including:

- Women are sex objects to be dominated. Pornography often depicts women being submissive to men.
- Sex regularly involves group sex (with three or more people) and oral, anal and vaginal sex.
- All people having sex are young and attractive with perfect bodies. This can lead to low self esteem and issues with body image.
- Sex can include force and aggression. This is often abusive.
- Sex does not include consent or safe sex (condom use).

However, it follows that this material is available to any person with a learning disability in the same way as any other person. Parents/guardians may not approve of pornography but the wishes of the service user must come first. Staff should be prepared to help the service user to challenge a guardian's decision.

Service users should only be viewing pornography that is legal. Criminal Justice and Licensing (Scotland) Act 2010 creates an offence of being in possession of extreme pornography "if it is of such a nature that it must reasonably be assumed to have been made solely or principally for the purpose of sexual arousal", which would include images or sounds, and portrays any of the following:

- An act which threatens a person's life.
- An act which results, or is likely to result, in serious injury to a person or a risk to life.
- Rape or other non- consensual penetrative sexual activity.
- Sexual activity involving (directly or indirectly) a human corpse.
- An act, which involves sexual activity between a person and an animal (or the carcass of an animal).

Adults and young people often use pornography to learn about sex. This is more likely if they have received no sex education. It would be best practice for staff to talk to service users about 'real sex' and provide sex education to counteract what they are viewing in pornography.

A good online resource for people with a learning disability to learn about sex and relationships is the Common Knowledge 'Be Safe Have Fun' website:

<http://health.ckuk.org.uk/>

## **Sexting**

Sexting is the sending of sexually explicit messages and images usually via a mobile phone or other social media platform.

It is a criminal offence to possess/send/make/take/distribute or show indecent photos of children or young people under the age of 18.

It is an offence for a child or young person (under the age of 18) to take a sexually explicit photo of themselves, or another young person under 18, as it amounts to making and possessing an image. Anyone who then receives that photo will be committing an offence if they save it, share it or show it to anyone else.

Staff should support people with a learning disability to know the Law so that:

- they do not take or share sexual images of anyone under 18.
- they do not take sexually explicit photos of themselves and send them to someone who is under 18.
- they do not have sexually explicit texts or online chats with someone under 18.

Although it is legal to share sexually explicit photos amongst consenting adults (aged 18 and over, once images are on the internet, they can be there forever.

Having/ sharing photos of a boyfriend/ girlfriend can be fun at the time, but it can be distressing if they are then shared amongst other people, or used to blackmail someone or as revenge at a later date.

All people should be made aware of the risks.

If a person you support receives an explicit image of someone they don't know, or someone they are not in an intimate relationship with, or anyone under the age of 18, they should delete it.

## Meeting online contacts in person

Staff may be asked to support individuals to meet up with someone new who they have met on the internet.

Online dating can be positive, and sometimes easier for people with a learning disability as they don't have to make eye contact or think of continuous things to say. However, there are risks with meeting someone you don't know.

People with a learning disability should be encouraged to take someone trusted with them.

Always prompt the individual to tell the person they are planning to meet that they are taking a friend along - what is their reaction? Do they still want to meet up?

If a service user chooses to meet someone without a friend or staff present, and still wishes to go unaccompanied, the following advice should be given:

- it is best not to meet someone that they know only from talking to on-line, even if they have seen pictures of them.
- before they go they should always tell someone they trust who they are meeting, with their full name and phone number and where they are meeting.
- always meet in a public place, never a person's house for a first meeting, especially if this has been requested.
- tell someone what time they are meeting and what time they are due back.
- to have their phone with them, charged up and switched on.

Many successful dates do begin online, but service users also need to know the real danger, such as assault, rape, murder.

It may also be helpful for staff to help create other 'real life' opportunities for people to meet partners, rather than relying on online platforms. Dates n' Mates run dating and friendships groups across Forth Valley [Home - Dates-n-Mates Scotland \(datesnmates.org.uk\)](http://datesnmates.org.uk)

## **The sex industry**

Selling sex in Scotland is legal as long as it is between two consenting adults. However, some practices relating to sex work are illegal such as:

- loitering in a public place
- operating from a brothel
- having sex in a public place

Controlling prostitution for gain (pimping) is also illegal.

It is not illegal for a person with a learning disability, as with any other person, to hire the services of a sex worker.

If a staff member is asked to help a service user to contact a sex worker they should discreetly discuss it with their manager first.

It is good practice for staff to assist in maximising a service users' general ability to communicate independently (e.g. accessing assistive technology to allow them to telephone/email/make contact). However, staff should not get involved in making direct arrangements with a sex worker. This could leave staff open to a variety of allegations and potential criminal charges.

Similarly, a service user may want to visit a sauna, massage parlour or an exotic dancing club. Provided these establishments are legal and licenced, it is legal to use these facilities.

However, the sex industry can be fraught with exploitation and trafficking which service users need to be aware of. Many people view the sex industry as commercial sexual exploitation.

Where a staff member is asked to accompany a service user, they should consult with their manager and should not be expected to engage in something they feel uncomfortable with.

Staff should remember that people with a learning disability often have very few opportunities for intimate relationships and feel that a sex worker is their only option. Service users may need help to increase their opportunities to meet a 'real' partner.

It would be good practice for staff to talk to service users about the difference between 'sex with a sex worker' and 'sexual relationships with a partner'.

If the service user wants a relationship, other outlets such as dating sites and dating agencies may be more suitable. Staff should help the service user to access these.  
[Home - Dates-n-Mates Scotland \(datesnmates.org.uk\)](http://datesnmates.org.uk)

## **Sex toys/aids**

Sex aids, such as vibrators and anal toys, are readily available to members of the public. Providing the sex aids are only used in private, this is legal. It follows that sex toys and sex aids are available to any person with a learning disability in the same way as any other person.

Sex aids can be of particular importance to people with a learning disability as they help to overcome barriers to sexual expression, freedom and fulfilment. Some sex toys are specifically designed for people with disabilities and/or impairments (e.g. erection problems, mobility restrictions).

There is no legal age to buy sex toys. It is not a criminal offence to sell toys or sex aids to under 18's, but a shop may have licensing restrictions set by the local council that only allow them to sell to people aged 18 or over. This can vary across different council areas.

Staff can legally help a service user to buy sex toys. If a service user is under 18, they may require a staff member to buy them on their behalf.

In some cases, where service users are using unsuitable, dangerous objects as sex aids (e.g. inserting pens/rulers/a bottle in to a vagina, a glass bauble in to the anus), staff should view this as a serious health risk and discuss replacing these objects with safe, purpose-made sex aids as a priority.

Service users may need help from staff with regards to storing the sex toys and cleaning them. Not all sex toys require batteries or complicated instructions. Service users should be assisted to choose sex toys they can use safely.

It is important to note that service users may wish to purchase a range of sex aids and to buy new ones on a regular basis. Limiting service users to one or two sex aids/toys will increase the likelihood of them using inappropriate objects.

Using sex toys or sex aids by yourself in private does not require permission or consent.



## Managing and Preventing Harmful Sexual Behaviour

Sexual behaviour can be a natural healthy part of growing up. Some children, young people and adults may, however, develop inappropriate/problematic habits or display harmful sexual behaviour.

Sexual behaviour can cover a range of actions including:

- touching other people's private body parts without permission
- preoccupation with pornography
- exposing own genitals, or other people's
- sending nude or explicit photos of themselves or others
- persistent masturbation in public
- sexual assault and rape

People with learning disabilities are over - represented in the criminal justice system for sexual offences. This may be due to their vulnerability, the likelihood of being caught, a lack of sexual health and relationships education and limited understanding of sexual boundaries, public and private and appropriate behaviour.

Service users displaying harmful sexual behaviour should not immediately be labelled as a perpetrator, but rather the problematic behaviours require to be fully assessed within a context of the person's experiences and environment. Behaviour should be recorded and monitored to identify triggers and patterns. Staff have a duty to support service users and should prioritise the holistic needs of the person, as well as the behaviour that needs addressing.

For example - are they masturbating in public because they have no private time to do this at home? Are they touching other people because they are curious about body parts? Are they watching pornography because they are naturally curious about sex, but have had no sex education? Do they need intimacy, but have no access to an appropriate partner?

Stirling, Falkirk and Clackmannanshire Education Departments, with NHS Forth Valley, have produced Managing and Preventing Harmful Sexual Behaviour Guidelines for schools. Some strategies are equally useful for staff working with adults. [msb-nov2021.pdf \(centralsexualhealth.org\)](#)

The Scottish Government produced an Expert Group Report on Harmful Sexual Behaviour which places Relationships, Sexual Health & Parenthood Education as a key factor in the prevention and management of sexualised behaviour.

<https://www.gov.scot/publications/expert-group-preventing-sexual-offending-involving-children-young-people-prevention-responses-harmful-sexual-behaviour-children-young-people/>

Staff who provide sexual health and relationships education and information are helping to prevent and manage harmful sexual behaviour. [www.rshp.scot](http://www.rshp.scot)

Stop It Now have a helpline for people worried about their own behaviour, or the sexual behaviour of others [Stop It Now! Scotland - Stop It Now](#)

## Appendix

### Staff Training

Free training is available to managers and staff to support the implementation of Making Choices Keeping Safe or to explore other areas of Sexual Health & Relationships.

It is recommended that both managers and staff attend training.  
Contact Joanne Barrie [joanne.barrie@nhs.scot](mailto:joanne.barrie@nhs.scot)

### Resources

**The National Relationships, Sexual Health and Parenthood resource for Scotland** [www.rshp.scot](http://www.rshp.scot). Look under the 'Levels' tab for the Topics. Also includes an ASN section for additional resources. <https://rshp.scot/learners-with-additional-support-needs-asn/>

**Central Sexual Health** website hosts a range of resources on their website:  
<https://www.centralexualhealth.org/professionals/asn-learning-disabilities/>

The Photostories can be read online or printed off. They are Easy-Read and have audio. The 4 stories feature different couples and a range of Topics; Anna and Bob (healthy relationship, consent, safe sex, condom use), Callum and Denise (controlling behaviour, domestic abuse), Eric and Fraser (healthy relationship, same sex couple, consent, condom use) and Gina and Harry (meeting someone online, alcohol and consent, pregnancy and STI's)  
<https://www.centralexualhealth.org/professionals/photostories/>

**The Workbook** has worksheets on a range of Topics.  
<https://www.centralexualhealth.org/professionals/asn-workbook/>

**Easyhealth.** Easy read health information.  
<https://www.easyhealth.org.uk/>

**Be Safe Have Fun** Friendly Format information for people with a learning disability aged 14 and over to access <http://health.ckuk.org.uk/>

**Health Improvement Resource service.** NHS Forth Valley's resource library. Free to borrow resources and leaflets once you are registered.  
[NHS Forth Valley – Resources](#)

### Local contacts/services

#### NHS Forth Valley Integrated Learning Disability Teams

Community Learning Disability Nurses are based within the Integrated Teams in Falkirk, Stirling and Clackmannanshire. They carry out assessment and interventions in relation to sexual health needs. They offer sexual health and relationship education on a one-to-one or group basis, and signpost to other sexual health services.

Local services and contacts can be found here:

[NHS Forth Valley – Services](#)

### **Central Sexual Health**

In Forth Valley, there are sexual health clinics in Stirling Community Hospital (Healthcare village), Falkirk Community Hospital and Clackmannanshire Community Healthcare Centre. For adult sexual health clinics, an appointment is necessary

All clinics offer confidential advice and services for contraception and sexual health:

- contraception including emergency contraception and condoms
- longer lasting contraception e.g. implants
- pregnancy testing, advice and contact details for self referral for termination of pregnancy
- testing for sexually transmitted infections

Check the website for details of times and contacts:

<https://www.centalsexualhealth.org/local-services/>

### **The Meadows**

The Meadows is the Forth Valley facility that provides a comprehensive range of services and support for adults and children who have experienced rape, sexual assault or gender-based violence, including victims of historic sexual abuse.

This is provided in a comfortable, less clinical environment with improved facilities for forensic medical examinations and interviews.

This includes a separate area for children where specially trained staff can carry out interviews and gather video evidence.

NHS staff will be based within the centre to provide support and access to a wider range of health services.

In addition, voluntary organisations, such as Women's Aid and Rape Crisis, have access to accommodation within the centre where they will be able to provide advice and counselling in a quiet and confidential setting.

<https://nhsforthvalley.com/health-services/az-of-services/the-meadows/>

### **Advocacy Services in Forth Valley**

Central Advocacy Partners [Central Advocacy Partners](#)

Forth Valley Advocacy [Forth Valley Advocacy](#)

## National contacts

### **Mental Welfare Commission for Scotland**

Website: [Welcome | Mental Welfare Commission for Scotland \(mwscot.org.uk\)](https://www.mwscot.org.uk)

### **British Institute of Learning Disabilities (BILD)**

Website: [www.bild.org.uk](https://www.bild.org.uk)

### **Enable**

Website: [www.enable.org.uk](https://www.enable.org.uk)

### **PAMIS**

Website: [www.pamis.org.uk](https://www.pamis.org.uk)

### **People First Scotland**

Website: [www.peoplefirstscotland.org](https://www.peoplefirstscotland.org)

### **Scottish Autism**

Website: <https://www.scottishautism.org>

### **Scottish Commission for Learning Disability**

Website: [The Scottish Commission for People with Learning Disabilities - SCLD](https://www.sclld.org.uk)

## **Self Study**

Managers may feel confident in delivering some basic training to their own staff. Below are training instructions and materials which can help with the implementation of the Making Choices Keeping Safe Policy.

1. The manager should give the 'Questions' and the policy to each staff member individually, or to work in groups.
2. The staff members should then read through the policy and guidelines and find the answers.
3. Following discussion, the manager can then share the answers to each question.
4. The manager should then give staff the 'Case Studies' handout and ask them to read through the relevant case studies, answering the questions relating to each case study. Managers may create further case studies which are appropriate to the contexts the staff are in.
5. The manager and the staff should then spend time going through the answers to Case Studies (plus any additional questions that staff may have added).
6. The training session should end with the staff and manager feeding back what they have gained from the session, identifying any further training or resource needs they may have.

## **Answers to Questions (for use by managers or facilitators)**

**1. Should staff give information and education on sex & relationships to adults with learning disabilities?**

Yes. This means that workers should ensure a range of opportunities, including informal chats, putting Sexual Health & Relationships in care plan reviews, providing accessible information.

**2. Does someone have to have 'capacity to consent' to receive Sex Education?**

No, everyone is entitled to sex education (RSHP) from birth to adulthood -parents or guardians of adults of people with learning disabilities do not need to give permission and can not prevent this learning. We all have a duty of care to provide information.

**3. True or false- lack of Relationships, Sexual Health & Parenthood Education increases vulnerability to sexual abuse, sexual exploitation, gender based violence and the risk of displaying harmful sexual behaviour.**

Yes, true.

**4. Name an organisation and contact details that can give support and advice to people on lesbian, gay, bisexual or transgender issues.**

LGBT Health, Transgender Alliance.

**5. If two people in my care seem to be starting a relationship what should I do?**

As long as there are no concerns over consent (which you would check by looking for evidence of mutual consent, page 16), you would offer all the support the people would need to establish a relationship. This could include sexual health and relationships information/ education, arrangements for dating and privacy etc.

**6. What is the legal age of consent for sexual intercourse between 2 men? 2 women? A man and a woman?**

The legal age is 16 for all.

**7. If a person with a learning disability cannot consent to sex, are they allowed to have a boyfriend/girlfriend?**

Yes. They have every right to. Even if someone cannot consent to sex, they can still enjoy kissing, cuddling, holding hands, intimacy, dating etc. It is against the Law to deny this to people.

**8. What happens if a Guardian wants to prevent a service user from having a boyfriend or girlfriend? Can they stop it?**

Without good reason, no. Remember that Guardians can't make decisions about everything- they only have specific powers. Staff should check what those powers actually are.

Any decision must legally be 'in the best interest of the person'. Staff/managers/the person with a learning disability can challenge the Guardian's decision with the Mental Welfare Commission. The wants and needs of the person with a learning disability must be heard and considered.

**9. Where is the best place for someone with learning disabilities to get specialist support in communicating what they want and need?**

Local Advocacy Services, NHS Forth Valley Community Learning Disability Team and Speech and Language Therapy.

**10. Where can you get easy-to-read, accessible information on sexual health for people with learning disabilities?**

NHS Forth Valley Health Improvement Resource Library, NHS Forth Valley Community Learning Disability Team, websites such as Easyhealth <https://www.easyhealth.org.uk/> and Be Safe Have Fun <http://health.ckuk.org.uk/>

**11. Where would a person with learning disabilities get free condoms in Forth Valley? And what is the legal age to buy condoms?**

Condoms are available free from NHS Forth Valley Sexual Health clinics <https://www.centalsexualhealth.org/forth-valleys-free-sexual-health-care-services/>

You can also order free Condoms By Post [Free Condoms by Post - Central Sexual Health - NHS Forth Valley \(freecondomscentral.co.uk\)](https://www.freecondomscentral.co.uk/)

Some doctors (GP's) may provide them. There is no legal age to buy or receive condoms so anyone with a learning disability can get them without permission from anyone else. Equally, staff can provide them to any service users legally.

**12. Where are the local Sexual Health Clinic? What do they offer?**

Clinics in Forth Valley are in Stirling, Clackmannanshire and Falkirk. They provide information and testing for all sexually transmitted infections, free condoms and contraception and emergency contraception.

This website gives you information about the clinics [Our Services \(centalsexualhealth.org\)](https://www.centalsexualhealth.org/our-services/)

**13. Where could someone with a learning disability safely meet a new friend or partner locally?**

Any social groups, opportunities to go out. Dates n Mates run special dating services Home - Dates-n-Mates Scotland ([datesnmates.org.uk](https://www.datesnmates.org.uk/))

**14. How do you formally assess Capacity To Consent to sex?**

Capacity to Consent assessment is a legal assessment. Staff can ask their manager to refer a service user to their local Community Learning Disability Team/ Clinical Psychologist who can assess capacity to consent to a sexual relationship.

**15. Is it safer for a woman to have an termination of pregnancy (abortion) before she is over 12 weeks pregnant?**

Yes. That is why it is important that if the woman suspects that she is pregnant, she should have access to pregnancy testing, support and referral for termination of pregnancy if she decides not to continue with the pregnancy.

**16. Which services should a woman seek help from if she suspects she is pregnant?**

Either from her GP (family doctor) or NHS Forth Valley Sexual Health clinics.

**17. What is emergency contraception and where a woman would get it from?**

There are 2 types of Emergency Contraception; the emergency contraception pill and the coil.

The pill is sometimes confusingly known as the 'morning after pill'. This term is incorrect as the pill can be taken either up to 72 hours, or up to 120 hours (depending on which pill is given) after sex. The sooner it is taken the more effective it is. Emergency contraception pills are free and available from sexual health clinics and most pharmacies in Forth Valley.

The coil is another form of emergency contraception. It must be fitted by a doctor at a GP surgery or sexual health clinic.

**18. What should staff think about and do before going into a person's bedroom?**

Staff should knock and/or ask the person's permission before going into their bedroom. If it is difficult for the person with learning disabilities to make choices, the worker should only go into the person's bedroom for a very good cause.

**19. In a residential care home, should people with learning disabilities have the right to entertain their boyfriend/girlfriend in their own room?**

Yes. Everyone needs private time and private spaces. Workers should enable people to have private time and space with their chosen partner, including the means to lock their bedroom door.

**20. Is masturbation acceptable behaviour for people with learning disabilities?**

Yes for both men and women. For some people it may be their main, or only, sexual experience. Masturbation is natural and ok but needs to be in a private place, ideally own bedroom. Staff should ensure service users have private time with no interruptions.

**21. Is it acceptable for staff to give physical assistance to someone who has physical difficulties masturbating?**

No. This would be a disciplinary matter. They should however provide educational videos and other prompts that may help. You can borrow these from the Health Improvement Resource Library. They can also arrange for the person to seek medical help from their GP, Sexual Health clinic or specialist clinic for Erectile Dysfunction.

**22. Is it ok for an adult with a learning disability to watch pornography?**

Adults with a learning disability have to same rights as other people to watch porn, as long as it is not illegal porn. However, it would be good practice to counteract what they see/learn from porn with healthy sex education and opportunities for them to meet partners and experience relationships in real life.



**23. How can staff enable people with a learning disability to talk about gender based violence?**

- creating opportunities for service users to disclose abuse e.g talking about sexual health & relationship in informal chats, care planning and reviews
- using the recommended prompt sheet:  
<https://www.centralexualhealth.org/media/9026/routine-enquiry-form-including-pregnancy-ckuk2020.pdf>
- providing easy to read information on domestic abuse and gender based violence
- reading and adopting good practice from Public Health Scotland's Guidance for practitioners who support people with a learning disability:  
<http://www.healthscotland.scot/publications/gender-based-violence-and-learning-disability-guidance-for-practitioners>

**24. What is the legal age to purchase and use a sex toy?**

There is no legal age, although some local authorities set their own age restrictions on companies selling these items. Sex toys/aids can be of particular importance to people with a learning disability as they help to overcome barriers to sexual expression, freedom and fulfilment. Some sex toys are specifically designed for people with disabilities and/or impairments. Service users may require help from workers to purchase sex toys.

**25. If you suspect that a person with a learning disability is being abused, what should you do?**

Everyone has the right to engage in relationships that are not abusive. If there is a suspicion that abuse is present, then staff should report this to their line manager and follow Adult Protection procedures as necessary.

## Questions

- 1. Should staff give information and education on sex & relationships to adults with learning disabilities?**
- 2. Does someone have to have 'capacity to consent' to receive Sex Education?**
- 3. True or false- lack of Relationships, Sexual Health & Parenthood Education increases vulnerability to sexual abuse, sexual exploitation, gender based violence and the risk of displaying harmful sexual behaviour.**
- 4. Name an organisation and contact details that can give support and advice to people on lesbian, gay, bisexual or transgender issues.**
- 5. If two people in my care seem to be starting a relationship what should I do?**
- 6. What is the legal age of consent for sexual intercourse between 2 men? 2 women? A man and a woman?**
- 7. If a person with a learning disability cannot consent to sex, are they allowed to have a boyfriend/girlfriend?**
- 8. What happens if a Guardian wants to prevent a service user from having a boyfriend or girlfriend? Can they stop it?**
- 9. Where is the best place for someone with learning disabilities to get specialist support in communicating what they want and need?**
- 10. Where can you get easy-to-read, accessible information on sexual health for people with learning disabilities?**
- 11. Where would a person with learning disabilities get free condoms in Forth Valley? And what is the legal age to buy condoms?**
- 12. Where are the local Sexual Health Clinic? What do they offer?**

- 13. Where could someone with a learning disability safely meet a new friend or partner locally?**
- 14. How do you formally assess Capacity To Consent to sex?**
- 15. Is it safer for a woman to have an termination of pregnancy (abortion) before she is over 12 weeks pregnant?**
- 16. Which services should a woman seek help from if she suspects she is pregnant?**
- 17. What is emergency contraception and where a woman would get it from?**
- 18. What should staff think about and do before going into a person's bedroom?**
- 19. In a residential care home, should people with learning disabilities have the right to entertain their boyfriend/girlfriend in their own room?**
- 20. Is masturbation acceptable behaviour for people with learning disabilities?**
- 21. Is it acceptable for staff to give physical assistance to someone who has physical difficulties masturbating?**
- 22. Is it ok for an adult with a learning disability to watch pornography?**
- 23. How can staff enable people with a learning disability to talk about gender based violence?**
- 24. What is the legal age to purchase and use a sex toy?**
- 25. If you suspect that a person with a learning disability is being abused, what should you do?**

## Case Studies

### Case Study 1

Sarah (young woman with learning disabilities) confides in her support worker that she wants to have sex with her boyfriend James ( a young man with learning disabilities). They both have capacity to consent.

#### Questions

- What responsibility does the support worker have?
- What will Sarah and James need to have in place (for privacy, prevention of pregnancy/STI's etc)?
- What can the support worker do to help?
- Can anyone else help Sarah and James? Who? How?

### Case Study 2

A staff member reports to her manager that Dave, who has profound learning disabilities, has indecently assaulted Tracy, who also has very profound learning disabilities.

#### Questions

- What responsibility does the manager have?
- How can staff support Tracy?
- How can staff support Dave?
- Can anyone else help? Who? How?

### Case Study 3

John is a 30 year old man with moderate learning disabilities who attends a supported work placement. He lives at home with his parents, who are elderly and quite conservative in their views. John has come to the attention of his key worker at work because of reports that he and another male employee, Kevin, who also has a learning disability, have been found masturbating each other in the toilets at work and hugging and kissing at a bus stop near work. Kevin also lives at home with his parents. Both men are considered able to give consent regarding sexual relationships. John's key worker is concerned that John and Kevin are leaving themselves vulnerable by engaging in sexual activity in public places.

#### Questions

- What responsibility does the key worker have?
- What support does John need to carry out his relationship safely?
- What happens if John's parents don't agree?
- Can anyone else help John? Who? How?
- Can anyone else support Kevin? Who? How?

## **Case Study 4**

Mark, who has profound learning and physical disabilities and is a wheelchair user, appears to want to masturbate on a very regular frequent basis. He is indiscriminate where he chooses to do this and often in the presence of other service users and workers.

When he begins to masturbate, staff take him along to his room; hoist him onto his bed so he has freedom, privacy and the opportunity to masturbate in his room with no on-lookers. However, his behaviour became increasingly concerning to staff lately as he doesn't seem to be having much relief, becoming more frustrated and upset, even when allowed to masturbate for a long time. As Mark has no speech, it is very difficult to assess why he is becoming distressed.

### **Questions**

- What responsibilities do the staff have?
- What support might Mark need to masturbate and ejaculate successfully?
- Can anyone else help Mark? Who? How?
- Can anyone help the workers to put things in place? Who? How?

## **Case Study 5**

A young woman, Anne, with mild learning disabilities who enjoys going for regular breaks at a respite unit, likes the fact that her boyfriend Tim can come and visit her. However, her mother is against this. She does not approve of Tim as she feels he is too controlling of their relationship.

Anne and Tim see each other through the day at their day placement and are keen to socialise more but Anne's mother has prohibited her from contacting him from home. Anne regularly phones Tim when in respite and is clearly very happy with him. Her mother has phoned the Respite Unit to tell staff that Anne's boyfriend must not come and visit her.

Anne's support worker at the Respite Unit discussed the situation with Anne and advised her that the Unit would support her decision if she wanted Tim to come for a visit but it was her decision whether she discussed it with her mother. Anne has a legal right to confidentiality.

Other staff at the Respite Unit felt that Anne was more than able to make her own decisions, but also felt they needed to be working with the parent. They don't want to fall out with Anne's mother. What if she stops Anne from coming? They also can't and don't want to stop Anne from seeing her boyfriend.

### **Questions**

- What responsibilities do the staff at the Respite Unit have?
- How can the workers help Anne and her mother without breaking confidence?
- What if Anne's mother still refuses to let Anne see her boyfriend?
- Can anyone else help? Who? How?

# Certificate of Completion

This is to certify that

.....

has successfully completed the self study  
or training on the  
Making Choices Keeping Safe Policy

The learning outcomes for the programme are to:

- become familiar with the content of the policy
- increase confidence in implementing the policy
- explore issues relating to the delivery of the policy in the work setting
- develop an awareness of the responsibilities workers have in supporting people with learning disabilities in their sexual health and wellbeing.

..... *Facilitator / Manager*

..... *Date*