MAKING CHOICES KEEPING SAFE

Fife Version

Relationships & Sexual Wellbeing Best Practice Guidance
For Staff Who Support Adults With A Learning Disability

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SECTION 1

1.1 FOREWORD

NHS Fife, Fife Council and voluntary sector agencies would like to express their thanks to the pan-Lothian group for giving us permission to use the content of their policy guidelines ‘Making Choices, Keeping Safe’. This document has been regarded as a best practice model.

NHS Fife, Fife Council and voluntary sector partners have updated this policy guidance to produce this relationships and sexual wellbeing best practice guidance document to support adults aged 16 or over who have a learning disability. The best practice guidance has been developed to ensure individuals with a learning disability have access to timely, appropriate support, advice and information, if required. In addition, this document will provide a framework to ensure that staff from all sectors provide a consistent response when supporting adults within this area of work.

This document is intended to be used across all learning disability services to provide clear guidance to staff from statutory, private or voluntary sectors to uphold best practice standards in the realm of relationships and sexual health work for people with learning disabilities.

It is also acknowledged that there may be other co-existing conditions which may be associated with a person’s learning disability such as ASD, physical disabilities, hearing and visual impairment etc and the appropriate information and support will need to be tailored to meet individual needs.

Please note that careful consideration was given when taking into account the appropriate usage of terminology to use when referring to individuals with a ‘learning disability’. In keeping with the language used in ‘The Same as You?’, the term ‘learning disability’ is used throughout this document.
1.2 GROUP MEMBERSHIP

The following people formed the steering group for the adaptations and additions to the best practice guidance:

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The steering group would like to thank People First Fife and parents/carers for their invaluable contribution.

In addition, steering group members would also like to thank all individuals and agencies who contributed to the development of the guidance.
1.3. Introduction

“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”.

Many people with learning disabilities will not require any intervention, or a response in their sexual lives, from staff. However, some individuals will need help and guidance in relation to their sexuality, therefore will benefit from guidelines that describe and explain staff members’ roles and responsibilities. People with learning disabilities need to receive consistent information and messages. This is why the document needs to be used by staff across all disciplines involved in the lives of people with learning disabilities.

Similarly, some staff need support and guidance in this sensitive area to ensure that consistency and best practice are pursued. This document is designed to:

- Provide staff with relevant information.
- Increase staff confidence and competence in dealing with situations at work relating to sexuality.
- Give clear guidance on how to respond in specific situations.

It is envisaged that by providing people with learning disabilities access to timely support, education and accessible information within a culture that views sexuality as a natural form of sexual expression this can contribute to improving the choices and sexual health outcomes for individuals.

These guidelines aim to integrate sexual health and relationships work into person centered plans to ensure a pro-active, inclusive approach is taken to support people with learning disabilities in their everyday lives.
SECTION 2 – VALUES

2.1 VALUES

The following best practice guidelines adheres to values that are firmly rooted within the United Nations Declaration on Human Rights and the 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) describe 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 abused.
- The right to humane and dignified environments.
- The right to explore and express sexuality and sexual orientation / gender.

This guidance would also add the following to the above principles:

- Right to privacy.
- Right to decide whether or not to marry and to found and plan a family.
- Right to decide whether or when to have children.
- Right to health care and health protection.
- Right to equality, and to be free from all forms of discrimination.
- Right to treatment that is allowed by law and fully meets professional standards.
- Get the care and treatment that best suits his or her needs.
- Be enabled to lead as a fulfilling a life as possible.
• Right to conduct a relationship free from scrutiny.

2.2 DIVERSE COMMUNITY VIEWS

The Kingdom of Fife benefits from a wide range of diverse communities with their own distinctive cultural, religious, spiritual beliefs and practices. Increasingly, many people with learning disabilities, staff and parents will come from these minority communities, some of which will have clear views about the place of sexuality in people’s lives. Staff and parents from particular communities may have strong views on matters such as sexual orientation, masturbation, pornography and sexual relationships outside of marriage.

It is important for staff to understand that cultural and religious perspectives need to be taken into account when making decisions about learning disabled peoples’ lives. However, this in itself can be complex, as it is not always clear what is in fact a religious belief and what is a cultural norm. Any queries about this type of situation should be referred to the line manager who can then seek further guidance.

This document has been written from a human rights perspective, with attention to the individual’s autonomy whilst placing this in a context of adult protection, where appropriate. The law in Scotland relating to the sexual relationships of a person with a learning disability is designed to strike a balance in protecting those people who do not have the capacity to consent to sexual relations or are vulnerable to harm, whilst upholding and preserving the rights of those people who do have the necessary capacity to consent. It is important to understand that people with learning disabilities come from diverse communities and that sexuality will be just one part of their lives, albeit an integral part. In making decisions and judgements about any individual’s sexual behaviour, it is important to consider not only the situation in question, but the wider context of that person’s life including the religious / cultural context.

It is also important that, just like anybody else, the person has the right to step, or be aided to step outside the values of their community, as long as they remain within the limits of the law. However, the consequences for the person of doing so will often have far reaching effects in terms of their place within their family and the larger community. At times like this, staff have a duty to act sensitively to the family’s needs, therefore decisions which may have long-term consequences must not be taken lightly, and should be part of the care planning process. Particularly sensitive issues should be discussed with the line manager.
SECTION 3 - LEGAL FRAMEWORK

The purpose of the law relating to sexual relationships and people with learning disabilities is to protect people who do not have the capacity to consent whilst preserving the rights of people who do.

There are two areas of legislation which are relevant to sexual relationships and people with learning disabilities. The first area applies to the general public and the second gives extra protection to people with a mental disorder who may have impaired capacity and who may not be able to give informed consent to a sexual relationship.

*Please note that the term ‘mental disorder’ is in line with Scottish legislation, which includes adults with a learning disability.*

3.1 SEXUAL OFFENCES SCOTLAND ACT 2009

General offences include rape, indecent assault, shameless indecency, breach of the peace, incest and sexual offences with children.

Special provisions are covered by the Sexual Offences Scotland Act 2009 in the following areas:

**Section 17: Capacity to Consent**

The section provides that a mentally disordered person is incapable of consenting to conduct where, by reason of mental disorder they are unable to do one or more of the following:

(a) Understand what the conduct is.
(b) Form a decision as to whether to engage in the conduct (or as to whether the conduct should take place).
(c) Communicate any such decision.

**Section 46: Abuse of Position of Trust**

This section covers the offence of “sexual abuse of trust of a mentally disordered person”. The definition of “mental disorder” is provided at section 60. Sub section (1) states that a person commits an offence under this section if they fall within the class of persons specified in sub section 2 and potentially engaged in a sexual activity with or directed at a mentally disordered person.

Sub section 2 of this section defines those classes of person who are subject to the offence and includes those who provide a care service to a mentally disordered person and those who are employed (or contracted to provide services in or who manage) in a hospital in which a mentally disordered person is receiving treatment.
3.2 HOMOSEXUAL ACTIVITY

Section 13 of the Criminal Law (Consolidation) (Scotland) Act 1995\(^9\) (as amended by the Sexual Offences (Amendment) Act 2000\(^10\) and the Convention Rights (Compliance) (Scotland) Act 2001\(^11\)) regulates homosexual acts between men, not women, in Scotland.

Under the provisions of Section 13, homosexual acts are legal if:

- The parties consent
- The parties are over 16, and
- The act does not take place in a public toilet

For further information about Scottish legislation refer to the HMSO website:
www.scotland-legislation.hmso.gov.uk

3.3 CAPACITY TO CONSENT

The law starts from the assumption that all adults, including those with a learning disability have the capacity to consent. 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. Or 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. This is a complex area and staff should seek guidance from their line manager if in doubt.

Scottish law relating to people with learning disabilities is set out to offer protection to those who do not have the capacity to consent to sexual relations or are vulnerable to harm, whilst upholding and preserving the rights of those people who do have the capacity to consent.

The principles set out in the Adults with Incapacity (Scotland) Act 2000\(^12\), the Mental Health (Care and Treatment) (Scotland) Act 2003\(^13\), and the Adult Support and Protection (Scotland) Act 2007\(^14\) provide a framework for considering this balance. The principles include the need to consider whether intervention:

- is necessary;
- has maximum benefit for the person;
- restricts the person’s freedom as little as possible;
- takes into account the person’s past and present wishes;
- has regard to the views of others;
- ensures the person’s abilities are maximised; and
takes into account the person’s background and personal characteristics.

Professionals and carers must take these principles into account when supporting people with a learning disability in the area of sexual health and wellbeing.

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

The person needs to understand that a sexual relationship is different from any other types of relationship such as, friendships, familial or work relationships. Consent can only be said to be valid if the person understands the nature of the sexual act which they are consenting to and the possible consequences of it. The individual must also be able to communicate their decision to consent/dissent and be able to act on their decision to consent or not. It is not enough for the person to have an understanding of sexual relationships and sexual activity, if, they are unable to act on their decision not to engage in the sexual activity due to, for example, their suggestibility or desire to please.

The definition of capacity in criminal law, with regard to sexual offences, fits with civil law. 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.

There are clear situations in which any consent given would be considered invalid. Factors which might make a person's consent to sexual activity invalid include:

- If a person has capacity and does not give consent
- If a person does not really understand what is being asked
- If a person does not know they have the right to refuse sex
- If a person does not know how to refuse sex
- If a person is afraid to refuse sex
- If a person does not know that sex is not meant to be painful or uncomfortable
- If a person does not know that he or she is being exploited when a reward / incentive or payment for sex is used
- If a person does not know that some relationships are illegal, such as those
within families, or between workers and clients

- If a person 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 Fife’s Multi-Agency Adult Protection guidance\textsuperscript{15} as the welfare and well-being of those in their care are of prime importance and not to act quickly would be to have neglected their duty of care.

There are situations where people may be engaging in activities which other people view as morally wrong or not in the best interests of the individual. Some examples are same sex relationships, not using condoms, having multiple partners, or being in a violent relationship. 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 members are expected to be non-judgemental in respect of the rightness of any sexual activity which is taking place. However, they are expected to 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.

### 3.4 DUTIES & POWERS OF LOCAL AUTHORITIES

Local Authorities have a number of duties and powers to investigate situations where a person may be at risk of harm. These arise under different pieces of legislation, such as the Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007. These acts have slightly different emphases but overlap in many of their provisions.

The 2007 Act requires the local authority to make enquiries where an adult protected by the legislation is ‘at risk’. An ‘adult at risk’ is defined as an adult (person aged 16 and over) who is unable to safeguard his or her own property, rights or other interests, is at risk of harm and because he/she is affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected. An adult is at risk of harm if another person’s conduct is causing or is likely to cause the adult to be harmed, or the adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm.

Where the adult or another person obstructs this investigation, the local authority can apply to the court for a warrant:

- To gain entry to premises
- An order authorising an assessment of the adult; or
- An order to remove him/her to a place where he/she can be examined or assessed
These powers are only used where other means have failed. Most initial investigations will be relatively informal and, where necessary, it is hoped that the adult will accept the help that is on offer. Local Authorities have general duties under Section 12 of the Social Work (Scotland) Act 1968\(^\text{16}\) to promote social welfare in their area by providing advice, guidance, assistance and such facilities as they consider suitable and adequate. They must assess the person’s needs for community care support and may provide services directly or contract with another organisation to provide these.

The Local Authority will therefore generally be the first point of contact where there is any suspicion of harm or abuse. Although the 2007 Act does not place a strict legal duty on voluntary or independent organisations to report harm or abuse, they have obligations under their general duty of care to discuss concerns about adults at risk with the statutory agencies. This is reinforced in the code of practice\(^\text{17}\), contractual agreements with Local Authorities and in adult protection policies required by the Care Inspectorate. Informal carers, relatives and friends have no legal responsibility to report concerns about abuse or harm but they do have a duty of care to the adult to do so.

In carrying out their investigation, the Local Authority can require other public bodies to cooperate with them and with one another by sharing information or working with them. It can be an offence to prevent or obstruct anyone carrying out the various functions set out in Part 1 of the Act 49-50. Those required to co-operate are:

- All Local Authorities;
- NHS boards;
- Chief Constable of police forces;
- The Scottish Commission for the Regulation of Care;
- The Mental Welfare Commission; and
- The Office of the Public Guardian.

The 2007 Act also gives a council officer the power to require any person holding health, financial or other records relating to the adult, to grant access to those records by handing them over or providing copies. This includes records held by voluntary organisations, health or social care providers, banks or building societies or records such as bank books held by relatives.

Under the 2000 Act, where a person with a mental disorder is unable to protect their welfare, finances or property, the Local Authority had a duty to investigate. It will look into the welfare concerns but may pass any serious financial concerns to the Office of the Public Guardian to pursue\(^\text{18}\). It must also investigate complaints about welfare attorneys and welfare guardians/interveners. Where medical examination or treatment is required and the adult lacks capacity to consent, this can be carried out under Part 5.
of the Act. If the adult has capacity to consent, a medical examination can only be undertaken with their agreement.

Under the 2003 Act, the Local Authority has a duty to inquire where someone with a mental disorder in its area is at risk of self harm, abuse or neglect in terms of their welfare, property or finances. If necessary the Local Authority can obtain a warrant to:

- Enter the premises;
- Authorise a medical examination; or
- Gain access to medical records

Where the person is a risk to themselves or at risk from others, the Local Authority can also apply for a removal order under section 293 to remove them to a place of safety for up to seven days. Unlike a removal order under the 2007 Act, the person can be detained for up to seven days under the 2003 Act removal order.

There are a variety of statutory measures by which the Local Authority can investigate situations of risk, harm or abuse. In deciding which is the most appropriate, consideration should be given to the powers required, the capacity of the individual, the nature of the abuse, the urgency of the situation and what is the least restrictive option. Although the Local Authority may investigate under one piece of legislation, they may decide that an intervention under other legislation is more appropriate to the person’s circumstances.

The police also have powers to enter and take action where they suspect a crime has taken place. A perpetrator may be removed to custody or bail conditions can be set to prevent them returning home or approaching the adult. It may then not be necessary to apply for removal or banning orders. Where the person with a mental disorder is the alleged offender, or the police are interviewing a potential witness, the police should involve an appropriate adult in this process. If matters are taken to court, measures under the Vulnerable Witnesses (Scotland) Act 2004 can assist both witnesses and the accused when giving evidence.
SECTION 4 – Best Practice Guidance for Staff

This section will provide staff members with guidance in relation to more specific areas of relationships and sexual health work.

Note: This document should be read in conjunction with Fife’s Multi-Agency Adult Protection Guidance, Confidentiality procedure and individual organisational policies. Staff should be aware of the National Care Standards72 and the Scottish Social Services Council Employer and Employee Codes of Practice17.

Some of the sections contained in this document are procedural and require action from staff, while others are simply information giving. Staff are therefore strongly advised to read all sections and familiarise themselves with the contents.

It is important for staff to be aware of the legal situation. These guidelines will not under any circumstances permit, encourage, or condone any activity which is illegal. Throughout the guidelines it is indicated where the law is particularly important.

The sexuality of people with learning disabilities is bound to raise questions and sometimes dilemmas; on the one hand we wish to enable/empower and promote choice for our clients; but at the same time we have a duty to protect them from exploitation or abuse.

Supporting people with learning disabilities in the area of sexuality and relationships will involve staff having a positive attitude and sensitive approach when offering help and advice.

Staff members should not impose their own beliefs on clients or other staff and should be aware of and respect others’ cultural and religious beliefs and practices. Senior Staff and Managers have a responsibility to create a climate whereby staff who feel worried or distressed about any situation in their place of work are able to approach a senior member of staff to discuss their anxieties.

People with learning disabilities are entitled to confidentiality – see guidance on confidentiality, individual agency policies and the National Care Standards. However, staff do have an overriding responsibility to report disclosures of abuse or illegal acts to their line manager immediately (See Fife’s Multi-Agency Adult Protection Guidance for further information).

It is important for staff to strive towards a climate of privacy for the personal lives of people with learning disabilities. Gossip and minor sensationalism must not take place at the expense of the dignity of people with learning disabilities.

Some people with learning disabilities may use street slang for body parts and sexual practices, and staff should be prepared to use language which can be understood by the person with learning disabilities. However, staff should also support people with learning disabilities to understand other terms and in particular develop adult
appropriate language.

Staff should try to feel comfortable when they are required to discuss sexual practices with people with learning disabilities. If they are embarrassed or furtive in their approach, the person with learning disabilities may mirror this. Training and on-going supervision from management may offer staff an opportunity to develop confidence in talking about these issues. In order to build staff capacity, staff who display particular skills in this area can take on a lead role within their organisation to share the learning amongst colleagues, including offering peer support to those who need to build up their confidence.

4.1 RELATIONSHIPS AND SEXUAL WELLBEING

Sexuality is a subject that people often find difficult to discuss but it is a part of everyone's life. Women and men who have learning disabilities 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 learning disabilities 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.

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.

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

- Help with understanding and expressing feelings, for example pleasure, anger, happiness, loss, joy, love, desire, intimacy.
- Giving the opportunity to have a variety of sensory experiences, for example massage, food, music, dance, exercise, warm baths, sunshine, rain, colour, smell.
- Giving the opportunity to develop a sense of spirituality, for example closeness to nature, feelings of oneness, religious beliefs.
- Encouraging a positive self-image, for example developing self-esteem, healthy lifestyle, looking good.
- Providing information and education on how people's bodies develop and work, for example naming body parts, differences between men and women, children and adults, puberty, growing older, sexual feelings and functions, pregnancy.
- Providing support to develop and maintain friendships, family and social relationships.
- Providing information on different means of sexual expression, for example touch, masturbation, making love, same sex relationships, celibacy, and use of sexually explicit materials.
- Supporting people to enjoy healthy non-abusive relationships through, for example, ensuring privacy, consent and safety, including access to contraception, negotiating the use of contraception and access to healthcare
services.

- Encouraging a sense of one’s self in relation to society by, for example, providing information on, and access to, support for disabled people (or people with disability if you are using the social model of disability), people from black and ethnic minority groups, older adults, people with HIV, gay men, lesbians.
- A duty to assist people’s sexual expression through education, counselling and support.

4.2 CONFIDENTIALITY

People with learning disabilities have the right to confidentiality, unless there is concern about abuse or risk of abuse. They have the right to have their confidentiality acknowledged and respected, and to have clear boundaries to that confidentiality explained. People with learning disabilities 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 learning disabilities feel their confidentiality has been breached, they have a right to complain.

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

- Know the content of this guidance when working with people with learning disabilities.
- Ensure each person with a learning disability using the service/resource is aware of the policy and the guidelines regarding confidentiality of information.
- Inform each person with a learning disability that they have a right to develop personal relationships and can discuss aspects of relationships/sexual well being if they need to. 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 a member of staff 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 client feels confident to share personal information with their staff.
- Refer concerns/anxieties/disclosure of abuse to the relevant agency, whilst making sure each person is aware of the process.
- Be familiar with guidelines on legal constraints to maintaining confidentiality. Refer to individual agency procedures and Fife’s Multi-Agency Adult Protection guidance.
- Inform people with learning disabilities about complaints policies and procedures and support them to use these as appropriate.
4.3 SUPPORT FOR STAFF

People with learning disabilities have the right to be supported by staff who are equipped with relevant knowledge, skills and resources in the area of sexual health and relationships.

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 relevant and appropriate training on an ongoing basis to enable individuals to update their skills and knowledge base.
- Have access to the appropriate support and training to ensure that staff know how to facilitate an effective protective behaviours programme and how to deal with the disclosure of abuse.
- 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 a staff member can refuse to support the person's individual choice.
- Have the right to contribute to the assessment of the person's needs and wants, ensuring the individual is at the centre of the assessment and decision making process.

4.4 PROTECTION

Every individual should have an equal opportunity to have a fulfilling personal relationship whatever their living situation. Provided the person has the capacity to consent and wishes to engage in sexual activity, care homes and supported accommodation should provide the person with the privacy and support to develop sexual relationships. Where there are concerns about an individual's level of understanding further assessment may be useful. Staff should also consider the education, advice and support that may enhance the person's understanding of sexual activities and relationships. It is also necessary to remember that some people may not want a full sexual relationship, but may be looking for the comfort of a lesser degree of physical intimacy in a relationship. Where this is appropriate care providers should be providing the opportunities for this in terms of private time and space. Independent advocacy have an important role in helping the service user express their wishes and in having their views listened to. Where a guardian or welfare proxy has powers in relation to whom the adult consorts or associates with, it is necessary that staff make them aware of any developing relationships.

Similarly, care providers have a duty to protect people from abuse or exploitation. Where protection is required, it is important that this is provided in the least restrictive
manner and in a way that this is of maximum benefit to the person concerned.

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 given opportunities to develop 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 order to facilitate the above three objectives, it is essential that personal, social and education programmes include elements of personal safety and protective behaviour training.

The person with a learning disability should be educated and empowered to:

- Recognise the signs when personal safety is compromised.
- Learn strategies on how to feel safe and protect oneself.
- Practice opportunities to say ‘yes’ and ‘no’.

In the event of a person disclosing a situation of concern or abuse, it is essential that 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. Refer to Fife’s Multi-Agency Adult Protection guidance.

4.5 WHEN DO STAFF NEED TO INTERVENE?

- When they think that one person is abusing or exploiting another.
- Where one party is unable to give free and informed consent.
- If the activity is taking place in an inappropriate setting.
- Where there is a need to protect.

You have a duty to protect the person who is being abused or exploited. If possible you must try to prevent abuse and exploitation. If you suspect that someone is being abused and exploited you must immediately follow Fife’s Multi-Agency Adult Protection guidance.

It may not be possible to determine whether a person with a severe learning disability is consenting to a sexual act. In order to protect people in this situation, the law says it is illegal to have sex with someone who is not clearly able to consent.

When a person can make an informed choice and express their own wishes, staff must be careful not to impose their own views on how that person should lead their life (whilst making sure the person has enough information about the consequences of their
choice). You have a duty of care not only to the client you are dealing with but to any person who may be involved in the consequences of their actions.

4.6 INDICATORS OF HARM

The aim of these indicators is to raise workers’ awareness of potential harm to adults at risk. The list below needs to be regarded as a guide only, with no indicator in itself providing evidence that harm is taking place or has taken place. However, concerns pinpointed by these indicators do constitute issues for concern and attention, and may warrant action as identified by the operational procedures.

Indicators:

- Evidence of injury, unexplained and inconsistent with the individual’s current medical circumstances.
- Verbal comments or hints by the individual or any person connected with the individual which may indicate that harm has occurred.

Physical Health of the Individual:

- He/she appears to have acute/chronic health needs which are being persistently ignored by carers and remain untreated to the point of suffering e.g. malnourishment, skin disorders, infectious illnesses, muscle and limb disorder
- He/she is suffering from ill health, the nature of which gives cause for concern e.g. genital discharges.

Psychological Health/Behaviour Presentation:

- He/she appears frightened: recoiling from the physical approach of others
- He/she is demonstrating high levels of stress/anxiety especially in response to certain individuals or circumstances e.g. self mutilation, head-banging, biting.
- He/she is excessively withdrawn, mute and unresponsive.
- He/she excessively and inappropriately craves attention from any individual.
- He/she presents or behaves substantially differently and inappropriately in the presence of certain persons e.g. exhibiting sexual implicit/explicit behaviour, developing tics.
- He/she presents extreme dependence compared with his/her ability and/or extreme submissiveness.
- He/she displays an unexplained marked change in presentation and/or behaviour e.g. an outgoing person becoming very withdrawn or a sudden increase in disturbed/agitated behaviour.
4.7  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 learning disabilities as the focus whilst:

- Working together.
- Using consistent approaches.
- Sharing information (see Confidentiality in Section 3.2).
- 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.

4.8  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 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, often at the expense of their own health and well-being, 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, while the person may need support to assert their rights and relationships choices.

It is important when families and professionals are planning for the transition of young people with a [learning disability] to adulthood that sexual matters are taken into account. Where relevant and with respect for the young person’s privacy, this may be part of the planning discussions prior to leaving school and beyond. Young people will be making new friends and new relationships, some of which may develop into sexual relationships. They need ongoing help and support to cope with both the emotional and physical aspects of these relationships. They may need support to assert their rights and wishes to have a sexual relationship as well as an awareness of how to protect themselves from exploitation. Parents too need to recognise that adulthood brings change in terms of their children’s expectations, as well as their legal rights and they too need support in finding the balance.
between protection and positive risk-taking\(^3\).

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 balancing the client’s right to confidentiality.
- Make sure that families and carers’ views are listened to and treated with respect. However, the rights of the person with learning disabilities needs to be of primary importance.
- Take seriously any issues raised by families relating to personal safety of the person with a learning disability by undertaking appropriate risk assessment.
- Consult about any decisions in relation to the person with learning disabilities if a welfare proxy decision maker has been appointed (this could be a welfare guardian, intervener or someone who has welfare power of attorney).
- Share information on appropriate resources with the person’s family. This should always be done with the knowledge and the agreement of the person with learning disabilities if the individual has the capacity to do so.
- Signpost families and carers to appropriate services and ensure that they have access to relevant information relating to sexual health and relationships.
- Ensure that families and carers have access to the appropriate complaint procedure.

### 4.9 INFORMATION GIVING

All people with learning disabilities have the right to access any information that they need about sexual health and relationships.

In practice this means that staff should ensure that:

- Information is made available at an appropriate time and place to enable meaningful discussion around the subject matter.
- 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 who has the capacity to consent.
- 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, audiotapes, CD ROM, DVD, pictures, symbols and/or multimedia.
- They obtain relevant information from a range of resources and organisations, for example, Sexual Health Fife Services, Communication for Health, The Hub, F.A.I.R., fpa Scotland (Family Planning Association), Caledonian Youth, LGBT Youth, Respond, Community Learning Disability Teams and Primary Care
Services (see Appendix 1 & 3 for further details).

- People with learning disabilities, staff, families and informal carers all have information about how to disclose abuse or suspected abuse.
- People with learning disabilities have information on how to complain about services or individuals. They should be given support by a staff member to make a complaint or have support to access an independent advocate if they wish or require it.

4.10 PRIVACY

In our society, sexual activities are expected to be conducted in a private place, and 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 learning disabilities should be able to lock their bedroom doors.
- Staff should not go into a client’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 client to make the room a comfortable environment.
- Staff should support people with learning disabilities to entertain friends in private.

All sexual acts should take place in private. Sexual behaviour in public may be offensive to others and could lead to prosecution of those involved. It’s important that service users are aware that day centres are public buildings and consequently are not acceptable venues for any sexual behaviour.

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

4.11 MASTURBATION

Masturbation is a form of sexual expression 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. Many people with learning disabilities have not received any education or information about masturbation and will need
support from staff to access information in an accessible format (refer to Appendix 1 - local services section for support in this area).

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 seek advice from their line manager and agreed responses should be recorded in individual care plans. This will ensure that the relevant information is shared on a need to know basis and it will enable a consistent approach to be taken to appropriately support individuals.

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 (if not, see below)?
- Is the environment appropriate i.e. privacy?
- Has the person received any sexual health and relationships education?

Some people with learning disabilities may need specific support in being able to masturbate. For example, intervention from a sexual therapist (Couple Counselling Scotland offer this service – see useful contacts in Appendix 3). It is essential that this be discussed with your line manager. Line managers should be consulted about any proposed sexual health and relationships education programme or intervention and permission and guidelines should be recorded in an individual's care plan.

**Staff are strictly forbidden to perform physical sexual relief or other sexual acts, with/for a service user. Any contravention of this instruction would be a disciplinary matter and in addition staff could be charged with indecent assault.**

### 4.12 INTIMATE CARE

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

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

The dignity of people with learning disabilities must be upheld by staff at all times. Considerations should include:

- Closing toilet / bathroom / bedroom doors.
- Consulting people with learning disabilities about their intimate care.
- Sensitivity, for example being aware of appropriate use of language when talking...
to people with learning disabilities.

- Awareness of religious and cultural beliefs and practices.
- People with learning disabilities have a right to choose who assists them when they need help or support with their personal care where practicable, whilst respecting the rights of both parties.

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

Intimate care should be undertaken ideally by staff whom the client is familiar with and trusts. This has implications for managers in the recruitment of workers and forward planning of rotas.

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.

### 4.13 RELATIONSHIPS

It is important for people to have the opportunity to develop a range and variety of relationships. Some people with learning disabilities are able to do this without help; some will need staff support and assistance. This may include actively seeking out places where couples can have private space alone together, and facilities for an overnight stay.

Relationships that develop may or may not have a sexual element. Staff members should refer to National Care Standard 16 on rights to privacy and ensure that this practice is maintained.

### 4.14 SEXUAL ACTIVITY WITH A PARTNER OF THE OPPOSITE SEX

Any person (including those over 16 with learning disabilities) has the right to have sexual relations with a consenting partner. This includes sexual intercourse and other ways of giving and receiving sexual pleasure. This however will not be the case for all service users because of the severity of their learning disability.

The right to have sexual relations is dependent on:

- The level of ability of both partners, including their capacity to give free consent.
- Whether there is mutuality in the relationship.
- Whether or not exploitation is taking place.
4.15 SAME SEX RELATIONSHIPS

People with learning disabilities have the right to conduct a consenting sexual relationship with someone of the same gender. Staff need to be aware of their own values around same sex relationships on ethical, moral or religious grounds. Staff should not impose their own beliefs on people with learning disabilities and any discrimination must be challenged.

Care should be taken to avoid making assumptions with regards to an individual’s sexuality. In addition, people should not be labelled because they are having sexual relations with someone of the same gender. For example, some people may not view themselves as gay or bisexual and it is the right of the individual to choose how they define themselves. It is also important to note that a person with a learning disability may not feel comfortable about disclosing that they wish to have a relationship with someone of the same sex for fear of the reaction that they will get.

If a person with learning disabilities thinks they may be lesbian, gay, bisexual or transgender (LGBT), they should be offered full support by staff to help them explore their sexuality. This could perhaps involve contacting agencies to meet other LGBT people, or to access specific support or counselling (see Appendix 3).

The same might apply to people who are questioning their gender. People with learning disabilities are just as likely to be lesbian, gay, bisexual or transgendered as the general population.

Sexual health and relationship education programmes may provide an appropriate forum for fuller discussion of the issues.

These important issues are regularly addressed through the staff training programme and staff supervision.

4.16 MARRIAGE, CIVIL PARTNERSHIP, LIVING TOGETHER AND DIVORCE

People with learning disabilities have the same rights in law as anyone else to marry, enter into a civil partnership 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 learning disabilities express a desire to marry, enter into a civil partnership or live together, staff should be willing to discuss this option with them sensitively and seriously. Only if the couple agree, can staff involve parents and carers. However, the benefit of parental/carer support should be emphasised. Staff members should be aware of the subtle distinction between offering guidance and influencing people’s
decision making. The professional’s responsibility is to clarify the implications of various actions and to assess practical support needed by the couple.

The Civil Partnership Act (2004)\textsuperscript{23} states that civil partnership between two people may be void, if:

- ‘Either of them did not validly consent to its formation (whether as a result of duress, mistake, unsoundness of mind or otherwise).

- At the time of its formation, either of them, though capable of giving a valid consent, was suffering (whether continuously or intermittently) from a mental disorder of such a kind or to such an extent as to be unfitted for civil partnership’.

Living together / civil partnership/ marriage will mean that the person’s financial and legal obligations will change. Staff may need to help the person with learning disabilities to access appropriate information and advice (see Benefits Helpline, Citizens Advice & Rights Fife and, Enable legal advice in Appendix 3).

There are many successful marriages and relationships involving people with varying degrees of learning disability. However, as with other couples, there are examples of unsuccessful marriages, some of which may end in divorce. It is important that staff and/or parents do not demand guarantees that a marriage/civil partnership/living together between two people with learning disabilities will work.

The forced marriage of people with a learning disability is a largely hidden problem. Little data has been collected on prevalence and there is a widespread lack of awareness of the particular features of such forced marriages. People with learning disabilities therefore need to be safeguarded from forced marriages. Staff members need to discuss any concerns with their line manager and refer to Fife’s Multi-Agency Adult Protection Guidance.

The law relating to divorce is the same for a couple with learning disabilities as for others. Staff members should be aware of the support services on offer e.g. counselling with Couple Counselling Scotland. Again, the professional’s role would be to offer guidance on the implications of any action.

Couples who separate may need additional support including seeking help from other agencies, such as housing and solicitors, as well as emotional support. Couples who live in residential care homes may need practical provision made to allow them to separate.

\textbf{4.17 PARENTHOOD}

People with learning disabilities have a right to be parents and many of them have a desire to choose to become parents. Those who do should be given access to unbiased pre-parenting advice, if requested. (It is recognised that giving non-prejudicial advice around parenting can be difficult, and staff are encouraged to seek support from...
their line manager). However, these rights do have to be balanced with the responsibilities of parenthood and the need for education on these responsibilities.

The National Care Standards for Care homes for people with learning disabilities states under Standard 1623 “if you are a parent you will be supported to retain and fulfill your parental responsibilities and if you wish you can receive help and support with parenting skills.”

Counselling people with learning disabilities who wish to be parents involves the exploration of their expectations, for example, sometimes having children can be seen as "a passport to normality", or there may be unrealistic ideas concerning the responsibilities and restrictions children place on parents. It should be noted that people with learning disabilities can be ‘good enough’24 parents.

Many believe that people who have learning disabilities will, because of this, have children who will have learning disabilities. This is not always the case, and should not be assumed.

Addressing the issue of parenthood may be new for staff and anxiety may be understandably high. It is important however, that people with learning disabilities who wish to be parents, should not be expected to give guarantees on good parenthood in a way that is not expected of those who do not have learning disabilities. Nevertheless, parents need to be made aware of the formal processes that would be required to be put in place if they chose to become parents e.g. assessment, social work involvement.

Some of the areas that could be explored with the individual or couple who wish to be parents are:

- What is the expectation of the individual or couple about becoming parents?
- How much help would realistically be needed to help this couple cope with a child?
- Is this level of help likely to be available?
- What other support is available -
  - From the individual or couples friends or families?
  - From statutory services: Housing, Social Work, and National Health Service?
  - From private and voluntary services?
- Is genetic counselling necessary? Are there risks to the baby?

The Children (Scotland) Act 199525 stresses that the welfare of any child will be paramount and generally will prevail over the interest of the parents, whether the parents have learning disabilities or not. However, it should be remembered that parents also have rights. The local authority has a duty to provide a range and level of services appropriate to children in need who are in its area and to promote their upbringing by their family.
SECTION 5 - SEXUAL HEALTH

People with learning disabilities have the same right as others to have a healthy sexual life. They have the right to choose or refuse sexual health care and be made aware of the longer term, wider implications that can impact on health and well-being. They have a right to confidentiality.

In order to adequately promote sexual health, staff need to be:

- Confident and competent to discuss sexual health with the person with learning disabilities.
- Confident to discuss condom use and contraception.
- Able to inform and support the service user in recognition of safer sex practice.
- Able to facilitate access to condoms and relevant sexual health services.
- Be aware of services who can offer additional support in this area e.g. NHS Fife Sexual Health Fife Services, HUBS and Community Learning Disability Teams.

The following issues could come into a sexual health discussion (see Section 4 for further information):

- Smear tests.
- Testicular awareness.
- Breast awareness.
- Periods.
- Premenstrual tension/syndrome.
- The menopause.
- Hormone replacement therapy.
- Sexual dysfunction (e.g. impotence).
- Condoms.
- Sexually Transmitted Infections (STIs).
- Oral, anal and vaginal sex.
- Masturbation.
- HIV and AIDS.
- Contraception.
- Emergency contraception.
- Sterilisation.
- Abortion.
- Pregnancy testing.
- Antenatal care.
- Antenatal screening and genetic counselling.
- Family planning.
- Sexuality.
- Sexual abuse.
- Relationships / friendships.
5.1 ELEMENTS OF A SEXUAL HEALTH AND RELATIONSHIP EDUCATION PROGRAMME

The aim of these programmes should be to help people with learning disabilities to develop the self and social awareness needed to make personal relationships with others, and an appropriate awareness of sexuality.

The following list is not exhaustive and should be referred to as a basis for planning sexual health and relationships education. All staff should be encouraged to seek support if in doubt (See Appendix 1 for local services who can provide information and support with this area of work).

Not all individuals will have an ability to understand all the areas listed and facilitators will have to exercise care and skill in tailoring such input to individual needs.

During the planning stage, staff should give consideration to parental concerns. Parents may wish to have the opportunity to discuss the programme and view materials, however staff must seek consent from the person with learning disabilities in order to do so.

Social Skills

Research suggests that sexual health and personal relationship education offered to small groups of people with learning disabilities is beneficial. For this reason, initial work on the following areas will be needed:

- Establishing rules and boundaries.
- Forming a group.
- Awareness of self in relation to others.
- Family, friends and relationships.
- Societal and cultural attitudes.
- Marriage and responsibilities to partners.
- Validity of other types of relationship.

Body Awareness and Basic Information about Sexual Health

- Human Biology.
- Reproductive function.
- Puberty.
- Masturbation, ejaculation.
- Menstruation.
- Pregnancy; conception; needs of a baby; reality of parenthood.
- Same sex relationships.

Personal Health and Contraceptive Advice

- How to access a range of services within Sexual Health Fife.
- Services and within Primary Care, for example, family doctor and practice nurse sexually transmitted infections.
- HIV and AIDS.

**Appropriate Behaviour**

- Time and place.
- Body language.
- Private and public behaviour.
- Difference between child and adult behaviour.
- Appropriate expression of feelings and emotions.
- Use of sexually explicit materials.

**Assertion: Protection Against Abuse**

- How to make choices.
- How to say ‘Yes’ and ‘No’ assertively, and how to insist it is acted upon.
- Rights and responsibilities of increased independence.
- Good touch and bad touch.
- Protective behaviours.
- Identifying abuse if it happens and reporting it.

**The Law**

Responsibilities of the individual, workers and parents.

**Awareness of Media Influence**

Issues around possible devaluation and exploitation of people through pornography and stereotyping.

Lifestyle choices;

- Monogamy.
- Marriage.
- Celibacy.
- Multiple partners.
- Choice of partner.

**Internet Safety**

- Provide information and education on the risks associated when accessing social media sites e.g. social networking
5.2 CONTRACEPTION

People with learning disabilities have the same right to information and help with contraception as non-disabled people; this should be discussed sensitively as part of the overall care plan (but may not necessarily be discussed at a review meeting). Individual’s need access to information in accessible formats to be able to make informed choices about which contraceptive use suits them best.

In making their own decisions about contraception methods, individuals should be supported to access health services and specialist agencies if required. This must include considerations of the person’s cultural and religious values, which may forbid the use of some forms of contraception.

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 advised and the person’s wish to inform relatives or not must be respected.

Where a person with a learning disability is unable to understand and take responsibility for contraception, involved parties, including carers, should meet to address issues around the apparent need for contraception and to establish programmes for future work in support of that person. It may be necessary to consider the appointment of a welfare guardian under the Adults with Incapacity (Scotland) Act 2000.

Remember if a woman has not used contraception or her contraception has failed e.g. she has had a burst condom, she can access emergency contraception from NHS Fife, Sexual Health Fife Services, GP or a pharmacy (see Appendix 3 for contact details).

Strict attention should be given to limit the number of involved people to an absolute minimum i.e. essential parties only, people who need to know.

Staff must be clear that their role is to identify the need, ensure the service user has all the necessary information and then to refer on to the relevant services.

Leaflets on the 13 methods of contraception are available free from Family Planning Association (fpa) Scotland and from Sexual Health Fife services across Fife (see useful contact details in Appendix 3).

5.3 STERILISATION

Sterilisation as a means of contraception is a medical intervention and is a radical procedure intended as an irreversible course of action. This can have major consequences for people with learning disabilities. Therefore all other acceptable alternative methods of birth control must be considered first. Demands for sterilisation from parents or relatives must not override the well being of the individual and their right
A person with learning disabilities who chooses sterilisation must have the opportunity to receive intensive counselling from a specialist medical advisor, to understand the emotional and permanent implications of sterilisation.

Advice and counselling from a specialist outside agency would be appropriate in meeting the needs of the individual and also perhaps family members. It may be necessary to consider the appointment of a welfare guardian under the Adults with Incapacity (Scotland) Act 2000.

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 court application under the Adults with Incapacity (Scotland) Act 2000. It should be noted that such treatment would not be covered by the powers given to medical practitioners under Part 5 of the Act.

Counselling for Female Sterilisation and Male Sterilisation (vasectomy) is available through referral to Sexual Health Fife Services, or referral to gynaecology or urology. Vasectomy is a less complicated procedure and is also more effective than female sterilisation. The fpa has produced a leaflet on sterilisation (see Appendix 3 for contact details).

5.4 ABORTION

Abortion is regulated by statute and can only be authorised by appropriate medical practitioners.

A woman with learning disabilities has the right to information, counselling and support to make a reasoned decision about whether to continue the pregnancy or to terminate it, regardless of the reason for her choice. The well being of the woman must always come first and she has the right to choose. It is unlikely that a woman will be given a termination in Scotland in the later stages of pregnancy unless there is severe foetal abnormality or her life is at risk.

If a termination is chosen, it is essential that the woman is helped to understand all implications and gives her consent freely. It may be necessary to consider the appointment of a welfare guardian under the Adults with Incapacity (Scotland) Act 2000.

Parental or carer demands for a termination must not override the rights and well being of the woman 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 an abortion is chosen, this must be carried out in a supportive environment, with sufficient information available and on-going counselling if required.
When a woman 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 2000. 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. The decision should involve professionals, family and the person's medical practitioner. In such cases the decision must be in the best interests of the individual, rather than for the convenience of others.

It is safer for the woman if the abortion is performed at below twelve weeks gestation. Thus when a woman is faced with a dilemma as to whether to continue or terminate a pregnancy or consider adoption, she should access counselling and support immediately. Counselling and referral for termination is available from Sexual Health Fife Services and via the general practitioner (family doctor). Leaflets about abortion are available free from Sexual Health Fife Services and GPs (family doctors). See Appendix 3 for contact details.

Women with learning disabilities 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 poor sex education or sexual health opportunities.

5.5 SEXUALLY TRANSMITTED INFECTIONS

STI is the name used to cover Sexually Transmitted Infections including:

- Chlamydia.
- Genital Herpes.
- Genital Warts.
- Gonorrhoea.
- Pubic lice (crabs)*.
- Hepatitis B*.
- HIV and AIDS*.
- NGU (non gonococcal urethritis).
- Syphilis.

* These infections can also be transmitted in other ways.

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

People with learning disabilities need to know:

- How an STI is passed on.
- The 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 learning disabilities who are sexually active are just as likely as other people to come into contact with STIs.

Staff need to be aware of existing agencies offering advice/support and treatment of STIs, such as Sexual Health Fife Services and The Hub. (See Appendix 1).

Staff should take an active role to encourage and promote the use of appropriate services. Part of a relationships and sex education programme could involve visits to Sexual Health Fife Services.

When a person with learning disabilities complains of symptoms associated with STI, staff should agree a plan of action with the person, which would include seeking medical advice and treatment as appropriate. 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.
• It is also important to know that 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 through safer sex and using a condom.

To get accurate information on safer sex and condom use contact one of the organisations listed in Appendix 1.

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.

Leaflets on a range of STIs are available from Sexual Health Fife Services across Fife and GPs (family doctors) (see Appendix 1 for details).

5.6 OTHER INFECTIONS

Thrush, Cystitis and BV (Bacterial Vaginiosis) are other infections that have some of the symptoms of STIs, but are not necessarily sexually transmitted. They are very common and easily treated. In women, because the anus (back passage) is so close to the vagina, it is easy for bacteria and yeasts, that usually live harmlessly elsewhere in the
body, to get from the bowel into the vagina that can then cause these infections. Strange discharge and smell, itchiness, soreness when urinating (peeing) can be signs of these infections.

BV is easily diagnosed by a swab test and treated with antibiotics.

Thrush is easily treated with tablets (pessaries) inserted into the vagina and cream for the surrounding skin. Thrush is not sexually transmitted, although yeasts can pass to the skin of the penis during sex, causing an itch that only lasts for a day or two.

Cystitis is easily diagnosed either by the story alone, or by a simple urine test. Drinking more can soothe it. Bicarbonate of soda or cranberry juice alkalise the urine which helps to ease the symptoms and also soothe the bladder. Seek medical advice if in any doubt.

5.7 HIV AND AIDS

As with other STIs, HIV and AIDS pose a health risk to people with learning disabilities. People with learning disabilities are as likely to encounter HIV as people without learning disabilities.

People with learning disabilities should be offered education around HIV and AIDS as an essential part of their health education programme, in a way which is accessible to them.

This element of their education programme would include:

- What are HIV and AIDS?
- 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.

Basic information on HIV and AIDS can be found in leaflets held at Sexual Health Fife Services. Other good sources of information can be provided by PHACE Scotland, the AVERT website (www.avert.org), the NAM website, (www.aidsmap.com), and the Terrence Higgins Trust website (www.tht.org.uk) (see useful contact details in Appendix 3).

There should also be information and support for HIV negative and untested people with learning disabilities who experience a disproportionate risk of exposure to HIV and subsequent transmission of the virus. This may include gay and bisexual men, men who have sex with men, younger people, and those who have high numbers of sexual partners.

There should be provision of specific resources for people with learning disabilities, who
are also HIV positive.

These might include;

- Support to access monitoring and treatment, and information on adherence to drug regimes.
- Provision of accessible information about HIV transmission and prevention.
- Access to information and support to help maintain control over exposure of the virus to sexual partners. This would include access to condoms and the skills necessary to use them effectively.
- Support and information to access clinical sexual health services (as opposed to HIV-specific clinical services).
- Information about other STIs and the particular relevance these have for people with HIV.
- Support around disclosure of HIV status as appropriate.
- Support in dealing with the psychological and social impact of HIV diagnosis.
- Support in dealing with the double stigma of HIV infection and learning disability.
- Access to appropriate peer support and voluntary sector services.
- Integration of service provision by agencies concerned primarily with HIV and those concerned with learning disabilities.

This list is by no means exhaustive, but clearly illustrates that all of the fundamental issues faced by any person with HIV are relevant to those who also experience learning disabilities. It is essential that service provision takes account of the different and differing needs of people with HIV who also experience learning disabilities. Services and professionals should address those needs in a way which is accessible and appropriate, non-judgmental, and free from assumptions about individuals, communities or the opportunities available to them.

Staff members should familiarise themselves with local Information and Guidelines on HIV and AIDS, particularly training and support and guidelines on Hygiene and Infection Control. It is important that staff keep themselves up to date with information through training.

Parents and carers should be offered support and information on where to obtain advice and further information as appropriate.

### 5.8 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 reduce risk of STIs as they act as a barrier to virus and bacteria. Safer sex practice means using a barrier method either as a main form of contraception or as well as another method.

People with learning disabilities need to know:
• Why using condoms is important.
• How to 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.
• The different names for condoms.
• How to negotiate use of condoms with a partner.
• Which condoms are appropriate for anal sex, oral sex as well as vaginal sex - with information about the use of lubrication.
• What to do if a condom bursts.

5.9 THE SEX INDUSTRY

Information within this section has been extracted from the Mental Welfare Commission for Scotland, ‘Consenting Adults?’ Guidance: p19-21.

To enable a person to have a fulfilling sex life, staff may be asked for assistance in sexual matters. This may be a request for assistance in accessing sex education or sexual health advice or contraception. It may be requests relating to pornography, sex aids, masturbation or hiring the services of a sex worker.

Education and counseling should be provided when individuals express a wish for this or display a need for such assistance, or may be considered when families and/or professionals request it. Where relatives object to education and advice being given on sexual matters, the question of the capacity of the adult needs to be assessed. Where the adult has capacity, his or her wishes should be adhered to. Where the adult does not have capacity to decide on these matters, there may still be a need for this and it may be necessary for the local authority to act under their “duty of care” or to consider guardianship.

Requests for other kinds of assistance can raise issues for carers. Requests can include buying legal pornography, accessing pornography on the internet, buying sex aids, assistance to masturbate or help to hire a sex worker. Where an adult has capacity, staff may consider the degree of assistance requested following discussion with their manager or the support team. This should be recorded as part of the care plan. Staff should obviously never assist an adult to engage in any unlawful activity. Individuals might request assistance to access pornographic material for the purposes of sexual arousal or entertainment. This is part of sexual activity for many adults. Whilst staff should not encourage the use of these materials, neither should they deny access to an individual who is able to make the choice, nor impose their own views on other people.

However, for some individuals there may be concerns about it leading to unhealthy sexual expression or increasing the potential for sexual offending. Staff may need to discuss this in the wider multidisciplinary team, in order to decide whether staff should assist with this in any way. Others will have restrictions imposed on them because they are in hospital settings where hospital policies, individual care plans and legislative restrictions may apply, or they may be in a community setting but still
subject to legislative restrictions.

Legal pornography includes any materials that may be legally sold in the UK in a newsagent, a licensed sex shop, DVDs certificated by The British Board of Film Censors (BBFC), or material legally downloaded from the internet. Illegal pornography includes indecent photographs of children (s52 Civic Government (Scotland) Act 1982) and possession of ‘extreme pornographic images’ (Criminal Justice and Licensing (Scotland) Act 2010). Extreme images are those depicting rape or non consensual penetrative activity or act likely to result in a person’s severe injury (s42). Information is also available on the BBFC website. Where materials are being accessed that are believed to be illegal, staff should immediately seek advice from their line manager, who may report the matter to the police.

In residential and independent living settings people may depend on staff support and staff may be asked to assist in accessing pornographic material. Staff must never help people access illegal material but may buy legal material, if agreed with their line manager and if they are willing to do so. Such decisions should be recorded. It should be made clear that the material should be used in private, should not be shared with other people and should not be displayed when staff are with the person. The storage and the visibility of such material may need to be discussed depending on the person’s living situation, where the rights of co-residents may also need to be considered.

In residential settings, access to legal pornography on the internet will not be permissible on the organisation’s computers and this will be covered by organisational policy. However, many service users will have their own computers, or other technologies which give internet access, with no filtering or blocking. Supporting service users to access legal internet pornography may pose more risks than assisting someone to purchase a pornographic magazine. The speed and ease of access increases the risk of service users entering sites with more hard core or potentially illegal material without necessarily understanding the consequences.

Staff may also be asked to assist people in accessing social networking sites or chat rooms and increasingly people are forming relationships online. Whilst the use of such sites can have positive benefits for people, staff need to be aware of the risks to adults, as well as children, of internet grooming. Groomers may try to establish relationships and gather more information on their potential victims and their vulnerability, assess the risk of going further with their plans, try to isolate victims from those around them (e.g. sabotaging relationships with family/friends/carers) and may use threats and blackmail to achieve compliance and control. Some are interested in the victim’s social networks, targeting an index victim in order to access other people who may be vulnerable. They may expose victims to inappropriate and illegal sexual material, or material that is offensive and traumatising for some, or subject victims to cyber sexual abuse on line e.g. using webcam/audio technology to observe or exhibit sexual behaviours.

Where staff are suspicious or concerned about such activity, they should discuss it in the first instance with their line manager, who may consider involving the police and
notifying the local authority under adult protection procedures. Education on the risks of social networking may increase service users awareness of the potential dangers. Both the Child Exploitation Online Protection Centre ‘thinkUknown’ and the Childnet International ‘Know IT All’ websites have materials for young people, which may be useful in this regard.

Requests with assistance to purchase sex aids should be considered in the same way as pornography – there should be discussion with the line manager or, where there are more serious concerns, the wider multidisciplinary team. Decisions should be recorded and staff should only assist if they are willing to do so. Again the use of such aids needs to be in a private setting, staff should not be involved in this and the storage and visibility of such items needs to be considered. Service users and staff also need to be aware that buying such items via the internet or by mail order may lead to a lot of unsolicited correspondence from companies selling similar products.

The exception to the above is the use of sex aids for educational or counseling purposes, rather than for sexual stimulation and pleasure. In such instances, staff would be using aids with service users as part of their care plan, for example, to enhance sexual understanding or assist with correct use of contraception.

Staff should feel able to initiate discussion and/or respond to service user questions around the use of sexually explicit materials. For example, it would be possible to point out to the service user that some people believe such material is offensive, that it can give a distorted image of sexuality and that it can be degrading.

A person with a learning disability may choose to seek the services of a sex worker and may request assistance from staff to do so. Staff may assist in maximizing a service user’s general ability to communicate independently e.g. accessing assistive technology but staff should NOT get involved in making direct arrangements with a sex worker or agency. This could leave staff open to a variety of allegations and potential criminal charges. Again, staff members should explain that this action can be viewed as offensive and give a distorted image of sexuality which can be seen as degrading to others.
SECTION 6 - REFERENCES

Reference Number:

2. The Same As You?: A review of services for people with learning disabilities. 2000, Scottish Executive Publications.
17. Code of Practice for Social Service Workers and Code of Practice for employers of Social Service Workers, Scottish Social Services Council (September 2002).
21. National Care Standards
22. Tayside Making Choices Keeping Safe
(accessed 8 October 2012).
23. Civil Partnership Act 2004
26. The British Board of Film Censors
www.bbfc.co.uk (accessed 17 October 2012).
SECTION 7 – APPENDICES

APPENDIX 1

LOCAL SERVICES

NHS FIFE

Community Learning Disability Team
Central Team
Cedar House
Willow Drive
Whyteman’s Brae
Whyteman’s Brae Hospital
Kirkcaldy
KY1 2ND
Tel: (01592) 647982

Community Learning Disability Team
East Team
Randolph Weymss Memorial Hospital
Wellesley Road
Buckhaven
KY8 1HU
Tel: (01592) 717836 or (01592) 717837

Community Learning Disability Team
West Team
Lynebank Hospital
Halbeath Road
Dunfermline
KY11 4UW
Tel: (01383) 623623

The Community Learning Disabilities Team operates a single point of access. If you would like to make a referral, please download and complete the referral form which is available on: https://www.dwfchp.scot.nhs.uk/content.asp?ArticleCode=3146&par=214 and post to our Referral Co-ordinator:

Referral Co-ordinator
Community Learning Disabilities Team
Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW
Fax: (01383) 565489

If you have any general enquiries or queries about making a referral please contact: Referral Co-ordinator on (01383) 565230 or email: Fife-uhb.LDReferrals@nhs.net - please note this email address is for general enquiries only and should not be used for sending confidential / personal information.

Health Promotion Fife
Haig House
Cameron Hospital
Leven
KY8 5RA
Tel: (01592) 226486

Health Inequalities Team (formerly Improving Health Team)
Dunfermline & West Fife Community Health Partnership
Lynebank Hospital
Halbeath Road
Dunfermline
KY11 4UW
Tel: (01383) 565497

The Dunfermline and West Fife Health Inequalities Team and Improving Health Team’s support individuals of all ages. We encourage and support people to make healthy lifestyle choices through the provision of information and education. We provide services where they are needed most in response to the needs of the local community.

Improving Health Team
Kirkcaldy and Levenmouth Community Health Partnership
Haig House
Cameron Hospital
Leven
KY8 5RA
Tel: (01592) 226720

Improving Health Team
Glenrothes and North East Fife Community Health Partnership
Ladybank Clinic
Commercial Road
Ladybank KY15 7JS
Tel: (01337) 832139
http://www.gnefchp.org.uk/content.asp?ArticleCode=2216&par=2095

Sexual Health Fife
Sexual Health Fife provides a full range of sexual health services, which is fully confidential.
To make an appointment at Sexual Health Fife please call (01592) 647979, lines are open 8.30am-4.30pm.
If you would like advice from a nurse please call the advice line on (01592) 729260, lines are open 11.30-1.30pm.
The services offered are:-

- Testing and treatment for all sexually transmitted infections, including HIV.
- Contraceptive advice and provision of all reversible methods, including long acting methods (implanon, contraceptive injection, copper IUD and Mirena IUS).
- Emergency contraception.
- Condoms.
- Cervical smears.
- Pregnancy testing.
- Pre-pregnancy advice.
- Abortion counseling and referral.
- Medical gynaecology advice ('Womens' problems).
- Advice on menopausal issues and HRT.
- Hepatitis vaccination for those at risk (not travel/occupational).
- Gay men's service.
- Referral to 'Sexual problems clinic'.
- Counseling and referral for male and female sterilization.

You do not need to be referred by your GP.

The Hub
The Hub is a Fife wide young person’s sexual health drop-in service, where 12-25 year olds can go along and have free confidential sexual health advice on teen issues. No appointment necessary.
For more information about 'The Hub' and its venues please go to the hub's website (www.thehubhelps.com).

VOLUNTARY ORGANISATIONS

**Abused Men in Scotland (AMIS)**
Unit 16, Dunfermline Business Centre, Dunfermline, KY11 3BZ
Tel: (01383) 736108
Email: info@abusedmeninscotland.org
Web: www.abusedmeninscotland.org

**Dunfermline Advocacy Initiative**
2 Halbeath Road, Dunfermline, KY12 7QX
Tel: (01383) 624382
Fax: (01383) 724486
Email: enquiries@dunfermlineadvocacy.org
Web: www.dunfermlineadvocacy.org

Enable Scotland – Fife Services
Alexander House, 5-21 Alexander Street, Dysart, Kirkcaldy, KY1 2XX
Tel: (01592) 659295
Email: lendahand@enable.org.uk
Web: www.enable.org.uk

Equal Voice in Central Fife
The Roundhouse Priory Campus, Victoria Road, Kirkcaldy, KY1 2QT
Tel: (01592) 223875
Email: equalvoiceincentralfife@yahoo.co.uk

FifeFLAGS
Fife Free Lesbian and Gay Society
Tel: (01383) 738517
Email: info@FifeFLAGS.org.uk

FRASAC - Fife Rape and Sexual Assault Centre
182a Esplanade, Kirkcaldy, KY1 1RE
Tel: (01592) 642336
Email: frasac6@hotmail.com
Web: www.frasac.org.uk
http://www.nhsfife.org/nhs/index.cfm?fuseaction=nhs.servicedisplay&objectid=D5BF00B4-A505-8C6F-C0FB350F5FA6BC00

includeME
Tom Rodger’s Mill, East Burnside, Cupar, KY15 4DQ
Tel: (01334) 656242
Email: contact@includeme.org.uk
Web: www.includeme.org.uk

Kingdom Abuse Survivors Project (KASP)
182A Esplanade, Kirkcaldy, KY1 1RE
Tel: (01592) 644217
Fax: (01592) 644217
Email: info@kasp.org.uk
Web: www.kasp.org.uk

Pamis
C/o Fife Carers Centre, 157 Commercial Street, Kirkcaldy, KY1 2NS
Tel: (01592) 642999

People First Fife
Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW
Tel: (01383) 565264
Relationships Scotland Couple Counseling Fife
St Bryce Kirk Centre, St Brycedale Avenue, Kirkcaldy, KY1 1ET
Tel: (01592) 597444
Fax: (01592) 597444
Email: jillccf@btconnect.com
Web: www.relationships-scotland.org.uk

Safe Space
St Margaret's House, 9 St Margaret's Street, Dunfermline, KY12 7PE
Tel: (01383) 739084
Email: contact@safe-space.co.uk
Web: www.safe-space.co.uk
mailto:info@FifeFLAGS.org.uk

The Fife Men Project
Lambda Centre, 5 South Fergus Place, Kirkcaldy, KY1 1YA
Tel: (01592) 265666
Email: enquiries@fifemen.org.uk
Web: www.fifemen.org.uk
APPENDIX 2

USEFUL CONTACT DETAILS

BILD (British Institute of Learning Disabilities)
British Institute of Learning Disabilities, Campion House, Green Street, Kidderminster, DY10 1JL
Tel: (01562) 723010
Email: enquiries@bild.org.uk

Caledonia Youth
Caledonia Youth, 5 Castle Terrace, Edinburgh, EH1 2DP
Tel: (0131) 229 1402
Email: information@caledoniayouth.org

FAIR (Family Advice Information Resource)
95 Causewayside, Edinburgh, EH9 1QG
Tel: (0131) 662 1962
Email: fair@fairadvice.org.uk

fpa (Family Planning Association) Scotland
Unit 10, Firhill Business Centre, 76 Firhill Road, Glasgow, G20 7BA
Tel: 0845 122 8676
Web: www.fpa.org.uk

Gay Men’s Health
10a Union Street, Edinburgh, EH1 3LU
Tel: (0131) 558 9444
Email: mail@gmh.org.uk
Web: http://www.gmh.org.uk

NHS Health Scotland
Woodburn House, Canaan Lane, Edinburgh, EH10 4SG
Tel: (0131) 536 5500
Email: http://www.healthscotland.com/

Scottish Consortium for Learning Disability
6th Floor, Merchant Exchange, 20 Bell Street, Glasgow, G1 1LG
Tel: (0141) 559 5720
Email: administrator@scld.co.uk
APPENDIX 3

USEFUL WEBSITES

http://www.healthyrespect.co.uk/Pages/default.aspx
http://www.sexualhealthscotland.co.uk/
http://www.nhs24.com/
http://www.nhsinform.co.uk/
http://www.fpa.org.uk/
https://www.lgbtyouth.org.uk/
http://www.cuku.org.uk/
http://www.aidsmap.com/
http://i-base.info/home/
http://www.tht.org.uk/
http://www.waverleycare.org/
http://www.fitfortravel.nhs.uk/home.aspx
http://www.hiv-wakeup.org.uk/
http://www.hivscotland.com/
http://www.breastcancercare.org.uk/home2
http://www.bpas.org/bpaswoman
http://www.womensaid.org.uk/
www.knowledge.scot.nhs.uk/learningdisabilities
http://www.changepeople.co.uk/
www.mencap.org.uk/
http://www.learningdisability.co.uk/
ann-craft-trust@nottingham.ac.uk
http://www.me-and-us.co.uk/
http://www.pamis.org.uk/
www.bild.org.uk
www.hebs.scot.nhs.uk
www.ruthinking.co.uk
www.bris.ac.uk/norahfry
APPENDIX 4

RESOURCE LIST

Health Scotland conducted a review in 2008 designed to provide professionals with information on resources to help young people with learning disabilities acquire accurate information, develop skills and positive values to guide their decision-making, relationships and behaviour throughout their lifespan. Some of these resources can be used within groups or on a one-to-one basis and some are also designed to support parents and carers. This information is available in pdf format at:

Books and videos available on sexual health:

**Batteries Not Included**
Publisher Name: fpa
Author: Paul Hart and Susan Douglas-Scott
A sexuality resource pack for those working with people with complex communication and support needs.

**Be Breast Aware**
Publisher Name: Surrey Oaklands NHS Mental Health and Learning Disability Trust
A teaching pack for women with learning disabilities and those who work with them.

**Breaking In…. Breaking Out**
Publisher: Working with Men and the B Team
Social and sex education for men with learning difficulties.

**Cathy Has Thrush**
Publisher Name: Women’s Health and The Elfrida Society
Picture book about preventing thrush and getting it treated.

**Consenting Adults? – Sexual Abuse and Adults with Learning Disabilities – A Framework for Practice Guidelines**
Publisher Name: Enable
ISBN: 1874030403X
Guidelines for dealing with the sexual abuse of adults with learning disabilities.

**Dealing with Relationships**
Publisher Name: Wayland Publishers Ltd
ISBN: 0705209933
Information and advice for young people.

**Falling in love**
Author: Sheila Hollins
Publisher Name: Book Sales, Royal College of Psychiatrists
ISBN: 1901242323
A booklet in the stories without words series. Tells a love story tracing the ups and downs of the relationship until Janet and Mike decide to make a commitment. It only uses pictures to describe the story.

Helping People with a Learning Disability Explore Relationships
Publisher Name: Jessica Kingsley
ISBN: 1853026883
Designed for adults with a learning disability to read alone or with a carer.

Holding on; Letting Go
Author: Drury, Hutchinson and Wright
Publisher Name: Souvenir Press
A book for parents and carers on how to do sex education.

Hug Me Touch Me
Author: Sheila Hollins
Publisher Name: Book Sales, Royal College of Psychiatrists
ISBN: 1874439052
A booklet in the stories without words series. Book about hugging and touching – when to do it and when not to do it.

Hysterectomy – Having the Operation
Publisher Name: Women’s Health and The Elfrida Society.
All about having a hysterectomy.

It’s Only Natural
Publisher Name: Bradford Health Authority
Video looking at issues of sexuality and sexual health - has a booklet to go with it.

Jenny Speaks Out
Author: Sheila Hollins
Publisher Name: Book Sales, Royal College of Psychiatrists
ISBN: 1874439001
A booklet in the stories without words series. A book designed to help a person with learning disabilities to open up about their experience of sexual abuse. This is done through a story about Jenny moving into a new home.

Keeping Healthy "Down Below"
Author: Sheila Hollins, Jackie Downer
Publisher Name: Book Sales, Royal College of Psychiatrists
ISBN: 1901242544
A booklet in the stories without words series. This is designed to support women who are asked to have a smear test.

Looking After My Breasts
Author: Sheila Hollins, Wendy Perez
Publisher Name: Book Sales, Royal College of Psychiatrists
ISBN: 1901242536
A booklet in the ‘stories without words’ series.

Meeting The Personal And Sexual Relationship Needs Of Children And Young
Adults With A Learning Disability
Publisher Name: Barnardos
Guidelines for staff on the subject of personal and sexual relationships.

No Means No
Author: Walsall Women's Group
Publisher Name: Walsall Women's Group
Video on safety for women with learning disabilities, and information pack to accompany
video on safety for women with learning disabilities.

No More Abuse
Author: VOICE UK
Publisher Name: VOICE UK
A book for people with learning disabilities. It is to help them look after themselves and
make sure they are safe. It is free to people with learning disabilities.

Period Problems - What Can You Do?
Author: Women's Health
Publisher Name: Women's Health
Information about what to do about period problems.

Planning a Baby
Author: Change North
Publisher Name: Change North
Information for women hoping to become pregnant.

Practice Issues in Sexuality and Learning Disabilities
Author: Ann Craft (Ed.)
Publisher Name: Routledge
ISBN: 0415057353
Down to earth and practical guide for people who work with people with learning
disabilities.

Pregnancy and Childbirth
Publisher Name: BILD
ISBN: 1902519884
What will happen, what to do, and what not to do during pregnancy and childbirth?

Release Me
Author: Frances Lea
Publisher Name: Frances Lea
Drama. Describes how a woman with learning disabilities decides upon whether to
have sex with her boyfriend. The woman lives with three other people and they help her
decide and also tell her mother about her decision.
Sex
Publisher Name: BILD Publications
Health information for people with learning disabilities.

Sex and Staff Training – A Training Manual for Staff Working with People with
Learning Difficulties
Author: Michelle McCarthy and David Thompson
Publisher Name: Pavillion
ISBN: 1871080347
The manual is designed to raise staff’s awareness of the sexuality of people with
learning difficulties, deal with the implications that this may involve and encourage
people with or without training experience to attempt to run sex education work
themselves.

Sex Education for Visually Impaired Children with Additional Disabilities
Author: Issy Cole-Hamilton
Publisher Name: Royal National Institute for the Blind
ISBN: 1858780918
Developing school policies and programmes.

Sexual Abuse of Adults with Learning Difficulties
Author: Hilary Brown, Vicky Turk and June Stein
Publisher Name: Joseph Rowntree Foundation

Sexual Health Education & Children & Young People With Learning Disabilities
Author: Karen Adcock & Gill Stanley
Publisher Name: BILD Publications ISBN: 1873791380
Pack for professionals, parents & carers.

Sexual Knowledge and Education
Author: BILD
Publisher Name: BILD
BILD collection of papers.

Sexual Relationships
Author: BBC
Publisher Name: BBC recorded
Heart of the Matter Programme about problems of sexual relationships for people with
learning disabilities.

Sexuality
Publisher Name: BIMH
Special issue of British Institute of Learning Disabilities. Covers a wide range of topics
on the subject of sexuality and relationships.

Sexuality & Sexual Rights of People with Learning Disabilities (The)
Author: Paul Cambridge  
Publisher Name: BILD Publications  
ISBN: 1873791739  
Booklet for staff & carers.

Sexuality and Learning Disability  
Author: Jennie Holmes  
Publisher Name: Contact a Family  
Report on a conference.

Sexuality and Learning Disability: A Resource for Staff  
Author: Claire Fanstone and Zarine Katrak  
Publisher Name: fpa ISBN: 1 899194 58 4  
Describes issues and concerns of staff, and illustrates constructive ways of working.

Sexuality and Young People With Learning Difficulties  
Author: Karen Aram  
A booklet for carers and parents.

Stop – No More Abuse  
Publisher Name: VOICE UK  
A book for people with learning disabilities. It is to help them look after themselves and make sure they are safe. It is free to people with learning disabilities.

Susan’s Growing Up  
Author: Hollins, S. Sinason, V. Illustrated: Brighton, C  
Publisher Name: Gaskell / St George’s Hospital Medical School  
Picture book about a girl going through puberty.

Talking Together About Growing Up  
Author: Lorna Scott, Lesley Kerr-Edwards  
Publisher Name: Family Planning Association (fpa)  
ISBN: 1 899194 96 7  
A workbook for parents of children with learning disabilities.

Authors: Lorna Scott, Lesley Kerr-Edwards  
Publishers: Family Planning Association

Your Rights About Sex  
Author: Michelle McCarthy  
Publisher Name: BILD Publications  
ISBN: 1873791526  
Booklet for people with learning disabilities.

Target Focusing on the Sexual and Emotional Needs of People with Learning Disabilities  
Author: Lorraine Burton, Izzy Valenti, Sally Warren
The Big Sex Show: A Lawnmowers Booklet About Sex, Meeting People, and Condoms
Publisher Name: The Lawnmowers
A guide to safe sex. It is a pack with a video and booklet. Made by people with learning disabilities for people with learning disabilities.

Understanding Sex
Author: Margaret Doyle & David Lambert
Publisher Name: HarperCollins Publishers
ISBN: 0004708504
Top tips for tempestuous times (or, everything you ever wanted to know about sex but were too shy to ask)!

What About Us? Sex Education for Children with Disabilities
Author: Ann Craft and David Stewart
Publisher Name: The Home and School Council
ISBN: 0901181706
A book written for parents. Ann Craft has written extensively on the subject of sexuality and individuals with learning disabilities.