

Brothers of Charity Services (County Galway)
PERSONAL DEVELOPMENT, RELATIONSHIPS AND SEXUALITY
GUIDELINES FOR STAFF
OF CENTRE-BASED AND RESIDENTIAL SERVICES

It is the policy of Brothers of Charity Services (County Galway) to support each person with a learning disability in living as normal a life as possible, having opportunities for personal development, the exercise of choice, the enjoyment of fulfilling relationships, the right to privacy, and protection from exploitation.

Sexual development and sexual behaviour are part of the total person. Therefore, sexual needs and their expression must be dealt with in the context of the person's overall life, in accordance with the rights noted above, and in a manner that enhances individual dignity. Loving human relationships range from the pleasures of conversation, simple affection and shared activities, to physical closeness, hugs and kisses, and, to full sexual intimacy. Too often the person with a disability is discouraged from even the simplest intimacies because of family or service discomfort in acknowledging him or her as a sexual being, and for fear that any intimacy would lead to genital sex. The person's social and physical environment may be restricted accordingly. As a result, much of the richness of human relationships may be denied the person with a disability.

At the same time, it is true the person with a disability may face complicated issues regarding relationships and sexuality. These may be heightened as community living greatly increases the range of social opportunities available. These are very enriching but can sometimes be exploitative or lead to isolation. Service-users may be exposed to complex interpersonal dilemmas and pressures, may have difficulty in or be incapable of giving informed consent, and may experience varying degrees of frustration and conflict. Given their vulnerability and poor preparation for the challenges that arise, it is not surprising that some may struggle with the expressions of their sexual needs or feelings. We must recognise that the same issues arise in more supportive environments. Individuals express natural sexual feelings in services that are often unsure of how to respond, whether in terms of supports or limit setting, each of which is crucial.

It is for these reasons that these guidelines are offered to our staff on the promotion and maintenance of positive relationships and on sexual development. Because each person is unique and circumstances vary enormously, only general guidelines can be given. These seem appropriate at this stage of our understanding of the needs and rights of people in our services and may well evolve further over time. Our present priority is to further our awareness of the possibilities and issues associated with personal development, relationships and sexuality, and to provide education to service users, their families and staff. There are no simple answers to complex questions. But we need to have a shared understanding and good processes that can address even the most sensitive issues in a dignifying manner.

Signed: _____

Date: 7th December, 2001

Policy No: 2001/03

Implementation Date: 14th September, 2001

GENERAL RECOMMENDATIONS

1. Relationship matters, including sexuality, should be addressed as they arise in day-to-day life and in the context of the social and psychological development of the individual.
2. The development of positive self-image, interpersonal skills and relationships are to be emphasised.
3. The teaching and practice of using personal rights, decision-making, choice and responsibility must be an integral part of training and education from the early years.
4. Educational opportunities and general support should be offered to parents and guardians. The establishment of relationships of trust with families is particularly important when sensitive issues arise or where service-user rights or needs appear to be in conflict with family wishes.
5. Training and support systems must be provided for staff, including skills, policies, and material and professional resources.
6. Staff should not make judgements in isolation when sensitive or problematic issues of sexuality arise. Consultations with relevant colleagues must take place, as outlined in the section below, entitled *Support for Staff in Dealing with Sensitive Sexual Issues*.
7. The person must always be treated as an individual, not as one of a particular age or disability group. In all situations full respect must be given to the dignity of the individual, which is the core value of the Brothers of Charity Services.
8. The level of relevant information and discussions provided is according to the service-user's level of understanding and experience.
9. Staff should not provide counselling or advice to a service-user or family member on matters outside the scope of their responsibility, for example, on contraception, amniocentesis, sterilisation, and abortion. Such issues are the responsibility of the individuals, their families, and their social worker, medical doctor or counsellor.
10. The general principles governing confidentiality must be observed. Some instances will arise where the individual's permission will need to be sought in order to seek advice or gain additional professional help. In such circumstances and where possible, anonymity should be maintained.

LEVELS OF INTERVENTION

Staff interventions may arise at one or more of five levels called for in daily interactions with service users and their families.

1. Creating social and physical environments that support the development of personal relationships.
2. Responding to day-to-day issues as they arise, such as requests for information or difficulties arising from personal, social, and/or sexual needs; and, supporting parents as requested, in dealing with questions or concerns which may arise.
3. Providing sexual education programmes for service users at group or individual level, in a manner which
 - Facilitates people to express and discuss their views, beliefs and experiences
 - Utilizes naturally occurring opportunities to explore and understand issues presented at group level or on an individual basis
 - Gives appropriate information where needed, either because requested by the individual or where behaviour or difficulties indicate he or she lacks or has incorrect information.
4. In association with multi-disciplinary colleagues, designing strategies to respond to significant issues arising out of social-sexual aspects of the person's life.
5. Responding to crises such as alleged abuse and non-accidental injury, in strict accordance with service guidelines and policies.

AIMS OF EDUCATION AND TRAINING PROGRAMMES

All service users should be part of ongoing education and training programmes in personal development, relationships and sexuality, with the following aims:

- To support people with a learning disability in developing mutually positive relationships with both sexes.
- To discuss their relationship rights and the associated issues, including the service's policy on sexual behaviour within residential and day services.
- To provide structured learning to individuals regarding their physical, emotional and social development.

- To teach individuals to recognise situations where they are open to being exploited or abused.
- To teach individuals to express their rights to privacy, to say 'No!' and not to be coerced.
- To develop each person's ability to communicate wishes and feelings in socially acceptable ways.
- To inform individuals of health issues related to sexual behaviour and how to protect themselves and others.
- To assist individuals to gain an insight into the commitments of marriage, having children and related responsibilities.
- To help individuals communicate with others about their sexuality without unnecessary guilt or embarrassment.
- To address the individual's fears arising from his/her own sexual development and experiences.
- To provide individual counselling and support as needed, drawing on appropriate level of expertise according to the needs and issues arising.
- To enable and empower staff in their role regarding the personal development, relationships and sexuality of service users.

It is realised that relationship and sexuality education for individuals with more severe levels of disability is difficult. However, provision should be made for appropriate inputs as far as are possible.

PERSONAL DEVELOPMENT, RELATIONSHIPS AND SEXUALITY - STAFF GUIDELINES

- 1. The Promotion and Maintenance of Positive Relationships**
 - 1.1 Healthy environments should be fostered within which normal relationships can develop.
 - 1.2 Relationships that enhance the development of those involved should be encouraged and facilitated in finding their own level of involvement.
 - 1.3 Couples who form special friendships should be taught to express themselves in a way that does not embarrass or disrupt the harmony of the group in which they live. There should be minimum intervention among couples that show themselves to be responsible.

- 1.4 Public expressions of affection should conform to norms of behaviour that apply in society at large. Behaviour should be regulated by social norms rather than by punitive rules that generate a sense of guilt about natural feelings.
- 1.5 Couples should be advised against relationships that exploit either partner or are mutually harmful.

2. Personal Development and Sex Education

- 2.1 In the context of a comprehensive personal development programme, the person with a learning disability has the right to education regarding his or her sexuality. The programme should focus on
 - Helping a person to understand his or her own body, feelings, and sexuality
 - Promoting positive relationships and respect
 - Protecting an individual from exploitation
 - Reducing the likelihood of unwanted pregnancies and sexually transmitted diseases, and,
 - Promoting socially appropriate sexual behaviour.

3. The Issue of Consent

- 3.1 Informed consent means that the individual understands both the nature and the consequences of an act and agrees freely to participate. Depending on factors such as overall ability and the understanding of sexual behaviour and its consequences, a person with a learning disability could be in a position to give free and informed consent. However, many people with a learning disability have great difficulty in giving or seeking informed consent in sexual activities. Because of their degree of disability, some people are not capable of giving consent.
- 3.2 The understanding that underlies consent should be developed in personal development programmes, but informed consent may continue to be a difficulty for many individuals who will need ongoing protection and support.
- 3.3 In seeking to understand the nature of any sexual activity between service users, it is most important to determine whether or not there has been informed consent by both parties, as this will determine whether or not sexual abuse has taken place.

- 3.4 The free giving of consent implies that the individual has the understanding and the ability to refuse should he or she so wish. This cannot happen unless he or she has good assertiveness skills that should be developed in training programmes and throughout the person's daily working and home life.

4. Marriage, Parenthood and Cohabitation

- 4.1 People with a learning disability have a right to marry, to cohabit and to have children. However, the exercise of these rights must be balanced with the responsibilities of partnership and parenthood.
- 4.2 Counselling those individuals who wish to marry, to cohabit and to have children, involves the exploration of their understanding and expectations of these life states. Sometimes marriage and children can be seen as passports to normality, or simply a reflection of the need for companionship or the 'mothering' of little children. There may be unrealistic ideas concerning the restrictions and duties children place on parents. Issues needing to be explored with a couple wishing to enter a committed partnership and/or have children include:
- The nature of marriage and its commitments.
 - The responsibilities of having a family, including the possibility of having a child with special needs.
 - The level of independent social functioning.
 - The stability of their relationship and their ability to sustain it.
- 4.3 Our services have a role in advising a couple whether or not to marry once they have raised the issue. There will be certain situations where the service cannot support the idea of a couple marrying due to the quality of the relationship, their understanding of the responsibilities, or other reasons. However, withholding support must not be purely because of the pervasiveness of their disability.
- 4.4 The family of each partner will need to be involved and supported where the issue of marriage or cohabitation is being raised in a serious manner.
- 4.5 Where a couple marries, our service should offer assistance aimed at ensuring their inclusion within the community as a married couple.

5. Homosexuality

- 5.1 Homosexuality may arise in three different contexts
- As an expression of an individual's primary sexual orientation

- As normal adolescent type exploratory behaviour, which may be prolonged among people with a learning disability
 - As a result of living or having lived in a single sex environment with no other options
- 5.2 Any intervention that may be called for in a particular situation will depend on staff's understanding of the individuals concerned and their relationship, but in all cases will be conducted in a respectful manner.
- 5.3 At all times account is taken of the effect of the person's disability regarding full knowledge and consent.
- 5.4 People with mature homosexual behaviour are to be related to in the same manner as heterosexual people. Where individuals are making decisions as consenting adults, they are not to be stigmatised or discriminated against. Whatever the sexual orientation, it is the person as an individual that is our concern.
- 5.5 Where homosexual behaviour is occurring in a manner believed not to be in the best interests of an individual, careful attention is to be paid to his or her overall quality of life. Given the possibility that overt sexual behaviour may arise primarily from loneliness or isolation, opportunities for forming friendships are to be created and appropriate skills developed.

6. Masturbation

- 6.1 Masturbation generally occurs in the normal development of sexual behaviour.
- 6.2 People with a learning disability have a right to privacy in relation to their sexuality and therefore, where masturbation is occurring, there should be the least possible invasion of privacy.
- 6.3 People with a learning disability should be taught that masturbation in public is unacceptable social behaviour.
- 6.4 A service user's right to privacy may extend to the personal use of explicit sexual materials. However, a staff member may wish to express an opinion about its use, and must seek advice if it seems to be an obsession or where there is concern that it may be used to arouse or groom other service users.
- 6.5 While masturbation is a normal behaviour, if it becomes an excessive problem for an individual, attention should be paid to his or her overall life context.
- Where boredom, tension, frustration or anxiety contribute to the development of a problem, attempts should be made to reduce these factors, to help the

individual achieve a more fulfilling life and reduce what may be obsessive behaviours.

- In seeking to enhance the individual's quality of life, particular attention is to be paid to friendships, peer relationships, different forms of social and leisure activities, and the development of enabling skills and experiences, with a view to lessening the person's possible loneliness and isolation.

6.6 Where it seems necessary to redirect a person's masturbatory behaviour because of self-injury or health issues, this is done in a manner that does not increase any anxiety that may have contributed to its occurrence in the first place.

7. Contraception

7.1 Contraception should be seen as related to the needs and vulnerability of the individual, and not as a means of relieving staff or parental anxieties.

7.2 Contraceptive advice and information should be given as part of a counselling programme by a recognised professional, who discusses fully the relative benefits and disadvantages in the context of the person's life circumstances and the issues arising. Medical advice must always be sought where contraceptives of a medical nature are being considered.

7.3 Particular care is called for where the use of contraceptives is arising in the context of health and safety.

7.4 All issues and decisions must be explored on a case-by-case basis. There is no one response that applies to all situations.

7.5 When individuals in our services are using a contraceptive and are unable to manage it by themselves, some staff members may have reservations in assisting because of their personal moral convictions. While these are respected, account must also be taken of professional reasonableness and common sense. We cannot be negligent and place a service user at risk because of a staff member's personal views regarding contraceptives, remembering also that their use would be based on appropriate professional advice.

8. Sexual Abuse

8.1 All suspicions, concerns and allegations regarding possible sexual abuse are notified to the Designated Person in accordance with our Service's guidelines and procedures.

8.2 Insofar as they need to know, staff are informed about a person in their charge who has been abused or who has abused others.

8.3 Regular staff discussions are to be held on general abuse issues.

9. Relationships between Service Users and Staff.

9.1 High quality personal relationships between service users and staff are a most valued and important aspect of our services.

9.2 Those working in our residential, day, and community services are to be given training and support in furthering their relationships with service users.

9.3 The normal human difficulties that arise in relationships between staff and service users are to be addressed in a manner that respects the dignity of all concerned.

9.4 Sexual relationships between staff and services users are forbidden and illegal.

9.5 Very serious attention must be paid to any situation where a staff member feels sexually harassed by a service user, and urgent action must be taken to ensure that there is no risk to the individual concerned.

SUPPORT FOR STAFF IN DEALING WITH SENSITIVE SEXUAL ISSUES

Staff should not make judgements in isolation when sensitive or problematic issues of sexuality arise for a service user. Consultations with relevant colleagues must take place, either on a one to one basis or through a case conference if a number of staff needs to be consulted and/or where the issues arising are judged to be of a serious nature.

Case conference attendance should include the team leader or service manager (who summons the case conference), the staff directly involved, and multi-disciplinary professionals deemed to have a role to play.

Given the sensitivity of sexual issues and our commitment to upholding individual dignity, information is shared at a case conference and its outcome is informed to others, strictly on a need to know basis.

The outcomes of all individual or group consultations must be noted in the person's file.

PLANS FOR INTRODUCING GUIDELINES TO STAFF AND SERVICES

These guidelines are to be introduced to all staff through team meetings or whatever forum is deemed most appropriate. This introduction is to be organised by the centre

manager or team leader with the support of relevant multi-disciplinary colleagues. Time is to be given for a full discussion of the guidelines.

Discussing the guidelines is also an opportunity for groups of staff to think and feel their way into the whole sensitive area of their roles regarding the sexuality of service users. It is hoped that this will also be a supportive exercise for all concerned.

All staff are to be introduced to the personal development programme which is to be given to service users who can benefit from it. This will allow staff to use the programme as a reference point for individuals on issues that may arise regarding personal development, relationships, and sexuality.

The guidelines on personal development, relationships, and sexuality will also be made available to families who request them and should be discussed at parent/family meetings where appropriate.

Note is taken of suggestions which staff and family members make for the further development of the guidelines. These notes should be retained for consideration when the Service Directorate reviews the guidelines every three years.

These guidelines draw extensively on *Relationships and Sexual Development* (Hospitaller Order of Saint John of God, 1995), *The Bawnmore Personal Development Programme* (Toomey S., Kilgarriff J., and Ryan T., 1988), and *Brothers of Charity: Guidelines on Relationships and Sexuality* (County Galway: Interim Working Party Report, 1999)