

Relationships and sexuality in adult social care services

Guidance for CQC inspection staff and
registered adult social care providers

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Summary

This guidance is for CQC inspection staff and registered providers. It is about people's relationships and sexuality in social care services for adults receiving personal care and support. It focuses on caring for people who need support to express their sexuality and to have their needs met.

It is healthy to experience sexual feelings and desires, and to want to express sexuality in our everyday lives. When people receive personal care and support, they are likely to lose some privacy. People may feel restricted or judged by those providing their care. Some people may find that their health condition leads them to become vulnerable, as they behave in ways that they would not have done before.

Providers need to understand the importance of enabling people to manage their sexuality needs. This includes making sure people have access to education and information to help them develop and maintain relationships and express their sexuality. Providers also need to understand the risks associated with people's sexuality needs.

Providers need to recognise and support these needs, so that they do not risk discriminating against people or breaching their human rights.

Guidance

1. What is sexuality?

Sexuality encompasses a person's gender identity, body image and sexual desires and experiences. This means people can have needs relating to their sexuality, regardless of their age, mental capacity or personal history.

The definition of sexuality for the purposes of this guidance is deliberately broad. It is important to recognise that sexuality can mean different things to different groups of people. This guidance relates to:

- sex, masturbation, sensuality, physical intimacy, romance and physical attraction
 - gender identity – the sense that we are male or female or not aligned with either gender
 - sexual orientation, including heterosexual, homosexual and bisexual
 - personal dress, body image, personal grooming and sexual expression.
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2. What is sexual orientation and gender identity?

Sexual orientation describes a person's physical, romantic, and/or emotional attraction to another person (for example: straight, gay, lesbian, bisexual).

Gender identity describes a person's internal, personal sense of being a man or a woman (or someone who does not identify themselves as a man or woman).

Simply put, sexual orientation is about who you are attracted to, and gender identity is about your own sense of self.

3. What does the term LGBT+ mean?

LGBT+ describes the lesbian, gay, bisexual, and transgender community. The first three letters (LGB) refer to sexual orientation. The 'T' refers to gender identity. The '+' stands for other marginalised and minority sexuality or gender identities.

Providers have a duty to promote equality, diversity and human rights in their service, including for their staff.

Providers need to promote LGBT+ inclusive practices. LGBT people need to be proactively supported by staff who understand the need to adequately balance risk and responsibility toward the individual concerned. This will help LGBT people to form and maintain personal, loving, intimate and sexual relationships.

4. When should providers assess a person's sexuality needs?

Receiving care and support in your own home, or moving into a care home need not signal an end to romantic relationships or sexual activity. However, providers need to consider certain practical implications. These include maintaining privacy and understanding what a person's needs are.

Sexual expression is a positive, natural human need. Ignoring it can have a negative impact on individuals' physical and mental wellbeing.

When providers assess people's needs they should ask about their sexuality needs. In the first instance, this may include information about:

- previous and current relationships
- sexual orientation
- understanding of sexual health
- personal dress preferences
- gender identity.

Information about relationships, sexual habits and intimacy should be gathered by staff who are confident and competent in this area. They may use specialist pictorial tools and prompts to help them talk about this. These conversations can contribute to the development and review of care and support plans.

5. How can providers help people develop their understanding of sexuality and relationships?

Some people may have never been in a relationship or have been sexually active. They may need support and education to enable them to develop and maintain intimate relationships. Providers should help people to access this support if they cannot do it themselves.

Frank conversations are more likely to take place when close working relationships form between people and staff. It is a positive sign of developing trust between people and staff, and the evolving nature of needs assessment and care planning.

6. Can a best interests assessment be made in relation to a person's consent to sex?

Best interest decisions **cannot** be made in relation to a person's ability to consent to sex. This is **specifically excluded** in the Mental Capacity Act 2005 by Section 27 – Family relationships, (1) (b) “Nothing in this Act permits a decision on..... consenting to have sexual relations.”

7. How can providers support people living with a physical disability?

People living with a physical disability may tell care staff that they would like to be sexually active and ask for support with the practicalities of this. For example, they may need help arranging to meet new people at social events or clubs.

They may already be in a relationship and seek advice about how they might optimise their sex life despite their physical disability. Providers may need to seek expert advice from a relevant specialist – for example, a nurse specialising in spinal cord injury.

8. How can providers support people with accessing dating services?

Information is available online for professionals wishing to support disabled people with their sexual lives (see Appendix 2). There are also specialist dating agencies and online sites to help people form friendships and romantic relationships.

Providers should be aware of the potential for people to expose themselves to risk via their online activity and contact with others. For example, people who use services and staff should be vigilant to the risk of scams and the

potential for financial extortion through sexual blackmailing.

9. What is sexual disinhibition?

Damage to specific parts of the brain can result in people no longer being aware that their behaviours are unacceptable. This could lead to some people being less sexually inhibited in their speech or behaviour.

Damage to the brain can also cause increases or decreases in sexual desire.

These conditions might lead to people misinterpreting situations or misidentifying someone, resulting in unwanted sexual behaviour. For example:

- A care home resident who has had a traumatic brain injury might not understand their health needs. If they are supported to undress by a care worker, they might misinterpret personal care as a sexual advance.
- Someone with dementia who has lived with a partner for many years may accidentally climb into bed with another person living in the same care home, mistaking it for the bed of their missing partner. In this way they would be doing what seemed to them to be normal.

10. How should providers support people exhibiting sexual disinhibition?

Most often, sexual behaviour can be understood by looking from the person's perspective.

Staff who support people with neurological impairment need a better understanding of the brain's influence on sexual behaviour. Such impairments include people with dementia or traumatic brain injury.

Sexual disinhibition could be a sign that someone is struggling to meet their sexuality needs or that they are bored. Providers should ensure that the person is meaningfully occupied or has access to a safe, private space and time to masturbate, for example.

Providers must ensure behaviour support plans and risk assessments are in place to help protect and support the individual, other people using the service and staff. They should ensure these are reviewed on a regular basis.

Where behaviour of this nature is uncharacteristic, a medical assessment should be considered to rule out any underlying physical cause.

11. How should providers respond to incidents?

When people living in care experience unwanted sexual behaviour, providers must investigate and report it in a timely and appropriate way. Such incidents include sexual contact, sexual advances, assault or verbal or offensive gestures.

Where there are known risks or concerns, it is always better to try to prevent incidents happening where possible. Care and support plans should be in place to prevent safeguarding incidents from developing.

Incidents may range from a person kissing another to sexual intercourse. Providers' policies and procedures should clearly direct staff to the action they must take. This includes contacting relevant parties, such as safeguarding authorities and the police.

Providers must notify CQC in line with legal requirements. Where a serious assault has taken place, it will be necessary to preserve evidence and protect the crime scene. Providers must liaise with the police about their requirements. This will avoid destroying potential evidence.

When incidents occur between people who lack capacity, both parties should be treated as vulnerable adults. Staff should be sensitive and discreet and recognise the distress that can be caused to both parties and their families. Support should be provided to both parties. It may be that they have unmet needs for intimacy and companionship that staff can support them to meet in a different and safe way.

People living in their own homes may be subject to grooming and sexual exploitation. This may be less obvious, however, than in a communal care setting.

Training should be provided for staff to help them to identify if people are at risk of exploitation and abuse and how to report this.

12. What if someone lacks capacity to consent to sexual relations?

There will be times when it is necessary to carry out an assessment of a person's capacity to consent to sexual relations. By law, both parties must consent to sex.

For people living with dementia, mental health conditions, a learning disability and/or autism, it may be hard to establish whether both parties have the capacity to consent to sex. People in these groups can, and do consent to sexual relations.

It is important that a person's capacity to consent to sex is reviewed regularly. This is particularly important if it is likely to change or fluctuate.

13. How is someone's capacity to consent to sexual relations assessed?

The Mental Capacity Act 2005 (MCA) states that a person must always be assumed to have capacity unless it is established they lack capacity.

The definition of incapacity is outlined in section 2 of the MCA:

“A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.”

Consider the following in establishing capacity in relation to sexual activity:

Does the person understand:

- that they have a choice whether to have sex and can refuse
- that they can change their mind at any time leading up to, and during, the sexual act
- the mechanics of sex
- contraception
- associated health risks, particularly the risk of sexually transmitted infections
- that sex between a man and a woman may result in the woman becoming pregnant.

Where it is difficult to determine a person's capacity to consent to sexual relations, professional advice must be sought. In some instances, cases may be referred to the Court of Protection for determination.

Providers should take steps to prevent people in their care having sex if they are deemed not to have capacity to consent to sex. For example, by speaking with the local safeguarding authority.

14. Do care staff need specialist training?

Induction and ongoing training on sexuality and relationships will help staff to respond to situations in a considered way.

Training and awareness of Equality, Diversity and Human Rights (EDHR) issues should support staff to be self-aware. It should help them reflect on their own duty to maintain compassionate yet professional boundaries.

EDHR training should also help staff to explore their own assumptions or bias about the sexuality needs of older people, or those living with disabilities, in a safe and supportive forum.

15. How are sexuality and relationships considered within the key lines of enquiry?

The wide definition of sexuality means it may be considered in more than one key line of enquiry (KLOE), depending on the needs of people using the service. The table in Appendix 1 shows how people's sexuality needs may fit into our KLOEs. It also shows where evidence may be sought to show how the service supports people (or not) to meet those needs.

Registered managers and registered providers (and registration applicants) should be able to explain how their service supports people to meet their sexuality needs, including any specific measures put in place.

Inspectors should include specific questions (see question 16 below) about people's sexuality needs when they talk with registered managers or providers. These should be part of their discussions around meeting people's equality and diversity needs.

16. Are there any specific questions relating to sexuality and relationships?

The following are extra questions inspectors can ask providers to make sure they are helping people to develop intimate personal relationships:

- Does the organisation have a relationship and sexuality policy, including an easy read version?
 - Does the organisation recognise that people have different ways of experiencing and expressing sexuality?
 - Are staff trained to support people with their personal relationship needs?
 - Are there examples that demonstrate positive support for relationships?
 - Is there accessible information about, and links with, sexual health services?
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- What is the policy for allowing people to have guests staying over for the night?
 - How does the setting accommodate people who are in existing relationships?
 - How are people encouraged and supported to develop relationships?
 - Are people using the service given information and support about relationships and sexual health?
 - Can people be signposted to a local organisation that provides this service?
 - Are staff aware of what action to take if they have concerns that someone is at risk of harm or abuse?

17. How will this subject be reported in inspection reports?

CQC's role in promoting awareness of people's equality and diversity rights is embedded in our inspection planning tool, KLOEs and quality assurance checklist. This includes people's rights relating to their sexuality.

Inspectors should include evidence gathered against the relevant KLOE in the inspection report. Further information and FAQs about inspecting and reporting on equality and diversity can be found [here](#).

Appendix 1: Key lines of enquiry

KLOE	Prompt	Evidence gathering
S1	Protecting people from abuse and discrimination. Supporting people to understand what keeping safe means.	<ul style="list-style-type: none"> • Safeguarding policy • Safeguarding records • Staff training records • Staff knowledge • People's care plans • Feedback from people and relatives
S2	Involving people in assessing risks to them. Policies minimise restriction of people's freedom.	<ul style="list-style-type: none"> • People's risk assessments • Safeguarding and Equality policies • Staff training • Staff knowledge • People's care plans • Feedback from people and relatives
E1	Processes are in place to ensure people with protected characteristics experience no discrimination.	<ul style="list-style-type: none"> • Safeguarding and Equality policies • Staff training records • Staff knowledge • Feedback from people and relatives
E2	Staff receive training which enables them to meet people's needs.	<ul style="list-style-type: none"> • Training and Equality policies • Staff training records • Staff knowledge
E5	People are supported to meet their day-to-day health needs and access healthcare services when required. This may include access to family planning services or support with gender identity issues.	<ul style="list-style-type: none"> • People's care plans • People's care records • Feedback from people and relatives
E6	Arrangements are made so people and visitors have appropriate space to spend time together, or for people to be alone.	<ul style="list-style-type: none"> • People's care plans • Staff knowledge • Feedback from people and relatives • Observations around the service
E7	People are supported to make decisions in line with legislation. Best interest decisions cannot be made for people around sexual relations.	<ul style="list-style-type: none"> • People's care plans • People's capacity assessments • Staff knowledge • Feedback from people and relatives
C1	Communication with people is accessible. Care and support is provided in accordance with people's preferences and personal histories. Staff respect people's wishes.	<ul style="list-style-type: none"> • People's care plans • Staff knowledge • Feedback from people and relatives
C2	People receive support to express their views and can access advocacy services, if required.	<ul style="list-style-type: none"> • Staff knowledge • People's care plans • Feedback from people and relatives
C3	People can be as independent as they wish. Visitors are made to feel welcome. Young adults have choice and flexibility over their privacy and level of parental involvement.	<ul style="list-style-type: none"> • People's care plans • Staff knowledge • Feedback from people and relatives

R1	People's care plans reflect their holistic needs, including their interests and aspirations. Activities are socially relevant. People are encouraged and supported to make and maintain relationships within the service and the wider community.	<ul style="list-style-type: none"> • People's care plans • Staff knowledge • Feedback from people and relatives • Observations around the service
W1	Vision and values include inclusion and respect.	<ul style="list-style-type: none"> • Statement of Purpose • Staff knowledge • Feedback from people and relatives
W3	Accessible and open communication is promoted.	<ul style="list-style-type: none"> • Statement of Purpose • Communication policy • People's care plans • Staff knowledge • Feedback from people and relatives

Appendix 2: Additional resources and references

Additional resources

Alzheimer's Society Fact Sheet - *Sex and intimate relationships*

https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/factsheet_sex_and_intimate_relationships.pdf

Alzheimer's Society Fact Sheet - *Supporting lesbian, gay, bisexual people with dementia.*

<https://www.alzheimers.org.uk/get-support/help-dementia-care/lgbt-support>

Bates, C Dr (2018) *Sexuality and Learning Disabilities (2nd edition) Practical approaches to providing positive support* www.supportedloving.org.uk

BILD have a section on their website with links to information on dating and dating support: <http://www.bild.org.uk/information/relationships/dating-to-sex/>

Harflett, N & Turner, S, (2016) *Supporting people with learning disabilities to develop sexual and romantic relationships* (National Development Team for Inclusion)

<http://www.bild.org.uk/EasySiteWeb/GatewayLink.aspx?allId=7713>

Headway, the brain injury association, Sex and sexuality after brain injury

<https://www.headway.org.uk>

Hughes, J.C., Beatty, A. and Shippen, J. (2014). *Sexuality in dementia. In the Law and Ethics of Dementia* (eds. Charles Foster, Jonathan Herring and Israel Doron); pp. 227-238. Oxford: Hart Publishers.

Lipinska D (2018) *Dementia, Sex and Wellbeing. A Person-Centred Guide for People with Dementia, Their Partners, Caregivers and Professionals*. London. Jessica Kingsley Publishers

National Institute for Health and Care Excellence Guideline CG42 Dementia: *Supporting people with dementia and their carers in health and social care*

<https://www.nice.org.uk/guidance/cg42>

NDTi Supporting people to develop relationships

http://www.ndti.org.uk/uploads/files/Supporting_people_to_develop_relationships_Report.pdf

New relationships and intimacy in long-term care: The views of relatives of residents with dementia and care home staff. Esther Wiskerke & Jill Manthorpe, SAGE, DOI: 10.1177/1471301216647814, The International Journal of Dementia Care, 2016

Owens T (2014) *Supporting Disabled People with their Sexual Lives: A clear guide for health and social care professionals*. London. Jessica Kingsley Publishers

Parkinson's UK *Guide to Impulsive and compulsive behaviour*

<https://www.parkinsons.org.uk/information-and-support/impulsive-and-compulsive-behaviour>

SCIE – Social Care Institute for Excellence: *Person centred care for LGBT people who use ASC services: What does good/outstanding look like?* CQC LGBT+ Network presentation [LGBTQI+ disabled people | SCIE - Social Care Institute for Excellence](#)

A Skills for Care Guide, *What workers need to know and understand about personal relationships*, contains a sample training course from learning disability provider, Avenues Group

<http://www.skillsforcare.org.uk/Topics/Supporting-personal-relationships/Supporting-personal-relationships.aspx>

Supported Loving: www.supportedloving.org.uk

RCN (2018) Older people in care homes: Sex, Sexuality and Intimate Relationships, An RCN discussion and guidance document for the nursing workforce <https://www.rcn.org.uk/professional-development/publications/pub-007126>

References

Definition of sexuality http://www.srcp.org/for_all_parents/definition.html

Human Rights Act (1998) <https://www.legislation.gov.uk/ukpga/1998/42/contents>

Mental Capacity Act (2005) <https://www.legislation.gov.uk/ukpga/2005/9/contents>

Sexual Offences Act (2003)

[https://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/offences-against-persons-with-a-mental-disorder-impeding-choice.](https://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/offences-against-persons-with-a-mental-disorder-impeding-choice)
