

MAKING CHOICES KEEPING SAFE

Scottish Autism

***Relationships & Sexual Wellbeing Policy
for Staff Who Support Adults and Young People
With a Learning Disability***

September 2016

**Scottish Autism's Relationships & Sexual Wellbeing Policy
should be read in conjunction with
Scottish Autism's Relationships & Sexual Wellbeing
Best Practice Guidance for Staff**

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Section 1 - Overview

1.1 FOREWORD

Scottish Autism would like to express their thanks to the pan-Lothian group for permission to use the content of their policy guidelines “Making Choices, Keeping Safe” which is regarded as a best practice model. Thank you also to NHS Greater Glasgow and Clyde and Glasgow Social Work Services for sharing their Relationships and Sexual Wellbeing policy.

1.2 EXISTING POLICIES AND PROCEDURES

This document should be read in conjunction with Scottish Autism’s Child/Adult Protection Guidance, Confidentiality procedure, Intimate Care Guidelines and individual organisational policies. Staff should be aware of the National Care Standards and the Scottish Social Services Council Employer and Employee Codes of Practice.

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”.

Mental Welfare Commissioning for Scotland (2011)

Many people with autism 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 and therefore will benefit from guidelines that describe and explain staff members’ roles and responsibilities. People with autism 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 autism.

Similarly, some staff need support and guidance in Sexual Health and Relationships 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 autism 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 autism in their everyday lives.

Section 2 - Principles

2.1 VALUES

The values of Scottish Autism and the values of this policy reflect those set out by the National Care Standards, SSSC Codes of Practice, The Keys To Life, The Charter for Involvement and the Health and Wellbeing outcomes.

2.2 DIVERSE COMMUNITY VIEWS

Scottish Autism supports people from a wide range of diverse communities with their own distinctive cultural, religious, spiritual beliefs and practices. These can influence a range of attitudes and values around sexual health and may include:

- Condom use;
- Termination of pregnancy;
- Masturbation and other aspects of puberty;
- Marriage;
- Sex before marriage;
- Monogamous relationships;
- Being lesbian, gay, bisexual or transgender;
- Use of contraception;
- Choice of partner;
- Use of pornography;
- Where to meet people and socialise;
- Which services to access for support.

Cultural and religious perspectives need to be taken into account when making decisions about the lives of people with autism. 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. Staff should discuss what the young person/ adult believes in rather than making assumptions.

Remember that not everyone follows religious/cultural instruction to the letter, they may have their own interpretation.

Staff should not impose their own moral, ethical or religious beliefs, including own personal views regarding sexual orientation and sexual behaviour.

However, staff should be prepared to challenge any beliefs and values if someone is thought to be putting themselves and others at risk.

For example, not using condoms is a valid choice, but only if:

- You are having sex and want to get pregnant.
- Both you and your partner are free from any sexually transmitted infection and in a monogamous relationship.
- Both you and your partner are aware of the risks.

Staff should also challenge behaviour that is unlawful and impacts on other people, such as homophobia. Be aware of practices within some cultures that are illegal in this country eg female genital mutilation, forced marriage and get help where necessary. Forced marriage helpline 0800 027 1234 www.darf.org.uk (FGM advice).

Our beliefs and values are influenced by a range of factors. Some young people and adults with autism have never had the chance to discuss or question their values or beliefs. It is helpful for staff to open up ideas and help service users to fully understand what they have been taught. This could include why their religion does not support the use of contraception, or approve of same-sex relationships.

Service users may also need help and support to uphold their beliefs and live life accordingly. 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. It should also be recognised that people's culture beliefs, values and sexual behaviour can, and often do change.

Whilst each person should be free to step outside, or leave behind, their beliefs and religion, they should also be made aware of any consequences. For example, their place within their family or community.

Where the wishes of the young person or adult goes against those of the legal guardian, staff must discuss this with their line manager. It is important that the service user is central to any decision and the outcome is in the person's best interest.

Section 3 - Legal Framework

The Law in Scotland allows that people over the age of 16 are able to consent to sex and have a right to have sex and sexual relationships. These rights apply equally to adults with learning disabilities (unless they lack capacity to consent), described in the legislation below:

- Adults With Incapacity (Scotland) Act 2000;
- Mental Health (Care and Treatment) (Scotland) Act 2003;
- Adult Support and Protection (Scotland) Act 2007;
- Sexual Offences (Scotland) Act 2009.

This legislation is designed to strike a balance in protecting people who do not have capacity to consent to sexual relations, or are vulnerable to harm, whilst upholding and preserving the rights of those who do have the necessary capacity to consent.

The principles set out in the Adults With Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007 provide the framework for considering this balance.

The principles that must be considered by workers (and carers) when considering issues for someone with a learning disability in relation to sexual health and wellbeing include whether intervention:

- Is necessary;
- Has maximum benefit for the person;
- Restricts the person's freedom as little as possible;
- Takes account of their past and present wishes;
- Has regard to the views of others;
- Ensures the person's abilities are maximised;
- Takes into consideration the persons background and characteristics.

3.1 SEXUAL OFFENCES SCOTLAND ACT 2009

<http://www.gov.scot/Resource/Doc/254429/0105624.pdf>

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

The Sexual Offences (Scotland) Act 2009 also creates a specific offence of “Sexual Abuse of Trust of a Mentally Disordered Person” which means that anyone who has a role to “look after” or care for a person with a learning disability commits a criminal offence by having any sexual relationships with that individual. “Look after” includes those with a role to provide care, teach, train, supervise or be in “sole charge” of an individual.

3.2 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. It is decision specific. 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.**

Staff should ensure that they are aware of a service users’ capacity to consent, and to which aspects of their lives this applies. Equally, they should be aware of any guardians and the extent of their legal decision-making powers. Staff also have a duty to inform and educate service users to enable the person with autism to gain understanding/capacity.

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. ('Communicate' means by any form of communication, not just verbal).

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 Scottish Autism's Child/Adult Protection Guidance 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.

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

3.3 UNDERAGE SEX, CONSENT AND THE LAW

The age of consent to any form of sexual activity is 16 for both men and women, provided that they both have capacity (understanding).

Sexual intercourse (vaginal, anal and oral sex) between young people aged 13 - 15 are offences, even if both partners consent. However, Guidance from the Scottish Government (2010) acknowledges that not every case of sexual activity in under 16's will have child protection concerns and that only appropriate cases should be brought to the attention of social work and the police*.

A range of specific offences protect children under 13, who cannot legally give their consent to any form of sexual activity.

It should be noted that the majority of young people are not engaging in underage sex, with over two thirds reporting their first sexual experience over the age of 16 (HBSC, 2010)**. However, staff working with young people should be up to date with Child Protection Training so that they can make an assessment, should they need to.

Children and young people with a learning disability have the same rights as their non-disabled peers. This means that:

- Having a learning disability does not automatically mean they cannot consent;
- Underage sex, if they can consent, is not always a Child Protection concern;
- All children have a legal right to Confidentiality. Information should only be passed on the police or social work services if it is a Child Protection concern;
- Personal information in-house should only be shared on a need to know basis. This may include a manager and/or Child Protection officer;
- Confidentiality includes not sharing information with colleagues. Be aware of in-house protocols and procedures;
- Confidentiality includes not sharing information with parents;
- It would be good practice for staff to encourage the young person to speak to their parent, carer or trusted adult as they may provide valuable advice and support. However, the young person has the right to refuse and their decision must be respected.

The National Guidance for Child Protection in Scotland (2014) (Additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect***) identifies disabled children as being at greater risk of sexual abuse and exploitation than their typically developing peers. "This is partly from the effects of their disability, partly due to their environment and partly because of the response of practitioners."

The Guidance identifies a number of risk factors for children with disabilities:

- They may lack the support of peers in whom they can confide;
- They are less likely to have had sex education;
- They may not have the communication aids which allow them to describe body parts and abuse;
- They may not have access to someone they can trust to disclose that they have been abused;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;

- They may lack self-worth;
- They are less likely to know about/understand their rights;
- They may have less choice, be used to obeying/complying, lack belief they can control things in their lives.

It is important that staff help young people to keep themselves safe and to exercise choice over their own lives. Knowledge and skills developed at home and at school and through Relationships, Sexual Health and Parenthood Education can be invaluable. Someone with a learning disability may require different techniques and resources in order to learn and to communicate, but the approach is the same.

Limited knowledge due to lack of sex education does not deem someone unable to consent to sex. People must be given information and all efforts must be made to help them understand.

They should understand:

- What sex is about (the mechanics). This way they can recognise what is involved and identify abuse if it occurs;
- That they can refuse sex and how to do this;
- That it is against the Law for someone to force you to have sex, or engage in sexual activity, and who to tell if this happens;
- What the risks are including sexually transmitted infections (STI's) and potentially pregnancy;
- How to reduce those risks by learning about contraception and condom use, and where to get these;
- That just because you are 16, it doesn't mean you have to have sex. Many people wait until they are older.

*** Scottish Government (2010) National Guidance- Under-Age Sexual Activity: Meeting the needs of children and young people and identifying Child Protection concerns .**
<http://www.gov.scot/Publications/2010/12/02143509/1>

**** HBSC (2010) Findings from the 2010 HBSC Survey in Scotland. CAHRU, Edinburgh.**

***** The National Guidance for Child Protection in Scotland (2014) (Additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect)**
<http://www.gov.scot/Resource/0045/00450942.pdf>

3.4 GUARDIANSHIP OF ADULTS

Welfare guardians can make decisions about where a person lives, as well as about their personal and medical care. The welfare guardian might be a relative, friend or a carer. The court can also appoint The Chief Social Work Officer of a local authority to be a person's welfare guardian. The law that sets out the role and responsibilities of guardians is the Adults with Incapacity Act (Scotland) 2000.

It is important that staff know whether there is a welfare guardian order in place. If so, they should know who the welfare guardian is and have a copy of the certificate and legal powers. This should tell staff exactly what legal powers the guardian has in terms of sexual health and relationships.

It should not be assumed that the guardian has unrestricted authority over all decision making, or that all information must be shared with the guardian.

Staff should ensure this information is in place when they begin supporting a service user.

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

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

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

The law says that a guardian's decision:

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

In terms of Relationships and Sexual Health, the guardian may need support in accepting the person's sexuality, while the person may need help in asserting their own rights and relationship choices.

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

Although most guardians generally act with the best interests of the person in mind, staff must recognise that the decision of the guardian does not always reflect the wishes of the person with autism.

Staff must be prepared to challenge the decisions of the guardian in line with the law and good practice and in the best interests of the service user.

Guardianship orders should also be reviewed regularly to ensure that continue to be of benefit to the person concerned.

The Mental Welfare Commission have expressed concerns “about the increase in indefinite guardianship orders for relatively able young people with a learning disability in transition to adulthood and the scrutiny of the use of the powers granted”.

“It may be important, particularly where guardianship with considerable powers has been granted indefinitely when the adult was 16-18 and is now in their 20s, to reassess their capacity or the appropriateness of some of the powers.”

The wants and needs of the service user will change due to a variety of factors - age, circumstances, experience and understanding. Capacity for understanding and for consent can also change.

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

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

- Speak to their Manager;
- Speak to the Guardian to see if the situation can be resolved;
- Speak to the Social Worker overseeing the Guardianship arrangements;
- Contact the Mental Welfare Commission for advice. The MWC receive copies of all welfare guardianship orders and can check these. They can also follow up and investigate an individual’s care and treatment under the Guardianship order;
- Contact the local Community Learning Disability Team for help and support;
- Make the Guardian aware of the complaints procedure.

Staff should also:

- Collect and record the wishes of the service user. An Advocacy Service can help with this;
- Make the service user aware that they can disagree and challenge any decision under the Guardianship order;
- Make the service user aware that they can contact also social work, an advocacy service and/or the Mental Welfare Commission directly for advice and support;
- Make the service user aware that they can contact their local Community Learning Disability Team for help and support;
- Make the service user aware of the complaints procedure.

Section 4 - Scottish Autism Approach

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

Supporting people with autism 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.

Children, young people and adults with autism are entitled to confidentiality - see Scottish Autism's policy sections on Confidentiality and the National Care Standards. Staff should strive towards a climate of privacy for the personal lives of people with autism. Gossip and minor sensationalism must not take place at the expense of the dignity of service users

However, staff do have an overriding responsibility to report disclosures of abuse or illegal acts to their line manager immediately. 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.

Some people with autism 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. However, staff should also understand other terms and in particular develop appropriate language to service users.

Staff should try to feel comfortable when they are required to discuss sexual practices. If they are embarrassed or furtive in their approach, the person with autism 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.

Staff should inform each person with autism 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.

Every service user should have an opportunity to discuss Relationships and Sexual Health within their support plan. They should also be provision to answers questions and have informal discussions outwith these times.

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 with autism have a right to be treated as adults and to have their sexuality recognised and respected.

Young people and children with autism have a right to Relationships, Sexual Health and Parenthood Education.

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 autism 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 autism 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 people with learning disabilities should have:

- The opportunity to have a variety of sensory experiences, for example massage, food, music, dance, exercise, warm baths, sunshine, rain, colour, smell *;
- The opportunity to develop a sense of spirituality, for example closeness to nature, feelings of oneness, religious beliefs;
- A positive self-image, for example developing self-esteem, looking good;
- 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, menopause;
- Opportunities to learn and become informed about relationships;
- Support to maintain friendships, family and social relationships;
- Space and opportunities to develop new friendships and relationships in any manner they want (within the boundaries of the current legal framework);
- Time to make decisions for themselves about the relationships they form and about their own sexual wellbeing;
- Opportunities for sexual expression;
- Support to have long term relationships, cohabit, marry or entering into civil partnership (within the boundaries of the current legal framework);
- Support to end relationships when they choose to;
- Encouraging a sense of one's self in relation to society by, for example, providing information on, and access to, support for people with autism, people from black and ethnic minority groups, older adults, people with HIV, gay men, lesbians;
- Opportunities to express themselves and their feelings, for example pleasure, anger, happiness, loss, joy, love, desire, intimacy;
- Support to understand their feelings/desires;
- Information on different means of sexual expression, for example touch, masturbation, making love, same sex relationships, celibacy, and use of sexually explicit materials;
- Support to take informed risks and make mistakes;
- Support to learn from mistakes;
- Freedom of choice;
- Support to enjoy healthy non-abusive relationships through, for example, ensuring privacy, consent and safety, access to contraception, negotiating condom use, access to healthcare services;

- Skills to identify changes and recognise irregularities eg awareness of physical self-examination needs, differences in discharge and be supported if they don't;
- Access to condoms/contraception and sexual and reproductive health services;
- Opportunities to learn and become informed about all issues relating to sexual wellbeing.

****Everyone will have different sensory needs and preferences. This will be in their support plan.***

4.2 CONFIDENTIALITY

People with autism including children and young people have the legal right to confidentiality, unless there is concern about abuse or risk of abuse.

If confidentiality must be breached to protect someone believed to be at serious risk to themselves or others, workers must explain this in detail to the individual. This includes:

1. Tell them who is likely to be informed and why;
2. Explain what will happen to the person whose confidentiality cannot be kept;
3. Talk about the potential outcomes are for all concerned;
4. Reassure them about what support they can expect;
5. Advise them about how much of it will be written down;
6. Reassure them this will not happen with all confidential matters, just this one in particular
7. Inform service users about Scottish Autism's complaints policies and procedures and support them to use these if they feel their confidentiality has been breached.

4.3 SUPPORT FOR STAFF

People with autism 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 autism;
- 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 is of legal age, 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 service user 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 autism 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 Relationships, Sexual Health and Parenthood education includes elements of personal safety and protective behaviour training.

The person with autism should be educated and empowered to:

- Recognise the signs when personal safety is compromised;
- Learn strategies on how to feel safe and protect oneself;
- Practise opportunities to say 'yes' and 'no';
- They should also be aware of who they can talk to in confidence.

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 Scottish Autism's Child/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.
- Where it is an absolute offence eg under the age of 13.

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 Scottish Autism's Child/Adult Protection guidance and contact the named person for your area.

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). Staff have a duty of care not only to the service user you are dealing with but to any person who may be involved in the consequences of their actions.

4.6 MULTI-AGENCY WORKING

All people with autism have the right to planned and coordinated support and services from agencies with a common value base.

This means keeping the person as the focus whilst:

- Working together;
- Using consistent approaches;
- Sharing information (see confidentiality section);
- Having knowledge of appropriate specialist services, or where to get that information;
- Agreeing roles;
- Joint planning;
- Joint training;
- Being aware of different agencies roles and practices;
- Working to agreed protocols.

4.7 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 autism 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.**

4.8 INFORMATION GIVING

All people with autism including children and young people have the legal right to access any information that they need about sexual health and relationships.

Service users should be given the opportunity to ask for information and discuss sexual health and relationships during one-to-one reviews. Planned interventions may need to be part of a care plan. Information on sexual health shared at larger meetings should be on a need-to-know basis only.

People with autism may ask questions or want to discuss issues outwith planned reviews. If this occurs in a public/inappropriate place staff should suggest another place and time to talk; "That's a good questions, but we ought to talk about it in private. How about...?"

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 eg with a parent or relative, is agreed by the person with autism 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, NHS Sexual Health Services, NHS Resource Services, F.A.I.R., fpa Scotland (Family Planning Association), LGBT Youth, LGBT Health, Community Learning Disability Teams, Primary Care Services, Schools, Advocacy Services;
- People with autism, staff, families and informal carers all have information about how to disclose abuse or suspected abuse;
- People with autism 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.

4.9 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 autism around relationships, sexuality and privacy.

People with autism 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 autism should be able to lock their bedroom doors;
- Staff should not go into a service users room without seeking their permission and having very good cause. However, there may be times when permission is not required, for example, Landlords' entry rights;
- Staff should assist in helping the service user to make the room a comfortable environment;
- Staff should support people with autism to entertain friends in private.

Service users living at home will also need opportunities for privacy. Staff should speak to parents and carers about the importance of this and suggest how they can accommodate this.

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 autism 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.

4.10 INTIMATE/PERSONAL CARE

All Individuals with support needs are vulnerable and susceptible to exploitation and abuse within a care/education setting. Individuals with autism are more likely to be vulnerable to exploitation due to their lack of awareness, an inability to recognise appropriate social approaches and inappropriate touch. Many experience communication difficulties, which can result in them being susceptible to the possibility of abuse. It is therefore the responsibility of all staff to ensure that each individual's dignity and rights are supported and protected.

Physical contact is necessary when helping individuals to carry out intimate and/or personal care. An assessment of intimate care needs must be carried out, this will identify the type of support required and be recorded within the individual support/education/care plan; this should include the administration of medication where invasive procedures are necessary, support to use the toilet, support dressing and where an individual may be in a situation that puts them in danger or endangers others.

All staff involved in intimate care must be sensitive to the Individual's needs and aware that some tasks or treatments could be open to possible misinterpretation. This is especially true of individuals with Asperger's Syndrome whose ability to read social interactions and non-verbal communication may not correspond with their apparent understanding and communication skills. Good support plans and guidelines will safeguard both the individual and the staff supporting them. Clearly defined approaches and consistent work practices will ensure both the individual and the staff are safer and clearer about their roles and responsibility.

Where intimate and personal care has been identified through assessment the Individual Support Plan, Individual Care Plan and Individual Education Plan must be discussed with all parties including where possible the individual, those with parental responsibility and/or guardians. It is important to record within the support plans that the above is with the consent of those involved.

All staff should have received training and be familiar with Scottish Autism's Intimate Care Policy Statement and Guidelines.

Scottish Autism's Relationships & Sexual Wellbeing Policy should be read in conjunction with
Scottish Autism's Relationships & Sexual Wellbeing Best Practice Guidance for Staff

The Scottish Autism Relationships & Sexual Wellbeing Policy and Best Practice Guidance was designed and developed by:

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