3.2 Sexuality, intimate relationships and sex in care homes

Danuta Lipinska
Dawne Garrett
Victoria Butler-Cole
Lynne Phair
Hazel Heath
Danuta Lipinska

Specialist in Ageing and Dementia Care
Training Consultant, Counsellor, Supervisor
'My Home Life' Action Learning Facilitator

www.danutalipinska.com
RCN Guidance
published October 2018

Developed to help nurses and care staff work effectively with sexuality, intimate relationships, sexual expression and sex, particularly for people living in care homes. Aims to facilitate learning, support best practice and serve as a resource to help staff address the needs of older service users in a professional, sensitive, legal and practical way.

Contents ...
Contents of RCN document

- Later life sexuality and intimacy
- Barriers to sexuality expression
- Broaching sexuality issues
- Principles of good practice
- Legislation
- Professional issues
- When sexual expression is a concern, frameworks for working through concerns
- Case examples
Context: Legislation

- Human rights and sexual rights
- Anti-discrimination legislation
- Criminal law
- Mental capacity law

- How the Law works *(Victoria Butler-Cole, Barrister)*
Context: Professional issues and safeguarding

Nursing and Midwifery Council


Adult Safeguarding Principles (hold true around UK)

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership

(set out in Care Act 2014 Statutory Guidance chapters 13 and 14)
Case examples

- Adults in a new relationship where one is married
- Adults, new same sex relationship, family objections
- Resident asking to watch pornography
- Resident requesting help with masturbation
- Resident, intermittent capacity, sharing sexual intimacy
- Resident, mental capacity unclear, seeking sexual intimacy
- Resident, deteriorating mental capacity, seeking sexual intimacy
- Alongside cognitive impairment/dementia: accusations of groping, sexual harassment, potential grooming.
Example B: Consenting adults in new same sex relationship facing family objections

Edward and Thomas recently moved into care home. They are in love and want to live together in the home. Both have physical difficulties and need personal care. Both have cognitive impairment but assessed to have mental capacity to make this decision. Edward has adult children who contribute to the cost of his care but strongly object to their father’s new relationship.
Example F: Resident with intermittent mental capacity in partnership and sharing sexual intimacy.

Rosie, living with Alzheimer’s for about five years, has capacity to make straightforward decisions but not able to understand potential risks or consequences of some decisions. When husband Bill visits her he wants to be intimate with Rosie. She seems to welcome him and is loving towards him.
Example G1: Resident whose mental capacity is unclear seeking sexual intimacy

Anthony and Clara, both diagnosed with dementia, formed a relationship. They are happy in each other’s company, holding hands, kissing and relaxed together. One afternoon carer finds the couple in bed together. Asked if both OK, ensured no distress and left. Staff discuss and take action.

Example G2: Resident whose mental capacity is deteriorating seeking sexual intimacy

After four months, staff became concerned that both Anthony and Clara may have lost mental capacity to make decision about sexual relationship. Staff discuss and take action.
When sexuality is seen as an issue/concern/problem

- Description of ‘issue/concern/problem’ behaviour
- Is there a problem? What is the problem?
- If problem ... for whom?
- What action is needed? who needs to take action?
- Evaluate and monitor?
Starting point: The presumption must be that both people are consenting adults

**Step 1: The concern and who is concerned**
What is the sexual or intimate activity (the activity) that has caused someone concern?
Who is concerned by the activity?
What is it that concerns them about the activity?

**Action:**
If the concerns expressed suggest a lack of understanding of the residents/clients rights, wishes and desires as an adult; support the concerned person to understand and reflect on their opinions and perspective.
Consider whether to ask the couple if they want to be supported in any practical, clinical or emotional way to enable their relationship to continue or be fulfilling.

**If the concerns expressed relate to either person appearing to be unhappy or they are not able to refuse the activity move to step 2.**

**Step 2 (if above outcome does not apply)**
What verbal and non verbal indicators were observed to suggest the person is unhappy with the activity?
Are there any indicators that the behaviour may be grooming, coercive or controlling?
Do either of the adults (residents/clients) who engaged in the activity have capacity to understand their desires and actions?

**Action:**
Assess the capacity of either or both people.
Consider their capacity to consent within the context of the law
Consider whether there is a need to safeguard either person who appeared unhappy, controlled, groomed or coerced
Step 3: If both people are content but one person lacks capacity to consent to sexual intimacy
Consider the nature of the intimacy and whether the person who lacks capacity can lawfully continue in the relationship. Remember that you cannot make a ‘best interests’ decision about consent to sexual relations if the person lacks capacity to make this decision for themselves – if a person is not able to give consent, then sexual relations with that person will be an assault.
If both people are content with the relationship and there is no sexual intimacy consider who needs to know and how this may impact on partners or other family members. This includes the children of either person and whether they have the power to affect the adult’s right to companionship or intimacy.
Consider whether to ask the couple if they want to be supported in any practical, clinical or emotional way to enable their relationship to continue or be fulfilling.
Consider how to record your actions and decisions and whether other members of the multidisciplinary team need to be informed.
If sexual intimacy is occurring, staff should inform the partner who has capacity (sensitively) that the activity is unlawful. If the person with capacity continues sexual intimacy, a safeguarding alert should be raised, and action taken to protect the person who lacks capacity.
(This applies to all couples if either lacks capacity to consent regardless of the marital, civil partnership or long-term basis of the relationship).

Step 4: If either person appear discontent, groomed or coerced
Take immediate action to protect the affected person.
Inform those who have a right to know of any adverse events relating to the people involved.
Establish exactly what the activity was and the impact this has had. Information can include:
- When and where the activity occurred
- What was the activity
- What the two people were doing before the incident occurred
- What was there any grooming, coercive or controlling behaviour leading up the activity.
- Was there anything that prompted the behaviour
- How did both people react verbally and non-verbally.
- Was there any misunderstanding by either person?

Step 5: Protection plan
By analysing the information gathered; not only report on what happened but consider how either person be engaged meaningfully at appropriate times in order to prevent or reduce the risk of further activity occurring and consider other interventions as appropriate. Consider who needs to be informed and consulted, following local and national policy and guidance.
Resources


• Royal College of Nursing / Publications / *Older People in Care Homes: Sex, Sexuality and Intimate Relationships: An RCN discussion and guidance document for the nursing workforce*. Publication code 007 126.