

1.0 Aim

This policy is intended to provide a framework within which staff can provide appropriate support to service users while ensuring that professional, legal and statutory boundaries are recognized and maintained.

2.0 Related documents

- ✓ Service User Guide
- ✓ Ormerod's Safeguarding Policy
- ✓ Local Authority safeguarding procedures for vulnerable adults
- ✓ Mental Capacity Act - Code of practice

3.0 Background

- 3.1 The need for intimate emotional, physical and sexual closeness is a basic human need – one of the human givens. An inability to successfully meet this need will prevent the individual concerned from achieving optimal mental health and may result in considerable unhappiness and personal distress for some individuals. Fulfilling a need for intimacy and emotional closeness will contribute significantly to meeting other key human needs such as security, attention and a sense of status. Emotional connection with another human being goes a long way to giving our lives meaning and purpose.
- 3.2 Every human being benefits from the sense of closeness and mutual support that comes from having a network of relationships developed through school, work, hobbies and community activities. Experience of a variety of relationships helps us to develop the social skills, confidence and self-esteem that underpin our ability to make, sustain and break more personal relationships and to express our sexuality.
- 3.3 Many of the people we support will not express a need for an active sexual relationship – however all our service users have a need for human contact, friendship and opportunities to express their own individuality.
- 3.4 People with learning disabilities may have restricted opportunities to socialise, develop loving relationships and have their sexual needs met. They may find it difficult to get the information they need about relationships and sex. People with learning disabilities are also around four times more likely to be abused than the general population. People with profound disabilities and complex communication needs are especially vulnerable.
- 3.5 People's sexuality is shaped by their environment, experience and personal history. The way that an individual's sexuality is expressed (e.g. masturbation, sexual touching) may have been adversely affected by years of institutional/communal living, with a significant lack of privacy and an absence of education or emotional support.

- 3.6 Ormerod is committed to treating all service users with dignity and respect, providing privacy which is essential for healthy sexual development and supporting staff through clear guidelines and training so that they are able to foster independence and recognise vulnerability.
- 3.7 While our services are committed to enabling service users to engage in positive and consensual relationships it is important to recognize that many of our service users are vulnerable and at risk of sexual exploitation. Ormerod is committed to ensuring that service users are protected from all forms of physical, sexual and emotional abuse.

4.0 Relationships

- 4.1 The White Papers, "Valuing People" (DoH. March 2001) and 'Valuing People (DoH 2009) both emphasise the development of personal relationships as a government objective: "to enable people with learning disabilities to lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships." Valuing People stresses the need for good services to "help people with learning disabilities develop opportunities to form relationships, including ones of a physical and sexual nature." The Care Act 2014 places a clear duty on providers to promote wellbeing and relationships, including sexual relationships, can be a key part of achieving this. Furthermore "Driving Up Quality" which Ormerod is signed up to states clearly that people are supported to have friends and meaningful relationships. Finally the 2014 CQC standards require us to make sure that people have information and explanations that they understand about their healthcare and treatment options and the likely outcomes, this includes sexual health.
- 4.2 All people with learning disabilities have the right to experience a full range of relationships, including friendships and community links, as well as personal relationships. To achieve these rights means also having the freedom to take informed risks.
- 4.3 Support should be provided with social activities which are planned according to person centred needs, interests and personal circumstances rather than the needs of the service or staff. Activities should be appropriate to an adult lifestyle and support personal growth and development. People should have access to accurate information and responsible guidance to enable informed choices about any activities that may involve risk. Assessments of people's needs and any support required should be part of the individual care planning process and recorded and monitored as in other areas of support.
- 4.4 Close personal relationships, with or without sexual activity, are for the majority of people the most important factor in their lives. This applies equally to people with a learning disability.

- 4.5 Services that treat service users with dignity and respect are most likely to create and sustain environments that also recognise the importance of relationships.
- 4.6 People who have few social opportunities are unlikely to develop good social skills, meet new friends or potential sexual partners. Many service users need a great deal of support from services in order to have the opportunity to make friends and to develop and sustain relationships (whether sexual or not).
- 4.7 Service users with profound/complex needs and a high level of dependency may often be severely restricted in the extent to which they are able to express their feelings or form close relationships. It is essential that staff make every effort to improve communication skills (for the service user as well as support staff) and provide a wide variety of sensory experiences to enable the service user to more directly experience the world around them.

5.0 Sexuality

- 5.1 Sexuality is defined as that aspect of human development that relates to a person's capacity (including their learned behaviour) to experience and respond to sexual needs and feelings, to behave sexually, and to participate in sexual activity and intimacy with others. It includes sexual identity and orientation. Sexuality has psychological, emotional and reproductive aspects that are influenced by gender, class, politics and religious, social and cultural factors. A person's understanding of their sexuality is central to their self-image and self-awareness as well as impacting greatly on how they relate to themselves and others.
- 5.2 A person's sexuality and sexual behaviour should be viewed in the context of overall personal and social development, knowledge and skills. A person's sexuality is expressed through various forms of sexual activity. The term 'sexual activity' covers a far broader range of behaviour than just the act of sexual intercourse. It also includes kissing, self-stimulation (masturbation) and any kind of erotic stimulation.
- 5.3 Everyone has a right to express themselves sexually in an appropriate way and may, from time to time, need the support of staff to enable them to do this, just as we support service users to express themselves in other aspects of their life. However, it is essential that staff understand the need to protect service users and themselves while promoting the best interests of the individual

6.0 Legal Framework

- 6.1 The United Nations provides that people with a learning disability have: " to the maximum degree of feasibility, the same rights as other human beings..... (and) a right to protection from exploitation, abuse and degrading treatment".

6.2 The European Convention on Human Rights states that everyone has the right “to respect for his private and family life, his home and his correspondence and that there shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society”

6.3 Sexual Offences Act 2003 includes several provisions which are intended to protect persons with a “mental disorder” and this term would certainly include individuals with a learning disability who lack the capacity to consent. Offences against someone who is unable to choose sexual activity (impeding choice) include:

- Sexual activity with a person with a mental disorder impeding choice
- Causing or inciting a person, with a mental disorder impeding choice, to engage in sexual activity.
- Engaging in sexual activity in the presence of a person with a mental disorder impeding choice.
- Causing a person, with a mental disorder impeding choice, to watch a sexual act.
- Inducement, threat or deception to procure sexual activity with a person with a mental disorder.

6.3.2 It is an offence for a care worker to engage in any form of sexual activity with the people that they care for. The specific offences are as follows:

- *Care workers: sexual activity with a person with a mental disorder
- *Care workers: sexual activity in the presence of a person with a mental disorder
- *Care workers: causing a person with a mental disorder to watch a sexual act
- *Care workers: causing or inciting sexual activity

Support workers must ensure that the support they provide to an individual service user does not lead them to be accused of any of the above aspects of the Act.

7.0 Capacity

7.1 The Mental Capacity Act stipulates that every adult has the right to make their own decisions if they have the capacity to do so. The law requires us to assume that a person has the capacity to make decisions, unless it can be established that the person does not have capacity.

7.2 People should receive support to help them make their own decisions. Before concluding that individuals lack capacity to make a particular decision, it is important to take all possible steps to try to help them reach a decision themselves.

7.3 have the right to make decisions that others might think are unwise. A person who makes a decision that others think is unwise should not automatically be labelled as

lacking the capacity to make a decision.

- 7.4 Any act done for, or any decision made on behalf of, someone who lacks capacity must be in their best interests.

7.5 Any act done for, or any decision made on behalf of, someone who lacks capacity should be an option that is less restrictive of their basic rights and freedoms – as long as it is still in their best interests.

- 7.6 While MCA contains provisions for some decisions to be made in the best interests of someone who lacks capacity the Act does not allow decisions to be made on behalf of another person in the following areas:

- A. Consent to marriage or civil partnerships.
- B. Consent to sexual relations.

8.0 Capacity

- 8.1 Consent is a crucial consideration in the area of sexual activity, especially in relation to vulnerable people. For example, in the course of a police investigation, the degree of consent will be determined in so far as whether the person has the capacity to consent and if so did they consent.
- 8.2 When considering the above, the relationship with the other party should also be taken into account. It may be the person is in a position to exert undue influence on the vulnerable person.
- 8.3 It must also be determined whether both parties understand the legalities and consequences of sexual activities.
- 8.4 The law related to sexual acts with people with severe learning disability states that it is an offence for any person, male or female, to engage in a sexual act with someone with a learning disability if the individual did not consent or was incapable of consenting, or their consent cannot be regarded as valid, e.g. due to threats or intimidation. Someone is regarded as incapable of consenting if they are unable to:
- Understand what the act is
 - Form a decision about whether to engage in the act; or
 - Communicate any such decision

8.5 There is no clear agreement on how exactly capacity to consent to sexual activity should be assessed. During consultation on the Home Office review of sexual offences (2000) it was suggested (Foundation for Learning Disabilities) that people should at least know:

1. That sex is different from personal care.
2. That penetrative vaginal sex can lead to pregnancy
3. That penetrative anal sex is associated with a risk of HIV/AIDS

9.0 Protecting Vulnerable Adults

9.1 We have a duty to promote the best interests of service users in regard to issues of relationships and sexuality. We also have a clear duty to protect service users from abuse, including sexual abuse. All staff have a clear duty to understand their responsibilities in line with Ormerod's Safeguarding Prevention and Protection from Abuse Policy, including reporting suspected abuse of a service user.

1.0 AIM

To explain the support that is to be given by staff to meet the personal relationships and sexual health needs of adult service users.

The purpose of these procedures is to ensure a coherent and consistent approach towards personal relationships and sexuality across all areas of our provision. It seeks to ensure a proper balance between an individual's rights and responsibilities, their physical and emotional safety, and the rights and responsibilities of others. Ormerod will promote the rights of people with a learning disability to develop and enjoy personal and/or sexual relationships of their choice

2.0 RELATED DOCUMENTS

- ✓ Service User Guide
- ✓ Confidentiality and access to records
- ✓ Safeguarding prevention and protection from Abuse
- ✓ Assessment planning and review
- ✓ Risk assessment form
- ✓ Personal care plan
- ✓ Constructing a behavioural plan
- ✓ Supporting a service user with personal hygiene
- ✓ MCA-Code of practice
- ✓ Privacy and dignity
- ✓ Health Action Plan
- ✓ Person Centred Plan
- ✓ Daily Report
- ✓ Local Authority safeguarding procedures for vulnerable adults

3.0 RESPONSIBILITIES

Managers should ensure that:

- ✓ Their staff understand and respect that all service users have, to a greater or lesser extent, needs in relation to personal relationships and sexual expression.
- ✓ Staff understand the policy and the need for a consistent and coherent approach to relationships and sexual expression across the organisation, irrespective of the personal feelings and beliefs of individual staff members.
- ✓ Staff are aware of the Safeguarding procedures of Ormerod and the Local Authority and are clear in their duty to report any suspicions of sexual abuse of a service user by a staff member, other service users, relatives, friends and members of the public.
- ✓ They are alert to situations where the personal beliefs, feelings, or experiences of staff may impact on their ability to fully implement this policy, and ensure they are appropriately supported.
- ✓ Induction training should cover Ormerod's policy on personal relationships and sexuality.
- ✓ Wherever possible, agreement should be sought from all parties involved when it is felt that structured intervention, including sexual health education is appropriate for the wellbeing of the service user.
- ✓ They maintain links with external agencies and individuals who can support and enhance advice and support for positive sexual health.
- ✓ The subject of an individual's sexuality and sexual needs should always be considered as part of the agreed planning processes, including Person Centred Planning, Care Planning, Risk Assessment and Health Action Planning.
- ✓ They offer support and planning time to staff who are supporting the delivery of sexuality information and/or training to service users. This may include checking the plan and materials to be used.
- ✓ They recognise they have a professional responsibility to keep their knowledge and skills up to date. If they have any doubts about their own competence in this area, they must consult with the Operational Manager or Human Resources & Training Manager.

Ormerod is aware that there is a natural tendency for many staff to avoid the issues relating to sexuality. However, failure to address these issues may impact negatively on the service user's quality of life and in some circumstances leave the service open to a charge of negligence (e.g. failure to warn a vulnerable service user regarding potential

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abuse). As a result, we recognize the need for us to provide training, advice and support in order to counteract potential reticence or embarrassment.

4.0 RECORDING AND REPORTING

- 4.1 The Manager should ensure that records are kept in respect of support and intervention relating to the individuals sexual needs, including reporting within the daily record sheets, conversations that assist sexual understanding and knowledge.
- 4.2 Any concern about suspected sexual abuse or inappropriate behaviour must be communicated immediately by staff to their line manager. This must be recorded in line with Ormerod's Safeguarding Policy and duly reported to the appropriate Local Authority representative.

5.0 WORKING WITH FAMILIES AND CARERS

- 5.1 The involvement of parents and carers in the lives of their learning disabled son or daughter is very important. If a service user gives their permission, it can be helpful for parents to know their son or daughter is taking part in a relationships and sex education programme and to have some knowledge of the material which will be used. This can give them the opportunity to discuss any fears and confusions and also to support their son and daughter in reinforcing what they have learnt.
- 5.2 Some parents may object to a sex education programme out of principle, even if they have seen the material and are aware of the content. In such a situation, if an adult with a learning disability has capacity, still wishes to take part in a sex and relationships education programme and has made an informed choice to do so, they should be supported to attend the course or be involved in the discussion. Any such decision to support a service user in accessing training and information about sexuality, relationships and related health needs should be recorded and discussed with the appropriate Line Manager.
- 5.3 Service users should be offered the services of an advocate if they feel they want support in expressing their wishes to their parent carers.
- 5.4 Some parents may object to their adult son or adult daughter having sexual feelings and wanting to have intimate personal relationships. This issue can be a very emotive one and staff will need to acknowledge the potential conflict of views over the expression of sexuality between a service user and his/her parent(s). It is important to work in partnership with families, whilst keeping the person with a learning disability as the focus, ensuring that their needs and rights are of primary importance.
- 5.5 Staff should ensure that families and carers have the opportunity to find out about and discuss issues relating to relationships and the sexual well-being of their son/daughter. However, staff must respect the right to privacy with regard to personal matters and,

the service user's permission should always be sought prior to discussing such matters with their family.

6.0 ASSESSMENT AND PLANNING

- 6.1 Individual risk assessments should clearly identify where a service user is vulnerable to sexual exploitation or may pose an unacceptable risk to others.
- 6.2 Assessments should identify the specific assistance, including education that is necessary to enhance the service user's relationships. Interventions and supports should be clearly identified within the service user's care and person centred plan.
- 6.3 In order to identify a person's current level of sexual understanding it may be helpful to seek a specialist assessment, which can be undertaken by a Community Nurse, Psychologist or independent practitioner.
- 6.4 The care planning process should include an assessment of capacity to consent. Whilst a person may be incapable of making certain decisions in their life, they may be capable of making and retaining other decisions. An assessment of capacity for the purposes of sexual relationships must be specifically about the adult's abilities to understand sexual and personal relationships.
- 6.5 Clearly, professional intervention and assessment is not necessary in every situation. In areas where there is any doubt, workers should ask for a professional assessment of the person's intellectual functioning, communication skills and current level of knowledge and understanding of sexual and personal relationships.
- 6.6 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.
- 6.7 There are situations where people may be engaging in activities which one individual may judge 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.
- 6.8 Workers are not expected to make a value judgment about the rightness of any sexual activity which is taking place. However, they are expected to be sensitive to the possibility of abuse. If workers are unsure, they must bring any observations or concerns

to the attention of their line manager.

7.0 PROFESSIONAL BEHAVIOUR

- 7.1 Some aspects of personal care (especially those involving undressing) can involve intimate touch and can have sexual connotations. Staff must behave with sensitivity and in a manner that respects the individual's dignity, when undertaking such personal care. Staff should be aware of the 'supporting a service user with personal hygiene procedure'. (PC-03).
- 7.2 Staff should be alert to colleagues who fail to respect service users' privacy, gossip, tease, flirt or are inappropriately intimate (verbally or physically). Any such concerns must be discussed with their line manager or appropriate senior manager.
- 7.3 Relationships between service users and staff need to be established and maintained within clear boundaries. If clear boundaries around touch, for example, hugging, holding hands, delivering intimate personal care are not understood and implemented, then people with a learning disability may receive varied and confusing messages.
- 7.4 It is a disciplinary offence for any staff member to have any type of sexual relationship with a service user regardless of their level of understanding or ability, or whether they welcome a sexual relationship or not. It is essential that staff work to agreed standards of care and support and recognise the power imbalance that exists in staff and service user relationships. Any sexual touch or expression between staff and service user is inappropriate and would constitute breaking the law.

8.0 SEXUAL RELATIONSHIPS

- 8.1 Ormerod recognizes that people with a learning disability should have the opportunity to develop a range and variety of relationships. Relationships that develop may or may not have a sexual element. Staff should be aware of their responsibility to provide direct information or access to support or advice to enable individuals to make an informed decision about embarking upon a sexual relationship P
- 8.2 People with a learning disability have a right to engage in a sexual relationship provided they can give informed consent and such activities are within the law and take place in private. If there are doubts about the capacity of either party to give informed consent then the Manager should ensure that these concerns are fully discussed every effort is made to inform and protect the individual concerned.
- 8.3 Staff should ensure that sexual health care needs are identified through the Health Action Planning process (Orm-HAP) and that service users are provided with access to the full range of relevant sexual health checks and services provided by local mainstream primary health services.

9.0 SEXUAL ORIENTATION

- 9.1 Staff should acknowledge that people with learning disabilities have the right to a consenting sexual relationship with someone of the opposite or same gender. If a person with learning disabilities thinks they may be lesbian, gay, bisexual or transgender then an issue for him or her maybe accepting that themselves. They should be offered full support by workers to help them discover their sexuality. This could perhaps involve contacting agencies and organisations to meet peers or to access specific information, support or counselling.
- 9.2 Finding acceptance from others, such as staff, friends and family will be very important to the individual and staff need to be aware of their own values around same sex relationships on ethical, moral or religious grounds. Workers should not impose their own beliefs on people with learning disabilities and any discrimination must be challenged.
- 9.3 Sexual health and relationship education programmes, provided in house or sourced externally may provide an appropriate forum for fuller discussion of the issues.

10.0 MASTURBATION

- 10.1 Masturbation is a natural expression of sexuality and should not be discouraged. However, service users may need assistance to understand that this activity should only take place in private.
- 10.2 Service users may also need guidance and support with masturbation, but the nature of this support should be fully discussed within the staff team and documented. Intimate physical contact in this context must always be avoided.
- 10.3 Where staff become concerned that masturbatory practices appear excessive or are causing physical harm, they should seek advice from their line manager, who may need to contact external agencies.

11.0 SEXUAL AIDS

- 11.1 The use of everyday objects for sexual stimulation and pleasure may pose a risk or cause harm to an individual. In such circumstances, service users may need to be supported to use specialist sexual aids.

12.0 TOUCH

- 12.1 Intimate touch of another person's body is an entirely natural expression of sexuality. However, there are circumstances when such behaviour is unacceptable or inappropriate.
- 12.2 The difference between sexual and non-sexual touch is often subtle and can be open to misunderstanding on both sides. Service users may need to be helped to communicate how they feel about different forms of touch. Service users may also need to be helped to understand that certain forms of touch are not necessarily acceptable to all the people they meet or in certain social situations. Similarly, staff should be clear about the implications of different types of touch and should not collude with socially unacceptable contact.

13.0 SEXUALLY EXPLICIT MATERIAL

- 13.1 Other than for training purposes, staff must not bring sexually explicit material into the work setting or seek to influence service users to obtain it. Nor should they provide access to sexually explicit materials via electronic media whilst at work either for themselves or a service user. On those occasions where it is deemed appropriate for staff to help a service user to purchase such material for their own personal use, it must be the clearly stated wish of the service user and have been agreed in advance by the manager and/or by a multi-disciplinary team. The decision should be recorded and monitored.
- 13.2 An individual person may purchase legally available sexually explicit material if he or she wishes and is able to use it in a socially responsible manner. However material of this nature should be kept in the privacy of the individual's room. If acquired electronically, the service user should be advised to have their computer password protected. Although they should not be made to feel guilty about using such material, staff should explain that other people may find it embarrassing.
- 13.3 Where service users are known to be accessing material that involves illegal sexual activity (e.g. paedophilia, bestiality or sexual violence) this must be reported to the line manager and subsequently the Operational Manager, who will advise the worker on informing the police. Where there are also concerns that the service user poses a potential threat to others or is being unduly influenced by others, Safeguarding Adults procedures should be invoked.

14.0 CONTRACEPTION

- 14.1 Contraceptive advice is legally and freely available to everyone who is over 16. If service users are beginning to consider or to have sexual intercourse, they should be supported

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in finding information and advice about contraception for example through GPs, Family Planning Clinics or Learning Disability Nurse.

- 14.2 Nobody can be given contraception without their knowledge or consent. Unless the service user consents, staff should not discuss contraception with parents or others and will seek to maintain confidentiality at all times.
- 14.3 Service users should be supported and facilitated to take control of and manage their own health care, including support to gain access to up to date information and advice about general health issues e.g. contraception

15.0 MARRIAGE, LIVING TOGETHER AND DIVORCE

- 15.1 People with learning disabilities have the same rights in law as anyone else to marry or live together. Providing the person is over 16 years and has a general understanding of what it means to get married or enter a civil partnership, he or she has the legal capacity to consent to marriage. No one else's consent is ever required.
- 15.2 The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent.
- 15.3 If people with learning disabilities express a desire to marry or live together, staff should be willing and able to discuss this option with them sensitively and seriously. Only if the couple agrees, can workers involve parents and carers. However, the benefit of parental/carer support should be emphasised. Workers should be aware of the subtle distinction between offering guidance and influencing people's decision making. The professional's responsibility is to clarify the implications of various actions and to assess practical support needed by the couple.
- 15.4 Living together/marriage will mean that the person's financial and legal obligations will change. Workers may need to help the person with learning disabilities to access appropriate impartial information and advice. There will also be implications for the nature and amount of support offered, which will require referral to the Local Authority for a Community Care reassessment of need.
- 15.5 As with other couples, service users may experience unsuccessful marriages, some of which may end in divorce. It is important that workers and/or parents do not demand guarantees that a marriage/living together between two people with learning disabilities will work. The law relating to divorce is the same for a couple with learning disabilities as for others. Workers should be aware of the support services on offer e.g. counselling and mediation. Again, the staff's role would be to offer guidance on the implications of any action.

16.0 INFORMATION / SEX EDUCATION

- 16.1 All people with learning disabilities should be entitled to access information (with assistance if required) and in an accessible format that they need about relationships and sexual well-being. In fact evidence shows that by ensuring that people have access to clear, accessible and correct information regarding sexuality/sexual orientation, body knowledge and relationships we can reduce the number of people who are at risk of abuse by enabling people to feel comfortable and able to talk about experiences that they have.
- 16.2 Consequently Ormerod will ensure that service users have opportunities to learn about sexuality and relationships both individually and in group settings. We recognize that service users may wish to choose the manner in which they are informed and that we therefore have a responsibility to provide a number of options, which may involve our own staff and external agencies.

17.0 PROTECTING STAFF

- 17.1 Ormerod recognizes our absolute duty to do our best to protect service users from abuse but we also recognise a responsibility to protect staff from unwarranted allegations that may arise in the course of fulfilling their work responsibilities.
- 17.2 This kind of risk can be minimised by open communication within the team, good observation, careful assessment and effective documentation.
- 17.3 When any service user is known to display sexually provocative behaviour towards members of staff, this must be clearly documented. The service user's support plan should contain guidance for the management of this behaviour, including the need for a chaperone or additional support in certain situations.
- 17.4 A record should be made of any comment or act by service users that could result in a compromising situation or lead to an allegation of abuse. Any allegation of sexual abuse against staff must be clearly recorded and investigated in accordance with Ormerod's Safeguarding Adults procedures.
- 17.5 If a service user wishes to access a prostitute as part of their desire for sex the staff member must not support the person to do this until they have sort advice from their line manager to ensure that an offence will not be committed. **Staff must never support a service user to follow a course of action that could potentially or does constitute a criminal act.**

18.0 STAFF TRAINING

- 18.1 Ormerod will actively promote effective staff training relating to personal relationships, sexuality and sexual health, linked to an annual training needs assessment and annual learning and development plan.1
- 18.2 We will seek to ensure that staff have access to a range of materials and sources of information and advice, for their own use and for people with a learning disability and their carers.
- 18.3 Staff also have a responsibility to identify their own learning needs in this area, through supervision and appraisal systems.