



***POLICY ON
Matters Relating
to Sexuality***

KARE POLICY DOCUMENT				
Policy Owner:				
<i>Rev. No.</i>	<i>Approved by OMT</i>	<i>Approved by KARE Board</i>	<i>Launched Heads of units</i>	<i>Operational Period</i>
Rev. 1	May 2006	May 2006	May 2006	May 2006 – Oct 2013
Rev. 2	Nov 2012	Feb 2013	Nov 2013	Nov 2013- May 2015
Rev 2.1	May 2015	N/a revised to update references	June 2015	June 2015 – Feb 2018
Rev 2.2	February 2018	March 2018	March 2018	March 2018 -

Section 1: Policy

1.1 Background to this Policy

KARE endeavours to provide a comprehensive service to individuals who use the service. A range of support needs will be identified through a person centred approach. Some of these support needs may be matters relating to sexuality.

It is important to recognise that there are a wide variety of ethical stances in relation to the area of sexuality. In order to have clarity and consistency around the way in which we meet these support needs, it is important to have a policy on matters relating to sexuality.

KARE is committed to working in partnership with individuals with intellectual disability, their parents/guardians and families to ensure that matters relating to sexuality are being met in an appropriate manner.

This policy outlines KARE's position which is influenced by the 2006 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the current Irish Law: the Criminal Law (Sexual Offences Act) 2017.

The UNCRPD became a legally binding instrument for the European Union on 22 January 2011. This Convention sets down minimum standards for the protection and safeguarding of the civil, political, social, economic and cultural rights of persons with disabilities including their right to sexual expression and sexual relationships.

Ireland signed the UNCRPD in 2007. It has still to be ratified by Ireland.

Section 21 of the Sexual Offences Act, 2017 relates to the offence of having sex with a "protected person".

A protected person is defined as "a person who lacks the capacity to consent to a sexual act if he or she is, by reason of a mental or intellectual disability or a mental illness, incapable of-

- a) understanding the nature, or the reasonably foreseeable consequences, of that act,
- b) evaluating relevant information for the purposes of deciding whether or not to engage in that act, or
- c) communicating his or her consent to that act by speech, sign language or otherwise"

This policy acknowledges the rights of people with an intellectual disability to appropriate sexual expression whilst giving guidelines that provide protection from exploitation.

1.2 Aim of policy

This policy will provide information on KARE's position on matters relating to sexuality in the following three areas:

- Education
- Risk Awareness
- Sexual expression

1.3 Scope/non-scope of this policy

This policy applies to all services and supports provided by KARE to adults. It does not apply to children under 17 years of age.

1.4 Details of the Policy

1.4.1 Education

1.4.1.1 Education for people who use the service

KARE will provide people who use the service with information and education regarding relationships and sexuality that is consistent with their functioning level, age and current needs as identified through the person centred approach or through individual referrals.

1.4.1.1.1. Goals for education of people who use the service

The goals of education for people who use the service are as follows:

- to provide general knowledge about sexuality and relationships
- to provide education to individuals on specific issues
- to provide information to reduce the risk of abuse or exploitation

1.4.1.1.2 Ways in which education is provided by KARE

Education will be provided to suit the needs of individuals both in terms of form, content and accessibility. For some people, a group approach might be suitable.

Education may take the form of:

- formal sessions with individuals/groups presented in modular form by appropriately trained staff (see 4.1.3)
- formal support provided-as follow-up to sessions, with appropriately trained front-line staff
- informal day-to-day interaction between staff and people who use the service

When formal sessions on relationships and sexuality are scheduled, information on how to apply will be sent to unit heads.

Applications for education in relationships and sexuality can be made by people who use the service, or by their families or staff in consultation with the individuals concerned.

1.4.1.2 Information for families

Line Managers will advise and support people who use the service to inform their families that they have requested or are being offered education in relationships and sexuality.

Further education on specific issues related to the sessions can be made available on request. Families are also welcome to contact a member of staff for further information or clarification they may require on any specific issue or area of concern.

1.4.1.3 Information and training for staff

KARE will provide training on this policy to all staff to ensure consistency of approach by staff on matters relating to sexuality. This will ensure that individual staff do not impose their own values and standards on service-users.

In addition, KARE will offer training in sexuality and intellectual disability which will equip staff with the knowledge, skill and competence to respond appropriately to sexuality issues that may arise in daily situations when working with individuals with intellectual disability. It will also encourage staff to reflect on attitudes towards the sexuality, sexual development and sexual expression of individuals with intellectual disability.

Staff involved in the delivery of formal sessions for people who use the service in relationships and sexuality will be provided with additional training to equip them with the necessary skills for this.

1.4.2 Risk Awareness

KARE endeavours to raise the knowledge of people who use the service in order to reduce the risks associated with matters relating to sexuality. These risks may include the risk of sexually transmitted infections (STI's), unwanted pregnancy, sexual exploitation and abuse.

The level of risk will vary with individuals and situations. Situations where there may be increased risk may involve individuals who use the service interacting with other people who use the service, staff, family or community members. Particular attention should be given to increased risk where there have been prior concerns.

KARE aims to raise risk awareness through the provision of:

- Education of people who use the service
- Information to families
- Staff training
- Policy and procedures as outlined in this document

Where staff have concerns about an individual's well being or potential risk around matters related to sexuality, they should raise this with their line manager. The line manager may initiate a formal risk assessment which might identify the need for sex education and/or clinical input.

Referrals to clinicians may be required for:

- An assessment of Capacity to Consent:
It is assumed that people who use the service have the ability to consent. In situations where this is queried, it may be necessary to carry out a formal assessment in order to establish whether or not the person has the ability to consent. A person's ability to consent will be assessed by the team's social worker and psychologist in conjunction with relevant others.
- Individual support work from clinicians/therapists
- Planned interventions for individuals which will outline recommendations of strategies to be carried out by front-line staff.

KARE has specific procedures for the investigation and management of non-accidental injury and sexual abuse of people who use the service both by staff members and others. In the case of alleged non-accidental injury and sexual abuse by a staff member the nationally approved “Trust in Care” policy will apply. In the case of an allegation against anyone other than staff the “Safeguarding of Vulnerable persons at Risk of Abuse” policy will apply. In the case of individuals under the age of 18 the nationally approved “Children First” Guidelines 2011 applies.

1.4.3 Sexual Expression

KARE will endeavour to support people in the appropriate expression of their sexuality. What is deemed to be appropriate will depend on the form of sexual expression, the situation in which it is expressed and the person’s ability to consent. KARE does not discriminate against people who use the service on the basis of their sexual orientation in line with the Equal Status Act (2000).

For the purpose of this document sexual expression is divided into three levels:

1. Basic Sexual Expression
2. Moderate Sexual Expression
3. Intimate Sexual Expression

1.4.3.1 Basic Sexual Expression.

This level refers to situations where individuals express themselves in a basic sexual manner such as dancing alone or with others, holding hands, hugging, sitting on laps and kissing on the cheek or lips.

KARE deems it acceptable for people who use the service to engage with each other in a basic sexual manner in:

- KARE’s local services
- KARE’s residential houses
- KARE’s short break houses
- during social activities organised by KARE.

However, basic sexual expression may be deemed inappropriate in

- a supported employment workplace
- during formal classes
- where one individual taking part is visibly uncomfortable with what is taking place.

If other service users are present and objecting to acceptable basic sexual expression, they should be informed that what they are seeing is acceptable and if they continue to be uncomfortable it can be suggested to them that they go somewhere else where they will not be disturbed by it.

When basic sexual expression occurs at inappropriate times or in inappropriate settings, staff should redirect the individual in a non-punitive manner.

If inappropriate incidents are repeated, despite re-direction, this should be discussed with the line manager who may decide to convene a case review.

If staff are unsure about whether or not an individual's behaviour falls within the range of acceptable basic sexual expression, then they should discuss this with their line manager.

It is noted that the activities listed above may be non-sexual in nature but appropriate time and location still applies.

1.4.3.2 Moderate Sexual Expression.

For the purposes of this document this level refers to: Access to sexually explicit materials, prolonged kissing, intimate dancing, touching of breasts or genitals of others, and self masturbation.

Moderate sexual expression is not appropriate:

- in local services
- in the common rooms of residential houses where others are present
- in the common rooms of short break houses where others are present

Access to sexually explicit materials:

Sexually explicit materials are books, pornographic magazines, films, DVD's, social media, or other materials which are specifically designed to create sexual excitement.

People using the service who are over the age of 18 can view legally produced sexually explicit material.

It is inappropriate to view legal sexually explicit materials in local service buildings. An individual who brings sexually explicit materials into a local service should be given an explanation of why this is inappropriate and redirected to keep the materials in their locker or bag.

People using the service who wish to use legal sexually explicit materials can do this in the privacy of their own bedrooms in residential houses. If two or more people who use the service wish to view sexually explicit material together in a bedroom, then the staff team will need to decide whether or not this is appropriate based on their knowledge of the individuals and their ability to consent. This may also need to be discussed at a case review. If there are concerns about an individual's ability to consent, there may be a need to refer the person to the clinical supports team for an assessment of this.

Use of illegal materials is unacceptable in all situations. Use of legal materials by people who use the service under the age of 18 is also always unacceptable. If these situations arise in any of KARE's locations or during activities associated with KARE, staff should explain that this is illegal and confiscate the materials. The line manager should be informed of this and given the illegal materials. The materials will be locked away and a member of An Garda Siochana must be informed of the illegal materials and their procedures will then be followed.

Under no circumstances must any staff member take any illegal materials in any of their own personal vehicles, any KARE vehicles, or on their person without notifying a member of An Garda Siochana.

If staff have concerns about the legality of the materials, or that the materials being used are affecting the well being of an individual who uses the service then these concerns should be brought to the line manager who in turn may call a case review.

Prolonged kissing and intimate dancing:

Prolonged kissing means intimate mouth to mouth kissing.

Intimate dancing means dancing with close bodily contact where sexual arousal can occur.

Prolonged kissing and/or intimate dancing are permitted at the social club dance or at other KARE social events between people who appear to have common enjoyment in the activity and where it is clear no exploitation is taking place.

Prolonged kissing and/or intimate dancing with a partner is also permitted in residential/respite houses when other people who use the service are not present.

In situations where one of the couple involved in the activity appears not to enjoy the activity, or where staff have concerns about exploitation, the incidents should be stopped in a non-punitive manner and reported to the line manager who will

call a case review by the team around the person, the team should develop guidelines on how to respond in future situations.

If prolonged kissing and/or intimate dancing occur in situations typically deemed as inappropriate, staff should redirect the individual in a non-punitive manner.

Sexual self stimulation and Self masturbation:

In residential and respite services, an individual may engage in sexual self stimulation and/or self masturbation in their own bedroom or the bathroom on their own.

In exceptional circumstances, sexual self stimulation and/or masturbation may be part of a Behaviour Management Plan or Behaviour Support Plan that has been put in place by Clinicians to regulate this behaviour in day services. Such a programme will ensure the privacy of the individual concerned.

If sexual self stimulation and/or masturbation occurs in other situations, staff should endeavour to stop the behaviour in a non-punitive manner, using verbal instruction or gestures. In a residential/respite setting the individual should be redirected to the privacy of their bedroom or the bathroom.

If the behaviour is repeated, it should be discussed with the line manager who will call a case review.

Additional concerns in relation to an individual and self stimulation and/or masturbation, such as potential self-injury or health risk, should be discussed with the line manager who may convene a case review. It may be agreed to carry out a risk assessment and/or to refer to the clinical supports team.

Touching of breasts or genitals of others:

Touching of breasts and/or genitals of others refers to a person deliberately handling the breasts or genitals of another. This may involve direct skin contact, or contact through clothes.

Individual's using the service in a relationship may be allowed to be alone in a bedroom where they will have privacy and may explore touching of breasts/genitals.

If staff have concerns about one or both individuals understanding of sexual behaviour, ability to consent, sexually transmitted infection or contraception they should intervene in a non-punitive manner to ensure the safety of one or both involved in the behaviour. They should inform their line manager who will

convene a case review. It may be agreed to carry out a risk assessment and/or to refer to the clinical supports team.

1.4.3.3 Intimate Sexual Expression.

For the purposes of this document this refers to: mutual masturbation, oral sex, anal sex, sexual intercourse.

Adults who use the service can engage in the above activities in the privacy of their own bedrooms in their own homes or in homes where they are tenants.

Adults in relationships using alternative respite can receive support/education in relation to intimate sexual expression if required by both and both are deemed to have the ability to consent.

Adults who use the service cannot engage in the above activities in house-based short breaks.

If staff have concerns about one or both individual's understanding of sexual behaviour, ability to consent, sexually transmitted infection or contraception they should intervene in a non-punitive manner to ensure the safety of one or both involved in the behaviour. They should inform their line manager who will convene a case review.

Some forms of sexual expression can be illegal, harmful to the individual, or intrusive and infringing on the rights of others. KARE acknowledges that in these situations, there will be a need for individual interventions to provide the appropriate guidance and advice for the individual concerned.

In the case of adults who use the service who are actively engaging in intimate sexual expression outside of KARE's premises and activities, who request support and or advice, a referral can be made to the clinical supports team.

If staff have concerns about an individual using the service who may be engaging in intimate sexual expression outside of KARE's premises and activities they should inform their line manager. It may be agreed to carry out a risk assessment and if specific concerns are identified, a referral can be made to the clinical supports team.

Where there is a concern that the sexual activity may be abusive, KARE's policies "**Safeguarding of Vulnerable persons at Risk of Abuse**"²² or Child Protection and Welfare Policy will be implemented.

1.5 Documentation relevant to this Policy

Childrens First National Guidelines for the Protection and Welfare of Children 2017
UN Declaration on Rights of Disabled People. (1995)
Criminal Law (Sexual Offences Act). (2017)
General Assembly of the UN. (1994)
Equal Status Act. (2000)

Section 2: Procedures

2.1 Education for people who use the service

2.1.1 Procedure for people who use the service to apply for formal training on sexuality:

2.1.1.1 Course Tutors will notify line managers when courses for people who use the service will be held and invite applications from people who use the service. Instructions for how to apply will be given to heads of units.

2.1.1.2 Line managers will inform staff reporting to them of upcoming courses for people who use the service on sexuality and relationships

2.1.1.3. Line managers and staff reporting to them will identify the most appropriate staff person to inform individuals of upcoming training on sexuality and relationships.

2.1.1.4. The identified staff person will clarify with the individual whether or not they are interested in any training on sexuality and relationships.

2.1.1.5. The identified staff person will offer the individual support to fill out the application form which is found on KARE Connect.

2.1.1.6. Applications will be sent to the tutors.

2.1.1.7. Based on the information received, tutors will decide which applicants will be offered places and whether the place will be individual or group. (This will be based on ability and group compatibility.)

2.1.1.8. Tutors will inform applicants and their staff whether or not the applicant has been offered a place on the course

2.1.2 Procedure for formal support as follow-up on sessions

2.1.2.1. On completion of formal training, tutors will write a short summary report of:

- What was covered in the sessions
- What areas the individual appeared to understand/learn well
- What areas need follow up
- Recommendations re. follow up (goals, how often, materials to be used)

- Any other recommendations

2.1.2.2. Staff with QQI (Quality and Qualification Ireland) level 5 training will be responsible for follow up support. They will draw up a plan for this based on:

- the individual's needs
- the individual's interests
- the recommendations from the course tutors.

2.1.2.3. The line manager will be responsible for following up any other recommendations made.

2.1.3. Procedure for informal day-to-day interaction between staff and people who use the service re. sexuality and relationships

2.1.3.1. On completing the 2 hour training re the policy "Matters Relating to Sexuality" and the 6 hour training on "Sexuality and intellectual disability", all staff should be able to respond appropriately to questions people using the service may have that relate to the basic level of sexual expression.

2.1.3.2. Staff with QQI level 5 training should be able to respond appropriately to questions people who use the service may have that relate to the moderate and/or intimate level of sexual expression.

2.1.3.3. Staff without QQI level 5 training, who are asked questions by people who use the service that relate to the moderate and/or intimate level of sexual expression should tell the individual that they will pass their question on to appropriately trained staff.

2.1.3.4. Any questions from people who use the service re. sexuality and relationships should:

- be dealt with in a discrete and respectful manner
- addressed in an appropriate place and time
- documented together with the individual on contact sheets.

2.1.3.5. If staff have any concerns based on the nature of questions or the content of information an individual who uses the service may have disclosed, they should report this to their line manager who may convene a case review if required.

2.2 Information for families

2.2.1. Staff will offer support to people who use the service in informing their family of their intention to take part in the course

2.2.2. Staff receiving calls from families should;

- clarify the purpose of the call (questions, concerns)
- reassure the family that you will pass this on to the SCL/LSL and that they will get back to them
- report the call and pass the questions and concerns of the family to the social care leader/local service leader

2.2.3. If required, the social care leader/local service leader can contact the tutor to get the necessary information to address the family's questions and concerns

2.2.4. If, at any stage in this process, the families respond in a way that may represent a restriction of the rights of the individual to receive requested training and information, then the matter should be brought to the line manager who may choose convene a case review to agree on a strategy to resolve this.

2.3 Information and Training for Staff

2.3.1 Training on the policy

Training will be provided on an on-going basis by line managers to all front-line staff.

2.3.2. Training in sexuality and intellectual disability for all front-line staff

A 6 hour training package will be available for all staff. A 2 hour refresher course will be available every 3 years.

2.3.3. Training in QQI level 5 Sexuality and Intellectual Disability

KARE will offer internal training in QQI Level 5 "Sexuality and Intellectual Disability". Applicants should have expressed an interest in this training through their performance management meetings, and/or be interested in being involved in training or follow-up of training of people who use the service.

2.3.4. Tutor Training

Staff who have completed QQI Level 5 "Sexuality and Intellectual Disability" and who would like to become tutors of people using the service will need to complete a tutor training course. Applicants should express their interest in this training through their performance management meetings.

2.4 Risk Awareness

2.4.1. Staff with concerns re. risk of an individual who uses the service with regards to matters relating to sexuality must bring this to the attention of their line manager.

2.4.2. The line manager should bring this concern to the staff and relevant clinicians supporting the individual. Family may also be involved in this if appropriate.

2.4.3. The team supporting the individual may agree:

- There is no risk
- There is a risk and recommend interventions
- There is a risk and refer to relevant clinician(s) if not already referred

2.4.4. Clinicians may respond to the potential risk with:

- Assessment of capacity to consent in order to identify support needs
- Individual support sessions between the clinician and the individual
- Planned intervention with front-line staff supported by the clinician

2.5 Responses to inappropriate sexual expression

On observing inappropriate sexual expression as outlined in the policy, staff should respond in a non-punitive manner and redirect the behaviour to a more appropriate time, place or form.

Non-punitive responses:

- Do not involve punishment or threat
- Are carried out in manner that is
 - Calm
 - Respectful
 - Discrete
- Explain why about the time, place or form of the behaviour, or the behaviour was inappropriate

If the non-punitive redirection does not stop the behaviour, or the behaviour is repeated, it should be brought to the attention of the line manager.

The line manager can seek support from psychologists/social workers in making decisions about responses to concerns about risk or inappropriate sexual expression.

In some instances, there may be concerns about rights restrictions regarding matters relating to sexuality. In these cases, the line manager can look for support from relevant clinicians and may choose to call a case review to discuss the concerns and ways of addressing the.