

Key Findings

Research of training needs relating to the implementation of HCC policy 'Personal Relationships and Sexuality' for Adults with care and support needs.

Research period: 1st November 2018 - 18th February 2019.

Date of report: 20th February 2019

Written By: Jennifer Hudson (Registered Learning Disability Nurse) and Shannon Reddin (Relationship and Sexual Health Promotion Practitioner) Joint Managing Directors of Ready2Shine CIC

Completed by:



Supported by:



Gathering of Findings; Method:

From the period of November 2018 to February 2019 Ready2Shine CIC was commissioned by Hampshire County Council to complete research across Hampshire. This research was aimed at the services that support Adults with care and support needs to better understand their learning needs in relation to supporting adults with the agenda of personal relationships and sexuality. This research started in the form of an electronic Questionnaire/Survey that was sent out to various professionals with a strong focus on Learning Disabilities, Physical Disabilities, Mental Health, Older Persons and Sexual Health Providers.

The Survey started with the participant's background with regards to their knowledge and use of the Hampshire Personal Relationships and Sexuality Policy. It asked specific details about their occupation and their current and previous training to date. It then moved onto participants confidence and knowledge in various subject matters that we will discuss throughout the duration of this report.

In addition to the survey, Ready2Shine facilitated two workshops that provided an opportunity to focus, in more depth on the learning and development needs of those that support Adults with care and support needs. The aim of the workshops was to further understand the training needs of the workforce exploring their current knowledge base, concerns relating to practice and training, feedback in relation to the Hampshire Relationships and Sexuality Policy and the design of potential future digital learning.

Who was involved; Survey:

We had 55 responses to the survey overall. 36.4% were Social Care Professionals, 38.2% were Health Professionals, 10.9% were Carers and the remainder made up 'Other' Professionals in the care sector. 49.1% were Hampshire respondents, 34.5% were Solent (Portsmouth and Southampton) with the remainder sitting outside of these areas.

61.8% represented the Learning Disability field, 12.7% Older Persons Team, 5.5% were from Physical Disabilities, 5.5% were from Mental Health and 7.3% worked across more than one stated field within the Survey. There was equal representation of 1.8% each from Sexual health Services, Maternity, LGBTQ and Forensic.

Who was involved; Workshop delivery:

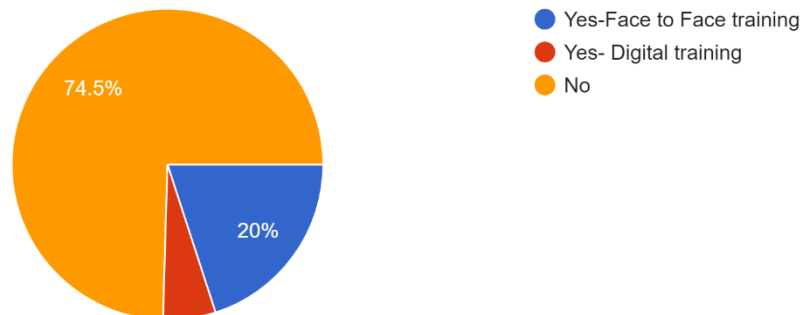
We had 27 booked attendees for both workshops collectively. However, due to sickness on both days we had a total of 17 attendees. Of these attendees, we had representation from Older Persons Team, Learning Disabilities, Further Education settings, Social Care, Public Health, LGBTQ, Forensic and Housing Support.

Background knowledge:

The Survey asked people if they had received any formal training in relation to Relationships and Sexuality; the findings are presented below in Chart A.

Have you received any form of training with regards to Relationships and Sexuality for Adults in care

55 responses

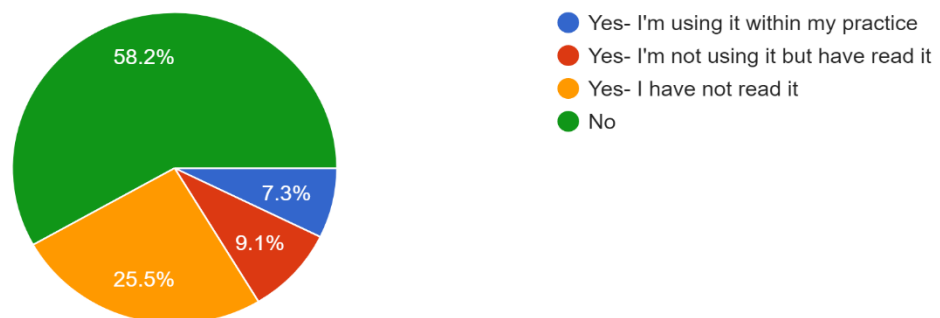


(Chart A- Results from training previously received)

Respondents main reason for not receiving training (a total of 50%) was due to not being able to find training that was suitable for their needs. 28.6% said that they had not had the perceived need to have the training with other respondents stating things such as ‘not offered, not a priority or not relevant to setting and not cost effective’.

Are you aware of the Policy in Hampshire "Personal Relationships and Sexuality" [http://documents.hants.gov...ndSexualityPolicyProcedure0218.docx](http://documents.hants.gov.uk/ndSexualityPolicyProcedure0218.docx)

55 responses



(Chart B- Policy awareness)

These results in Chart B show that most of the respondents were unaware of the Hampshire Relationships and Sexuality Policy however, 61.8% stated that they had worked with someone who has additional needs with regards to personal relationships, 43.6% had worked with someone with a sexual health need, 40% with a sexuality need and 34.5% had worked with someone requiring some level of input surrounding sexual orientation. (Respondents were able to choose more than one

Key Findings

Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

option on the Survey hence the percentage totals). These results inform us that whilst a large percentage are either unaware or have not read the policy, there is also a clear need for the Policy to be implemented effectively across the Workforce.

Respondents to the survey mostly appear to have engaged with other services for a relationship or sexuality related issue for the people that they support; reinforcing the need for the policy to be implemented alongside training. Only 7 respondents stated that they have not accessed other services. The Services accessed can be summarised as Community Health Teams, Ready2Shine, Barnardo's, Yellow Door/Parcs, SARC, Domestic Abuse, Sexual Health Clinics, Chrysalis, Police, Inclusion, LGBT+, No limits, Social Care, GP and the Family Planning Association.

Topic	Average rating overall out of 5 for participants surveyed on <u>knowledge</u> and ability to <u>implement</u> the topic. 0=Poor, 5=Extremely knowledgeable.
Duty of Care and Well-being	3.27
Person Centred Assessment, support planning and provision.	3.8
Informed Choice, Capacity and Risk Taking	3.72
Healthy Relationships and Consent	3.54
Safeguarding, Sexual Exploitation and Risk management	3.07
Privacy and confidentiality for the people you support	4.04
Equality and Inclusion	4.07
Online Risks and the impact of media and pornography on body image and sexual expectations	2.09
The services available that you could access to support with sexual problems	2.78
The link between alcohol, drugs and risky sexual behaviour.	3.13

(Table 1- Mean score for the total participants Knowledge)

Table 1 Shows the mean scoring for the knowledge of the subject areas and the ability to implement the topic into practice. The results show that the topics surrounding Equality and Inclusion and Privacy and Confidentiality show a mean score that is above 4; reflecting a high level of confidence amongst respondents within these subject areas. Person Centred Assessment also scores high however, this was not corroborated with the discussions held at the workshops when participants were discussing the issue of not having personal relationships as part of the social care initial assessment, unless there is a referred need or major risk to include it. The lower areas of knowledge are surrounding online risks and the impact of media on expectations, services available for people experiencing sexual problems and safeguarding, sexual exploitation and risk management. This was reflected within the discussions held during the workshops as participants were feeding back their thoughts on the teams they work within/with. Particular concerns were raised regarding internet usage and exposure to different dangers with supervision verses privacy debates.

Key Findings

Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

Topic		Average rating overall out of 5 for participants surveyed on confidence to discuss the topic. 0=poor, 5=extremely knowledgeable.
Sexually Transmitted Infections and Safer Sex		3.10
Contraception and Unintended Pregnancy		3.15
Sexuality, Sexual diversity and expression.		2.84
How to access local sexual health, rape and Sexual Assault Services		2.87
How to get further advice on knowledge and confidence section.		2.06

(Table 2 confidence to discuss topics)

When asked about the respondent's personal confidence to discuss some topics, the results were significantly lower than hypothesised, shown above in Table 2. Given that a majority of respondents were professionals in either health or social care, it was assumed that the scoring for confidence to talk about these subjects would be higher. With all mean scores falling at around 2 and 3, this shows there is a high need to improve confidence to discuss subject matter. Similarly, to table 1, some of the lower scores surround access to services. The second lowest scoring was sexuality, sexual diversity and expression; again, this was clear within the workshops but with fears surrounding staff cultural beliefs, personal values and unconscious bias along with pressure from families to conform to their values and beliefs.

Respondents were asked how they felt their knowledge could be improved with regards to the sections that they had rated as low. Their answers included training, accessible information, signposting to services, workshops, and websites being maintained so that they are up to date for reference. Respondents were also asked how they could maintain their high scores regarding knowledge with most respondents stating face to face training. There was a strong viewpoint across both workshops that face to face training provides meaningful conversations and an opportunity to share good practice within individual teams; this was therefore deemed to be the most beneficial despite digital learning being the suggested option for such training.

Subject matter feedback:

Within the workshops we asked participants to mind map information on post it notes and place it on the different subject topics around the room. Throughout the day we gave various pieces of information/micro teaching around legislation, unconscious bias, scenarios, the Hampshire Policy and general discussions. After each activity participants were asked to feedback via the post it notes with their ideas and thoughts that were triggered. Their comments could relate to knowledge, important factors, concerns or any other relevant information to aid the digital learning. The results listed below reflect the comments by all respondents from both workshops. Please note that

duplications have been left on the list to show that multiple people feel this is a requirement. The feedback has been split into 3 sections under each subject matter. This is to highlight the resources people felt were required, the training content matter and general feedback or concerns regarding the subject.

(i) Contraception and unintended pregnancy

Resources suggested

- Accessible health literature.
- Resources, sign posting universal services and their access information.

Training Content

- Gender diverse needs for example trans men.
- How to access services to provide contraception particularly surrounding Learning Disabilities.
- What services are available for people with Learning Disabilities and how to access them (roles and responsibilities).
- Attitudes towards adults with learning disabilities having children.
- Different methods of contraception and benefits of LARC.

Concerns/Feedback

- Often wanting to remove child was a comment relating to mental health and learning disabilities sector surrounding the need for further information around parenting skills training or support.
- Information needs to be offered regularly to staff that are prone to forget in the form of staff meetings or newsletters.
- Information to be at all verbal abilities as English may not be the learners first language.
- Accessible information for Learning Disability sector in the resource file.
- Signposting for services that have full access for people with Disabilities.
- Not understand or spoken about in care, evidences the need for the policy.

(ii) STIs and safer sex

Resources Suggested

- You tube accessible videos and content ensure access via filtered content, so the videos are safe for people to access unsupported.
- Signposting tool related to treatment and age.
- Accessible health literature.
- Sexual Knowledge assessments/support.

Training Content

- HIV risks.
- Information about why people start prostitution (often this is to survive).
- Identifying signs and symptoms and conditions of STIs.
- How to avoid STIs, basic signs and symptoms of an STI.

Concerns/Feedback

- Young people have little or no knowledge of STI or how drugs and alcohol can lead to risky sexual choices especially school dodgers and undiagnosed Learning Disabilities.

(iii) Services & support for people with sexual problems

Resources Suggested

- Accessible information.

Key Findings

Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

- Signposting for people with Learning Disabilities or Older Persons.

Training Content

- Psychosexual counselling services.
- Use of sex aid and sex workers.
- Body shame including influencers.
- Support circles/network involvement.

Concerns/Feedback

- This is really needed within Learning Disabilities and Mental Health.
- Lack of publicity in education.
- Clinic for Learning Disabilities – needs more promotion.
- Elderly would benefit with this support-Not sure where they would access.
- Services usually only become interested when things go wrong.
- What is out there, I am only aware of younger sexual health clinics.
- In house training for providers and supporting staff to expand their views.
- There is not the support available in in communities for those that miss sexual health teaching for example school dodgers.
- Having easy to access services and support for people to get advice from when they do not know what they are doing sexually. Ie not needing a referral, proactive vs reactive.
- No support available for those that find it difficult to communicate.
- Are there accessible services?
- Disability awareness training for providers of Learning Disabilities Physical Disabilities, Mental Health, older persons.

(iv) Advice & access sexual health – Rape & sexual assault services

Resources Suggested

- Who to contact in simple terms.
- Info on how to access local STI services and sexual assault plus counselling services.
- Accessible information.
- Signposting – Learning Disabilities/Older Persons.

Training Content

- Signposting to relevant agencies and services.
- Overcome barriers to access material ie online.
- Preventable harm.
- Are they aware of what rape is?

Concerns/Feedback

- More information required for learning disabilities.
- Accessibility.
- Accessibility with regards to communication, moving and handling, staff to ask on booking.

(v) Impact of drugs & alcohol & risky behaviour

Training Content

- Capacity & consent within Learning Disabilities.
- Impact on Trans people not traditional abuse and model of rape.

Concerns/Feedback

- Unless open support is available, often goes unrecognised.

- Young people at risk of being exploited for sex, drugs, alcohol. Especially when homeless or at risk of homelessness and just on benefits. Most will do anything for cash drugs or alcohol. No advise out there to support with this.

(vi) The Legal framework

Resources Suggested

- How to find the information.
- Interactive PDF which breaks down how the acts are implemented within the policy.
- The frameworks that are linked to the policy and being sex positive.
- Support networks when needing to question legality of situations.

Training Content

- Legally what information should be gained on identification of support needs forms?
- Human rights Care Act.
- Inherent jurisdiction, examples of when this would apply.
- How legal framework feeds in.
- Mental Capacity Act (MCA) principle 2 emphasis.
- Best interest – MCA.
- How does it link to the rights of adults with care and support needs.
- What are the legal frameworks.
- No knowledge of the framework.
- MCA.
- MCA.
- MCA-unwise decisions.
- Sex work and the law.
- Care act 2014 right to advocacy.
- Person centred care planning advice/signposting.

Concerns/Feedback

- Framework needs to be in simple form for learners to understand.

(vii) Duty of care & wellbeing

Resources Suggested

- Traffic light for provider services should be included.

Training Content

- Human rights and care act.
- Roles and responsibility.
- Unconscious bias.
- MCA – political rights, human rights.
- Accountability.
- Role of provider services when embedding knowledge around relationships, sex etc.
- Unwise decisions.
- Staff confidence in supporting rights and choices and how the law supports.
- Eligibility for services under the Care Act.

Concerns/Feedback

- Ensure people don't lead – undertaken investigation that? been committed. How does this come across in digital learning? Is there a separate course to be done on exploitation or interviews within safeguarding?

- Staff imposing their own views and cultures.
- Be kept updated.
- Often staff may struggle with value base, prioritising duty of care.
- Self-advocacy and advocacy services need this training.
- Support staff not knowing how to respond to conversations with people with support needs.
- Staff/careers need more training on duty of care & recording.

(viii) Healthy relationships and consent

Resources Suggested

- MCA – documentation.
- Need accessible info – video maybe?

Training Content

- Access to information.
- Support around new relationships.
- Unconscious bias.
- Sexual offences act/ human rights.
- Capacity to consent.
- MCA Equality Act, Human rights, sexual offences.
- Unconscious bias-give a scenario, ask them to note feelings. Then ask them to reflect on what they feel and why.
- Sexual boundaries and consent.
- Person support values – Not family/staff.

Concerns/Feedback

- Resources needed for this.
- Access for the elderly.
- Education.
- Consent-staff to understand capacity.
- Usually confusion with people's rights with consenting to sex.
- Often lack of resources for people with disabilities especially physical disabilities.

(ix) Safeguarding, sexual exploitation and risk management

Resources Suggested

- Procedure.
- MCA.
- Policy.

Training Content

- Capacity issues with sexual content on social media.
- Keeping people safe while enabling choice.
- Social media and shaming.
- What is section 42?
- MCA Equality Act, Human rights, Sexual offences.

Concerns/Feedback

- Face to face training required for carers.
- Difficult to risk manage within Learning Disabilities with positive risk taking.
- Social media and exploitation specifically for Learning Disabilities.
- Having meaningful conversations and open all areas of subject matters.

Key Findings

Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

- Training face to face.

(x) Sexuality, sexual diversity & sexual expression

Resources Suggested

- Support groups for signposting.
- More resources and information for the elderly in a way they will access.
- Gender identity support groups?
- Format of resources needs to be accessible.

Training Content

- Sexual preference.
- Definitions and language to use.
- Written from a neutral perspective.
- Marriage act – to look at values, cultures.
- Cultural and religious views/beliefs/values linking with the Equality act.
- Person Centred Planning within Learning Disabilities/Older Persons.
- How best to support someone with initial conversations.
- Masturbation, parental and cultural influences.
- Barriers, Carers understanding.
- Unconscious bias.
- Pornography.
- Dating apps and websites.
- Vulnerability, keeping people safe.
- Terminology.

Concerns/Feedback

- Referral to? not known
- Staff training, time to discuss sexuality with clients.
- Lack of understanding from carers.
- Parent carers views are not always supportive of sex positive.
- Carers own views particularly within Shared Lives.
- Differences in severity of Learning Disabilities within a couple can complicate the situation ie choice or exploitation.
- Gender expression can open rejection, humiliation and relationship issues.
- Trans people often confused re sexuality as it evolves.

(xi) Online risks & the impact of media & pornography on body image & sexual expectations

Resources Suggested

- More references required regarding risks and exposure to pornographic content and sending photos etc.
- CEOP Video.

Training Content

- Need lots of support/advise around social media.
- More information re: safeguard the vulnerable.
- Equality act-person centred training in a way for staff to reflect on what they have e.g. PC, phone.
- People's right to privacy.
- Supporting persons values choice – not staffs own opinions.

Concerns/Feedback

- Lack of resources.
- What rights people have to privacy e.g. staff checking social media/risks.
- Support workers to avoid over censorship but monitor internet use.
- Training for staff on internet safety and where to direct service users.
- Individualism often unsupported.
- Will be able to access online support if parental controls and monitoring is in place.
- Many trans people overshare pictures.

(xii) Person centred assessment, support, planning & provision

Resources Suggested

- Social Prescribing service for people to be referred by GP or Dr who they may go to for support. They could be prescribed a group to attend or something to do in the community rather than drug prescription.
- Best practice care plans to use as frameworks to develop personal ones on.

Training Content

- Person centred training staff to change mindset.
- Give staff non-aversive terminology to enable them to discuss sex with people they support.
- Unconscious bias Gender recognition training in person centred way, train staff to think in this way.
- Equality act – care support.
- Known visitors risk management for partners visiting residential settings.
- Sexual preference in Learning Disabilities-how this is educated.

Concerns/Feedback

- Include in care reviews.
- Needs to be included in assessment rarely is in my experience as a Social Worker.
- Training staff in person.
- Heading on this required in assessment.
- Include strength-based questions regarding sexuality in assessment process.
- Who completes the assessments?
- Could this be included in education?
- Care plan to include sexuality.

(xiii) Informed choice, capacity & positive risk taking

Resources Suggested

- Process for assessing capacity.
- Good risk assessment.
- Positive risk-taking assessment-Similar to “Is it worth doing?”
- In depth risk assessment, ensuring client voice is considered.
- Communication aids learning disabilities/Older Persons
- Fluctuating Capacity risk assessment for Older Persons.

Training Content

- Cultural & religious views.
- Informed choice, positive risk taking. Reinforce the legal framework to help inform.
- Where capacity changes or is variable.
- Parents/carers of an individual's rights- MCA, article 8, Equality act etc

- Highlight it's the person we support values – not family or staff.

Concerns/Feedback

- Understand of choice and risk.
- Give example from 2 viewpoints- ask to explore how they feel from the examples.
- Parents and family might be transferring own world views onto individual and pressure them.
- Specific training for social workers and case workers to support positive risk conversation and care planning.

(xiv) Privacy & confidentiality

Resources Suggested

- Scenarios to share at team meetings.
- Best practice situations.

Training Content

- Legal obligations.
- Gaining consent.
- Recording Consent.
- Social media “sharing” and privacy.
- Social media and how staff can monitor.
- Scenarios.

Concerns/Feedback

- Privacy conflict? Parents are there at point of assessment, consent to share.
- What information should be passed onto staff supporting an individual.
- Worry about safely sharing information.
- Trust needs to be there.
- Ensure consent to share is up to date.

(xv) Equality & Inclusion (including gender identity & sexual identity)

Training Content

- Unconscious bias.
- Protecting characteristics.
- Family awareness of issues and understanding.
- Cultural differences/attitudes.
- Cultural and ethical beliefs, viewpoints of staff, how will this effect outcomes.
- Not telling the individual they are wrong.
- Rights for people who have Learning Disabilities.

Concerns/Feedback

- Training needs and awareness of issues need to be identified by managers to signpost staff to the course.
- Young people are interested in this on college & need more information.
- Learning disabilities often excluded not have sexual identity.
- Needs lived experience to have these conversations as language evolves quickly.

Design and Implementation:

When asked about design regarding the digital learning, 85.5% of respondents stated that they would like videos as a preferred mode of delivery. 47.3% said that they would like audio throughout and 58.2% stated that they would like visual wording and still images. Individual respondents made suggestions of scenarios with different endings, games and CPD accreditation. There was a consensus that they did not want this learning opportunity to be another 'tick box' exercise that isn't valued.

Design and electronic learning feedback;

- Must be fun!
- Multi choice.
- Not have set answers so people don't share answers.
- Core information – further information if required.
- Easy language for people who do not have English as their first language.
- Verbal competencies after with manager.
- Choice of presentation – Audio, Visual, Doing.
- Quiz at end of each session.
- Mix style up.
- Must tell you what answers are wrong.
- Quiz at total end.
- Case studies.
- Click policy at modules to see what policy says about the situation.
- Case studies should have a gradual reveal to challenge unconscious bias.
- Staff generally skip eLearning, make it possible that people are unable to do this.
- Videos of people with experience talking about their experiences of support regarding relationships – could blur image for confidentiality.
- Questions throughout rather than at the end.
- Video conversations of good and bad conversation and practice followed by questions.
- Include videos of people with care and support needs talking about their sexual health support needs.
- Include video of people having positive conversations with clients with care and support needs about sex.

Resources required to implement the Policy: (Further to the ones suggested at individual topics)

- Accessible info – large font easy read.
- Trauma resources.
- Sex workers guidance if sex positive.
- Videos for families (what life could look like).
- MCA questions to ask re: sexuality and emotions in relationships.
- Assessment star for importance to aid MCA.
- Professionalism.
- Accessible tool box of symbols.
- Physical resources to interact.
- Social stories.
- Make it real life.
- To have scenarios that you can download and use for discussions in team briefs.

- Team reflection finalising eLearning, actually being completed.
- Further learning.
- Positive messages re older persons. In the form of leaflets.
- Link to connect to support (strong links, training and resources).
- Attach policy to training.
- Reinforce the learning to refresh knowledge 3-6 months later.
- Break down into separate modules with questions at the end of each module this means people can do in multiple sittings.
- Video real life with questions at the end relating to it.
- Interactive PDF with info you can pull out and click through to the websites to find out more details.
- Shared lives to access training.
- Peer support learning.

Feedback:

General notes of feedback on the survey with regards to the topics and the Policy have included comments such as 'I would not talk about these subjects, it is not my comfort zone' , 'I'm not sure where to go for our older residents with regards to sexuality needs' and 'Within Mental Health Services there is often conflict between positive relationships and family members having their own agendas particularly around same sex relationships and older persons.'

From the Workshops there are several concerns around implementing the Policy and engaging with digital learning. The main themes include:

- Values and beliefs of staff.
- It will be a tick box exercise.
- There's no sound on HCC computers.
- Time to complete the training.
- A lot of subject matter to cover in one course.
- Digital Learning is not suitable for everyone's needs.
- Needs to be available to Family Carers, shared lives, advocacy and Police.
- Staff unconscious and conscious bias needs to be included.
- Needs to the option of digital and/or face to face.
- Digital training will not enable effective conversations or exploration to upskill those that really need this training.

Policy Feedback:

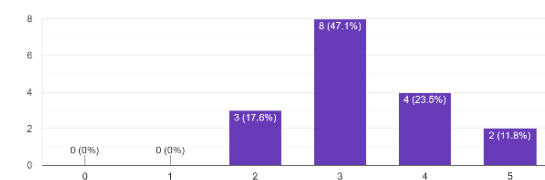
Whilst completing the workshops there were a few comments raised regarding the Policy. These are listed below as fed back.

- Pg. 5 “Transitioned from one gender to another” implies a start destination. Please note the terms fluid, non-op, non-transition.
- Pg. 6 first paragraph sex mixed with gender.
- Link to sexually harmful behaviour not present.
- How to introduce and frame conversations/assessments around RSE not present.
- Paragraph 7, Pg. 12 mention gender expression.
- Pg. 9 4th paragraph. Safe sex. Needs to say safer sex
- Pg. 13 mixing sex and gender.
- Pg.10 “marriage”
- Pg.16 The Rag Scoring tool is helpful

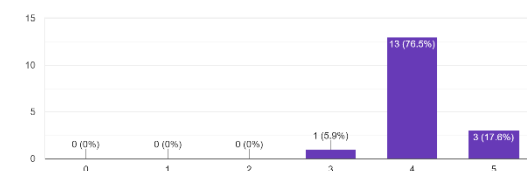
Workshop confidence:

Prior to and post workshop, we asked participants to rate their confidence in discussing the following subjects to see how the workshop has evolved their thought processes. These are broken down into the charts below;

Personal relationships pre workshop
17 responses



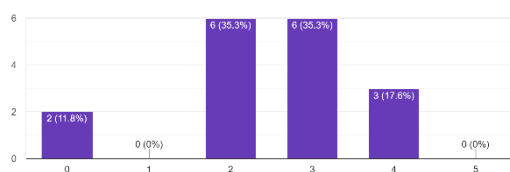
Personal relationships post workshop
17 responses



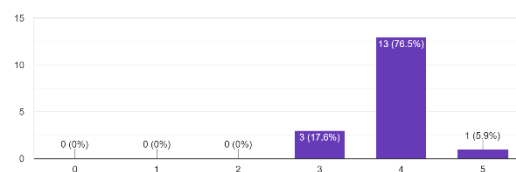
(Chart C-Personal Relationships)

Chart C strongly shows the increase in confidence with a shift from 3s to 4s in Personal Relationships.

People exploring their sexuality pre workshop
17 responses



People exploring their sexuality post workshop
17 responses

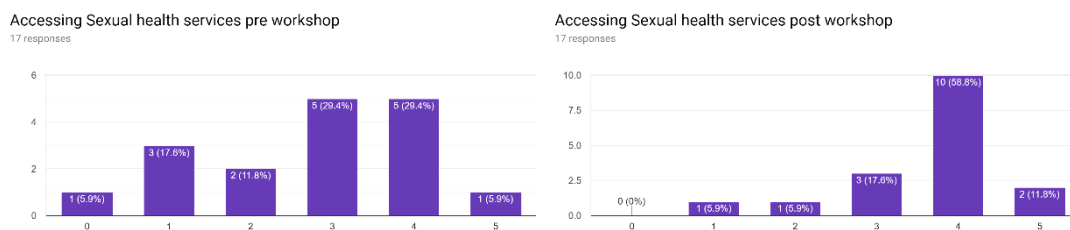


(Chart D- Exploring Sexuality)

Key Findings

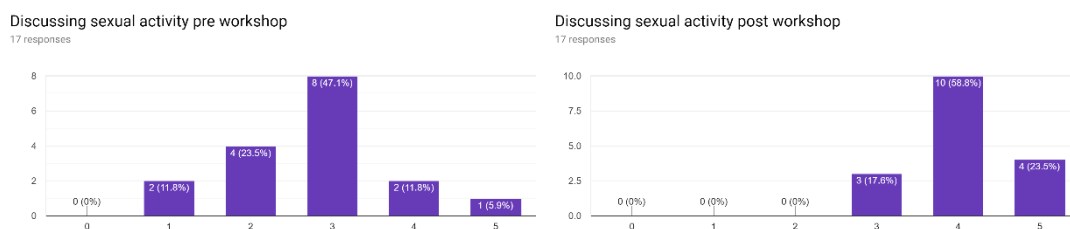
Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

Chart D shows that there were some participants who felt extremely unconfident prior to the workshop but have migrated to the higher numbers (reflecting a confidence rise) following the discussions.



(Chart E-Accessing Sexual Health Services)

Chart E shows people's confidence to access Sexual Health services. This shows only a slight increase in confidence following the workshops. Conversations with participants to gather further information on this included hearing other people's experiences, not thinking about how to access services until now and not knowing what you do not know until you have explored this (realisation of being unconsciously incompetent). There was a large discussion on access to sexual health services for people with physical disabilities and needing Hoist support and also people with Learning Disabilities. There appears to be little support from the care giver to access services with the assumption that this is the responsibility of the Health service alone to provide accessibility. A lot of the participants were not aware of the Specialist clinics that are in place across the main sexual health hubs and so some responses have risen as a result of this knowledge, this could highlight a gap in promotion of the specialist clinics/service but also to include carer responsibility when accessing services within the digital learning.



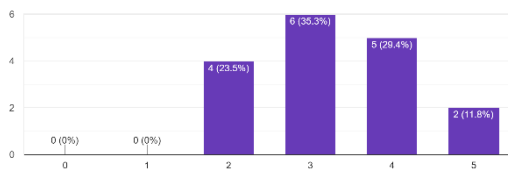
(Chart F-Sexual Activity)

Discussing sexual activity from previous experiences has always been a concern of staff. Chart F shows an obvious increase in confidence from the workshops. Discussions surrounding this were about sharing good practice, hearing conversations openly within the room and there was a large number of participants suggesting videos of these conversations to be included in digital learning so that you can see the language used and the presentation of the professional.

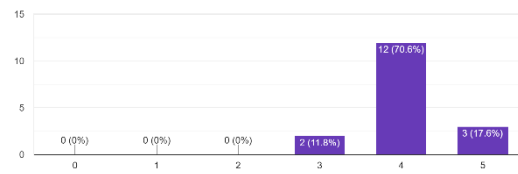
Key Findings

Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

Promoting good sexual health pre workshop
17 responses



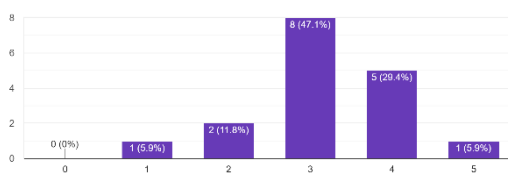
Promoting good sexual health post workshop
17 responses



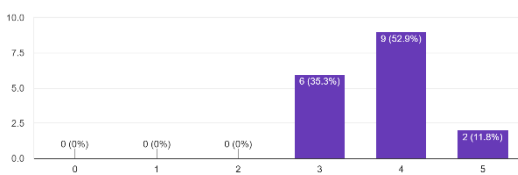
(Chart G-Promoting good Sexual Health)

Chart G shows a jump from 2-4s up to mostly 4s. This was as a result of people knowing more about what services are available to support the promotion of good sexual health.

Diversity including ethnicity, gender, sexual diversity and LGBT identity pre workshop
17 responses



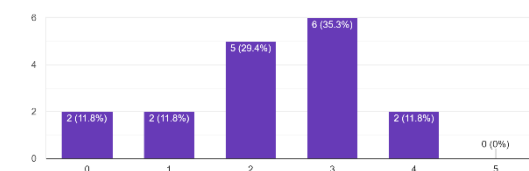
Diversity including ethnicity, gender, sexual diversity and LGBT identity post workshop
17 responses



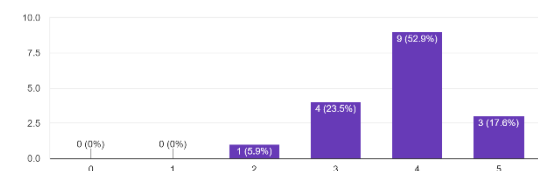
(Chart H-Diversity and LGBT Identity)

Confidence to discuss Diversity and LGBT identity has taken a steady increase with all participants moving past the midway 3 scoring post workshop shown in Chart H. This evidences that training will aid this confidence further.

Individual rights and responsibilities of adults with care and support needs in relation to personal relationships and expressions of sexuality pre workshop
17 responses

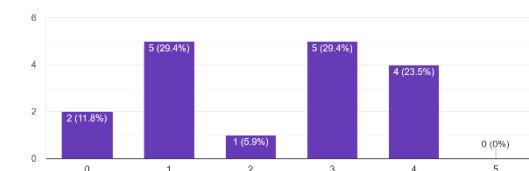


Individual rights and responsibilities of adults with care and support needs in relation to personal relationships a...expressions of sexuality post workshop
17 responses

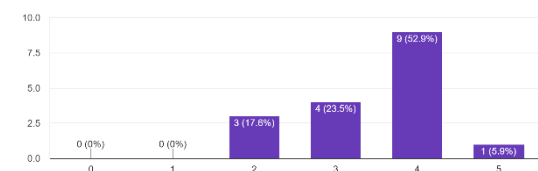


(Chart H-Rights and responsibilities)

Managing risk with regard to confidentiality, privacy, and the rights to relationships and family life pre workshop
17 responses



Managing risk with regard to confidentiality, privacy, and the rights to relationships and family life post workshop
17 responses



(Chart I-Managing risk)

Key Findings

Research of training needs relating to the implementation of HCC policy personal Relationships and Sexuality for Adults with care and support needs.

Charts H and I were the lowest 2 areas for participants, pre-workshop. Discussions surrounding why this was low highlighted fear surrounding risk management, difficulty allowing expression of sexuality when it conflicts with parental/ family views and carers unconscious bias, values and beliefs. With the time limited but invaluable education within the workshop (which mostly focused on reflective discussion or facilitated debates), all participants increased their confidence. This area surrounding positive risk taking formed a large portion of the discussions and shows that fear to be risk positive is high and digital training needs to encompass this subject matter both through education but also by provision of resources to support risk taking.

Conclusion:

To conclude, it became evident that participants and respondents feel that digital learning on its own is not enough to support implementation of the policy to be sex positive and the added support of a resources “tool box” will be a vital element. This tool box should focus on signposting and accessibility with tools such as risk assessments, Mental Capacity assessment tools, legal frameworks, guidance for conversations and scenarios that can be used to aid further discussion.

Participants (collectively) felt that there are some services who should be included in the target audience such as Shared Lives, Advocacy services, Police and family members. One of the main barriers to successful implementation is the cultural beliefs of carers and family. Amongst the Social Work/Case Managers feedback, the main query was how the policy fits into the AIS assessment to align with the Care Act (2014) principle; ‘maintaining relationships being an eligibility criterion for services,’ however time and privacy to discuss this is limited.

The main topics of weight identify as: Definitions and language, mental capacity assessment, managing risks, access to services (including signposting, roles and responsibilities) and the legal framework. Having the armour of law knowledge will aid confidence to approach the subject matter. There was ample discussion and feedback throughout this research surrounding attitudes and positive risk taking and so it is recommended that these are explicit within the digital learning content.

Whilst doing the research it became apparent that there was a large representation of people from Learning Disability Services. This was originally thought to be due to the links that lie with the Researching Organisation, however the workshop/survey opportunities were equal to all services listed. Some services did not respond to the same level that Learning Disability services did. This can be concluded that there is a higher need within this field of Care and so resources would be beneficial to focus more heavily in this area. The Older Person sector (from discussions) appear to be the other area where resources to aid effective conversations, are difficult to source. Respondents felt that resources are mostly aimed at other generations and so this will be a key target group for the resources tool box.

References for the workshop and findings.

- Legislation.gov.uk. (2019). *Care Act 2014*. [online] Available at:
<https://www.legislation.gov.uk/ukpga/2014/23/contents> [Accessed 21 Feb. 2019].
- Legislation.gov.uk. (2019). *Equality Act 2010*. [online] Available at:
<https://www.legislation.gov.uk/ukpga/2010/15/contents> [Accessed 21 Feb. 2019].
- Legislation.gov.uk. (2019). *Human Rights Act 1998*. [online] Available at:
<https://www.legislation.gov.uk/ukpga/1998/42/contents> [Accessed 21 Feb. 2019].
- Legislation.gov.uk. (2019). *Marriage (Same Sex Couples) Act 2013*. [online] Available at:
<https://www.legislation.gov.uk/ukpga/2013/30/contents> [Accessed 21 Feb. 2019].
- Legislation.gov.uk. (2019). *Mental Capacity Act 2005*. [online] Available at:
<https://www.legislation.gov.uk/ukpga/2005/9/contents> [Accessed 21 Feb. 2019].
- Legislation.gov.uk. (2019). *Sexual Offences Act 2003*. [online] Available at:
<https://www.legislation.gov.uk/ukpga/2003/42/contents> [Accessed 21 Feb. 2019].
- Workforcediversitynetwork.com. (2019). *Workforce Diversity Network - Home*. [online] Available at:
<http://workforcediversitynetwork.com/> [Accessed 21 Feb. 2019].

Appendix

[Pre and Post workshop Questionnaire](#)

[Workshop Presentation](#)

[Relationships and Sexuality Policy](#)

[Survey Questionnaire](#)