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The OPAL Institute will update this policy on a regular basis and it is important that you monitor these updates and consider changes to your own policy

Policy: sexual wellbeing and safety

Date: May 2016

Version: #1

Review: annually, after complaints or incidents and in response to staff education

Aim: The aim of this policy is to clearly outline to staff the organisation's expectations in relation to resident sexuality and to promote resident sexual wellbeing and safety.

Preamble

At [insert organisation's name] we recognise that residents have sexual rights and that we have a responsibility to promote sexual wellbeing and safety. We acknowledge the World Health Organisation definition that sexuality is:

... a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (World Health Organisation, 2006 p. 5).

We understand that residents have the right to be recognised as sexual beings and that we have a responsibility to promote their sexual wellbeing and safety. This policy outlines the organisation's expectations of staff and also provides a framework for the development of other documents that outline the expectations of residents, volunteers and family members.

Process

To achieve sexual wellbeing and safety we recognise some broad principles of addressing sexual wellbeing and safety (points 1-6) and processes relating to particular opportunities to promote sexual wellbeing and safety:

1. Education and staff development

We recognise the importance of providing education for management and staff to ensure they have the knowledge and skills to respond to resident sexual expression and to promote sexual safety and wellbeing. An annual seminar on sexuality will be provided to staff as part of our mandatory training and all staff are expected to attend.

We have developed a number of documents to guide staff including a Charter of Staff Rights and Responsibilities and a Resident Charter and staff will be familiarized with these in staff education sessions.

Staff education will include information on the context of ageism and the myth of asexuality in shaping the lack of recognition for older people's sexuality.

We recognize that staff culture influences responses to resident sexual wellbeing – and we acknowledge that all staff hold 'cultural beliefs' about sexuality that they need to acknowledge and take responsibility for.

Staff education will include strategies to encourage staff to reflect on the influence of their own values and beliefs on their responses to resident sexual wellbeing and safety.

Staff education sessions will familiarize staff with the organizational policy and Charters and ensure that staff are aware that they have a responsibility to comply with these documents.

Education will address changes to sexuality that occur with age and disease eg: dementia or stroke and how these changes need to be taken into account in promoting sexual wellbeing and safety.

Education will also address other changes that may occur, including: changing sexual orientation, gender transition, changes in the ways sexuality is expressed, changes to sexual partner and changes to patterns in types of sexual partners.

2. Behaviour management

We recognise the importance of ensuring that the needs of residents with challenging sexual behaviours are managed effectively and that this means not just seeing sexual behaviour but understanding the needs underpinning the behaviour.

We recognise the challenges that can be encountered when one resident's sexual expression infringes on the rights of another resident – and we commit to responding in a way that protects residents from unwanted and unlawful sexual contact whilst maintaining response of 'least restraint'.

3. Independence

Residents have the right to make independent choices about their sexuality. This includes choices about their intimate partner/s, and how their sexuality and gender is expressed. We recognize residents have the right to change they ways in which their sexuality and gender is expressed. We also recognize that resident's choices may create conflict with family members and that residents have the right to access advocacy and mediation in these circumstances.

4. Privacy and dignity

Residents have the right to privacy in relation to their sexuality, including privacy to express their sexuality and confidentiality in relation to disclosure of information about their sexuality to family. They also have the right to have their sexuality treated in a respectful and dignified manner.

We recognize the importance of providing residents with privacy for expression of intimacy. This may include private time with their partner or private spaces for self pleasure.

Staff will recognize the policy of knocking on resident's doors AND then waiting for permission before entering.

All staff will respect residents as sexual beings and resident sexuality will not be the subject of derision.

5. Choice and decision making

Residents will be enabled to exercise choice and control over their sexuality. This includes choices about how their sexuality is expressed, choices about intimate partners and the expression of their sexuality and gender.

Choices and control may be deferred to the care recipient's representative if the resident is no longer able to make decisions – otherwise residents have the right to make decisions about their sexuality without consulting family members if this is what they choose.

Residents need to be informed that their sexual expression cannot infringe on the rights of other residents.

We recognize that the decisions residents make about their sexual wellbeing and safety may be compromised when they have a cognitive impairment. In these situations, we recognize the importance of staff education and debriefing to ensure the focus is on the resident needs and not clouded by staff values and beliefs or conflicting family member's views.

We acknowledge that resident's decisions about sexual wellbeing and safety can be a source of conflict for family members and we undertake to work with families to ensure we remain focused on the resident's needs. Where conflict exists between resident and family member's needs we will see advocacy and mediation services.

6. Living environment

Management will actively work to provide a safe and comfortable environment consistent with residents needs, including their sexual needs. This includes recognizing the importance of sexual safety and residents right to be free from unwanted and unlawful sexual contact.

7. Touch

We recognise that human touch is important to all people and that some residents wellbeing may be compromised by the lack of pleasurable human contact in residential aged care – whether or not this can be articulated. To promote wellbeing through touch we provide residents with access to massage therapy and provide hand massage through our activity program.

We recognise residents may place great importance on hugging and kissing their partner or their family members.

8. LGBTI inclusivity

We recognise the importance of providing an LGBTI inclusive service. This approach recognises that up to 10% of our residents are likely to be LGBTI – whether or not they have disclosed their LGBTI identity. We also recognise that our family members, volunteers and visitors are also likely to be LGBTI. Developing an LGBTI inclusive service is important to ensure our services are equitable for all residents. It also sends the message to LGBTI staff that they are valued. We will undertake an annual audit of the organisation against the National Standards for LGBTI Inclusive Practice (see SAPT Tool at valscafe.org) and continue to implement actions to improve our compliance with these standards.

9. Preventing unwanted and unlawful sexual contact

We acknowledge the importance of this policy in preventing unlawful and unwanted sexual contact. We also recognise that:

- Talking about sexuality broadly can build staff confidence and comfort and lead to increased skills in preventing unlawful sexual contact
- Having conversations about sexuality will assist in ensuring staff are more prepared to talk about their concerns for resident sexual safety that they may otherwise dismiss
- Documenting a clear descriptor of what constitutes unlawful sexual contact will help to ensure all staff are clear what it is and what it is not
- Looking for warning signs eg: a changes in resident behaviour such as becoming more withdrawn or emotional when a particular person (resident, visitor or staff member) is around is an important step in preventing sexual assault
- Ensuring that if staff are concerned about consensual sexual relations or sexual boundaries that they feel comfortable and confident to discuss this with the care coordinator – as well as understanding this is their responsibility
- Engaging support services to educate staff, support residents and identify care and management strategies – including health professionals such as DBMAS or local Centre Against Sexual Assault.

10. Sexual boundaries

We recognise the rights of staff to a healthy and safe workplace free from sexual harassment by residents, family members and visitors. The Staff Charter articulates this commitment to staff and encourages them to report when a sexual boundary has been crossed. In addition, the Resident Charter outlines the expectations of residents in relation to sexual boundaries.

11. Sexually transmissible infection

We recognise the 58% increase in STIs and note that resident's right to make informed choices about their sexual wellbeing and safety includes their right to access information and support to make informed choices about sexually transmissible infections.