

Clinical Practice & Accountability

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Key Points in Clinical Practice

- Avoidance of issues around sex and sexuality can cause deep unhappiness and distress.
- Issues relating to sex and sexuality should be addressed within a wider context of health and well-being, including sexual health.
- All young people should be able to enjoy and control sexual and reproductive behaviour with freedom from fear, shame, guilt and false beliefs.

- Young people should be supported to minimise their vulnerability to risk.
- Young people should be provided with resources and information to enable them to explore and develop their own sexuality.
- Parents and Carers should be provided with resources, information and training to enable them to be equipped to support young people.

- Professionals should support young people to make their choices and wishes known and ensure that actions are in their best interests and in line with the requirements of the Mental Capacity Act (2005).
- All care should acknowledge the fundamental principles of autonomy, choice and consent which are underpinned in Law and the Human Rights Act 1988.
- This issue relates to both the welfare of the young person and the welfare of those providing care.

Responsibilities of Care Managers

- Care managers should develop policies, education and guidance, and establish clear boundaries for staff dealing with issues relating to sexuality, intimacy and relationships.
- This includes identification and management of potential abuse/safeguarding issues.
- Care staff should be supported to develop the skills to provide safe support or signpost to a more specialist service.

- Addressing issues about sex and sexuality is both appropriate and legitimate.
- care professionals have a **professional and clinical responsibility to do so** within the boundaries of their individual cultural, religious and social beliefs.
- Nevertheless, some professionals may feel uncomfortable in supporting young people with issues around sex and sexuality due to personal or religious values and it would be in no party's best interests to insist that an unwilling individual participates in this aspect of personal care.
- It is good practice for professionals who feel strongly about this should tell colleagues, their manager and the person receiving care that they have a conscientious objection to a particular procedure and must arrange for a suitably qualified colleague to take over.

Clinical Governance

Clinical Governance relates to sustaining and improving high standards of care. The CQC and RCN suggest 5 key considerations for this guidance:

- **The individual:**
how services are based on young people's needs – including their sexuality.
- **Information focus:**
how sexuality information is discussed and presented.
- **Quality Improvement:**
how these sexuality standards will be reviewed and attained.
- **Staff focus:**
how staff are supported to address sex, intimacy and relationships
- **Leadership:**
how improvements can reduce taboos and improve knowledge and confidence in staff.

Sexuality Policy

Managers should develop and promote clear and robust policies about how staff should support young people who want to explore their sexuality. These should :

- Identify clear reporting lines
- Fit within legal frameworks
- Be informed by evidence and research
- Include an identified person to lead on sexuality who can be responsible for supporting staff members.

Training

- Managers and organisations should promote a culture in which sexuality issues can be openly discussed within the team and where young people are encouraged and supported to talk about their sexuality and sexual needs.
- Training should cover a whole range of issues relating to communication with young people and families with practical support including intimate care, use of trained sex workers, clinical scenarios and safeguarding.