

# Promoting sexual safety through empowerment

A review of sexual safety and the support of people's sexuality in adult social care

## Summary

**This report looks at how people are kept safe from sexual incidents in social care services, and also how they are supported to express their sexuality. Although these areas are different, stakeholders told us that they are interconnected, and both need to be considered when supporting and empowering people.**

It follows on from our report on *Sexual safety on mental health wards*, which concluded that more needed to be done to keep people safe.

It is clear from our discussions with people using services, staff, providers and their representatives that the first step to protecting and supporting people is having a culture of openness to talk about sexual safety and sexuality.

We want this report to encourage a conversation about sexual safety, sexuality and respectful relationships in adult social care, as people have every right to express

themselves, to be treated with dignity and to be kept safe from harm.

### **Findings from our notifications analysis**

Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. When they notify us about these incidents, they are required to demonstrate that they have taken the right steps to protect people using their services, and to refer them to local authority safeguarding teams, the police and other agencies as appropriate.

We support local authorities and the police by sharing information, where appropriate, from our regulatory activity, working closely with them when taking enforcement action, prosecuting providers and closing services in the most severe of instances.

In this report, we use information from the 'notifications' that CQC received from 1 March 2018 to 31 May 2018 where providers were notifying us about a sexual incident. These notifications included incidents that were observed by staff, as well as allegations of abuse, and, like all notifications, the effect on people varies considerably, from no or little impact to a very serious impact. We do not routinely collect information on the abuse, or alleged abuse, of people other than those using services, so abuse on staff, for example, does not form part of our notifications analysis.

We discuss potential issues with the quality of the notifications information in the main report, and urge readers to treat the notifications findings as suggestive rather than definitive. This is why we have used the notifications findings as part of our analysis, and supported them with findings from people who use services, providers and other stakeholders.

From the three-month period we reviewed, we identified and analysed 661 statutory notifications that described 899 sexual incidents or incidents of alleged sexual abuse that took place in adult social care services. These notifications were around 3% of the total notifications of abuse or alleged abuse we received in this period.

Almost half (48%) of the incidents reported in this period were categorised as sexual assault, defined as sexually touching another person without their consent. The second most common type of incident (11%) was exposure and nudity, and 8% were categorised as sexual harassment. There

were 47 (5%) allegations of rape. CQC has followed up the alleged rapes with providers to ensure they have addressed incidents appropriately, including involving relevant agencies such as the police, safeguarding teams and the local authorities.

In the period of our review, most incidents were alleged to be carried out by people who use services (nearly 60% of the notifications), and the vast majority of people affected were also people using services. In 16% of cases, the alleged incidents were carried out by employed staff or visiting workers, and in 8% it was friends or relatives.

Sexual incidents were nearly four times more likely to be carried out by men (485) than women (126) during the period reviewed. And women were over three times more likely to be affected by sexual incidents than men. Forty-five per cent of all people affected were women aged 75 and over in our findings.

Of the 661 notifications, 46% were from a residential care home, 28% from a nursing home, 12% from a domiciliary care service, and 2.5% from other services, such as supported living, Shared Lives, and extra care housing. The rest of the notifications (11.5%) were from services that provide more than one type of care provision.

Nearly all the notifications had some information about what care providers did in response to the individual incidents. On the whole, providers spoke about how they had sensitively managed incidents. Managers and staff reported that they intervened and prevented or stopped any inappropriate sexualised behaviours as soon as they could and involved the relevant agencies, such as the police, in investigations.

## Findings from our wider engagement

As part of this review, we spoke to people who use services and their families and carers, including those who have been involved in sexual safety incidents. We also spoke to care providers, charities and other stakeholders.

Stakeholders told us that sex is often seen as a 'taboo' subject. Staff, providers and families can be reluctant to raise issues. This can affect people's wellbeing, but also means that, where there is unacceptable or predatory behaviour, this can be overlooked or normalised. This reluctance can be due to uncertainty about the issue, a fear of getting things wrong, or a fear of enforcement or litigation as a result of reporting. This is understandable when there is a lack of guidance for providers.

Although we do not routinely collect data on incidents of staff experiencing sexual harm, care worker advocates told us that it does happen, and that staff can, and should, report these incidents to their managers where they should be recognised and dealt with.

Families and carers told us their loved ones are not always kept safe after an incident has happened. There were also concerns that people do not get access to the help and the support they need after these incidents occur, such as therapy or counselling.

The groups we talked to raised concerns about a lack of, or insufficient, learning and development for staff, as well as a lack of policies and recruitment guidance regarding sexual safety. They also told us of a lack of legal support, advocacy, and communications support for people who use services and their families.

We also heard about providers that have developed ideas and processes to support people and staff, which are highlighted throughout our full report. This support not only serves to help people express their sexuality, but can also prevent incidents by intervening before they happen.

## Learning from this review

Our learning from this review, which is examined in the body of the full report, is:

- People are better protected when they are empowered to speak out about unwanted sexual behaviour and can speak openly about their sexuality
- Effective adult social care leaders develop a culture, an environment, care planning and processes that keep people and staff safe, and support people's sexuality and relationship needs
- People want to be able to form and maintain safe sexual relationships if they wish
- The impact of people's health conditions on sexual behaviour is not well understood
- Women, particularly older women, were disproportionately affected by sexual incidents in our findings
- There are some actions that providers in all care settings can carry out to help keep people in their service safe from sexual harm
- There are emerging concerns about the use of social media, mobile phones and the internet in sexual abuse
- Joint-working with other agencies, such as local authorities and the police, is vital to keep people safe

## Summary recommendations

Our analysis and engagement has found that people are not always protected from sexual harm or supported to express their sexuality. We have been working closely with national bodies and other stakeholders to agree what needs to be done. These recommendations, which are based on the feedback we have received, require changes in different settings across adult social care, with the support of the whole local system.

### **A lack of awareness of good practice in sexual safety and sexuality can place people at risk of harm**

1. We recommend that Skills for Care update their guidance on 'Supporting personal relationships' to incorporate the learning from this report by Spring 2020. This guidance for care managers and staff should be co-produced with a wide range of stakeholders. We recommend that this should be a practical guide to make sure staff know how to protect people using adult social care from sexual abuse and how to support them to develop and maintain relationships and express their sexuality.

### **A culture must be developed where people and staff feel empowered to talk about sexuality and raise concerns around safety**

2. We recommend that providers and leaders across the adult social care sector develop a culture, environment and processes that support people's sexuality, keep them and staff safe from sexual harm, and promote people's human rights.

### **As the regulator, we have a strong role in making sure that people using services are protected and supported**

3. The Care Quality Commission should continue to strengthen our processes to ensure that people's human rights are protected and that they are kept safe from abuse in adult social care services, including sexual abuse, and empowered to make positive relationships, through improved monitoring, risk assessment and inspection.

Read the full report at: [www.cqc.org.uk/PromotingSexualSafety](http://www.cqc.org.uk/PromotingSexualSafety)

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