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| Version: 6<br>FOI Status: Public | Derbyshire County Council – Adult Social Care &<br>Health<br>Relationship Guidance and Policy | Originally Issued: July 2008<br>V6 Issued: July 2025<br>Review due: July 2027<br>Author: Vanessa Ward & Jane Bates |
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Derbyshire County Council - Adult Social Care & Health
Relationship Guidance and Policy
Version 6

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If you would like to make any comments, amendments, additions etc please email  
[ASCH.adultcare.policy@derbyshire.gov.uk](mailto:ASCH.adultcare.policy@derbyshire.gov.uk)

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## Introduction

This policy should be considered alongside.

- relevant regulatory and professional standards including Social Work England, Health Care Professionals Council (HCPC) and Royal College of Nursing (RCN)
- [Code of conduct - Our Derbyshire](#)
- compliance with legislative requirements and associated codes of practice including the [Health and Social Care Act 2012](#), the [Mental Capacity Act 2005](#), the [Care Act 2014](#) and [Article 8](#) of the European Convention on Human Rights as incorporated in the [Human Rights Act 1998](#)

This policy offers a framework to ensure we work sensitively and respectfully when supporting people's right to maintain personal, intimate and sexual relationships.

Colleagues should take due account of all relevant legislation and guidance, in particular mental capacity and consent, to ensure that when providing support to a person, that this does not create safeguarding concerns or infringe on or hinder the rights of any other person.

If sexual exploitation or undue psychological pressure including [coercive and controlling behaviour](#) is suspected there is an expectation that this will trigger a [safeguarding referral](#) and/or a police referral.

All colleagues must always maintain professional and ethical relationships and communication. Professional relationships must maintain clear and appropriate boundaries avoiding personal, financial, intimate and romantic involvements. Colleagues must behave in a professional manner at all times to prevent exploitation, coercion or abuse of a trusted position, harm, and/or conflicts of interest.

All colleagues are responsible for making sure that their conduct does not fall below the standards set out in their relevant professional and employer standards and codes of conduct and that no act or omission harms the wellbeing of the people they support. Appropriateness of relationships should be considered in risk assessments and prior to commissioning and arranging a service – this is particularly important for direct payment recipients. A personal and/or sexual relationship between any person who is in a position of trust and works with (paid or unpaid) a person with care and support needs is not permitted. If this is suspected, appropriate disciplinary actions, referral regarding fitness to practice to the relevant professional regulator, [safeguarding referral](#) and a [PIPOT](#) referral must be made.

The [Care Act 2014](#) recognises the importance of personal relationships in overall wellbeing and independence. Whilst it does not have a specific section dedicated to personal relationships, it emphasises wellbeing, choice, and control, which includes social and intimate relationships. Person centred support planning should consider a person's emotional wellbeing, social, and relationship needs so that they can maintain and develop meaningful connections.

If a person has difficulty making decisions about relationships an independent advocate should be considered within the wider considerations of the [Mental Capacity Act 2005](#). Support plans should acknowledge the rights of all adults to explore intimacy, sexuality and relationships. Colleagues should support these conversations in a sensitive, respectful, and non-judgmental way. [The Mental Capacity Act 2005](#) provides the legal framework for acting on behalf of individuals who lack the mental capacity to make particular decisions at specific times, for themselves. Nothing in the act

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permits a decision to be made on someone else's behalf on a number of matters:

- consenting to a marriage or a civil partnership
- consenting to have sexual relations
- consenting to a decree of divorce on the basis of two year's separation
- consenting to the dissolution of a civil partnership
- consenting to a child being placed for adoption or the making of an adoption order
- discharging parental responsibility for a child in matters not relating to the child's property
- giving consent under the Human Fertilisation and Embryology Act 1990

In matters of sexual and personal relationships, capacity must initially be presumed unless the person has an impairment of, or a disturbance in their mind or brain function which means that the person is unable to make a specific decision when they need to.

Where two people have capacity to make a decision about having a sexual or intimate personal relationship and where there is no duress on either party, they should be supported to do so.

There will be circumstances where either or both partners may be assessed as not having the capacity to make decisions regarding entering, maintaining or the extent of a relationship. In these circumstances there needs to be consideration of the legal issues, and the best interests of the adult(s) concerned. This will include wherever possible, ascertaining the views and preferences, current and historical of the person who lacks capacity. It will also take into account views concerning the person's best interests held by anyone the person has previously named as someone they want to be consulted; others with an appropriate interest in the person's welfare; the role of a suitable person; any attorney appointed by the person under lasting power of attorney (for health and welfare) and any deputy appointed for that person by the Court of Protection.

It is important that Adult Social Care and Health (ASCH) balances its responsibilities to the adults we support alongside those of colleagues and volunteers. When allocating support in this sensitive area, managers must consider colleague wellbeing alongside service needs. This can include for example, cultural, religious or personal reasons or beliefs. Colleagues should always discuss support arrangements and requests for practical assistance with their line manager.

It is important that in line with the person's wishes and their support package, their needs in maintaining existing friendships and relationships are assessed and clearly recorded. Intervention to reduce risk must also be clearly recorded.

Direct payments can be used to support social and romantic relationships. The support plan must include agreed outcomes which the person will use their budget to achieve.

There are a number of things that a direct payment cannot be spent on. These include.

- anything illegal, buying the services of a sex worker, paying people 'cash in hand', gambling, purchasing pornography'
- anything not agreed in the support plan

For more information, please see our [direct payments page](#), [Direct payment information pack](#) or contact [ASCH.DirectPayments@derbyshire.gov.uk](mailto:ASCH.DirectPayments@derbyshire.gov.uk)

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All services must ensure support is provided to maintain marital and other existing personal relationships. Providers within group care and/or living settings should, where possible, provide private personal space and support to access digital or technological opportunities to enable people to maintain connections. These arrangements should consider safe, legal and ethical use of these opportunities for example accessing websites, cybercrime awareness (including exploitation and/or cyber-bullying) and [digital safety](#) in general.

Services should provide appropriate support, guidance and protection without the overprotection that unnecessarily restricts the independence and choice of the person and/or prevents from them undertaking what would be considered ordinary relationships and associated activities.

All support for sexuality, intimacy and relationships must be legal, and sensitively, respectfully and individually assessed. To avoid discrimination, assessment and support should be individual with due consideration of, for example, age, ability, sexual identity, views, and wishes. Adults should be provided with access to supporting advice and information from relevant organisations. The support must be clearly recorded.

The support plan may identify specific support to individuals to develop and maintain safe sexual activities. Care and support plans which reflect support with a sexual activity need to clearly state the role of the colleague be authorised in the usual way by the line manager.

The support plan could detail for example:

- assist an adult to get into bed and/or to remove their clothing prior to sexual activity
- reposition individuals before and/or after sexual activity
- provide personal care before and/or following sexual activity
- fit or remove a condom
- support clients to obtain sex aid
- support adults in minimising risk if they choose to have sex

Any intervention or support assessed as needed, should be recorded clearly in the support plan, including sufficient detail for the provider to protect any colleagues assisting the adult to embark or participate in a sexual activity.

The role of colleagues must not stray into the area of participation or supporting illegal activities. For example, it must not include:

- anything illegal, buying the services of a sex worker, gambling, purchasing pornography
- assisted masturbation
- remaining in the room during sexual activity
- physically assisting with penetration

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## Author History

### Approval and Authorisation History

| Name   | Date           |
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| Authored by Andrew Hambleton – Service Manager | July 2008      |
| Approved by Senior Management team             | July 2008      |
| Authorised by Quality Assurance Group          | September 2017 |

### Change History

| Version   | Date         | Name                    | Reason  |
|-----------|--------------|-------------------------|---|
| Version 1 | July 2008    | Andrew Hambleton        | Introduction of new guidance                                |
| Version 2 | May 2010     | Andrew Hambleton        | Review and update.  |
| Version 3 | October 2014 | Dawn Nash               | Review and update to include information on Direct Payments |
| Version 4 | Sept 2017    | Wendy Holehouse         | Review and update   |
| Version 5 | July 2020    | Fiona Hambleton - Relf  | Review and update   |
| Version 6 | July 2025    | Vanessa Ward/Jane Bates | Review and update   |