# Dementia Action Alliance



## Group discussions on intimacy

#### Case study

Person A has dementia and visits a community day centre. Over time they start to display increasing sexualised behaviour towards Person B, a volunteer. How should the day centre staff respond?

- How does volunteer feel about it?
- 2. Does the person with dementia have a carer? If so, is the behaviour typical? What is the best way to broach the subject? Are there triggers? Minimise risk.
- 3. Where is the behaviour taking place?
- 4. What is the behaviour? Verbal? Physical? Just this volunteer or general?
- 5. Support available to volunteer and person with dementia?
- 6. What training / support is available for volunteer: who does volunteer speak to?
- 7. What are the safeguarding policies? Should a safeguarding alert be raised?
- 8. Guilt how to best deal with it, with person with dementia / volunteer / carer / day centre.
- 9. Use as springboard for discussion / training? Was training sufficient?
- 10. Meeting to discuss family / Health Care Professionals alternatives?

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#### Case study

Person A and Person B both have dementia and are living in a care home. They are both married and their partners still live at home. A and B start an intimate relationship that appears to be consensual from both people. Their partners are unaware of this. What should the care home do?

- Formation of close relationships is natural
- Be truthful and transparent but can they?
- Important that we know about people's relationship → perspectives of different relations
- What do people see as the status of the relationship?
- · Capacity and understanding
- · Consequences of stopping it
- What would people think if it was the other way around?
- If person doesn't have capacity sharing it may be important be selective and sensitive about who you share this with and how
- Giving people space and privacy
- Use all ways of communicating to explore the situation → don't ignore it or try to covertly separate people Staff to be trained on issues of sexuality
- Don't make assumptions about what is happening
- What is intimate?





### **Case Study**

Person A and Person B are both single adults living in a care home and have dementia. They start an intimate relationship that appears to be consensual from both people. What is the role of the care home?

Seek first to understand.

- Issue of confidentiality
  - o Is this a confidential issue?
- Care Home focus: is it consensual? → should support with decision
  - o Is it safe?
  - o Is it doing harm?
- Care Home responsibility to the individual (but do they have any responsibilities to the spouse??) → no
- 1. Check harm / safety to individuals
- 2. If harmful / affecting safety

If not harmful -



Raise safeguarding with Local Authority

Do not break confidentiality by informing partners → record in notes



3. Monitor the ongoing capacity / consent

