Relationships, sexuality and sexual health: preparing future learning disability nurses to promote personal autonomy

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Abstract

People with learning disabilities experience challenges in relation to relationships, sexuality and sexual health, including limited access to accessible and relevant relationships and sex education (RSE). These challenges can contribute to health inequalities and restrict personal autonomy. Learning disability nurses are well placed to support people in this area of their lives through education, advocacy and person-centred practice, but require the relevant knowledge and skills to do so effectively. This article describes a teaching session developed for learning disability nursing students and apprentices at Birmingham City University as part of a module on meeting the people's holistic needs. The teaching session aims to prepare students to support people effectively, ethically and inclusively in this area of practice and uses interactive learning activities, case scenarios and reflection to develop their knowledge, skills and understanding of relationships, sexuality, sexual health and the delivery of RSE. Through this learning, future learning disability nurses can contribute to reducing health inequalities by empowering individuals' personal autonomy in relation to relationships, sexuality and sexual health

Key points

- Challenges experienced by people with learning disabilities when trying to develop relationships include disapproval and restriction, lack of opportunity, and lack of relationships and sex education (RSE)
- The role of learning disability nurses in addressing such challenges means it is essential that students are equipped with the required knowledge, skills and values
- The teaching session described in this article is part of a module that focuses on addressing health inequalities and meeting the holistic needs of people with learning disabilities
- The teaching session incorporates interactive learning activities, case scenarios and reflection, and aims to develop students' knowledge, skills and understanding of relationships, sexuality, sexual health and the delivery of RSE
- Through this learning, future learning disability nurses can help reduce health inequalities for the people they support by empowering their personal autonomy in relationships, sexuality and sexual health

Sexual health is a fundamental aspect of individuals' health and well-being (World Health Organization (WHO) 2026). An individual's rights to express their sexuality, enjoy relationships and access sexual health education are enshrined in the Human Rights Act 1998 and in the United Nations (UN) Convention on the Rights of Persons with Disabilities (UN 2006). The benefits of exercising these rights can enhance people's quality of life (Sullivan et al 2016).

Sexual health can be achieved where there is an environment that supports and promotes sexual well-being and provides access to accurate information about sex, sexuality and sexual health services, so that individuals gain an understanding about the pleasures and risks associated with relationships and sexual activity (WHO 2026). In England, the Care Quality Commission (CQC) emphasises the importance of providing people with learning disabilities with equitable healthcare, including in sexual health, as well as access to education and information to enable them to develop and maintain relationships, and express their sexuality (CQC 2019). Yet this population continues to experience health inequalities and barriers to care, including in relation to accessible relationships and sex education (RSE), which can deny them opportunities to express their sexuality and develop meaningful relationships (Hole et al 2022).

Healthcare professionals who work with people with learning disabilities are well placed to identify and address such inequalities (Charitou et al 2021, Withers and Garvey 2025) and should recognise the importance of providing RSE to this population (United Nations Educational, Scientific and Cultural Organization (UNESCO) 2018).

This article discusses the challenges experienced by people with learning disabilities in relationships and sexual health, and the importance of RSE for this population. The authors also describe a teaching session on relationships, sexuality, sexual health and the delivery of RSE developed for third and fourth year learning disability nursing students and apprentices (referred to as learners in the rest of the article) at Birmingham City University. This important topic has been integrated into a module on meeting the holistic needs of people with learning disabilities, which aims to enable learners to understand how their contribution as learning disability nurses can help to address health inequalities and positively influence health outcomes in line with the Nursing and Midwifery Council (NMC) (2018a) proficiencies.

Relationships and sex education for people with learning disabilities

Learning disability nurses, as part of their role in providing relevant information, care and support, work with people to empower them to make informed decisions (NMC 2018b), including in expressions of sexuality, sexual health and relationships (Thacker and Moore-Jones 2022, Withers and Garvey 2025).

Learning disability nurses may be involved in the delivery of RSE for children and young people – in the UK, guidance on RSE differs across the four nations (Welsh Government 2021, Department of Education 2024, Department for Education 2025, Scottish Government 2026). However, not all RSE needs will have been met, or can

be met, through group education delivered in settings such as schools and colleges; some individuals may require additional one-to-one support from learning disability nurses about sexual identity and safe sexual expression (Thacker and Moore-Jones 2022¸ Withers and Garvey 2025).

The literature suggests there is a reluctance among healthcare staff to undertake work involving sex education due, for example, to individual beliefs, anxiety about addressing the topic, or the belief that it is someone else's responsibility (Åling et al 2021, Lam et al 2021). The authors acknowledge these anxieties and complexities but argue that they reinforce the rationale for including this topic in the preregistration learning disability curriculum. Receiving information and education about sex, sexuality and relationships is vitally important for the people that learning disability nurses support, and learning how to provide this information is equally important for the professionals who support them.

Challenges experienced by individuals in relation to sex, sexuality and relationships

McGrath et al (2025) identified that 'good' sexual health requires sexual health literacy, described as 'the ability to obtain sexual knowledge and use it to make personal decisions about one's own sexual behaviour'. A lack of sexual health literacy can contribute to worse overall health and well-being and a diminution of personal autonomy. The challenges experienced by people with learning disabilities in relation to sex, sexuality and relationships, including a lack of appropriate RSE, can have significant adverse effects on them, including suboptimal mental, physical and sexual health, and engaging in harmful and/or abusive relationships (Åling et al 2021, McCarthy et al 2022, Abbott et al 2025, Ryan 2026).

Relationships

Kwan et al (2020) identified that loneliness can negatively affect the mental health and development of young people with neurodevelopmental disabilities. The distress arising from loneliness has been described as 'the absence of a needed relationship' (Heinrich and Gullone 2006). According to Mencap (2018), about 3% of people with learning disabilities live together as a couple, compared with about 70% of the general population, and about 25% of people with learning disabilities are in a relationship (Mencap 2022).

Challenges experienced by people with learning disabilities when trying to develop relationships include disapproval and restriction, as well as a lack of opportunity and education. This can lead to reduced personal autonomy and a failure to respect individuals' human rights, and can result in individuals being treated as a 'forever child, in a homogenous group of forever children with a peck on the cheek on a playdate' (Ryan 2026). A UK parliament Joint Committee on Human Rights report found evidence that relationships between people with learning disabilities are actively discouraged or prevented by some health and care staff (House of Lords

and House of Commons 2008). The CQC (2019) has since provided guidance on relationships and sexuality in adult social care settings. However, it is unclear how many settings follow this guidance or provide training for staff.

‘Safeguarding’ and ‘risk management’

Other challenges experienced by some people with learning disabilities in this area of their lives can be presented under the guise of ‘protection’, ‘safeguarding’ or ‘risk management’. As one young trans woman with a learning disability explained: ‘If the group home isn’t going to let you have sex in the group home, then you’re probably going to have sex outside’ (McClelland et al 2012). This illustrates that, despite best intentions, the effects of what caregivers might regard as safeguarding or risk management may be detrimental to individuals’ well-being, safety or comfort.

Case law demonstrates the complexities, challenges and tensions between protecting an adult regarded as vulnerable and respecting an individual’s rights and wishes (see for example Hull City Council v KF [2022], 39 Essex Chambers 2024). The tension between an individual’s desire to experience relationships and the need to protect them from abuse is also reflected in parental views and attitudes. For example, Manor-Binyamini and Schreiber-Divon (2019) found that some parents tended to regard their adolescent children’s sexuality as ‘non-normative’ and a source of problems, and ignored, prevented or limited their sexual expressions, while other parents acknowledged their children’s sexuality and their right to sexual expression.

A preoccupation with ‘risk’ can lead to the exclusion of people with learning disabilities from the relationship rights enjoyed by others, with limited regard for the principle of ‘positive risk-taking’. Gloucestershire County Council’s good practice guide on positive risk taking (accessed at: www.gloucestershire.gov.uk/media/42kjod2j/good_practice_guide_-_risk_taking1bea.pdf) describes positive risk management as ‘managing risks to maximise people’s choice and control over their lives’. However, Field et al (2024) found significant variation in how local authorities define positive risk-taking.

Lack of relationships and sex education

Schaafsma et al (2015) identified the ‘absence or low frequency of sex education’ as a significant contributory factor to the lack of knowledge and skills related to relationships, sex and sexuality among people with learning disabilities. A survey of young people’s experiences of RSE and sexual-risk taking found that those who were less likely to receive RSE they considered ‘useful’ included individuals with special educational needs and those who identified as LGBT+ (Department for Education 2021).

The statutory guidance for RSE in England, first published in 2019 and updated in 2025, aims to ensure that accessible RSE is delivered to all young people, and emphasises its importance for people with learning disabilities (Department for

Education 2025). Wilson et al (2014) described the importance of using ‘multiple strategies for exploring sexual knowledge, understanding, and experiences among young people labelled with intellectual disabilities’ to ensure accessibility.

There is now greater clarity about what legally constitutes ‘capacity to engage in sexual relations’ following the UK Supreme Court decision in A Local Authority v JB [2021]. This decision is detailed by Ruck-Keene (2021) and McCabe (2021) and the practice issues about capacity to engage in sexual relations are outlined in the Supported Loving toolkit Capacity to Engage in Sexual Relations resource developed by Choice Support (accessed at: www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit/capacity-to-engage-in-sexual-relations). It should be clear to learning disability nurses and others facilitating RSE what, at a minimum, an individual needs to know and understand.

Sexual and gender identity

For people with learning disabilities who identify as LGBT+, the challenges may be greater as the services they access may not be able to support these two aspects of their identity (Dinwoodie et al 2020). Abbott et al (2025) highlighted how some people with learning disabilities who identified as LGBT+ experienced disapproval and abuse from personal assistants because of their sexual and/or gender identity. A lack of inclusive and targeted RSE for people with learning disabilities who are LGBT+ can increase sexual health risks (Wilson et al 2014, Wilson et al 2018) and make it difficult for individuals to explore their identities (Santinele Martino 2017). This can result in people seeking information online, including through the use of pornography (Bradlow et al 2017, Lim et al 2017, Bőthe et al 2019).

Teaching session at Birmingham City University

Given the challenges discussed in the previous sections, and the important role of learning disability nurses in addressing them, it is essential that students are equipped with the knowledge, skills and values required for this area of practice. To support this learning, the authors, who are learning disability nurses, have developed and facilitate a teaching session on relationships, sexuality, sexual health and the delivery of RSE for third year and fourth year learning disability nursing students and apprentices at Birmingham City University. The first author (RH) is a lecturer and module lead for the learning disability module with which this teaching session is aligned and the second author (NH) works in clinical practice.

A key feature of the module is its focus on addressing health inequalities and meeting the holistic needs of people with learning disabilities (NMC 2018a). Relationships and sexual health are key components of holistic care, and it is with this in mind that this topic and the role of the learning disability nurse in this area of practice is explored.

The aims of the teaching session are for learners to:

- Consider the importance of relationships, sexuality and sexual health, and to analyse the enablers and barriers for people with learning disabilities.
- Identify what constitutes best practice in supporting the relationships, sexuality and sexual health needs of people with learning disabilities and to reflect on their own practice.
- Explore issues related to the delivery of RSE to people with learning disabilities on a one-to-one basis and in a group.

Learners are provided with a two-hour pre-recorded video to watch individually in the university's virtual learning environment during their study time. The video is available throughout the duration of the module, enabling learners to access it at any time. The video includes structured content and guidance, along with interactive learning activities that explore key themes and values across relevant topics (Box 1). The interactive activities include 'pauses for reflection', multiple-choice quizzes, rating exercises and case scenarios.

Box 1

Topics and underpinning themes and values of the teaching session on relationships, sexuality, sexual health and the delivery of relationships and sex education (RSE)

Topics

- The nurse's role in supporting people with learning disabilities in sexual health, sexuality and relationships
- Influences, barriers and enablers affecting individuals in relation to sexual health, sexuality and relationships
- How to support the person in relation to sexual health, sexuality and relationships, including the delivery of relevant and accessible RSE

Key themes and values underpinning the topics

- The importance of reflection and its application to this area of practice
- Applying theory to practice – understanding what constitutes best practice in this area of work
- Practice implications of relevant legislation and guidance
- Awareness of potential conflicts between personal and professional attitudes, opinions and beliefs
- Encouraging people to develop personal autonomy in relationships, sexuality and identity
- Respecting individuals' human rights
- Being inclusive and person-centred in practice
- Recognising the uniqueness of individuals
- Understanding the importance of decision-making and consent in relation to personal autonomy

In one activity, learners are presented with short scenarios about relationships and sexuality involving people with and without learning disabilities, and asked to rate each scenario using a Likert-type scale (ranging from 0 = not OK to 5 = OK) and reflect on their responses. Learners are encouraged to consider how protection, empowerment and rights co-exist in individual circumstances, and how issues that arise may affect nursing practice in terms of promoting personal autonomy.

In another activity, learners explore case scenarios adapted from the authors' practice experiences. One scenario describes a referral from a school to community learning disability nurses outlining concerns about a young man with regards to masturbating safely and appropriately. The scenario provides learners with an opportunity to reflect on the nurse's role, linking theory to practice. Learners are asked to consider:

- What an assessment might look like in these circumstances while adhering to strict clinical necessity and respecting personal boundaries (Council for Healthcare Regulatory Excellence 2008).
- What effective support and empowerment might look like to enable the individual to enjoy safe sexual expression.
- What practical resources might be useful.
- Other issues, such as cultural issues and parental views.

Reflection is a fundamental component of the teaching session, encouraging learners to be aware of their personal values and how these may influence their work in this area of practice. This is particularly important where personal beliefs may conflict with the identity of the person they are supporting. Such reflection should be integrated with an understanding of the importance of promoting and respecting individuals' personal autonomy (NMC 2018a, 2018b).

To supplement the teaching content, the authors have developed an online resource pack comprising a range of resources, including links to guidance for professionals and easy-read materials to support individual work related to RSE. The resource pack is designed to support learners in their individual learning and reflection, and in the development of their future practice.

Discussion

Providing future learning disability nurses with the knowledge and skills to support people in relationships, sexuality and sexual health through the delivery of RSE is central to the teaching session. Nurses with a greater depth of knowledge and skills are better equipped to assess the needs of individuals holistically (Li et al 2019, Northway and Hopes 2022). The inclusion of reflection and interactive activities provides a practical dimension to the session, which evidence suggests students find particularly valuable (Goodwin et al 2022). Providing opportunities to engage with and explore topics related to RSE through interactive learning can help prepare and enable learners to make a difference to the people they support.

Using critical thinking, problem-solving and clinical reasoning skills in the teaching session provides learners with a safe space in which to develop their own perspectives, interpretations and professional values (NMC 2018a, 2018b, Leandro et al 2024) and practise making evidence-based care decisions about challenging and complex care situations (Li et al 2019). Case scenarios can also be used to support learners' understanding of relevant legislation and case law and to consider how they apply their professional obligation to practise non-judgementally (NMC 2018b).

The content of the teaching session is adaptable. The sessions could be expanded to include discussion, debate and activities such as exploring different ways of tailoring RSE to individuals' needs, which supports the Department for Education (2025) aim that RSE should be 'accessible for all'. Future teaching sessions will be informed by learners' feedback on the current content, and a formal evaluation has been planned.

Through this learning, future learning disability nurses can contribute to reducing health inequalities for the people they support by promoting personal autonomy in terms of their relationships, sexuality and sexual health. In their practice, learning disability nurses can make positive contributions to individuals' emotional health and well-being. Box 2 provides some examples of how learning disability nurses can achieve this. The examples are informed by the authors' professional experiences and the literature.

Box 2

How learning disability nurses can support individuals' personal autonomy in terms of relationships, sexuality and sexual health

Learning disability nurses can:

- Provide a safe space for individuals to:
    - Think about decisions relating to their relationships and sexual or gender identity
    - Develop a greater understanding of decision-making and consent
- Demonstrate to individuals that their desire for friendships and sexual expression, and their sexual and/or gender identity, are respected and affirmed
- Provide or support individuals to access information on sexual health
- Assist individuals to understand issues related to sexual safety and decision-making and how this understanding can be applied in practice
- Allay carers' (formal or informal) fears and concerns by advocating for the individual, particularly where positive risk-taking is involved

(Adapted from Northway and Hopes 2022)

Conclusion

Supporting people with learning disabilities in relationships, sexuality and sexual health is an essential aspect of the learning disability nurse's role. This work is crucial in empowering people to develop personal autonomy and in addressing the challenges they may experience in this area of their lives, ultimately helping to reduce health inequalities. The teaching session described in this article provides opportunities for nursing students and apprentices to develop their knowledge and skills in this area and to apply theory to practice through interactive activities and reflection. Relationships, sexuality, sexual health and the delivery of RSE should form a core part of the preregistration curriculum to ensure the development of future learning disability nurses' knowledge and skills in this essential area of practice.

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