central SEXUAL HEALTH

Condom Distribution Scheme

Guidance and Practical Information

September 2012

Who is this guidance for?

This protocol is for workers from agencies and organisations operating as distribution outlets for the NHS Forth Valley free condom distribution scheme. It seeks to support non-clinical staff with a sexual health improvement remit whose role may include the distribution of condoms.

Background

This document provides guidance to support agencies participating in the NHS Forth Valley condom distribution scheme.

What is Sexual Health?

The World Health Organisation (WHO) provides a broad definition of sexual health which has been adopted locally:

'Sexual Health is a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.'

The Forth Valley Condom Distribution Scheme aims to promote and support the on-going delivery of the outcomes of the National Sexual Health and Blood Borne Virus Framework (2011-2015) by addressing prevention approaches to reduce sexual health inequalities in populations most vulnerable to poor sexual health outcomes.
http://www.scotland.gov.uk/Topics/Health/health/sexualhealth/framework

The free condom service aims to provide free condoms across NHS Forth Valley to people who are most at risk of preventable ill health. The following populations have been defined as our priority groups:

1. Young people under 21
2. Injecting and non-injecting drug users
3. People living with HIV or other Blood Borne Viruses (BBVs)
4. Men who have sex with men (MSM)
5. Ethnic minority groups particular those from sub Saharan Africa
6. Prison population
7. Sex Industry Workers

At a local level this involves taking forward actions outlined by the Forth Valley Sexual Health Implementation Groups. These include:

- Reducing rates of unintended pregnancy
- Reducing rates of Sexually Transmitted Infections (STIs) including HIV
- Improving the provision of sexual health services
- Promoting partnerships across statutory and voluntary sectors

Aims of the Forth Valley Condom Distribution Scheme

- To increase the availability and acceptability of condom use by removing barriers such as cost and embarrassment
- Reduce the prevalence of sexually transmitted infections
- To reduce unintended pregnancy
- Promote correct and consistent condom use with the opportunity to discuss safer sex
- Increase the opportunity to engage with identified target groups who are at particular risk of poor sexual health outcomes
- Ensure service users are aware of local services by signposting when appropriate

Young people

Young people under the age of 25 are a key target group for the promotion of condom use as they are particularly vulnerable to poor sexual health outcomes such as unintended pregnancy and sexually transmitted infections (STIs).

- In 2009 almost 60% of Chlamydia diagnoses were in those aged under 25
- In 2010, 80% of Chlamydia and 75% of Gonorrhoea diagnoses in women were in young women under 25

In 2009, Scotland had a teenage pregnancy rate of 52.8 per 1000. In Forth Valley, both Falkirk and Clackmannanshire had higher rates than the Scottish average, with Falkirk at 61.6 and Clackmannanshire at 54.6. In Stirling the rate was 27.4 per 1000 (ISD 2010).

Condom provision for under 16s

Condoms are not 'medical treatment' and therefore do not need to be provided by a 'qualified medical practitioner'. It is therefore legal for all workers, including non-medical practitioners such as youth workers, to provide condoms to young people under 16 years of age. For those professionals in settings where such provision can be offered, a clear understanding of GIRFEC (Getting it right for every child) and other national guidance referenced in this document is essential.
http://www.scotland.gov.uk/Resource/Doc/1141/0065063.pdf

However, young people under the age of 16 should only be able to access condoms within the context of a consultation with a trained member of staff. For under 16s a condom demonstration is a requirement at the first visit, and a demonstration should be made available at any subsequent visit.

Condom distribution can be used as a positive opportunity to discuss and offer safe sexual health advice, in addition to discussing other forms of contraception, and will also allow the opportunity to assess if there are any concerns of abuse.

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Young People, Sexual Health, Confidentiality and the Law

The Sexual Offences (Scotland) Act 2009 came into force on 1st December 2010
http://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill

Under the new Act:

- It remains a criminal offence to be involved in any sexual act with someone who doesn't give free agreement to it. The definition of free agreement has been set out. Someone can't give free agreement, for example, if they're too drunk to understand what's going on, or if they're under any sort of unreasonable pressure. They can withdraw their agreement at any time up to or during the sex act. The onus would be on the accused person to show they reasonably believed the other person had freely agreed to have sex (Part 2 of the Act).
- It is a criminal offence for anyone to have any sexual contact (sexual intercourse, sexual touching, kissing etc) with anyone under the age of 13 whether the young person agrees or not, on the basis that anyone under 13 lacks the capacity to give valid consent to any sexual act (Part 4 of the Act).
- It is a criminal offence for anyone who is 16 or older to have any sexual contact with someone aged 13, 14 or 15. It is also a criminal offence for both girls and boys aged 13, 14 and 15 to have consensual sex with anyone else aged 13, 14 or 15. This applies whether they are the initiating partner or the consenting partner. This criminal offence for consensual sex between people who are aged 13, 14 or 15 applies solely to penetration of the mouth, vagina or anus with the penis or to touching the penis, vagina or anus with the mouth. People in this age group participating in other consensual sexual acts are not committing criminal offences (Part 4 of the Act).
- It is a criminal offence for anyone in a position of trust in relation to someone under 18 to have any sexual contact with that person (Part 5 of the Act).
- The Act includes some offences (showing drawings of genitals to a young person, for example) that might seem to criminalise people who provide sex education. Staff working in sexual health settings might worry that they could be charged with inciting or being involved "art and part" in an offence by (for example) providing condoms. However the Act includes specific exemptions. No criminal offence can be committed where people act solely to protect someone from sexually transmitted infection or pregnancy, to protect their physical safety or emotional wellbeing or to provide appropriate sex education (Part 4 and Part 7, Section 51 of the Act).
- It should also be noted that it is an offence for a person to pay for the sexual services (prostitution) provided by a child under the age of 18. (Section 9 of the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005)
  http://www.scotland.gov.uk/Publications/2006/11/17153941/1

New National Guidance on the management of under- age sexual activity sets out what you should do if you find out that a pupil/patient/client under the age of 16 has had sexual intercourse. In all cases the best interests of the young person is the most important thing to think about. Given that between a third and half of young people in Scotland have sex before they reach their sixteenth birthdays and only a small proportion of these have been subjected to sexual abuse, the young person's best interests will most often be served by maintaining their confidentiality.
http://www.scotland.gov.uk/Resource/Doc/333495/0108880.pdf

What you should do

- If the child or young person is under the age of 13 and has been involved in any kind of sexual activity, then you must report this through the usual Child Protection routes.

- If the young person is 13, 14 or 15 and you are satisfied that they are not at risk of harm, their confidentiality must be maintained and they should receive services appropriate to their needs (e.g. condoms, pregnancy/STI testing, contraception, advice, access to abortion, counselling etc.

- If the child or young person is 13, 14 or 15 and you have any concerns that they or anyone else may be at risk, no matter how small that concern, you should discuss your concerns with the designated person for Child Protection within your organisation.

- If the child or young person is aged 13, 14 or 15 and you believe (s)he or someone else is at risk of harm, Child Protection procedures should be followed. The child or young person should also receive services appropriate to their needs (e.g., condoms, pregnancy/STI testing, contraception, advice, access to abortion, counselling etc. Check out the NHS Forth VAlley Sexual Health Website www.centralsexualhealth.org to access information and links to a range of issues.

Frequently asked questions

Q. Are adults and children entitled to the same level of confidentiality?

A. Yes, the Human Rights Act and the UN Convention on the Rights of the Child both make it clear that children and young people have exactly the same entitlement to confidentiality as adults.

Q. Can I ever breach a child or young person's confidentiality?

A. Yes, you can breach a child's or young person's confidentiality but only if you believe (s)he (or someone else) is at risk of harm and where breaching their confidentiality is a proportionate way of addressing that risk. Inform the young person about the need to speak to other practitioners and seek their consent if possible. Where appropriate, speak with the young person prior to passing on the child protection concern – every reasonable effort should be made to seek their agreement.

Q. If I give a young person advice or support or (for instance) provide with condoms knowing that they intend to have sex, could I be prosecuted for helping them to have sex (which is illegal)?

A. Not so long as you are providing support to try to stop them getting pregnant, getting an STI, to keep them safe, support their emotional wellbeing or provide appropriate sex education. You could only be prosecuted if you were supporting them for your own sexual gratification, if you were trying to humiliate them or if you were trying to actively encourage them to have sex. Health staff should continue to follow the Fraser Guidelines.

Q. But sexual intercourse is illegal under the age of 16. That means I have to report it to the police, doesn't it?

A. No, it doesn't. There is no requirement for you to report underage sex to the police. If you are concerned that a young person may be at risk of harm you should discuss this with the designated person for Child Protection within your organisation.
Different responses may be required depending on the age of the young person, but sexual activity that involves a child under the age of 13 should be managed in accordance with the Forth Valley inter-agency child protection framework. For children aged 13 or over a range of issues should be considered. What remains important is that young people are offered a consistent, joined up approach from every service involved with them.

Q. If I know a young person's having sex, should I tell his/her parents?

A. No. Children and young people are legally entitled to confidentiality, even from their parents. If you are satisfied the child or young person is not at risk of harm, you should maintain their confidentiality while ensuring they receive the services they need. You should discuss with them the potential benefits of speaking to a family member. If you are concerned that a young person may be at risk of harm you should discuss this with the designated person for Child Protection within your organisation.

Getting it right for every child (GIRFEC)

GIRFEC should underpin all practice with children and young people. GIRFEC's principles and values are set out in full at Appendix A, but essentially GIRFEC:

- places children's and young people's needs first;
- ensures that they are listened to and involved in decisions that affect them; and
- ensures that they get the co-ordinated help required for their well-being, health and development.

When practitioners who work with young people become aware of situations where under age sexual activity has taken place, they have a duty to consider the impact that this has had on the young person and if this behaviour is indicative of a wider child protection concern.
Practitioners should make a judgement about what information is needed to make an assessment based on the GIRFEC principles and decide which professional is best placed to carry this out and consult with professionals to ensure that co-ordinated support is put in place.

Assessment of Risk

The assessment process may not always be straightforward and will require sensitive handling and the use of professional judgment.
Practitioners require clear guidance on the legal and ethical framework in which they carry out this essential work. These protocols should be used alongside the specific policy and procedures within each organisation. Any practitioner providing sexual health information to under 16s, including distributing condoms, must ensure they have a good understanding of their professional codes, employer's confidentiality and child protection guidelines to ensure adherence.

Practitioners should also bear in mind that there may be opportunities to discuss concerns relating to under-age sexual activity on an informal, 'hypothetical' basis - whether for general advice on procedures and processes, or to ascertain whether information they hold should be shared on a wider basis. These types of discussion can help increase knowledge and skills base, and help promote the development of inter-agency relations and understanding.

Depending on the outcome of the assessment process, there are several courses of action that could be taken. However, in all situations the consideration of the five GIRFEC questions should form the basis of the response:

- What is getting in the way of this child's or young person's well-being?
- Do I have all the information I need to help this child and young person?
- What can I now do to help this child and young person?
- What can my agency do to help this child and young person?
- What additional help, if any, may be needed from others?

The response, and level of information shared, will be different depending on whether there is a child protection concern or whether there are other concerns for the well-being of the young person. However, the overriding principle should be that the confidentiality rights of children and young people should be respected unless there is a child protection concern.
Where there are no child protection concerns, young people may still have worries or require support and this will require to be addressed either on a single agency or multi agency basis.
(See Appendix B and flowchart Appendix C)

Further to GIRFEC, the Fraser Guidelines are a set of criteria used to assess whether a young person can be provided with confidential services without parental consent. They arose from a case in the early 1980's and apply to England only but are commonly used as guidance in Scotland. Although the Fraser guidelines relate specifically to Health Professionals, they are commonly used in community settings as 'good practice'. They state that a worker would be justified in giving advice

or treatment without parental knowledge, provided he/she is satisfied:
http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

- That the young person can understand the advice, and has sufficient maturity to understand what is involved in terms of the moral, social and emotional implications
- That he/she cannot be persuaded of the value of informing their parent that contraceptive advice is being sought
- That the young person is likely to begin/continue having sex with or without treatment
- That without treatment the young person's physical/mental health is likely to suffer
- That the young person's best interests require advice, treatment or both without parental consent

'Vulnerable' Young People aged between 16 and 18

Sexual activity over the age of 16 is legal. However the activity may not have been consensual or the young person might have vulnerabilities and related needs. It should also be noted that it is an offence for a person to pay for the sexual services (prostitution) provided by a child under the age of 18.
The Sexual Offences (Scotland) Act 2009 states that young people under the age of 18 could be subject to a 'sexual abuse of trust' - for example, if the young person has had sexual relations with a teacher, hospital staff or a residential care unit worker who has caring responsibilities for the child or for children in the institution in which the child is being cared for or taught and is over the age of 18.
http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL

Learning Disability

The Adults with incapacity (Scotland) Act 2000 is now the most significant piece of legislation in protecting vulnerable adults.
http://www.scotland.gov.uk/Topics/Justice/law/awi

The purpose of this act is not only to protect the individuals but also to allow them as much autonomy in their life as possible. It is concerned with identifying incapable adults who are defined as being 'Incapable of acting, making decisions, communicating decisions, understanding decisions, by reason of mental disorder or physical disability.' Individuals should be able to understand what is being asked of them. Most people with learning difficulties can make their own decisions, including whether to engage in sexual activity. There will be some people, however, who will not have a level of understanding which enables a particular decision to be made- they may lack capacity.
In assessing capacity, the individual should be able to understand the following:-

- Understand what is being asked of them.
- Be aware that they have the right to refuse sex.
- Not to be afraid to refuse sex.
- Be aware that sex is not meant to be painful or uncomfortable.
- Be aware that some relationships are illegal, such as those within families, or between workers and clients.
- That they are being exploited if they are given rewards / incentives or being paid for sex.

The Education (Additional Support for Learning) (Scotland) Act 2004 and revised Education (Additional Support for Learning) (Scotland) Act 2009 provides the legal framework which underpins the system for identifying and addressing the additional support needs of children and young people who face any barrier to learning. The Act aims to ensure that all children and young people are provided with the necessary support to help them work towards achieving their full potential and broadens the definition of Additional Support for Learning. It also developed the concept of involving the child or young person in decisions and ensuring that communication and information sharing was also enhanced. Further details are available from
http://www.scotland.gov.uk/Publications/2009/11/03140104/3

Training

Condom skills training is available for workers who are involved in condom distribution. All workers who are distributing condoms should be trained in condom skills. This is particularly important for workers intending to distribute condoms and/or provide sexual health information for under 16s. Training can also be provided for staff who wish to establish a more formal system of condom distribution, involving a database of registered users. Staff requiring training or additional support should contact the NHS FV Central Sexual Health Team. (click on web address to link)
http://www.centralsexualhealth.org/professionals/education-and-training

Approaches to Condom Distribution

Agencies/organisations who register with the condom scheme have a degree of autonomy to establish a form of condom distribution, which is most appropriate for the nature their service and the needs of their clients. It is recommended however, that wherever possible, condoms are given out in a structured manner where individuals have the opportunity to access advice, information and a condom demonstration from a trained worker.

> ***'However, young people under the age of 16 should only be able to access condoms within the context of a consultation with a trained member of staff. For under 16s a condom demonstration is a requirement at the first visit, and a demonstration should be made available at any subsequent visit.'***

Distributing condoms in a supported way gives individuals the opportunity to be shown the correct way to use condoms and to discuss safer sex. This is particularly important for young people accessing condoms from a service for the first time (see Practical Guidance - Condom Demonstration).

Some organisations may wish to establish a more formal system of condom distribution, where clients register to receive condoms. This may be based on the 'C- card' model, whereby service users are given a card with their unique registration number. Clients can access condoms simply and discreetly by handing over their card and self selecting products in a private area. This limits the need for dialogue, and therefore any embarrassment. However, clients should still be able request a condom demonstration at any time (see Practical Guidance - Establishing a condom scheme involving client registration and Appendix E – How to register with the Forth Valley Condom Distribution Service).

Vulnerable adults

Vulnerable individuals with a learning disability who wish to access condoms should given a full condom demonstration and appropriate safer sex information. Staff should look for evidence of maturity by assessing whether the individual is able to consent and show the relationship is not abusive

If you require further support regarding supplying condoms to individuals with a learning disability, contact Joanne Barrie, Community Sexual Health Educator (see appendix D)

Appendix A: Getting it Right for Every Child: Principals and Values

For all professions, there are legal powers and duties, professional protocols, quality standards and a range of professional guidance. Getting it right for every child is relevant to a wide range of professionals and there are some underpinning principles within the approach that have broad application across relevant agencies. These principles are described here as values.
Values inform or influence choices and action across a wide range of role and context. Successful evolution in culture, systems and practices across diverse agencies may depend partly upon on a shared philosophy and value base.

The summary below is intended to be both practical and relevant to professionals with a part to play in ensuring that each child is: safe; healthy; active; nurtured; achieving; respected; responsible; and included.

- Promoting the well-being of individual children and young people: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time.
- Keeping children and young people safe: emotional and physical safety is fundamental and is wider than child protection.
- Putting the child and the young person at the centre: children and young people should have their views listened to and they should be involved in decisions that affect them.
- Taking a whole child approach: recognising that what is going on in one part of a child's and young person's life can affect many other areas of his or her life.
- Building on strengths and promoting resilience: using a child's and young person's existing networks and support where possible.
- Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity.
- Providing additional help that is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs.
- Supporting informed choice: supporting children, young people and families in understanding what help is possible and what their choices may be.
- Working in partnership with families: supporting, wherever possible, those who know the child and young person well, know what they need, what works well for them and what may not be helpful.
- Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children's and young people's right to confidentiality.
- Promoting the same values across all working relationships: recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues.
- Making the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities.
- Co-ordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help.
- Building a competent workforce to promote children and young people's well-being: committed to continuing individual learning and development and improvement of inter-professional practice.

Appendix B: Indicators of Potential Risk

If a professional feels that there are concerns around the young person's sexual behaviour, the indicators set out below can help the practitioners decide on the appropriate response and whether information needs to be shared. What follows is a non-exhaustive list of some of the typical factors that may indicate a child protection concern and help practitioners determine risk and need. It is not intended to be used as a checklist but forms the basis of a risk assessment: depending on the specific situation, not all of the areas identified will require exploration.

The child and young person

- Is the child under the age of 13 or did the sexual activity take place when the young person was under 13?
- Did the young person understand the sexual behaviour they were involved in?
- Did the young person agree to the sexual behaviour at the time?
- Did the young person's own behaviour - e.g. use of alcohol or other substances - place them in a position where their ability to make an informed choice about the sexual activity was compromised?
- Was the young person able to give informed consent? (e.g. mental health issues, learning disability or any other condition that would heighten the young person's vulnerability)

The relationship

- Was there a concerning power or any other relevant imbalance present in the relationship? (E.g. differences in size, age, material wealth and/or psychological, social, intellectual and physical development - in addition, gender, race and levels of sexual knowledge can be used to exert power.) It should not automatically be assumed that power imbalances do not exist for two young people similar in age or of the same sex.
- Were manipulation, bribery, threats, aggression and/or coercion, involved? (E.g. was the young person isolated from their peer group or was the young person given alcohol or other substances as a dis-inhibitor etc.)

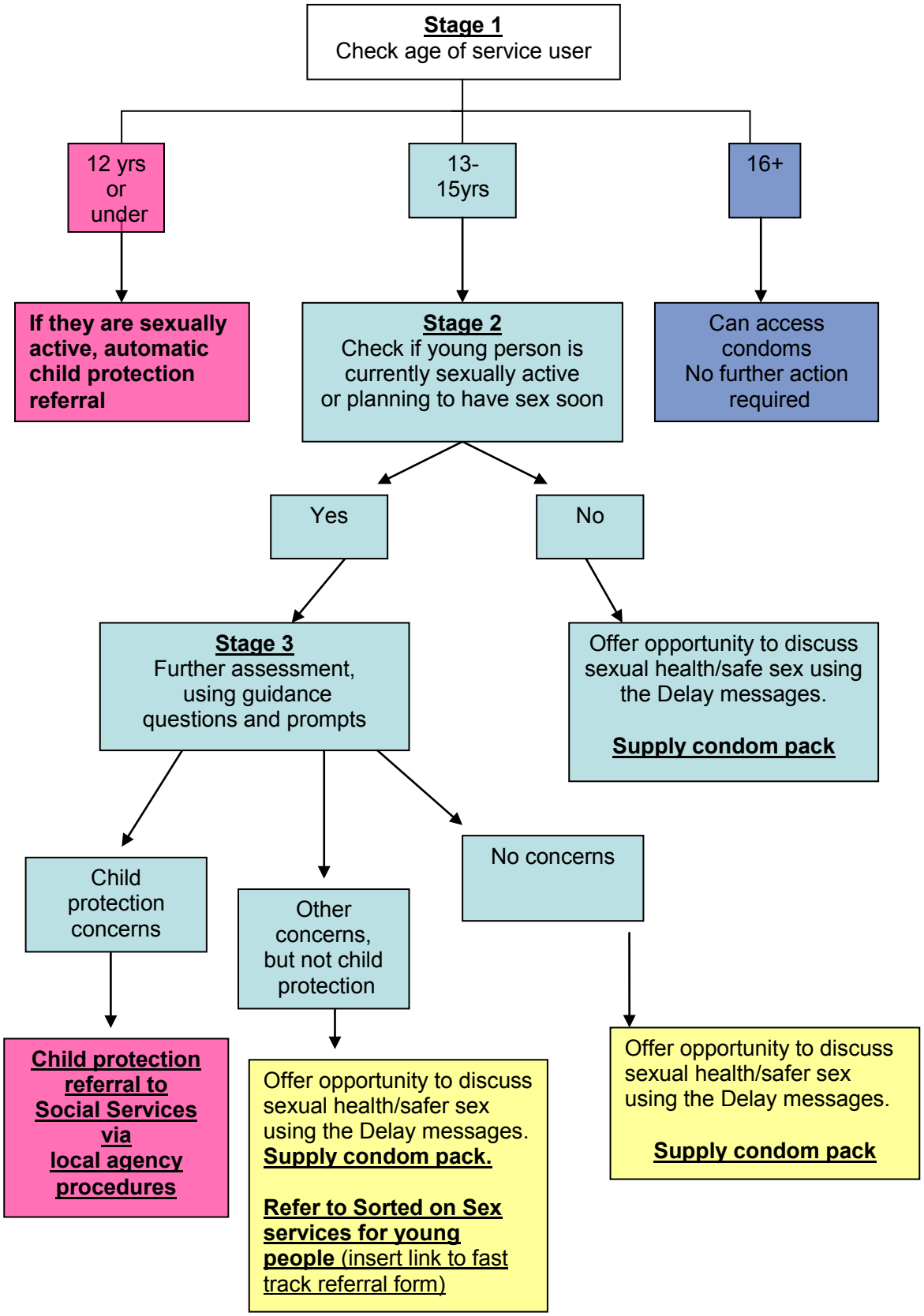
The other person

- Did the other person use 'grooming' methods to gain the trust and friendship of the young person? (e.g. by indulging or coercing the young person with gifts, treats, money etc; by befriending the young person's family; by developing a relationship with the young person via the internet)
- Did the other person attempt to secure secrecy beyond what would be considered usual in teenage sexual activity?
- Was the other person known by the practitioner to be or have been involved in concerning behaviour towards other children and young people?
- Was the other person in a position of trust

Other factors

- Was the young person, male or female, frequenting places used for prostitution?
- Is there evidence of the young person being involved in prostitution or the making of pornography?
- Was the young man frequenting places where men have sex with men in circumstances where additional dangers, e.g. physical assault, might arise?
- Were there other concerning factors in the young person's life which may increase their vulnerability? (e.g. homelessness)
- Did the young person deny, minimise or accept the concerns held by practitioners?

Appendix C: Flowchart - Supplying Free Condoms to Under 16s



Adapted with permission from NHS Greater Glasgow and Clyde

Appendix D: Central Sexual Health Team – Contact Information

Pamela Vannan
Senior Health Promotion Officer
pamela.vannan@nhs.net

Johanna Bauer
Health Promotion Officer
johanna.bauer@nhs.net

Joanne Barrie
Community Sexual Health Educator
joanne.barrie@nhs.net

Kirsty Abu-Rajab
Lead Clinician Sexual Health/ Consultant GUM
kirsty.abu-rajab@nhs.net

Hazel Somerville
Senior Sexual Health Advisor/Young Person's Sexual Health Nurse
hazel.somerville@nhs.net

Alison Sturrock
Lead Nurse Sexual Health
mailto:alisonsturrock@nhs.net
(Will be filled in August /September 2012)

Appendix E: How to Register with the Forth Valley Condom Distribution Service

To register as a condom distribution outlet, please contact:

Margaret Smith
Health Improvement Resources Service (HIRS)
NHS Forth Valley
Central Supplies Department
Unit 2 Colquhoun Street
Stirling
FK7 7PX

Tel: 01786 433867
E-mail: FV-UHB.HIRS-group-mailbox@nhs.net
Web: www.freecondomscentral.co.uk

Appendix F: Relevant Policy Documents and Legislation

National Sexual Health and Blood Borne Virus Framework (2011)
http://www.scotland.gov.uk/Topics/Health/health/sexualhealth/framework

Getting it right for every child
http://www.scotland.gov.uk/Resource/Doc/1141/0065063.pdf
Overview of approach
Evaluation of early implementation phases
GIRFEC practice model

Sexual Offences (Scotland) Act 2009
http://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill
Summary of Legislation
Part 4 - Children
Part 5 - Abuse of position of trust

The Protection of Children and the Prevention of Sexual Offences (Scotland) Act 2005
http://www.scotland.gov.uk/Publications/2006/11/17153941/1

National Guidance, Underage sexual activity: Meeting the needs of children and young people and identifying child protection concerns
http://www.scotland.gov.uk/Resource/Doc/333495/0108880.pdf

Fraser Guidelines
http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

Education (Additional Support for Learning) (Scotland) Act 2004
http://www.scotland.gov.uk/Topics/Education/Schools/welfare/ASL
http://www.scotland.gov.uk/Publications/2009/11/03140104/3

Adults with Incapacity (Scotland) Act 2000
http://www.scotland.gov.uk/Topics/Justice/law/awi

Age of Legal Capacity (Scotland) Act 1991
http://www.legislation.gov.uk/ukpga/1991/50/contents
Part 2.4: A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.

National Guidance on Child Protection Scotland 2010
http://www.scotland.gov.uk/Publications/2010/12/09134441/0

UN Convention on the Rights of the Child
http://www.unicef.org/crc/
http://www.unicef.org/crc/files/Rights_overview.pdf

Appendix G: References

Attitudes towards condom use among young people (Kirby,Van der Sluijs and Currie 2010),

National Guidance Underage Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns (The Scottish Government, 2010)

National Sexual Health and Blood Borne Virus Framework (The Scottish Government 2011),

NHS Forth Valley Guidelines for the Management of Sexually active Young People Under the age of 16 (2007)

Sexual health among young people in Scotland (Kirby, Van der Sluijs and Currie, 2010)

Sexual Health and Relationships Education Research (SHARE) (Health Scotland, 2006)

The Glasgow Protocol for Working with Young People Who Are Sexually Active- Interagency Guidance (Sandyford Initiative, 2006)

Practical Information

Targeted Condom Distribution

The free condoms distribution scheme aims to provide free condoms across NHS Forth Valley to people who need them.

Young People

Young people under the age of 25 are a key target group for the promotion of condom use as they are particularly vulnerable to poor sexual health outcomes such as unintended pregnancy and sexually transmitted infections (STIs). Although three quarters of young people in Scotland reported using a condom at first intercourse, 11% reported using no form of protection or contraception at all. (Wright and Forrest 2010)

In Forth Valley, both Falkirk and Clackmannanshire had higher rates than the Scottish average, with Falkirk at 61.6 and Clackmannanshire at 54.6. In Stirling the rate was 27.4 per 1000. (ISD 2010)

There is also a lack of association between condom use and HIV among young people, highlighting a need for education and awareness rising as part of the condom distribution process. (Kirby, Van der Sluijs and Currie, 2010)

Almost a quarter of all acute STI diagnoses are in those aged under 20, and in particular chlamydia and genital warts have increased among young people during the previous five years. In 2009 almost 60% of Chlamydia diagnoses were in those aged under 25. Young women are the group most at risk of being diagnosed with an STI. In 2010, 80% of chlamydia and 75% of gonorrhoea diagnoses in women were made in those aged under 25. In 2009, Scotland had a teenage pregnancy rate of 52.8 per 1000.

Young People 13 -15

It is known that approximately 50% of young people have experienced some form of sexual behaviour by the age of 16. We aim to support young people to delay early sexual activity until they are sufficiently emotionally and physically ready to manage the consequences of a sexual relationship. It is however recognised that many young people will still continue to be sexually active, so it is important that they can protect themselves from sexually transmitted infections and unintended pregnancies.

Delay messages can help workers to support young people in making informed choices that are right for them and help them decide when they are really ready for sex. (see delay messages page 27)

Any interactions with young people under the age of 16 regarding condom distribution should be framed within these 2 main messages:

It's ok to say 'no' – young people should be made aware that they should not be pressured into having sex whether this be from partners, friends or external sources such as the media or assumed 'cultural norms'.

It's ok to 'leave it to later' – young people should receive a balanced message that it's acceptable to delay sex until it's a positive choice. Ideally young people will have access to quality information around sexual health topics and being positive about intimacy and pleasure.

People living with diagnosed HIV and other Blood Borne Viruses

People living with diagnosed HIV and Hepatitis B require free condoms to reduce onward sexual transmission.

People at risk of acquiring HIV infection

Approximately 66% of all new cases of HIV infection acquired within Scotland is through sex between men. Of the remaining population the vast majority of cases are acquired through heterosexual sexual intercourse. Of those who acquire their HIV through heterosexual transmission it is known that in most cases, the infection was acquired outside the UK, mostly in countries with high HIV prevalence, especially sub Saharan African countries. Therefore gay and bisexual men and other men who have sex with men and people from African countries of origin remain the biggest focus for efforts in reducing ongoing HIV transmission.

Drug Users

Sharing or use of contaminated injecting equipment or needles can lead to the transmission of Blood Borne Viruses (HIV, Hepatitis B and Hepatitis C). Since injecting drug users are often linked in tight networks and commonly share injecting equipment, BBVs can spread rapidly in these populations through sharing of injecting equipment and through risky sexual behaviour. Drug users are at risk of becoming infected and spreading the infection to their sexual partners through unsafe sex.

Establishing a condom scheme involving client registration

Service users require a private, relaxed and informal environment in which to complete the registration process and ask questions. Condom demonstrations should be routinely offered during the registration process and thereafter if the service user is experiencing problems. (See Condom Demonstration guide)

Workers will offer support to registering service users by explaining:

- The personal information required
- Confidentiality - the condom scheme is confidential unless there are any concerns regarding child protection, or vulnerable adults at risk
- Location of registration point & times
- Distribution point(s) & times
- Condom range and reason for choice
- Signposting to alternative services for other sexual health needs
- Their policy concerning groups of friends during registration and collection.

At registration:

- Introduce client to condom distribution service.
- Advise client where the distribution points are and times.
- Explain the information required for registration
- Explain the range of condoms available, dams and lubricants.
- Give 12 condoms and lube ensure the service user has the opportunity self select
- Sexual health advice and should be discussed

Ending

- Encourage users to return for further supplies

Distribution

- Check client has previously registered.
- Ask if the service user they have any problems using condoms and give advice.
- If they are having problems consider revisiting condom demonstration.
- Encourage user to self-select maximum of 12 condoms, offer lube, dams & Femidom

Condom Demonstration

A condom demonstration should be available to all individuals accessing condoms through the Forth Valley Condom Scheme. Any young people under the age of 16 who are accessing condoms should be given a condom demonstration during the consultation.

Condom Demonstration Process:

1. Discuss using a condom with partner.
2. Use a new condom. Make sure it has a kite or CE mark and that the pack is not passed its expiry date.
3. Carefully take the condom out of the packet making sure not to damage it with fingernails.
4. The condom should be put on as soon as the penis is erect (hard) and before there is any sexual intercourse or close genital contact.
5. Make sure the condom is not inside out otherwise it will not roll down the penis.
6. Gently squeeze the top of the closed end of the condom between your fingers and thumb to get rid of any trapped air.
7. Unroll the condom carefully over the erect penis.

Following Ejaculation:

8. Hold the rim of the condom so that no semen spills out.
9. The penis must be withdrawn before the erection is completely lost.
10. Carefully slip the penis out of the condom.
11. Wrap the condom in a tissue and throw it away in a bin. Don't put it down the toilet. The penis should not be put back into a partner without using a new condom.
    http://www.centralsexualhealth.org/project/assets/documents/Creative_Condom_Leaflet.pdf (click here for link to condom use leaflet)

Condom Problem Solving

Burst condom

Most condom failures are due to user failure. Offer a condom demonstration to encourage the correct application and removal of condoms. Enquire as to any lubricants being used- oil based lubricant will damage condoms. Offer Pasante water based lubricant. Discuss sexually transmitted infection risk emergency contraception options and time limits, including local emergency contraception scheme (ECS) at participating pharmacies and encourage to access local sexual health services as appropriate.

Tight condom/condom marks on penis

Discuss the range of condoms available, offer Pasante Large condoms and reinforce the use of lubricant and give a supply.

Loose-fitting/condom slipping off

Recap the condom demonstration and emphasise the penis must be withdrawn before the erection is completely lost. Review the range of condoms available and offer Pasante trim.

Condoms retained within the vagina

Encourage attendance at a GP or sexual health service www.centralsexualhealth.org for removal of the condom by a health care professional. Revise the condom demonstration and emphasise the penis must be withdrawn before the erection is completely lost. Review the range of condoms and offer Pasante Trim with extra lubricant. Discuss emergency contraception including local emergency contraception scheme (ECS) pharmacy's and sexually transmitted infection risk as appropriate.

Irritated genital skin

Discuss risk factors for sexually transmitted infections and encourage referral to local sexual health service for advice and testing. Offer Pasante Unique latex free condoms and lubricant.

Unprotected sex information

A service user disclosing an episode of unprotected sex within the last 120 hours should be encouraged to seek emergency contraception.
Emergency Hormonal Contraception (EHC) can be used up to 72 hours after unprotected sex and is available free from:

- Local community pharmacists participating in the Emergency Contraception Scheme (ECS) insert weblink
- Sexual health services www.centralsexualhealth.org
- General Practitioners (GP's) may also be able to provide this service to their registered patients
- Alternatively emergency hormonal contraception can be bought in pharmacies that are not participating in the ECS free scheme.

The emergency Intra-uterine device is another method of emergency contraception and can be used up to 120 hours after unprotected sex. This service is available from Sexual Health Services and some GP's, an appointment is generally required. When contacting either a GP or Sexual Health Service the service user should ask for an emergency appointment.

Condom Training

Training is available for any staff involved in condom distribution. Before attending training participants should ensure they are familiar with their organisation's Child Protection Guidance.

Training is delivered by the Health Promotion Service. The content of the training will include:

Overview of Condom Scheme Protocols and Practical Guidance

- What the guidance covers
- How to use the guidance
- Under 16s

Practical Condom Skills Session

- How to use a condom
- Product range
- Discussing condom use with young people

Case studies

- Theory into practice

Signposting

- Information about Central Sexual Health services/website
- How to register with the Condom Scheme

If you are interested in attending condom training, please click on this link to the Central Sexual Health Website to register for a place on the next training programme.
http://www.centralsexualhealth.org/professionals/education-and-training

Delay Messages - What is Delay...?

1. Supporting young people to make choices about sex that feel right for them and helping them to decide when they are really ready.
2. Giving young people the skills to say 'no' to pressure they come under to have sex e.g. from peers, boy/girlfriends, the media and cultural assumptions.
3. Ensuring all young people have access to excellent Sexual Health and Relationships Education which offers them space to grow in emotional awareness and self-esteem, in understanding themselves and others as well as the more 'mechanical' issues such as how to use condoms properly, contraception and accessing services and support
4. Giving young people friendship skills so they can meet many of their social and emotional needs through friends rather than looking to sex to deliver this.
5. Balancing messages that it's fine to delay sex till it's a positive decision with good, accurate information and the skills to negotiate sex when they do choose to take this step and being positive about intimacy, sex & pleasure.
6. Discussing with young people what makes a good relationship and how to explore non-sexual ways of being intimate and close to someone.
7. Understanding that many young people we work with won't be having sex – in fact the majority under 16 won't – and some won't be happy with the sex they are having, and making this clear in how we work with them.
8. Being clear that this is relevant to all young people – heterosexual, gay, lesbian, bisexual and those questioning their sexuality.
9. Giving the message that sex isn't a treadmill – you can get off. Just because you've already had sex doesn't mean you have to go on – you can take time out for yourself and stop for a while till you know you're ready.
10. AND....alongside all of this providing excellent high-quality sexual health services and support which enable young people to access condoms, contraception, emergency contraception, abortion and support for choices about sexuality – as well as a place to talk about relationships, sex and sexuality and to get support for saying 'no' to unwanted sex.

DELAY - SOME FREQUENTLY ASKED QUESTIONS

Understandably, concerns and requests for more information are often voiced by those starting to explore the notion of Delay. A list of some of these follows – with just a few possible answers which will hopefully clarify, put the record straight, alleviate anxieties and give the fullest possible picture of just what 'Delay' means.

Tell me more about this Delay idea?

With abstinence one end and 'anything goes' the other – we're suggesting something different. Delay supports young people to say 'no' till they're ready and then to know how to have safer sex and access condoms and contraception. It's about helping young people feel confident and that they have the right to say 'no' when they're not ready for sex – and 'yes' once they are.

When young people live in such a sexualised culture, not having sex could damage their self esteem.

Delay is about building self-esteem, not confusing sex as a replacement for self-esteem and focuses on teaching young people the skills to negotiate this sexualised culture. In our experience, it's usually young people with low self-esteem that usually have early sex to feel better about themselves - and then regret it

Telling young people to Delay may seem fine – but what about the pressure on them to have sex?

Yes, there are pressures. So Delay is about equipping young people and workers with the awareness, skills and practical strategies to recognise, resist and deal with these.

What about young gay men – they've got the right to explore their sexuality

Yes, of course. Delay is relevant to all young people whatever their sexuality. It's about empowering young people to make their own choices and also to access excellent services when they need them – all key issues for young gay men.

Delay's fine – but lots of young people we're working with are already having sex

Delay is about empowering young people to get off the sexual treadmill if they want to and to take time out to evaluate/identify what they themselves want from a relationship. Research tells us that the majority of young people who have sex early regret their experiences and do not enjoy them. So Delay is not about first time sex or virginity – it helps young people be clear that just because they've had sex already doesn't mean they have to again, until they want to for themselves.

We work with whatever young people bring us and they want to talk about sex

Talking about sex is an integral aspect of Delay work. Delay is a holistic approach and we want to give young people the space and time to reflect on the idea of readiness, rather than just assuming that they will all be having sex.

The curriculum's full – we can't take on one more thing

This is about a new angle on what we're already doing – not something special and new and different. It's about using the time and resources we already have and introducing the Delay message into this. You can get the message across in 2 sentences

I've heard about Delay work – is it a new word for Abstinence?

No – it's definitely not abstinence. For example it doesn't promote sex only within marriage or take a "Just Say No" approach. It's about supporting all young people to make positive choices, to have time to think about their decisions and delay sex until they're ready. It also involves giving them the resources and understanding to have safer sex once they are sexually active – and ensuring they know they have the right to pleasure and fulfilment in sex.

Isn't the whole concept of Delay a bit judgemental?

No, assuming every young person is having sex is judgemental - and so is assuming that all young people are enjoying the sex they're having. Delay is about helping young people make their own informed judgements and is anything but judgemental. It supports young people in making choices, and offers them the opportunity to stop and think – as well as providing and publicising excellent sexual health services. So we're not taking away their right to have sex, we're adding in the right not to as well.

Young people have the right to have sex

Absolutely – and it should be about quality sex when they do have it, but in fact early sex often results in regret. So they also have the right to support and information to ensure they don't regret the sex they have, to say 'no' to sex until they are ready and to terrific sexual health support and services too.

I'm anxious if I start doing this work, people will think I'm promoting abstinence

I can understand your anxiety. It's up to all of us to keep reiterating the Delay message so people realise Abstinence is just about saying 'no' and Delay provides skills for young people to make positive choices. It supports young people to say 'no, I'm not ready' while also enabling them to say 'yes' when they genuinely are - and to know the difference.

Young people are driven by their hormones and they want to have sex

Some young people may want to have sex - however, research tells us that not all young people do want to have sex, or that they're not enjoying sex the sex they're having. We acknowledge that hormones may create difficulties for young people – however the Delay message is about equipping young people with the skills to meet these needs in a variety of ways (e.g. through sensuality, friendships, self-esteem etc). Not all young people want to have sex, and if they do there are lots of ways they can have develop intimacy with someone first before moving onto sex.

Shouldn't we be helping young people make choices, not telling them what to do?

Yes absolutely - Delay is about empowering young people to make their own choices and helping them put these into practice effectively. We aren't telling them what to do; we are skilling them up to make informed decisions about their own life. We have an obligation to provide knowledge and information to equip young people and help them make the right choices for them at the right time. So Delay focuses on choice – including the choice to say 'no' while acknowledging the pressures on young people.

Isn't this rather a mixed message – on the one hand you're teaching about Delay, and on the other hand you're dishing out condoms?

Delay has two parts – putting off sex till you're ready and negotiating/practising sex once you are. That's not mixed, it's complementary. We issue condoms and support young people to wait till they're ready – both activities are about choice and keeping young people safe. And being prepared is different from intending to do something. As one course participant said - "Just because I carry Nurofen doesn't mean I intend to get a headache!" We also point out the use by date on condoms and say they've got ages, there's no rush to use them!

RU READY – OR NOT QUITE YET?

- ☐ You feel you could say no if you wanted to
- ☐ You can have fun together without anything sexual involved
- ☐ You each want it for yourself, not for the other person or to fit in with friends or others' expectations of you
- ☐ Nobody's forcing you, pressuring you or making you
- ☐ You have discussed using condoms and contraception, and agreed what happens next and whether or not to tell your friends afterwards as well as talking about the implications if you become pregnant.

- You probably won't be ready for sex till you can tick all these boxes.
- But remember even once you are ready – it still doesn't mean you have to!
- Remember too, that, just because you've already had sex – it doesn't mean you have to again.
- You can take some time out.

SOME LINES ABOUT DELAY FOR US, AS WORKERS, TO TAKE WITH YOUNG PEOPLE

"I'm not happy with that – I want something better for you"

"If you're not sure then you're probably not ready"

"Putting off sex for a while can help you feel more in control of your life"

"Just because you're saying 'No' for now doesn't mean you always will"

"If he'd/she'd dump you if you won't – do you really want him/her?"

"How do you feel about it?"

"You do have the right to say 'no' you know"

"It's not unusual for someone of your age not to be having sex"

"Most people aren't having sex yet - even though they may say they are!"

"Whenever you say 'no' to one thing, you're saying yes to something else"

"Most people don't have sex till after they're 16, you know"

"What kind of relationship do you want?"

And of course…"I'm wondering where YOU are in all of this?"

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