

The *Hardwear Guidelines* are complimentary to the Hardwear training that is delivered to support the dissemination of condoms to young people by professionals from all relevant services in Rotherham.

The training is also available to professionals working in Barnsley and is a collaboration between Rotherham PCT and Rotherham Metropolitan Borough Council with Barnsley Children and Young People's Strategic Partnership, Barnsley PCT and Barnsley Teenage Pregnancy Strategy as part of the C-Card Scheme.

These Guidelines now include information on the issuing of C-Cards. Additional training and support will be provided to Hardwear trained professionals as and when the C-Card Scheme is put in to operation in Rotherham. The Barnsley C-Card Scheme is already in operation, and any young people attending a condom issuing venue in Rotherham or Barnsley can use their card in both Boroughs.

First Edition produced in 2002

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For further copies of these Guidelines or for information regarding Hardwear training courses, please contact either Ann Berridge on 01709 820 100 or Keri Kilcullen on 01709 302 087

All the information included in these Guidelines was correct at the time of production.

HARDWEAR CAMPAIGN

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GUIDELINES FOR ISSUING CONDOMS

1. The Hardwear Scheme is only available to young people aged 13 and above.
2. Condoms may only be issued by members of staff that have completed a Hardwear Introductory or Refresher training session. Training updates will be required every three years.
3. All Hardwear trained staff should wear their Hardwear identity badge when issuing condoms.
4. No assumptions should be made regarding a young person's relationship(s) or sexuality.
5. Every young person issued with condoms for the first time should receive:
 - a. A condom teach
 - b. An opportunity to discuss any issues relating to their sexual health and relationship(s)
 - c. A leaflet explaining correct condom use
 - d. Up to date information on clinics and opening times.
6. The confidentiality policy must be explained to every young person requesting condoms (see pages 15 - 16).
7. A maximum of five condoms should be given on the first visit. Fill in as much of the client checklist as possible; however, this should be completed within the next three visits. Make a note of the C-Card code when issued.
8. A C-Card can be issued to young people aged 15 and over if/when they have satisfactorily demonstrated how to use a condom (in order that they do not have to repeat this process in future consultations) and can be used at any participating venue. Ensure that the correct code and expiry date has been entered onto the back of the card before issuing it (see page 31).
9. A C-Card + should be issued to all young people aged 13 and 14, or those over 14 who you feel need additional supervision. Make it clear that the card can

only be used at the issuing venue. Ensure that the correct code and expiry date has been entered onto the back of the card before issuing it (see page 31).

10. On repeat visits, the number of condoms issued is at the discretion of the worker, dependant on individual circumstances and a basic assessment of sexual activity and potential risk taking behaviours.
11. On each visit young people should be given the opportunity and actively encouraged to discuss any aspect of their relationship(s) and sexual health.
12. Young people under 16 should not receive condoms on more than two consecutive occasions without further 1:1 discussion with a worker.
13. A note should be made on the client record each time condoms are issued, including the date, number of condoms issued and any other relevant information. This needs to be kept confidential.
14. Condoms need to be kept in a tamper-free; dark and cool environment. Please keep locked.
15. Only condoms carrying approved British or European CE Quality Marks and relevant expiry dates should be issued. It is the responsibility of the worker to ensure that any condoms issued meet these criteria, however, it should also be reiterated to the young person that they also have a responsibility to check these details.
16. Please fill in monitoring sheets and hand in at relevant re-stocking venue in exchange for more condoms. New stock will not be issued if these sheets are not completed correctly and returned.
17. For Re-stocking – contact either:

The International Centre, 01709 515426 (Youth Workers Only)
Health Promotion, 01709 302095. or
Fax your completed monitoring form to 01709 302099.

THE CONDOM TEACH

A. Before opening the packet

1. Highlight the need to **always** use a condom during penetrative and/or oral sex (heterosexual or homosexual) or when sexual activity may cause semen to come into contact with the vagina or anus (either directly or through transfer). Condoms are the only form of contraception to prevent/protect against pregnancy **and** sexually transmitted infections.
2. Highlight that a condom should only be used **once**. A new condom should be used for each sexual activity.
3. Provide information about the varieties of condoms available e.g. different shapes, strengths, lubrication, female condom etc.
4. Emphasise the importance of the British or European CE Quality Marks and expiry date. Familiarise the young person with how each of these may look.
5. Consider the condition of the packaging. If condoms are carried in pockets, wallets or bags, they can be easily damaged. If the packet looks “tatty” or has small tears, the condom will perish quickly, regardless of the expiry date.
6. Discuss how to store condoms; at room temperature, away from excessive heat, light and damp e.g. not near radiators in bedrooms.
7. Explain how to open the packaging. Take care not to damage the condom with finger nails, teeth or jewellery.
8. Emphasise the need to have more than one condom available before sexual activity, so if one is put on incorrectly or splits, or continued activity occurs, others are available for use.

B. How to use a male condom/demonstration.

1. Explain that either partner could put the condom on the penis. Suggest that this could become part of 'foreplay' so that it does not happen at the last minute.
2. Put the condom on as soon as the penis becomes hard and before any contact is made between the penis and any part of the partner's body.
3. Place the rolled condom over the tip of the penis making sure the ring is on the outside. Then squeeze the closed end carefully between finger and thumb, to push out trapped air.
4. Still squeezing the end, gently unroll down the full length of the penis. If this proves difficult, check that the condom is not inside out. If it is take it off and start again with a new condom. **Do not turn the condom around and use it.**
5. If extra lubrication is needed, use only water based products e.g. KY Jelly. Do not use oil based products e.g. Vaseline or baby oil as they damage condoms very quickly.
6. After ejaculation, withdraw the penis carefully, holding the condom at the base to prevent it slipping off.
7. Check the condom is still intact.
8. Make sure the penis is clear of the partner before removing the condom.
9. Having removed the condom, avoid any further genital contact.
10. Wrap the used condom in a tissue and dispose of it hygienically in a bin, not down the toilet.
11. Never use a condom more than once.

C. How to use a male condom/practice.

1. The worker must demonstrate how to put a condom onto a demonstrator, following all of the instruction given.
2. Talk the young person through the demonstration, allowing for questions.
3. Ask the client to demonstrate fitting a condom on a demonstrator. Encourage them to talk you through the process.
4. Condoms should only be issued after this has been completed satisfactorily.
5. Complete the monitoring form to show that the young person has received a demonstration and has satisfactorily completed one.

Female Condoms / Femidoms

1. Female condoms / Femidoms can be used in vaginal and anal sex.
2. Currently Female condoms / Femidoms are not Kite marked but have the European Standard and expiry date.
3. They need a bit of practice to be used correctly. All instructions are on the packaging.

How to use a Female Condom / Femidom

1. Hold the 'closed' end of the female condom (the tip), feeling the ring inside it.
2. Squeeze the ring between the fingers, in preparation for insertion.
3. With the other hand, open up the lips of the vagina.
4. Push the squeezed ring inside, and up to the top end of the vagina. There's a diagram on the leaflet that shows how to do this.
5. Put two fingers inside the female condom and use them to push the inner ring as far into the vagina as it will go - so the whole vaginal cavity is snugly lined.
6. Ensure that the outer ring now covers the opening of the vagina.
7. The man's penis needs to be guided into the outer ring – ensuring it is inside the condom. It is easy to mistakenly put the penis outside the condom.
8. After sex, remove the female condom by twisting the outer ring and pulling it out gently.
9. Wrap in tissue and dispose of it in a bin.
10. Femidoms should be available on request.

EMERGENCY CONTRACEPTION

What is it?

There are two forms of emergency contraception, pills and IUDs. Both are designed to prevent pregnancy.

They are not a form of abortion, and will not terminate a pregnancy that has already happened.

How do the Pills work?

Emergency contraceptive pills can be taken up to 3 days (72 hours) after unprotected sex / contraception failure.

There is 1 pill in a packet. It should be taken straight away, unless otherwise instructed.

The pill contains Progestogen and may either stop or delay ovulation or stop a fertilised egg from implanting in the womb

The Pill is 95 - 97% effective when taken correctly

How does the IUD work?

The IUD (coil) can be fitted in the womb up to 5 days (120 hours) after unprotected sex / contraception failure.

The IUD is a copper and plastic device that is fitted into the womb by a trained doctor or nurse.

The device may either stop an egg from being fertilised or stop a fertilised egg from implanting in the womb

The IUD is nearly 100% effective

When is it needed?

When a woman has had unprotected sex with a man or they believe their regular method of contraception has failed. For example:

- Forgot to take the pill
- The condom split
- Didn't use any method at all

If any of these things has happened, there is a risk of pregnancy.

When should it be used?

Based on when you last had sex

- The Pill – up to 3 days (72 hours) later
- The IUD – up to 5 days (120 hours) later

The sooner after sex you can get an appointment the more effective they are.

Emergency Contraception pills can be obtained free from most GP's, family planning clinics and youth clinics. There may be a cost of between £20 and £30 if obtained from a pharmacy. There may also be an age restriction on purchasing the pills from a pharmacy. It is advisable to check beforehand.

The IUD is available via GP's and family planning, however it is advisable to check beforehand.

NB. The pills are often referred to as 'the morning after pill'; this is factually incorrect, as they can be taken within 72 hours of unprotected intercourse / failure of regular method of contraception.

FACTORS TO TAKE INTO CONSIDERATION AND CHECK WITH A YOUNG PERSON DURING A CONDOM TEACH

Are they:

- Assertive enough to say “no” if they do not want to have sex?
- Able to understand the information you are giving them?

Consider and discuss:

- The importance of good communication and the need to be honest, open and responsible. This is particularly important if a condom has burst, split, ripped or slipped off, or if there may have been a leakage of sperm. Their partner should be told immediately, enabling them to have a choice about the use of emergency contraception.
- Pressure they might be feeling from friends, peers, boy/girl friend. If their friendship and relationship is truly valued then their feelings, opinions and attitudes will be valued and respected. They need to know their own mind, if they have sex when they are not ready then they may experience a number of negative feelings, such as; anger, worry, upset or a feeling of being used.
- Closeness and intimacy with a partner does not have to include penetrative sex.
- The need to be emotionally ready, as having sex can make them very emotionally involved and attached to their partner. Encourage each young person to return to you with their partner, to promote joint responsibility in their relationship and to better establish the advice needs of both partners.
- Discuss the legal age of consent which is 16. Where possible try to establish the age of the young person’s partner and check that there is no concern about an older partner.

- To be aware that they may get a reputation, if word spreads, that they are having sex with their partner(s).

- Once they have started having sex they will probably continue to have sex in future relationships. Therefore, having sex at a young age is likely to increase the number of sexual partners they have. This relates to the following health issues:
 - The risk of cervical cancer is strongly associated with sex before the age of 17 and multiple partners. Condoms can provide protection against this risk.

 - The risk of sexually transmitted infections once they become sexually active, particularly if they are not using protection, or use non-barrier contraception. Using condoms guards against this risk.

 - The risk of falling pregnant and the difficult decision this may lead to when considering the options of; keeping the baby, termination (abortion) or adoption.

- If there are concerns about an older partner, sexual exploitation or maturity of the young person, consult your service Child Protection Guidelines.

- Encourage young people to talk to a parent, relative or carer about their sexual health and relationships. This is particularly important for under 16's.

GUIDELINES FOR UNDER 13'S

Guidelines for all services / professionals

Legally, a young woman under 13 years is deemed to be less able to understand issues around consent to sexual intercourse. Consequently, a young man having sex with a young woman under the age of 13 could be charged with statutory rape.

Supplying condoms to young people under the age of 13 is a very difficult decision, which relies on the worker's informed opinion of that young person and their particular circumstances.

It may be that the young person is not in and is not yet ready for a sexual relationship. In this case, they should be given appropriate information and be praised for having the courage to seek this information. Every effort should be made to give them confidence to return for information when they feel ready for a sexual relationship, preferably with their partner.

Issuing condoms and C-Card + to under 13s

- These guidelines do not cover you for the dissemination of condoms to under 13s. It is advised that you do not provide condoms to any young person under the age of 13. Condoms can be provided from their 13th birthday.
- Young people under the age of 13 should not receive a C-Card +, regardless of whether they have received a condom demonstration. A C-Card+ can be issued on their 13th birthday.
- You are encouraged to provide advice, information and guidance on contraception and sexual health to young people under 13 when asked, or as part of a wider health or related programme. If you are unsure, consult your service guidelines.
- If you believe the young person will engage in unprotected sexual intercourse, refer the young person to any of the youth clinics listed.

CONFIDENTIALITY POLICY

Every individual, working or volunteering, shall treat in confidence personal information about young people using the service or facility, whether obtained directly, indirectly, or by inference. Such information includes names, addresses, biographical details and other descriptions of individual lives and circumstances which could result in identification.

Treating in confidence means; not revealing any of the information outlined above, to another person, or through any public medium, except to those to whom workers owe accountability or rely on for support and supervision. Any discussion of a young person and their issues in these circumstances shall be purposeful and not trivializing. Any external supervisors are also bound by this confidentiality policy.

Information about a specific young person may only be used in reports, articles and journals with their expressed permission, and anonymity must be preserved where this is specified.

In order to resolve or move on certain issues presented by young people, it may be necessary to interact with another agency or professional. In such circumstances workers shall discuss this with the young person and agree with them which information may be passed on.

Exceptions to Confidentiality

In certain specific circumstances confidentiality may not apply and workers may have to pass information to a third party

The specific circumstances are:-

- If a young person says that someone has been abusing them or someone else, sexually, physically or emotionally and they or the other young person is under 18.
- If the life or safety of the young person or another is believed to be at serious risk.

Whenever confidentiality may have to be breached this shall be discussed with the young person concerned and they shall have full knowledge of the steps to be taken*. In the majority of cases they shall also have given their agreement to the worker taking action. However, even without their agreement, the worker has a duty to refer such cases (see South Yorkshire Area Child Protection Procedures).

Whenever a worker feels that it may be necessary to breach confidentiality, this shall first be discussed with the workers direct line manager or a Senior Worker, and only with their agreement can information be passed to a third party.

An unauthorized breach of confidentiality is a serious issue, which should be dealt with through supervision and disciplinary procedures.

If a young person feels that there has been an unauthorized breach of confidentiality, this shall be investigated through the complaints procedure.

*Workers shall make every effort to fully discuss and explain any steps which may need to be taken; but on rare occasions where a young person has left the premises without a full explanation being possible and cannot be contacted, the worker shall still have a duty to refer the case.

Fraser Guidelines

The Family Law Reform Act 1969 states that anyone aged 16 and over can give valid consent to medical treatment. It does not state that a person under 16 cannot.

The Fraser Guidance informs that doctors cannot simply provide contraceptive advice and treatment with the young persons consent.

The law states that they must be satisfied on all the following points.

- 1) That the patient (under 16) will understand the Doctor's advice
- 2) That she/he cannot persuade them to inform her parents or allow her/him to inform their parents that they are seeking contraceptive advice.
- 3) That they are very likely to begin or to continue having sexual intercourse with or without contraceptive treatment.
- 4) That unless they receives contraceptive advice or treatment her physical or mental health or both are likely to suffer.
- 5) That their best interests require her/him to give contraceptive advice, treatment or both without parental consent.

The Fraser Guidelines (previously known as Gillick Competence) refer specially to Doctors, but the ruling is considered to apply to other professionals including nurses, youth workers and health promotion workers who may give out condoms to young people under 16.

SEXUAL EXPLOITATION

Staff dealing with sexual health issues are more likely to come across the issue of sexual exploitation. Therefore it is of great importance that workers are vigilant and sensitive to the subject. Young people do not always directly volunteer information about any risky sexual behaviour; however, there are indicators of possible exploitation. The following offers some guidance for staff; but it is not intended to be an exhaustive list:

- Physical symptoms (i.e. sexually transmitted infections)
- Sexualised behaviour, beyond that normally expected for their age
- Information from them, or reports from reliable sources, suggesting they are involved with an older partner*
- Going missing from home and truanting from school, especially for long periods of time
- Associating with others known to be at risk or involved in exploitation
- Using large numbers of condoms
- Unexplained gifts (clothes, jewellery etc) and unexplained money
- Estrangement from family
- Losing touch with friends
- Living in an environment of drug/alcohol misuse
- Excessive secretiveness, hostility and defensiveness

Where appropriate, Barnardo's questions may be used to try and gather information, which may be helpful in assessing potential risk of sexual exploitation.

- Has your boyfriend got a car?
- Does he give you presents?
- Are your friends envious of you?
- Do you see other friends regularly?
- Do you spend much time at home with your family?

Young men as well as women are at risk of sexual exploitation and workers should be aware of this issue. When talking to young men do their answers suggest that they are receiving payment or reward of any kind e.g. food, accommodation, drugs etc. Workers should consider the following:

- Be aware of the age of the young man and the type of activity he is engaged in
- Inappropriate use of power (young people have been known to exploit other young people)
- Are they regularly truanting from school or are in residential care (there are links between exploitation and being looked after)
- Unexplained gifts (clothes, jewellery etc) and unexplained money
- Associating with others known to be at risk or involved in exploitation
- Excessive secretiveness, hostility and defensiveness
- Estrangement from family

Not only are young men at risk of physical abuse but they are also at risk of STI's including HIV, mainly due to the fact that they are less able to negotiate safer sex or are too young and often too ill-informed to go to family planning and GU Medicine clinics. In addition, the need for financial remuneration may lead them to have unsafe sex for which they may receive more money. There is also a high incidence of drug use amongst boys involved in prostitution and this use increases their dependency on such a lifestyle.

The majority of young men in abusive relationships have experienced seriously damaging events in their upbringing; some have been disowned by their families (maybe due to a disclosure about being gay). Others have been living in local authority care which may make them more vulnerable to sexual exploitation.

All young people should be viewed in an equal fashion irrespective of their gender and sexual orientation. Anyone engaging in sexual activity (whether for money or not) with a boy or girl under 16 years of age (whether male or female) is committing an offence.

Any concerns about a young person should be discussed with a Line Manager. If a referral is deemed necessary then this should be made with support of a Line Manager or designated Child Protection Worker. The South Yorkshire Area Child Protection Committee's Procedures should be followed and all written information about the case should be kept separate to the Hardwear client record sheet.

* Barnardo's suggest, as a guide, that an age gap of five years or more between partners is a relationship where a young person could potentially be at risk of sexual exploitation. However, each case needs to be considered on its own merits and smaller age gaps between partners may also suggest the possibility of sexual exploitation, particularly with younger clients.

SEXUAL OFFENCES ACT 2003

Key messages

The Sexual Offences Act 2003 received Royal Assent on Thursday 20th November 2003 and became law on Saturday 1st May 2004.

There has been some concern and confusion about the negative consequences of the Act on young people's trust in accessing confidential advice, and on professionals providing information on sex and relationships, confidential contraceptive and sexual health advice, or treatment.

The part of the Act which has caused the most concern is Section 14: Arranging or facilitating the Commission of a Child Sex Offence.

It has been suggested that giving advice about sexual health, providing contraceptives, or signposting a young person to where they can get confidential information and advice or contraceptives, would leave professionals at risk under this section of the Act. This was reinforced by irresponsible media coverage.

Below are three Q&As which address common concerns arising from the legislation.

1. Does the Sexual Offences Act 2003 allow health professionals and others working with young people to provide confidential sexual health advice and treatment?

Yes. Government has committed to ensure the Act will not prevent the provision of confidential advice and treatment to young people under 16, including those under 13. In light of concerns that were raised about the implications of the Act for those who provide sexual health care and advice to young people, an exception has been introduced, in statute, to make it clear that a person does not commit an offence if he acts for the purpose of:

- (a) protecting the child from sexually transmitted infection, or
- (b) protecting the physical safety of the child, or
- (c) preventing the child from becoming pregnant, or

(d) promoting the child's emotional well-being by the giving of advice,

as long as he does not act for the purpose of causing or encouraging the activity constituting an offence or the child's participation in it. Nor does it apply if the person is acting for the purpose of obtaining sexual gratification.

The exception covers not only health professionals, but also anyone who acts to protect a child, for example teachers, Connexions Personal Advisers, teenage magazine advice columnists, parents, other relatives and friends. This is a significant step forward from the current position of the Gillick / Fraser Guidelines which is case law and which only related to health professionals.

Those providing contraceptive treatment to under-16s without parental consent will continue to assess competence on a case by case basis and work within the Fraser Guidelines.

- Point 82 of the Act reads:

“Subsection (2) of Section 14 provides that those who act with the purpose of protecting a child from sexually transmitted infection, protecting the physical safety of a child, preventing a child from becoming pregnant, or promoting the child's emotional well-being by the giving of advice, will not commit this offence. An example would be where a health worker believes that a person is having sex with a child under 16 but supplies him with condoms because he believes that the person will otherwise have sex with the child without protection. The exception does not just apply to health workers, but to anyone who acts for the purposes of protecting a child, for example teachers, social workers, carers, youth workers, professionals in the voluntary sector and Connexions Personal Advisers. This exception applies so long as the person does not act to cause or encourage the sexual activity to take place or for the purpose of sexual gratification.

2. Can young people under 16 continue to seek contraceptive or sexual health advice in confidence?

Yes. The Act does not change the fact that young people under 16, including those under 13, have the same right to confidentiality as adults.

Confidentiality can only be breached in exceptional circumstances where the health, safety or welfare of the young person or others would otherwise be at grave risk. The decision whether to breach confidentiality depends on the degree of current or likely harm, not solely on the age of the patient.

3. Does the Sexual Offences Act 2003 make it illegal for teenagers to engage in normal sexual activity?

The purpose behind the offences in the Act is to enable the prosecution of abusive and exploitative sexual activity. To achieve this, the Act includes a number of offences that criminalise sexual activity between under-18s and under-16s. However, this will not lead to the prosecution of mutually agreed sexual activity within normal adolescent behaviour, where there is no evidence of exploitation.

- Point 72 of the Act reads:

“Under existing law it is illegal for a person of any age, including a person under the age of 16, to engage a young person under 16 in any form of sexual activity. This remains the case under the Sexual Offences Act 2003 and as with the interpretation of the current law, it is not intended that young people should be prosecuted or issued with a reprimand or final warning where the sexual activity was entirely mutually agreed and non-exploitative. The way in which the law will be interpreted applies equally to males and females, whatever their sexual orientation.”

Guidance issued by the Director of Public Prosecutions to custody officers under the provisions in the Criminal Justice Bill will provide that the decision whether children under 18 should be charged with sex offences will be reserved for Crown Prosecutors, rather than the police. A charge will only be brought if it is in the public interest to do so. Revised Crown Prosecution Service guidance will make this clear.

The Home Office has published guidance on Part 1 of the Act and is available on the website www.homeoffice.gov.uk. (Enter 'guidance on sexual offences act 2003' into the search box.)

Information provided by:

Alison Hadley
Programme Manager
Teenage Pregnancy Unit
20 November 2003

and

Else Burton
Healthy Schools Consultant, Sexual Health/Reintegration Officer
Rotherham Healthy Schools Team
May 2004

Statement for Young People

The statement below has been agreed by the Home Office to explain the Act to young people. Please feel free to use it. It has been deliberately kept short and simple. The Teenage Pregnancy Unit aims to draw up some FAQs which will go on the ruthinking website.

In England and Wales the law on Sexual Offences has been updated. Under this law, the legal age for young people to consent to have sex is still 16, whether you are straight, gay or bisexual. The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they don't want. Forcing someone to have sex is a crime. Although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

Under the Sexual Offences Act you still have the right to confidential advice on contraception, condoms, pregnancy and abortion, even if you are under 16.

But remember, whatever your age, you shouldn't have sex until you feel ready.

For more information about sex and relationships visit www.ruthinking.co.uk

HARDWEAR CONDOM DISTRIBUTION SCHEME

Name (or initials for identification) _____

Date of Birth _____

Male/Female _____

Ethnicity Code _____

Date _____

C-Card Code _____

C-Card Expiry date _____

Checklist

Discussed –

❖ Talking to parent/adult Yes No

❖ Relationship/s Yes No

❖ Other methods of contraception Yes No

❖ Age of partner -----

❖ Age of consent Yes No

❖ Date of Condom Teach -----/-----/-----

❖ Satisfactory Demonstration given? Yes No

❖ Condoms issued Yes No

❖ Any concerns / other issues

ETHNICITY CODING

Please refer to this table when completing Ethnicity Code on all forms.

Always ask the young person which Ethnicity they associate themselves with before completing the forms.

Code	Ethnicity
B	British
I	Irish
OWB	Any Other White British
WBC	White and Black Caribbean
WBA	White and Black African
WA	White Asian
OM	Any Other Mixed Background
BC	Black Caribbean
BA	Black African
OB	Any Other Black Background
K	Kosovan
Y	Yemeni
C	Chinese
OE	Any Other Ethnic Background
IN	Indian
P	Pakistan
BD	Bangladeshi
OA	Any Other Asian Background

CONFIDENTIALITY

Youth Clinics

School Nurses

Family Planning Clinics

Nurses

Youth Workers

Doctors

Will offer you a confidential service

This means that they do not tell anyone what you tell them, but on some occasions they will have to tell someone else

These are:

If your life is at risk

If another person's life is at risk

If you or someone else has been abused sexually, physically or emotionally and you or that person is under 18

If they do have to tell anybody, then they would discuss it with you first.

If you do not understand anything about this statement, please ask.

C-CARD ISSUING AND CODING INSTRUCTIONS

Young people aged 15 and over can receive a C-Card (red card) once they have delivered a satisfactory demonstration to a Hardwear trained professional. The allocation of this card will prove to other Hardwear trained professionals from other venues that they have received and reciprocated a demonstration and have previously received condoms. These cards can be used at any venue where Hardwear trained professionals provide condoms, advice and information. The card will last for a full 12 months after which time they will have to repeat the process and receive a new C-Card.

Young people aged 13 and 14 can receive a C-Card + (green card) once they have delivered a satisfactory demonstration to a Hardwear trained professional. The allocation of this card will prove that they have received and reciprocated a demonstration and have previously received condoms, but that they must return to the original venue to receive further condoms, advice and information. The card will last for a full 12 months or until their 15th birthday, whichever ever is first, after which time they will have to repeat the process. If still under 14 they will receive a new C-Card +, or if over 15 receive a C-Card.

- Each C-Card and C-Card + must have a unique identifying code and expiry date written on the back, written by the issuer in the presence of the young person it is allocated to.
- Each issuing venue will have been allocated a three letter code e.g. Youth Start = YST.
This three letter code must appear first on the white bar.
- Each young person will receive a three number code, to be allocated by the issuer e.g. 001
This number must appear second on the white bar.
- The expiry date must then appear at the end of the white bar. The expiry date will be exactly 12 months from the date the card is issued e.g. issued: 01.02.03 – expires: 01.02.04.

YST 001	01.02.04
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- This code must be transferred on to the client record and client checklist, and entered into the relevant box on the monitoring form that is returned to Health Promotion.