

# Condom Distribution (C.Card) Scheme

*“Correct and consistent condom use remains a major intervention for preventing STIs and unplanned pregnancies”*

## **Condom Distribution Schemes in England 2015/16**

**Public Health England, October 2017**

*“We need an open and honest sexual and reproductive health culture, in which condom use is simply the norm – the way all of us, regardless of age or sexuality, practice safer sex. Condom distribution schemes, such as C-Card, play a key role in helping young people on this journey, by giving them both the means and the motivation to be – and stay – sexually healthy.”*

**Prof Kevin Fenton,**

**Public Health England**

*“Embedded within the C-Card registration process are opportunities for informal discussion about emotional well-being, sex and relationships, combined with the demonstration of practical skills about how to use condoms. The registration process also offers opportunities to explore, confirm, challenge or disrupt gendered ideas about sex and relationships in ways not always available in schools. In this way, the C-Card scheme plays a role in supplementing and complementing more formal provision of SRE, as well as in influencing informal cultures and patterns of sexual attitudes, expectations and behaviour among young people.”*

**Dr. Mandy Cheetham, Health and Social Care Institute,**

**Teesside University, Middlesbrough**

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## 1; Scheme Overview

### 1.1 Scheme Background

The South Gloucestershire Condom Distribution (C-Card) Scheme is a multi-component scheme for any 13 to 19 year old, regardless of whether or not they are sexually active at the time of registration.

The Scheme offers; free condoms, sexual health and contraceptive advice, signposting and referral to appropriate health (incl. sexual health) services and guidance and support around healthy relationships.

The first scheme of this kind began in Edinburgh in 1989. Schemes can now be found in almost every Local Authority area in England. Across England as a whole, 78% of those registering with a C.Card scheme are aged 15 – 19, with an almost equal proportion of male and female users<sup>i</sup>. Our local data for 2016/17 shows that 80% of females using the scheme were aged 15 to 19 and 65% of males, indicating slightly higher local male use at ages 13 and 14 compared to the national average. In terms of the 2016/17 gender split, 55% of local scheme users were male, with 45% being female.

### 1.2 Scheme Purpose

Our Scheme's purpose has been informed by Brook and Public Health England's 2014 national scheme guidance document.<sup>ii</sup>

The purpose of our C.Card Scheme is to;

- Increase the accessibility, and take up, of free condoms, lube and dams for young people aged 13 to 19 in order to reduce rates of STI and unplanned pregnancy
- To educate young people about safe, healthy relationships as well as safe, correct and consistent condom use, and all other areas of their sexual and reproductive health
- To normalise condom use as part of healthy sexual behaviour and healthy sexual culture, utilising, where appropriate, behaviour change models of practice
- To strengthen the opportunities for both clinical and non-clinical professionals to engage young people in conversations designed to improve the health of their relationships and their knowledge of sexual and reproductive health
- To build a bridge into, and between, health (incl. sexual health) services whilst maximising opportunities to promote greater coordination and communication between sexual and reproductive health service providers

## 1.3 Achieving our purpose

To achieve our purpose we will;

- Develop, deliver and evaluate an effective programme of training that is reflective of best practice evidence and an analysis of local service data
- Provide guidance on additional recommended training to support the capacity-building of Scheme practitioners
- Ensure a broad range of clinical and non-clinical providers offer the scheme so as to ensure both geographical and psychological accessibility for young people
- Ensure appropriate materials are produced to promote and advertise the scheme, as well as producing documents that enable providers to accurately signpost and refer young people to appropriate sexual and reproductive health services
- Ensure our Scheme practitioners have an effective range of condoms, lube and dams to provide to young people, with appropriate supporting information about those products
- Ensure that we produce timely information that enables Scheme providers to recognise who, across South Gloucestershire, is providing the scheme, when this happens and what the access arrangements are
- Ensure the scheme providers have access to campaign materials or other one-off promotional or educative materials designed to increase condom use or reduce STIs or unplanned pregnancy

## 2; Delivering the C.Card Scheme in Practice

### 2.1 Who is eligible to use the scheme?

Any young person aged 13 to 19 who lives, is educated, accesses or is required to engage with a service, in South Gloucestershire is able to access, or be registered for, the Scheme. Those aged 20-24 are able to access condoms, free of charge, through some GP practices or through any of the Unity Sexual Health all-age sexual health clinics.

Whilst C.Cards and / or condoms, should not routinely be given to those aged 20+, those young people with additional vulnerabilities or who lack the capacity to access mainstream services can be issued with free condoms, provided appropriate professional judgement in relation to safeguarding the welfare of the patient has been exercised.

Where a young person is aged 12 or under, the Law does not prevent you from making condoms available to them BUT NO C.CARD CAN BE ISSUED and you are reminded of your **statutory duty to report the incident to your safeguarding lead**. More information can be in Section 3, see in particular 3.4d

Where a young person was registered by a service in Bristol, North Somerset or B&NES, and you are satisfied they understand how to use condoms safely, that no

concerns exist about their current (or any previous) relationship or their sexual health more generally, you may issue the young person with a South Glos Card and make a provision of condoms as per the usual arrangements

Where a young person is only temporarily residing in, being educated in or accessing a service in South Gloucestershire, this does not affect their right to access the Scheme

## 2.2 Who is eligible to deliver the scheme?

The C.Card scheme can be delivered by any practitioner in a paid or voluntary capacity provided that they have;

- An enhanced DBS certificate showing their suitability to work with young people
- Have completed the mandatory training requirements
- Have read and signed the Scheme Guidance document
- Can demonstrate suitable professional distance from actual or potential scheme users (i.e. the scheme is not well suited to delivery in a peer education context)

## 2.3 Mandatory training requirements

The following are the mandatory training requirements for practitioners wanting to deliver the C.Card Scheme;

- C.Card: principles and practice of condom distribution
- Safeguarding children and young people (Level 2)

## 2.4 Recommended additional training

In addition to the mandatory training above, we suggest that those delivering the C.Card scheme would greatly benefit from completing the following free local training;

TBC

## 2.5 Venue / setting requirements

In order to provide the C.Card Scheme in accordance with its purpose, organisations will need to ensure their venue or setting meets the following criteria;

- Have an available, confidential space (young people cannot be seen, heard or interrupted) that can be utilised for the duration of the time that the scheme is advertised as being 'available' to young people
- have appropriate, secure facilities for the storage of condoms, lube, dams and other equipment needed for the delivery of the scheme
- have appropriate, secure facilities for the storage of confidential paperwork / data
- be able to display appropriate scheme advertising so as to ensure young people are aware of what is available

## 2.6 Registering young people

Whilst strong arguments exist as to the merits of registering young people on a 1-2-1 basis only, there is a growing call for greater recognition to be given to the value of registering young people in pairs, threes and even small groups.

Evidence suggests that, particularly when trying to more effectively meet the needs of boys and young men, pair, three and small group registrations can have a significant impact on fostering healthy peer-group behavioural norms in relation to sexual activity, sexual decision-making and notions of gender and entitlement. It is also said that uptake of external services is more likely to happen where supportive peer groups can help each other get over the accessibility hurdles that can exist with mainstream or community-based sexual health services

In light of this emerging evidence, the South Gloucestershire Scheme will encourage its practitioners to make their own conclusions as to whether they will more effectively meet the needs of young people via a 1-2-1 or group registration consultation

Regardless of which approach is adopted, young people can only be registered for a C.Card after participating fully in a consultation with a trained practitioner. The practitioner is required to ensure that every registration consultation covers the following content (the order in which these are covered should be assessed on a case-by-case basis);

- Explain the Scheme purpose, your confidentiality policy (particularly in relation to under 16's) & the Law relating to sexual activity involving under 18s and under 16s
- Discuss current / previous relationships, age of partner/s, understanding and practical application of consent, readiness for sexual activity, additional contraceptive needs and any other issues relevant to the young person's sexual or reproductive health, or general wellbeing
- Assess the young person's suitability / competence against Fraser Guidelines, Gillick Competency and Bichard Checklist (even for those aged 16+)
- Carry out the safe condom use teach and ask young people or the young person to demonstrate without input
- Discuss wider, related sexual and reproductive health issues, for example; STI risk, testing and treatment, emergency contraception options and access points, pregnancy choices and support, what to do in the event of being the victim of non-consensual sex and how to effectively signpost to local services
- Go through how the scheme works, when, where and how you collect condoms & what happens when you have a full or lost card
- Complete, sign and file the registration and monitoring paperwork appropriately

- After completing this process most young people will be issued with 6 condoms (type to be determined by the needs of the young person), and their C.Card. The first of the 8 collection circles should then be filled using a Sharpie pen.

*N.B, 6 condoms is the recommended number where no concerns, doubts or extenuating circumstances exist. If you have concerns about a young person's appropriateness, situation or general vulnerability issue a number less than 6 (3 or 4 is usually an appropriate amount). Conversely, where young people are older than 16, not vulnerable, in a healthy relationship and may be using another, more reliable form of contraception it would not be unreasonable to use your professional judgement to determine that more than 6 condoms would be beneficial (8 to 10 condoms would be seen as an appropriate amount).*

## 2.7 The condom collection process

The process for young people to collect condoms once they have a C.Card should be confidential and appropriate to need. Practitioners should be mindful that condom collection provides an opportunity to make an effective brief intervention in relation to the young person's wider sexual and / or reproductive health. As such an effective collection is one that;

- Takes place in a confidential space where a young person cannot be seen, heard or interrupted
- Ensures young people get the correct amount and type of condoms (incl. lube) for them, their partner, the type of sex they are having and their personal circumstances.
- *N.B, please refer to 2.5h above for guidance on when to give the standard 6 condoms, and when more or less than this would be appropriate*
- Offers or advises on STI screening where unprotected sex or a change of partner has occurred
- Ensures that additional forms of contraception are discussed (as appropriate) and information, signposting or direct referral is offered and / or made. This is particularly important in light of recent data patterns which show that young people, and in particular young women, engaging with the Scheme for the first time aged 14 and 15 are a) increasingly likely to report being sexually active, and b) are likely to report using condoms as their only form of contraception
- Ensures young people are aware of any changes or additions to local services, including new condom pick-up points

## 2.8 What to do when concerns arise about a young person

In delivering the C.Card Scheme it is likely that situations arise that make you concerned about the welfare of a young person, or you will be concerned about;

- i. the extent to which they can be deemed as meeting the Fraser Guidelines (see section 3.1)

- ii. the extent to which they could be described as having Gillick Competency (see section 3.2)
- iii. the extent to which one or more aspect of the Bichard Checklist (see section 3.3) is evident in their situation

## 2.9 Responding to concerns about a young person

Where you have concerns about the welfare of a young person it is important that you;

- Do not promise to uphold a young person's right to confidentiality, instead explain that you are concerned about their wellbeing and / or safety, and that you have a duty to protect them from harm. This duty may extend to having to talk to someone else about their situation
- Do not attempt to investigate the situation or 'interview' the young person, instead allow them to share what they feel comfortable / willing to share and ask questions that clarify you have understood what they have said
- Record only the FACTS of the young person's situation as accurately as possible
- Follow their own organisation Policy or Policies on Child Protection and Safeguarding
- If you are your organisation's Safeguarding or Child Protection Lead and you are unsure of how to respond, call the Access and Response Team on 01454 866000
- Do explain to the young person what will happen next and what any likely outcome of your next actions will be
- Try and ensure you arrange to see the young person again to follow up, and where appropriate establish a way of being able to contact that young person
- Record the facts and details of all decisions made and action taken, including who else was consulted and informed, and what their advice was

## 2.10 Monitoring and evaluating the Scheme

It is crucial to the ongoing success of the scheme that it is monitored and evaluated consistently and effectively by practitioners delivering the Scheme, by the Scheme's Coordinator and by service users. As such, practitioners are required to;

- Complete and return the monthly C.Card Monitoring Form to the scheme coordinator electronically
- Engage with the scheme coordinator's process of practice audit
- Agree that their venue and practice be subject to service user audit / inspection through a mystery shopping process

- Demonstrate how they have altered or improved practice following feedback arising from the coordinator's practice audit process and / or a mystery shopping process
- Complete an annual evaluation report and return to the scheme coordinator

### 3; Legal position of providing sexual health advice and treatment to young people

In effectively delivering the C.Card scheme it is important that Registered Practitioners are confident of how the Law exists to guide, support and give legitimacy to their decision-making and action. Central to this is an awareness and understanding of how to apply;

- i. The Fraser Guidelines
- ii. Gillick Competency
- iii. The Bichard Checklist

#### 3.1 The Fraser Guidelines

In 1982 Mrs Victoria Gillick took her local health authority and the Department of Health and Social Security to court to stop doctors from giving contraceptive advice or treatment to under 16's without parental consent.

The case went to the High Court where Mr Justice Woolf dismissed Mrs Gillick's claims. The Court of Appeal reversed this decision, but in 1985 the case went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgement;

*"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."*

The Fraser guidelines, set out by Lord Fraser in his judgement of the Gillick case, state that contraceptive advice and treatment can be given when a practitioner is satisfied that;

- i. the young person understands the advice given
- ii. the young person cannot be persuaded to inform their parent/s or allow the practitioner to inform the parent's that they are seeking contraceptive advice
- iii. the young person is very likely to continue having sexual intercourse with or without contraceptive treatment
- iv. unless the young person receives contraceptive advice or treatment her physical or mental health or both are likely to suffer

- v. receiving contraceptive advice, treatment or both is in the best interests of the young person – with or without parental consent

### 3.2 Gillick Competency

In his comments on the Gillick case, Lord Scarman sought to add a further 'test' to the Guidelines set out by Lord Fraser. The test of Gillick Competency states that;

*it is not enough that a young person just understands the advice that has been given, they must also have sufficient maturity to understand what is involved if they follow that advice*

Lord Scarman also commented more generally on parents' versus children's rights stating that;

*parental right yields to a young person's right to make their own decisions when they reach a sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring a decision*

### 3.3 The Bichard Checklist

The 2004 inquiry into the murders of Holly Wells and Jessica Chapman by Ian Huntley led by Sir Michael Bichard produced, amongst other recommendations, a set of guidelines that practitioners should use to determine whether or not a sexual offence has been committed against a child and / or the extent to which information about such cases should be shared with the Police.

The Bichard Checklist requires practitioners, when delivering sexual health and contraceptive advice and treatment, to be alert to;

- i. Age or power imbalances
- ii. Overt aggression
- iii. Coercion and / or bribery
- iv. the use of substances as a disinhibitor
- v. whether the young person's own behaviour, for example through misuse of substances, including alcohol, places them in a position where they are unable to make an informed choice about the activity
- vi. any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship
- vii. whether the sexual partner is known to or by other agencies (i.e. the Police, Social Care) as having other concerning relationships with young people
- viii. whether the young person denies or minimises or accepts concerns

- ix. whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be grooming as per sexual exploitation

### 3.4 The Sexual Offences Act (2003)

The Sexual Offences Act (2003) contains a number of extremely vital provisions relating the ability of Practitioners to deliver the C.Card Scheme and wider sexual health advice and treatment to young people, including those under 13. The Act;

- does NOT limit children's right to sex and relationships education and sexual health support and advice
- ensures that those providing information and support with the purpose of protecting a young person from pregnancy, STI's, protecting their physical safety or promoting their well being, will not be guilty of an offence
- describes 'anyone acting in the best interests of the young person' to be:  
health
- professionals, teachers, youth workers, Connexions PAs, social care professionals and parents
- states that young people under 16, including those under 13, can continue to seek sexual health and contraceptive information, advice or treatment in confidence. However, practitioners must remember that children under the age of 13 are deemed unable to consent to any form of sexual activity, including inappropriate touching. Therefore, any case involving a child under the age of 13 must be reported to your Safeguarding / Child Protection Lead as a sexual offence has occurred. In order for this to be meaningful, the young person will need to be identified by name, as will their sexual partner if details are known
- encourages all professionals to continue providing information and support in line with their organisations' agreed policies
- aims to protect young people from abuse or exploitation and the age of consent remains 16 for both boys and girls regardless of sexual orientation. However, there is no intention to prosecute mutually agreed sexual activity between young people of a similar age where there is no evidence of exploitation or coercion

### 3.5 Special considerations for those aged 16 or over

Although sexual activity in itself is not an offence at age 16 or over, young people under the age of 18 are still offered the protection of Child Protection Procedures under the Children's Act 2004.

Consideration still needs to be given to;

- issues of sexual exploitation through prostitution and abuse of power

- the extent to which effective consent has been given, i.e. in cases of suspected sexual assault, assault by penetration or rape
- the fact that young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined in the Sexual Offences Act (2003)
- carefully applying the Fraser Guidelines and Bichard Checklist in all consultations with young people

#### **4a; Sharing information with parents and carers**

Many young people would like their parent/s to be their primary source of support around relationships, sex and sexual health matters and we shouldn't overlook this vital area of support.

Practitioners should encourage young people, at all times, to share information with their parents and carers wherever safe to do so. Further, they should offer practical measures or steps to ensure this process is a realistic one for young people.

However, decisions relating to practitioners sharing information with parents and carers will be clearly documented and taken using professional judgement, and only after considering;

- the wishes and best interests of the young person
- the young person's age, maturity and their understanding of the implications of their decision
- the Fraser Guidelines, Bichard Checklist, your organisation's Safeguarding / Child Protection procedures and Confidentiality policy
- what is known about the parents' and carers' ability and commitment to protect the young person

#### **4b; Sharing information with other professionals and / or organisations**

The decision about whether or not to share information with other professionals and / or organisations should be taken using professional judgement, and only after;

- an assessment of the wishes and best interests of the young person
- the case for sharing information has been properly established and documented – i.e. a conversation has been had with your Child Protection / Safeguarding Lead and appropriate paperwork completed
- the young person has been fully informed of what will happen, when and what is likely to happen next

**Declaration;**

I hereby declare I have read the above guidance and agree to adhere to the information contained within.

Signature

Print Name:

Date:

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<sup>i</sup> Public Health England (October 2017) **Condom Distribution Schemes in England 2015/16: A Survey of English Sexual Health Commissioners**

<sup>ii</sup> Brook and Public Health England (July 2014) **C-Card Condom Distribution Schemes: why, what and how**