



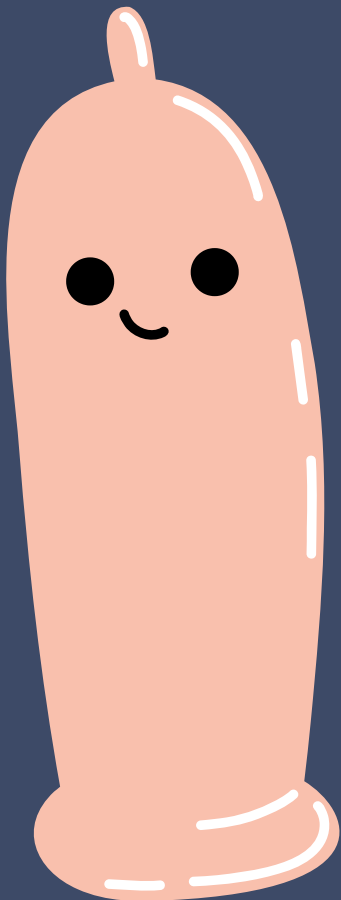
TAYSIDE CONDOM INITIATIVE

DISTRIBUTOR HANDBOOK

Guidance for registered users
and partner organisations

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VERSION 3
UPDATED OCTOBER 2025



**STAY
SAFE!**



Contact Details

For general information and advice please go to:

<https://shbbvtayside.co.uk>

<http://www.sexualhealthscotland.co.uk/>

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Abbreviations

BBV	Blood Bourne Virus
CDS	Condom Distribution Scheme
ISD	Information Statistics Division
LARC	Long Acting Reversible Contraceptives
MCN	Managed Care Network
MSM	Men who have Sex with Men
PLWHIV	People Living with HIV
PWID	People who Inject Drugs
STI	Sexually Transmitted Infection
TCI	Tayside Condom Initiative

Your Responsibility

The Condom Distribution Initiative is a key part of our approach to improving sexual health and reducing inequalities. By making condoms freely and easily available we support people to take control of their sexual health, prevent unplanned pregnancies and reduce the transmission of sexually transmitted infections (STIs). This handbook sets out how the initiative works, the responsibilities of partner organisations and the practical steps required to deliver the service effectively.

The recommendations in this handbook reflect the position of the NHS Tayside Condom Initiative (TCI) based on the best available evidence. When applying professional judgement staff should use this handbook alongside the individual needs, preferences and values of the people they support. These recommendations are not mandatory and they do not replace the responsibility to make decisions tailored to each person's circumstances. The safeguarding and care policies of your own organisation must always be followed.

Local commissioners and healthcare providers also share responsibility for ensuring access to the TCI, particularly for key populations who wish to use it. This should be done within the context of local and national priorities and in line with duties to eliminate discrimination, promote equality of opportunity and reduce health inequalities.

1. Introduction

This handbook explains how the free condom distribution service operates across Tayside. It sets out:

- Who the service is for.
- The key features of the initiative.
- How both distributors and service users can access it.

The document is intended primarily as a reference tool for distributors.

2. Background

The Sexual Health and Blood Borne Virus (BBV) (2011-2015, refreshed 2015-2020) provided the national foundation for tackling BBVs, sexually transmitted infections (STIs) and unintended pregnancy in Scotland. These aims have since been updated through the **Sexual Health and BBV action plan 2023-2026** which places renewed focus on recovery after the COVID-19 pandemic reducing health inequalities and ensuring equitable access to prevention, care and support across the country¹

Public Health Scotland continues to monitor trends nationally and regionally with the most recent surveillance reports showing:

Chlamydia: remains the most common STI. **11,725 diagnoses in 2024** (down from 13,414 in 2023)

Gonorrhoea: considerable rise post- COVID **peaked in 2023 (5,991)** then **fell to 4,534 in 2024**

Infectious Syphilis: **523 diagnoses in 2024** (down from 564 in 2023) **Where data was available for 2020-2024, 84% were among gay and bisexual men who have sex with men (GBMSM)**

Teenage Pregnancy: in **2023** among mainland NHS boards, **NHS Tayside recorded the highest overall teenage pregnancy rate 32.6 per 1,000** (vs **19.6** in NHS Borders, the lowest). Rates were over **3 x higher** in the most deprived areas than the least deprived.

HIV: As of **31 December 2023**, PHS reports **410 people diagnosed and living with HIV allocated to NHS Tayside** – with notable increases nationally among heterosexuals.

Inequalities/Access Signals: PHS notes testing among **under 25's remains below pre pandemic levels** (for both Chlamydia and Gonorrhoea) and teenage pregnancy rates are markedly higher in the more deprived areas. These patterns indicate ongoing inequities in risk and access²

¹ [Sexual health and blood borne virus action plan: 2023 to 2026 - gov.scot](#)

² [Sexually transmitted infections in Scotland 2015 to 2024 - Sexually transmitted infections in Scotland - Publications - Public Health Scotland](#)

Correct and consistent condom use remains one of the most effective prevention methods. Male or external condoms are up to 98% effective with correct use and female condoms up to 95%, in reducing the risk of both unintended pregnancies and STIs. Condom distribution is more than a supply issue, it also creates opportunities to **support safer sex conversations, strengthen relationships** with at-risk groups and link individuals to wider sexual health services, including long-acting reversible contraception (LARC)

By embedding the Tayside Condom Initiative within the strategic priorities of the *Sexual Health and BBV Action Plan 2023-2026* we ensure that local condom distribution contributes not only to reducing new infections and unintended pregnancies but also tackling inequalities and improving sexual wellbeing across Dundee, Angus and Perth and Kinross.

3. The Approach to Free Condom Distribution

This handbook is informed by the best available evidence. Different models of condom distribution exist, each with their own strengths and limitations, however research shows that certain **core components** are essential for ensuring free condoms reach the right people, in the right place, at the right time. (see Table 1)

Table 1

Component	Why it matters
Strategic support	Clear backing and guidance from the Sexual Health & BBV MCN ensures schemes are resourced, sustainable, and targeted to those most at risk.
Child protection	Safeguarding policies protect young people under 16. Staff are supported with tools and protocols to respond confidently and appropriately.
Inter-agency working	Collaboration across health, youth, education, and community services extends reach and ensures condoms are available in trusted, accessible places.
Multiple access options	Offering condoms in different settings and through varied professionals maximises access and reduces barriers, especially for priority groups.
Information and support	Distribution is most effective when paired with tailored advice, condom use demonstrations, discussion of alcohol/drug effects on consent, and signposting to contraception, emergency contraception, and HIV PEP (Post Exposure Prophylaxis).

4. Aim

The aim of this service is to make free condoms available to target populations across Tayside.

Guiding principles of free condom distribution are:

- The reduction of unwanted pregnancies
- The reduction of sexually transmitted infections
- The prevention of HIV transmission

5. Who the service is for

The Tayside Condom Initiative is an open access scheme: **no one should ever be refused condoms**. However, evidence shows that condom distribution has the greatest impact when it also prioritises groups most at risk of poor sexual health outcomes.

Nationally recognised priority groups include:

Young people

- Sexually active young people aged 13-15 years
- Young people aged 16-24 years
- Young offenders and their partners
- Looked after or accommodated children (LAAC)

Communities affected by inequalities

- People experiencing homelessness
- People affected by substance use (alcohol and/or drugs)
- People with learning disabilities
- People from minority ethnic backgrounds, including migrants

Higher-risk sexual networks

- Men who have sex with men
- Sex workers
- Prisoners
- Students

People with specific health and social needs

- Those at risk of blood borne viruses (Hepatitis C, Hepatitis B, HIV)
- Women with a history of unplanned pregnancy (including abortion or teenage pregnancy)
- Women seeking bridging contraception
- People affected by gender-based violence, including sexual assault or coercive sex

6. Features of the Tayside Condom Initiative

The service has been redesigned to be user friendly for both those accessing and distributing. The main features are:

- Free condoms can be accessed across a range of sites in Tayside.
- There is no requirement for any service user to register or to provide any personal details to obtain condoms.
- Distributors do not have to undertake any detailed monitoring.
- Condoms can be accessed on limitless occasions.
- A range of products are available.

NHS Tayside offers the following products (Table 2) as part of its condom distribution service:

Table 2 product guide

Product Name	Description	Additional Information
Regular	Male/External Condom	Improved shape and fit
Naturelle	Male/External Condom	Wider at the head of the penis
Trim	Male/External Condom	Narrower fit
King Size	Male/External Condom	Wider, slightly longer
Sensitive (Feel)	Male/External Condom	Thinner condom
Flavoured (Taste)	Male/External Condom	Flavoured, recommended for oral sex
Black Velvet (Large)	Male/External Condom	Slightly wider than regular condoms
The Smiley Range	Male/External Condom	Individually wrapped with unique designs
The Pride Range	Male/External Condom	Individually wrapped with unique designs
The Love Range	Male/External Condom	Individually wrapped with unique designs

Red Ribbon	Male/External Condom	Individually wrapped with unique designs
Sensiva	Male/External Condom	Non-latex – for those with allergies only
Internal	Female/Internal Condom	Non-latex – can also be used for anal sex
Light Lube	Lubricant	Clear, odourless and pH balanced. Easily reactivated by adding a few drops of water or further lubricant

Evidence³ does not support the inclusion of products such as extra/strong safe condoms therefore these are not supplied by the condom service. Where current evidence suggests an increase in condom uptake, condoms, such as glow-in-the-dark, contoured (ribs, dots), coloured, will be considered. Condom distributors are strongly encouraged to work with clients to choose the most suitable condom from the range available and educate them on the normalisation of condom use.

Non-latex condoms are available for those with latex allergies.

The TCI offers one type of lubrication for use with condoms. The lube comes in 5ml sachets and should be enough for at least one application, with minimal waste. The lubricant is odourless and safe to use with all latex and non-latex condoms.

Lubricant should be provided on request, with every condom pack issued. In terms of condom safety, evidence suggests that there is no advantage in the use of lubricant for vaginal sex. In addition, some evidence suggests that condoms may slip/fail if lubricant is used inside the condom, during vaginal sex. We advise that lubricant should be used with condoms in cases where vaginal dryness is an issue.

Lubricant should always be used for anal sex as the anus has no natural lubrication.

Lubricant, offers no protection from unintended pregnancy or STIs.

³ CECIL M, NELSON A.L, TRUSELL J & HATCHER R. (2010) 'If the condom doesn't fit you must resize it'. *Contraception* 82: 489-490.

7. Finding or becoming a distributor

A list of condom distributors can be accessed via:

The Sexual Health Tayside website

[Condoms | Sexual Health & Blood Borne Viruses Tayside](#)

All outlets must agree to provide condoms within a **health promotion framework** which includes:

- Offering accurate, non-judgemental information and support in line with the Scottish Government's **Healthy Respect** standards for young people's services.
- Drawing on local evidence-based approaches such as **Make it Good** and **CONUNDRUM** which emphasise accessibility, confidentiality and positive engagement.
- Following best practice guidance, including **NICE NG68** which highlights the importance of tailoring advice, promoting correct and consistent condom use and providing information on wider contraceptive and sexual health options.

Condoms should be displayed and made available in ways that are visible, discreet and easy to access reducing barriers for those most in need. Staff are **strongly encouraged to attend training provided by the Tayside Condom Initiative**. Training equips staff with the knowledge and confidence to provide condoms in a supportive, stigma free manner and ensures consistency across all outlets.

8. Service Standards for Condom Distribution

Distributors are expected to provide condoms within a health promotion framework consistent with Health Respect, You're Welcome, Make it Good, CONUNDRUM and NICE NG68 guidance

Standard	What providers should do	Key references
Inclusive	Offer condoms and advice to everyone without judgement. Ensure the same high-quality service regardless of age, gender, sexuality, disability, ethnicity, or background.	You're Welcome Healthy Respect NICE NG68

Accessible	Display condoms clearly and make them easy to request. Adapt services (private spaces, outreach, communication tools) to reduce barriers for young people, migrants, and people with additional needs.	You're Welcome Make it Good (Youth Friendly Services) NICE NG68
Friendly and Welcoming	Create an environment where people feel respected, comfortable, and confident to ask for condoms or advice. Train staff in non-judgemental, approachable communication	CONUNDRUM Toolkit Healthy Respect You're Welcome
Confidential	Ensure privacy and confidentiality, especially for young people aged 13+. Follow safeguarding protocols and Fraser Guidelines. Make sure conversations cannot be overheard.	You're Welcome Healthy Respect NICE NG68

9. How to Order

Order forms should be sent by email to:

E-mail: tay.bbvmcn@nhs.scot

Delivery/Collection of Orders

- If you are an NHS outlet, your order will be sent through the NHS Tayside Internal Mail system.
- If your outlet is non-NHS in Dundee, you will receive a reply informing you that your order is ready for collection from our department at Kings Cross, Clepington Road, Dundee. Your order should be collected within 7 days.
- If you are a non-NHS outlet in either Angus or Perth & Kinross your order will be sent via the nearest NHS premises for collection.
- Large orders (value £100 or more) will qualify for free delivery and will be sent direct from the supplier – for guidance on the cost of orders please contact tay.bbvmcn@nhs.scot

10. Free Condoms by Post

NHS Tayside also offers free condoms by post service. Free condoms by post are available via our website here [Condoms by post | Sexual Health & Blood Borne Viruses Tayside](#) or for MSM (men who have sex with men) here [MOT - Men Only Tayside](#)

11. C Card and Condom Distribution Scheme for 13-25 Year Olds

The condom distribution scheme for 13–25 year olds provides **free condoms and sexual health information in a wide range of settings across Tayside**. The focus is on making access simple, discreet, and barrier-free, while still offering opportunities for advice and support when needed.

Condoms are available through:

- **Web-based services** – a regularly updated online map shows outlets where young people can access free condoms locally.
- **Condoms by post** – young people can order free condoms delivered discreetly to their home.
- **Pharmacies** – many community pharmacies stock free condoms as part of the scheme.
- **Bars, nightclubs, and private businesses** – outlets partnered with the scheme make condoms available in social spaces.
- **Universities, colleges, and halls of residence** – education settings provide condoms alongside wider wellbeing support.
- **Health services and referral-only settings** – young people in contact with health and social care can be offered condoms directly by trained staff.

The principle is clear: **we would rather young people had condoms than go without**. Information and advice should be offered where it is helpful, but the scheme avoids unnecessary barriers or embarrassment.

11.1 How it Works

Young people can collect condoms from participating outlets or request them by post. In some settings staff may offer a short conversation covering safer sex, consent, contraception and the impact of alcohol or drugs on decision making. For young people under 16 workers must always follow national guidance on under-age sexual activity and carry out a brief risk assessment at each contact.

11.2 Condom Consultation and Demonstration

Where consultations are offered they should be informal, non-judgemental and confidential. They will provide an opportunity to:

- Check that young people feel confident using condoms.
- Discuss safer sex, relationships, and consent.
- Provide demonstrations or resources where appropriate.
- Offer information on emergency contraception and post-exposure prophylaxis (PEP).
- Signpost to wider health or wellbeing services.

11.3 Numbers and Type of Condom Given

The aim of the scheme is to promote condom use and open up conversations about sexual health and wellbeing. Young people should be encouraged to choose the type of condoms they prefer. Where no preference is expressed, it is good practice to offer a mix so they can try different options. Staff can use discretion to provide more (for example, before travel or holidays).

11.4 Training

All workers distributing condoms through the scheme are **strongly encouraged to complete the training provided by the Tayside Condom Initiative** and attend updates when available. Training covers:

- Sex and the law.
- Correct condom use and demonstrations.
- Sexual health and wellbeing.
- How to support young people in a friendly, inclusive and confidential way.
- Training is provided free of charge on a rolling basis and can also be arranged on request.

11.5 Expectation of Services

All services distributing condoms to young people are expected to:

- Provide condoms to young people under 16 where appropriate, in line with national guidance.
- Follow their organisation's care and protection procedures.

- Ensure young people are welcomed, supported and not discouraged from accessing condoms.
- Provide information and signposting where it is relevant and useful.
- Attend training updates to maintain best practice.

12. Providing Condoms to Young People Under the Age of 16

12.1 Sex & the Law

- **Age of consent:** In Scotland the legal age of consent to sexual activity is **16** for everyone, regardless of gender or sexual orientation.
- **Under 16s:** Sexual activity under the age of 16 remains unlawful. However, health professionals and trained workers may still provide advice, information and condoms to young people under 16 if it is judged to be in their best interests and supports their health and wellbeing.
- **Under 13s:** Any sexual activity involving someone under the age of **13** is considered a serious child protection matter and must be reported automatically through C&P safeguarding procedures.
- **Confidentiality:** Young people have the right to confidential sexual health advice and services provided they are assessed as able to understand the information and implications (Fraser Guidelines, see Appendix 1). Confidentiality can only be broken if there is a significant concern about their safety or the safety of others.
- **Exploitation and consent:** Workers must always be alert to signs of exploitation, coercion, or abuse. Consent must be **freely given, informed and mutual** — it cannot exist where there is pressure, manipulation or imbalance of power.
- **There is no law in Scotland that prevents condoms being provided to under-16s.** However, workers must be aware of **the legal and child protection framework** when doing so.

12.2 Legal Framework

The *Sexual Offences (Scotland) Act 2009* allows professionals to provide condoms, information and sexual health advice to under-16s. Doing so **does not constitute an offence** when the intention is to:

- Protect against STIs or unintended pregnancy.
- Protect a young person's physical safety or emotional wellbeing.
- Provide appropriate sexual health education.

12.3 Child Protection Duties

- Every professional must carry out a **brief risk assessment** (see Appendix 2) when an under-16 requests condoms. This is to check that the young person is not being exploited or abused.
- Best practice is to hold a short, supportive conversation each time a young person seeks condoms, though it is not mandatory at every contact.
- The *National Guidance for Under-Age Sexual Activity* (2010) outlines when concerns should be escalated:
 - ❖ **Under 13s** – if you become aware of any sexual activity you must follow local child protection procedures immediately.
 - ❖ **Ages 13–15** – sexual activity is an offence in law but if it is consensual and there is no evidence of coercion, exploitation or harm prosecution is unlikely. A risk assessment must still be completed to confirm the young person’s safety.
 - ❖ **Ages 16+** – consensual sexual activity is legal but some young people may remain vulnerable and require additional support or referral.
- When information must be shared professionals should explain this to the young person, tell them who will be informed and why and ensure they are supported throughout—unless doing so would increase their risk.

12.4 Fraser Competency

The **Fraser Guidelines** are a useful tool for assessing whether a young person has the maturity to make informed decisions about contraception and condom use. A young person is considered competent if they:

- Understand the advice given.
- Cannot be persuaded to involve their parents.
- Are likely to continue sexual activity with or without protection.
- Would suffer harm to their physical or mental health without contraception, and
- Would be best served by receiving advice and support with or without parental consent.

Fraser and Gillick guidance remain important frameworks for judging competency in young people. (See Appendix 1 for more detail.)

13. Delay Messages

Correct and appropriate delay messages are critical for balance in condom distribution work: making sure young people can access condoms without barriers *while also affirming that*

delaying sex is the safest and healthiest choice. Evidence from Scotland and internationally supports this:

- Young people who feel connected to a **trusted adult** and who can talk openly about relationships and health are **more likely to delay sex until after 16** (NICE, 2019; Public Health Scotland, 2023).
- Effective delay messages are not about “scare tactics” but about **building confidence, skills and aspirations** so young people feel able to wait until sex is something they are ready for, safe and consensual.
- Research consistently shows that **access to healthcare, supportive environments and trusted relationships** (parents, carers, youth workers, health professionals) are **protective factors** that reduce early and risky sexual activity.

**‘It’s ok to say no’
&
‘It’s ok to wait till later’.**

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 until 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, sex and pleasure. While condoms are available to all young people, it is important to also reinforce that:

- **Delaying sex until after the age of 16 is the safest option.** This reduces risks of STIs, unintended pregnancy, and emotional harm, and reduces the risk of poor health outcomes in later life.
- **Trusted adults matter.** Having a supportive adult to talk to — whether a parent, carer, youth worker or health professional is one of the most effective ways of helping young people delay sex until they are ready.
- **Being ready means more than age.** It means feeling confident, safe, respected and in control of your own decisions- not just being ‘16’.
- **Healthcare and advice services can help.** Speaking to a nurse, doctor or youth worker can provide information and support, even if a young person isn’t yet sexually active.

For workers: Delay messages should be delivered in a positive, non-judgemental way — **emphasising health, safety, and self-confidence rather than shame.** Evidence shows that supportive conversations, with trusted adults, are far more effective than simply telling young people “don’t do it.”

Sexual experimentation is **natural part of adolescent development** and it is not within a professionals' role to condemn or condone, active or passive choices by young people to be sexually active. It is important that young people under the age of 16 are able to access sexual health services, including condoms to prevent unintended pregnancies and STIs.

14. Discussing Sexual Health and Sexual Behaviour with Young People

When providing condoms to young people, especially under-16's, staff should reflect on the **Getting It Right for Every Child (GIRFEC)** principles:

- What's getting in the way of this young person's wellbeing?
- Do I have enough information to help?
- Can I or my service provide that help?
- Do I need to involve others?

As part of a **brief risk assessment**, consider:

- Age of the young person and their partner.
- Whether the relationship is consensual and free from coercion or exploitation.
- Any power imbalance or significant age difference.
- Relationship context (length, type, first sexual experience).
- Risks linked to alcohol, drugs, housing, or other vulnerabilities.
- Whether they are in one or more **priority groups**.
- What additional support or signposting might help.

The aim is not to discourage condom access, but to ensure the young person is safe, supported, and informed. (See Appendix 2 – GIRFEC checklist)

15. Guidance for Condom Use

External (Male) Condoms

- Use a new condom every time you have sex.
- Check the **expiry date** and look for the safety mark (CE / BSI Kite).
- Open carefully — avoid nails, teeth, or jewellery.
- Make sure the condom is the right way up (rolls down on the outside/ the ring is on the outside).

- **Pinch the tip to remove air** and then roll down to the base of the penis.
- Put it on **before any genitals contact**.
- After sex, hold the condom at the base while withdrawing then remove, tie a knot in the condom if you can and bin it (not down the toilet).

Internal (Female) Condoms

- Use a new condom every time you have sex.
- Check the expiry date and safety mark.
- Insert before **any genital contact** — lying down, squatting, or with one leg raised, foot on a stool, can help.
- You can insert the condom some time **prior to having sex**, if you choose.
- Squeeze the inner ring, guide it inside, and push it up as far as possible.
- The outer ring should stay outside, covering the vulva.
- Guide the penis into the condom to make sure it stays in place.
- After sex, twist the outer ring to keep semen in, gently pull out, wrap, and bin.

Lubricant

- Most condoms are pre-lubricated. In the event of vaginal dryness, lube can be added to the outside of the condom.
- Always use **water- or silicone-based** lube with latex condoms. Avoid oils, creams or petroleum jelly as they can damage condoms.
- Lube reduces friction and lowers the chance of condoms breaking - it's especially **recommended for anal sex**.

Detailed information on the use of external/male and internal/female condoms is available on the Brook Website: <https://www.brook.org.uk/your-life/condoms/#how-to-use-condoms>

There are also a number of leaflets that are available from the NHS Tayside Health Promotion Library. These can be ordered at the following link: www.hpac.nhs.uk (select Tayside)

16. Training

All training is arranged to suit the needs of individual distributors/staff groups but will cover the following:

- Awareness of local epidemiology (STIs & Teenage Pregnancy)
- Target Groups
- Conversation points

- Condom distribution methods
- How to do a condom demonstration

The session includes information on the aims of the service, service design, details on products, how to offer the service to young people and handling various enquiries. The length of this session can be agreed but usually takes two hours. All training is provided free of charge.

Please contact the Condom Initiative Team to discuss your training needs further.

17. Local Services

NHS Tayside Sexual and Reproductive Health Services can be found at:

- Dundee Sexual & Reproductive Health Service: Level 7, South Block, Ninewells Hospital.
- Perth & Kinross Sexual & Reproductive Health Service: Drumhar Health Centre, Perth

You will find further information on sexual health and condom distribution on:

Sexual Health Tayside	www.sexualhealthtayside.org
Free Condoms	Sexual Health & Blood Borne Viruses Tayside
Outlet Map	Tayside Condom Initiative – Google My Maps
Men Only Tayside	www.menonlytayside.com
Cool2talk	www.cool2talk.org
The Corner	www.thecorner.co.uk

18. Service Evaluation

The Tayside Condom Initiative will be evaluated annually. As a distributor your business type (e.g. pharmacy, GP, school etc) and location will be reviewed routinely by the Sexual Health & BBV MCN to ensure that the spread of distributors across Tayside is representative and is in line with identified areas of need. In addition, the volume of condoms and the products ordered by each distributor will also be collected. As part of ongoing evaluation methods distributors may be asked to complete a short survey or be visited by a representative from the condom initiative team.

19. Acknowledgements

With continued thanks to Lisa Allerton, Sexual Health Project Manager, NHS Grampian who kindly allowed us to reproduce some of the information from the 'Free Condoms' Handbook for Distributors.'

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Replaced/Alternative: [Summary of National guidance for child protection in Scotland 2021: CASPAR briefing | NSPCC Learning](#)

12. SCOTTISH GOVERNMENT (2008) '*Getting it right for every child – A guide to Getting it right for every child.*' Edinburgh: Scottish Government. Available at: [Getting it right for every child \(GIRFEC\) - gov.scot](#)

13. NICE Guide 68- Condom Distribution Schemes <https://www.nice.org.uk/guidance/ng68>

14. Healthy Respect, NHS Lothian
<https://www.healthyrespect.co.uk/>

15. [CONUNDRUM Toolkit](#)-
<https://www.gla.ac.uk/schools/healthwellbeing/research/mrccsosocialandpublichealthscienceunit/programmes/relationships/family-relationships/conundrumcondomcontraceptionunderstandingsresearchinguptakemotivations/>

APPENDICES

Appendix 1: Fraser Guidance and Assessment of Competency

1.1 How are the Fraser Guidelines applied?

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor, nurse or health professional, could proceed to give advice and treatment:

provided [they are] satisfied in the following criteria:

1. that the young person (although under the age of 16 years of age) will understand his advice;
2. that [the doctor, nurse or health professional,] cannot persuade the young person to inform their parents or to allow [the doctor nurse or health professional,] to inform the parents that [the young person] is seeking contraceptive advice;
3. that the [young person] is very likely to continue having sexual intercourse with or without contraceptive treatment;
4. that unless [the young person] receives contraceptive advice or treatment her physical or mental health or both are likely to suffer;
5. that the [young person's] best interests require [the doctor, nurse or health professional] to give contraceptive advice, treatment or both without the parental consent." ([Gillick v West Norfolk, 1985](#))

Condom distributors will wish to consider the following factors as part of their risk assessment for all young people, regardless of age:

- What is the age of this person?
- What is the age of their partner?
- What is the length of the relationship?
- Is there a significant age difference?
- What is the relationship?
- Is there a power imbalance?
- Is this a consensual relationship?
- Are there any risks regarding coercion or exploitation?
- Are parents aware of the relationship?

- Is this the first episode of sexual intercourse?
- What was the age of first sexual experience?
- How many previous sexual partners?
- Are there any particular vulnerabilities to consider? i.e. drugs, alcohol, accommodation status
- Are they in one or more of the priority groups (in addition to being under the age of 16)?
- What is the context of sex?

1.2: What do 'Gillick competency' and 'Fraser guidelines' refer to?

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In 1982 Mrs Victoria Gillick took her local health authority (West Norfolk and Wisbech Area Health Authority) and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr Justice Woolf dismissed Mrs Gillick's claims.

The Court of Appeal reversed this decision, but in 1985 it went to the House of Lords and the Law Lords (Lord Scarman, Lord Fraser and Lord Bridge) ruled in favour of the original judgment delivered by Mr Justice Woolf:

"...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." ([Gillick v West Norfolk, 1984](#))

1.3: How is Gillick competency assessed?

Lord Scarman's comments in his judgment of the Gillick case in the House of Lords ([Gillick v West Norfolk, 1985](#)) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved." He also commented more generally on parents' versus children's rights:

"parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

What are the implications for child protection?

Professionals working with children need to consider how to balance children's rights and wishes with their responsibility to keep children safe from harm.

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation.

Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

APPENDIX 2

<u>GIRFEC Check</u>	
What's getting in the way of this young person's wellbeing	
Do I have enough information to help	
Can I or my service provide that help	
Do I need to involve others	
<u>Relationship & Consent</u>	
Age of the young person	
Age of their partner	
Significant age difference	
Relationship length/type	
Relationship appears consensual	
No evidence of coercion or exploitation	
No obvious power imbalance	
<u>Context & Vulnerability</u>	
First sexual experience or early sexual activity	
Multiple previous partners	
Risks linked to alcohol, drugs, or housing	
Belonging to one or more priority groups	
<u>Next Steps</u>	
Provide condoms without delay	
Offer information (safer sex, contraception, consent, PEP/EC)	
Signpost or refer if safeguarding concerns identified	
Document or share concerns per local policy	

Further reading

British Medical Association (2001) Consent, rights and choices in health care for children and young people. London: BMJ Publishing Group.

British and Irish Legal Information Institute. [Gillick v West Norfolk & Wisbech Area Health Authority, UKHL 7](#) (17 October 1985)

Children's Legal Centre (1985) Landmark decision for children's rights. *Childright*, 22: 11-18.

DeCruz, S. P. (1987) *Journal of Social Welfare Law* (March): 93-108. [Parents, Doctors and Children: The Gillick Case and Beyond: The Journal of Social Welfare Law: Vol 9, No 2](#)

Gilmore, S. and Herring, J. (2011) 'No' is the hardest word: consent and children's autonomy. *Child and Family Law Quarterly*, 23(1): 3-25.

McFarlane, A. (2011) Mental capacity: one standard for all ages. *Family Law*, 41(5): 479-485.

Taylor, R. (2007) Reversing the retreat from Gillick? *R (Axon) v Secretary of State for Health*. *Child and Family Law Quarterly*, 19(1): 81-97.

Wheeler, R. (2006) [Gillick or Fraser? A plea for consistency over competence in children: Gillick and Fraser are not interchangeable](#). *British Medical Journal*, 332(7545): 807.