

## **DUNDEE CITY COUNCIL**

**REPORT TO: Communities Committee – 20 November 2006**

**REPORT ON: Sexual Health & Relationships Education Guidelines for Youth Workers**

**REPORT BY: Director of Leisure and Communities**

**REPORT NO: 652- 2006**

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to seek Committee approval for the implementation of Sexual Health & Relationships Guidelines for Youth Workers in Leisure and Communities Department as part of an holistic approach to improving sexual health and well-being amongst young people.

1.2 The Guidelines are attached as Appendix 1.

### **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Committee note the important proactive role that Youth Workers can play in supporting and equipping young people with knowledge and skills to make informed choices about sexual health & relationships and to lead healthy lives.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 NHS Tayside have agreed to fund 50% of the costs of producing a WISH card (Well-being-Information-Support-Health) to the sum of £500. The other 50% will be funded through an existing Health Development budget within Leisure and Communities Department.

### **4.0 SUSTAINABILITY POLICY IMPLICATIONS**

4.1 Sustainability  
Currently approximately 55% of youth work costs in Dundee are met from short-term external funding sources. Addressing health inequalities and improving public health is consistent with the theme of protecting health and preventing illness.

4.2 Strategic Environmental Assessment  
None required.

4.3 Anti-Poverty  
The report is consistent with the Council's Policy Framework for tackling poverty and social inclusion in particular through delivering services that help reduce health inequalities. Poor sexual health can be associated with poverty and areas of deprivation. (Source – NHS Health Scotland Community Profiles - 2004).

### **5.0 EQUAL OPPORTUNITIES IMPLICATIONS**

5.1 The need for the Guidelines reflect the important role that Local Authorities have in helping to reduce health inequalities.

5.2 The proposals reflect the priorities and commitment of the Council to equal

opportunities.

## **6.0 MAIN TEXT**

- 6.1 Sexual health in the UK is poor. The levels of STI's are continuing to rise, with estimates that chlamydia, the most common infection, affects 1 in 10 of sexually active young people. Sustained behavioural changes, strengthened public health interventions and a more targeted approach to support identified vulnerable groups, as well as joining up action across a range of policy areas are required, if we are to improve sexual health and well-being.
- 6.2 Improving sexual health is a priority at both national and local level. Following extensive consultation the Scottish Sexual Health Strategy - Respect & Responsibility was published in January 2005. The Tayside Sexual Health Strategy – 'Enhancing Sexual Health and Well-being For All' was approved by NHS Tayside in November 2005.
- 6.3 Reversing the increasing levels of sexually transmitted infections (STI's) and reducing the rate of unplanned teenage conceptions is identified as a key objective in the Tayside Sexual Health Action Plan.
- 6.4 Sexual health and well-being is a major public health challenge. Sexual ill-health is common and it is increasing, teenage conceptions in Scotland are amongst the highest in western Europe and whilst there has been a slight downward trend in recent years, Dundee City continues to have one of the highest rates in Scotland.
- 6.5 It is important that young people have the necessary life skills and information to enable them to make informed choices about their sexual health & relationships. Youth Workers are well placed to support young people to make informed choices which includes helping them to deal with media and peer pressures.
- 6.6 Tackling sexual health concerns and enhancing sexual health and well-being is a long-term goal that will require sustained action. The Guidelines have been developed based on feedback from young people who can find it difficult to get easy access to sexual health services in their own communities. This is evidenced in the in the Tayside Sexual Health Strategy Consultation document – 'Your Views Matter' 2005.
- 6.7 New services and learning opportunities will be integrated within existing Youth Information work and will be developed with support and guidance from The Corner's multi-disciplinary staff team.

## **7.0 CONSULTATION**

- 7.1 The Chief Executive, Depute Chief Executives (Finance and Support Services) and Assistant Chief Executive (Community Planning), have been consulted on this report and are in agreement with its content.

Healthy Respect, the National Sexual Health Demonstration Project in Lothian, FPA Scotland, Tayside Sexual Health Strategy Group, the multi-disciplinary group - Dundee Action on Sexual Health and the Children and Young People's Strategic Group in Leisure and Communities Department have been consulted in the development of these guidelines.

- 7.2 No other Local Authority in Scotland has yet developed Sexual Health guidelines for Youth Work Staff and there is already considerable interest from other authorities in these draft guidelines.

## **8.0 BACKGROUND PAPERS**

- 8.1 'Respect & Responsibility' – the National Sexual Health & Relationships Strategy (2005)  
'Enhancing Sexual Health & Well-Being for All' – Tayside Sexual Health Strategy (2005)  
Tayside Sexual Health Action Plan – (2005 – 2008)  
'Your Views Matter' – Findings from the Formal Consultation on Tayside Sexual Health Strategy  
Dundee Joint Health Improvement Plan 2005 - 2008.

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**19 OCTOBER 2006**



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## **1. Introduction**

### **World Health Organisation (WHO) – Definition of Sexual Health**

*“The integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are enriching and that enhance personality, communication and love.”*

Sexual health in the UK is poor. The levels of sexually transmitted infections continue to rise, with estimates that chlamydia, the most common infection, affects one in 10 of sexually active young people. The UK continues to have the highest rate of teenage pregnancy in Europe. Improvements will not happen overnight. To achieve real change we require sustained behavioural changes, strengthened public health interventions and a more targeted approach to support identified vulnerable groups, as well as joining up action across a range of policy areas.

It is important to recognise that sexual health is not just about disease. Sexual health is a complex issue influenced by culture, economics, religion and the structure of society, as well as the general experiences of an individual, their family and community. It has a much broader social and emotional impact on people’s lives. There is, therefore, a need to understand the societal and cultural aspects that impact on sexual well-being and to begin to influence these wider factors. In particular, how we equip young people with the knowledge, values and skills to improve their sexual health and relationships.

## **2. Purpose of Guidelines**

The purpose of these guidelines is to provide a framework to enable Youth Workers in Leisure & Communities Department to contribute effectively to the sexual health and well-being of young people. They are a measured and considered response which aims to discourage and delay sexual activity amongst young people.

They aim to ensure that:-

- Youth Workers are clear and confident in their role in terms of providing sexual health information, support and skills training for young people.
- Young people are effectively supported by Youth Workers to increase their understanding of sexual health, sexuality and healthy relationships.
- That there is a shared understanding and continuity in the application of principles and practice across youth work services within Leisure & Communities Department.
- Young people are at the centre of the decision making process around the development and delivery of sexual health promotion and service delivery.
- Sexual health and well-being is an important part of overall health and well-being. It does not exist in isolation and is closely linked to mental, physical and emotional well-being.

Youth Workers are well placed to assist young people to make informed choices about sexual health and relationships.

The challenges we face collectively to ensure that young people minimise risk taking behaviour and make informed choices are evident:-

- Although some progress has been made, reducing the rate of unplanned teenage conceptions particularly in under 16's continues to be a key priority.
- The spread of sexually transmitted infections in particular chlamydia is increasing in both males and females.
- Access to free condoms and support to discuss their use is inconsistent.
- The age of first intercourse amongst young people is becoming lower. Evidence both locally and nationally confirms that this can result in significant levels of regret and a need to support young people to delay first sexual intercourse.
- The rate of referral for terminations is high. (Source – Tayside Sexual Health Strategy)

### **3. Values and Principles**

These guidelines support and endorse the values and principles stated in both the national and Tayside Sexual Health Strategies. These guidelines acknowledge that sexual health and relationships are an integral part of life long learning. It is an entitlement for all including those who are gay, lesbian or hetro-sexual, those with physical, learning or emotional difficulties and people of different race, gender, faith or religion.

The guidelines aim to:-

- Encourage responsible attitudes towards personal and social development which both challenge and support children and young people to make informed choices as part of their preparation for adult life.
- Promote the role of parents/carers to provide sexual health and relationships education for their sons and daughters.
- Respect and promote young people's rights and responsibilities as stated within the United Nations Convention on the Rights of the Child. Similarly to raise awareness of the law as it affects matters relating to sexual health and well-being.
- Encourage young people to recognise the value of healthy stable relationships, marriage and the responsibilities of parenthood.
- Support young people to feel positive about delaying sexual activity until such times as they are emotionally and physically mature.
- Recognise that matters relating to sexual health can evoke a wide range of views, therefore there is a commitment to engage positively with those who have differing views about sexual health and strive to find common ground.

#### **4. National Sexual Health Strategy – Respect and Responsibility**

The Scottish Executive Sexual Health Strategy – ‘Respect and Responsibility’ was launched in January 2005. The following quote is from Andy Kerr, Minister for Health and Care.

“Respect for each other and strong, trusting relationships, based on sound values, are at the heart of our national, community and personal well-being. The nurturing of these priceless assets begins at an early age and, are developed in the stable environment of family life and parental guidance, they help to equip us for the challenges of later life. Sexual well-being is firmly embedded in this system of values and relationships and, pre-eminently, touches on our responsibilities as individuals, on respect for the feelings and values of others, and on trusting relationships.

Sexual health is a controversial subject, where deeply held views on moral issues meet cultural and lifestyle diversity and a tradition of tolerance. It would be easier to focus our public health efforts elsewhere. But with teenage pregnancy rates amongst the highest in Europe and rising rates of diagnosed sexually transmitted infections across all ages, such an approach would not be responsible. That is why we have chosen to act. This document is thus both a strategy and plan for action. It sets out our proposals in a way which is respectful of both children's rights and parental and personal responsibility, and which recognises religious, cultural and gender diversity. We will do this within a framework which promotes a culture of respect and responsibility and through action to help prevent sexually transmitted infections and unintended pregnancies and provide better services.”

#### **5. Sex and The Law**

- It is illegal for anyone to have sex with someone who is unable to give their consent. This could be because they do not understand what is happening, for example due to disability, or they may be unable to express their wishes, or they may be below the legal age of consent.
- Age of Legal Capacity (Scotland) Act 1991 provides that young people under the age of 16 are able to consent to their own surgical, medical or dental treatment or procedure, if in the opinion of a qualified medical practitioner the young person is capable of understanding the nature and possible consequences of the procedure. Condom distribution is not deemed as a medical intervention and therefore does not require a medical practitioner to provide them.

Guidelines were issued to help professionals after the ‘Gillick’ Case (1985) and are known as the ‘Fraser Guidelines’. (see section 9) In essence they establish the right of young people under the age of 16 to receive contraception and contraceptive advice from a GP or other professionals without their parents having to be informed. This includes taking account of levels of maturity and understanding.

#### **6. Tayside Sexual Strategy – Enhancing Sexual Health and Well-being**

In Tayside there have been a number of reviews carried out in the past three years that have considered the needs of different groups in the community and of particular services. The Sexual Health Strategy Group (SHSG) was set up in summer 2003 to lead the development of an integrated local sexual health and relationships strategy. The SHSG is a multi-agency group that consists of health professionals across the



NHS system, as well as representatives from each of the Community Planning Partnerships and from both the independent and voluntary sectors. The Tayside Sexual Health and Relationships Strategy (the strategy) builds on previous work and uses recent best practice advice and evidenced interventions to inform its proposals to:

Enhance sexual well-being; address the high levels of teenage conception; control the rising incidence of Sexually Transmitted Infections (STIs); meet the needs of 'at risk' or 'hard to reach' groups; and improve service integration and access. Sub-groups were established to carry out the detailed work. As well as reviewing relevant best practice guidance and evidence for the effectiveness of the different public health interventions, each of the sub-groups had access to local health intelligence data. This included the Population Profile that was developed to support the local strategy, as well as the views of young people throughout Tayside. This information was instrumental in shaping the recommendations. The situation is improving in relation to teenage pregnancy - Tayside has already achieved the national target of reducing the rate by 20%. However, tackling sexual ill health as a whole and enhancing sexual health and well-being is a long-term issue that will require sustained action across the range of agencies and with the community. The strategy sets out the key actions that are needed to improve the sexual health of the local population.

The findings from the Community Engagement Informal Consultation of Tayside Sexual Health & Relationships Strategy – 'Your Views Matter' outlines the key findings as follows:-

- The overwhelming majority of people who took part in the consultation expressed support for the action proposed in the draft Strategy and recognised the impact of poor sexual health.
- Significant numbers indicated that sexual health and relationships education (SRE) is a vital element of acquiring knowledge and life skills for young people.
- A significant majority felt that schools play a major role in developing young people's access to sexual health information and services, but stated that changes to present practice are needed and that young people themselves do not always feel comfortable addressing sexual health issues within a school environment.
- The overwhelming majority of respondents agreed that parents have a role in SRE for their children, but highlighted a need for better information, education, guidance and support to do this well.
- Although there was considerable support for delivering local sexual health services, there was debate about the implications of confidentiality and young people stated a preference for broad-based services.
- There was strong support for increasing screening and treatment for Sexually Transmitted Infections (STI's) and many suggestions were received about how this should be delivered.

## **7. The Role of Youth Workers**

**Context** - (Reference from Youth Link Policy Statement on the Nature and Purpose of Youth Work)

### **Youth Work:**

- plays a key role in delivering the principles outlined in the UN Convention on the Rights of the Child, particularly Article 12, the right of the young person to voice their opinion, have their views listened to and be taken seriously. By engaging young people in social activism, youth work builds citizenship, respect for human rights and a sense of mutual responsibility.
- is an educational practice contributing to young people's learning and development.
- engages with young people within their youth communities; it acknowledges the wider networks of peers, community and culture; it supports the young person to realise their potential and to address life's challenges critically and creatively; it takes account of all strands of diversity.
- takes place in a variety of settings including community venues, uniformed groups, schools, youth cafes and on the street, whilst using numerous approaches such as outdoor pursuits, drama workshops, health initiatives, peer education, single issue and single gender work to engage with young people.

The effectiveness of youth work methods has led to an increasing number of organisations developing youth work approaches, for example those working in youth justice and health improvement programmes. This demonstrates the range of ways youth work can be applied, enabling young people who might otherwise be alienated from support to get the services they need. The youth work sector welcomes these developments and seeks to co-operate with those who contribute to young people's social and personal development.

There remains a fundamental need for community based youth work. Demand for youth work provision and support has continually run ahead of the availability of resources in recent years. At a time when young people are under greater pressure than ever, action needs to be taken to raise the profile of these issues.

### **Purpose of Youth Work**

Following extensive discussion and consultation with the youth work sector, the purpose of Youth Work is defined as follows:

- Build self-esteem and self-confidence.
- Develop the ability to manage personal and social relationships.
- Create learning and develop new skills. Encourage positive group atmospheres.
- Build the capacity of young people to consider risk, make reasoned decisions and take control.
- Develop a 'world view' which widens horizons and invites social commitment.

## Curriculum for Excellence

The principles and purposes of the Scottish Executive's 'A Curriculum for Excellence (2004)' are complimentary to the nature and purpose of youth work; Successful Learners, Confident Individuals, Effective Contributors and Responsible Citizens and as such have a direct impact upon the Sexual Health & Relationships Guidelines for Youth Workers. It also acknowledges that young people can learn about sexual health and relationships at home, at school and also in informal settings within their own community.

### 8. Levels of Competence

#### Level 1

It is expected that the minimum level of support that Youth Workers should be in a position to offer young people is to know where to get information on sexual health and relationships and/or to ensure that young people know how and where to access the same. This includes the location, opening times and range of local sexual health services, young people friendly health websites, knowledge of location and named contacts for NHS Tayside Condom Initiative outlets and Youth Information Points.

#### Level 2

All of level 1 plus having attended Condom Initiative and Sexual Health training. Staff are able to discuss sexual health and relationships issues at an introductory level including: puberty, delaying sex, safer sex, sexuality, peer influences, healthy relationships, rights and responsibilities, contraception. The Corner will offer updates to staff who have received this training as it is important to assess competence at this level before moving on to the next level of training.

#### Level 3

All of level 2 including provision of condoms and discussions about their use as part of education sessions. The Corner will offer training and assess competence for this area of practice, offering additional training as required.

#### Level 4

All of level 3 including joint delivery of sexual health and relationship workshops with other agencies e.g. The Corner, Web Project.

## Level 5

All of levels 1,2 and 3 and 4 as well as leading sexual health and relationship workshops and delivering training to community based Youth Work staff.

### 9. Support To Access Condoms

Leisure and Communities Department supports the NHS Tayside Condom Initiative. The Department has eight condom vending machine outlets, mainly in Community Centres throughout the city. They make condoms available to members of the public, not just young people.

The role of Youth Workers in offering sexual health and relationships education is informed by consultations with young people, which confirm the need for dialogue using supportive and challenging methods.

This approach does not aim to promote sexual activity - quite the reverse. It is a measured and considered response which aims to ensure that young people have full information to make informed choices, including delay of first sexual intercourse. It is important that these opportunities are carried out in a way that allows young people to question and receive answers which are appropriate for their age and level of maturity.

Under 16's can buy condoms from any outlet that sells them. There are no laws restricting vendors from selling to under 16's. There are no legal restrictions on professional staff in relation to the provision of condoms to young people under the age of 16 without parental knowledge as they are unrestricted and legally available commercially. Although making condoms available is not illegal, different organisations have adopted varying policies and guidelines in response to this area of practice.

Tayside Family Planning/Well Woman Services advise that staff who distribute condoms also adopt The Fraser Guidelines.

#### **The Fraser Guidelines(Established in 1985 by Lord Fraser)**

1. The young person understands the advice given.
2. The young person cannot be convinced to involve parents/carers or allow the professional to do so on their behalf.
3. It is likely the young person will begin or continue having intercourse with or without provision of service.
4. He or she receives treatment/contraception and their physical and mental health (or both) is likely to suffer.

5. The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

Compliance with the Fraser Guidelines in these situations will ensure young people receive the advice and support they need.

## **9. Discussions with Young People**

Having taken part in Sexual Health/Condom Initiative Training, Youth Workers should be able to discuss the following with young people:

- Assess level of knowledge – what do young people know already about sexual health? e.g. healthy relationships, using a condom, contraception.
- The Law – raise awareness of legal issues in relation to sexual activity.
- Levels of confidentiality – explain Leisure and Communities Confidentiality Policy and Care & Protection Guidelines as well as those of other services.
- Consent and negotiation issues - key point is to explain what a healthy relationship can be. Reassure young people that it is wise to delay first sexual intercourse.
- Emotional and physical implications of sexual activity e.g. unplanned pregnancy, parenthood, sexually transmitted infections.
- Parent/Carer awareness – stress the importance of discussing sexual health matters with parents, carers or another trusted adult.
- Explain referral procedures to other agencies and what to expect if they decide to use their services.

## **10. Monitoring and Evaluation**

- The Health Development Manager, Leisure and Communities Department, has overall responsibility for ensuring that the guidelines are implemented effectively.
- The Guidelines will be reviewed on an annual basis with Youth Workers other partners as appropriate and young people.
- Sexual Health & Relationships training will be offered to Youth Work staff on a recurring basis (every 6 months).
- The Quality Assurance Team will maintain a record of staff attendance at training.
- The number of Sexual Health & Relationship workshops will be recorded in each of the three geographic areas that the Senior Youth Workers are responsible for.

- The recording methods at Youth Information Points will be monitored on a six monthly basis to identify the number of Sexual Health & Relationship enquiries.
- When young people first become involved in sexual health education sessions, they will be asked for the first four digits of their postcode and their age. Gender will also be recorded.
- Staff will keep up to date with the most relevant research and will refine practice in the light of emerging evidence, changes in legislation and national and local guidance as part of a process of continuous improvement.

## Frequently Asked Questions

### **What are the lower and upper age limits of young people as referred to in the Sexual Health Guidelines?**

*Answer – 11-25 years with a priority focus on 11-18 years age group.*

### **Are the Laws in Scotland the same as in England?**

*Answer – No, historically some legislation, which is in place in Scotland is different from those in place in England. An example of this is the Age of Legal Capacity Act (Scotland 1991).*

### **Are we encouraging young people to be sexually active?**

*Answer – Quite the reverse. We are supporting and challenging young people to make informed choices which includes minimising risk taking behaviour and supporting young people to delay first sexual intercourse.*

### **If asked by a young person can a Youth Workers give details of local contraceptive and sexual health services?**

*Answer – Yes, Youth Workers should give young people information, including age appropriate information, on matters relating to sexual health as well as details of where and how to access local services.*

### **Can Youth Workers display and have leaflets promoting sexual and/or local sexual health services?**

*Answer – Yes, it is good practice to ensure that accurate and user-friendly information is displayed and similarly that leaflets are easily accessible.*

### **Can Youth Workers support young people to attend local sexual health services?**

*Answer – yes. Clearly this is dependant on young people making requests and depending on the nature of the request staff should check its appropriateness with their line manager(s). The same principle would apply if a young person(s) requested that a support them to go to the Housing Department or other services.*

### **Can Youth Workers give young people information on different methods of contraception?**

*Answer – Yes, however it is not the role of the to give advice on what methods of contraception a young person may choose to use. Young people needing to find out more about contraception should be encouraged and supported to visit a local service such as The Corner, Family Planning or their own GP. It is the role of the Youth Workers to assist in minimising risk taking behaviour through supporting and challenging discussions with young people. This includes supporting young people to feel OK about delaying first sexual intercourse.*

### **Can Youth Workers make condoms available to young people in community based settings?**

*Answer - Yes. On the basis that they have completed training and that they are clear about their role and they are competent about discussing relationship matters with young people. This can be done within the context of a broader sexual health and relationships workshop or programme. Youth Workers who have undertaken training can make condoms available to young people on a demonstration and discussion basis.*

### **Is there a law relating to making condoms available to young people?**

*Answer – No. See Fraser Guidelines (Section 9 above)*

**Can Youth Workers do a pregnancy test for a young person?**

*Answer – No, this is not appropriate. The role of the Youth Workers is to support the young person to attend local services and/or to discuss this with their parent/carer.*

**Question – What is the role of Youth Workers in relation to discussions about termination?**

*Answer – The matters relating to referral for termination and pre and post termination counselling are ones which should be held with specialist agencies such as GP's, Family Planning Service or The Corner. The role of Youth Workers is to support and signpost young people to access these services. It is however important that Youth Workers display an open and accepting manner. It is not our role to make judgements on young people's preferred choices whatever they are.*

**What happens if a Care & Protection issue emerges as part of offering sexual health & relationships information and support or condoms to young people?**

*Answer – The Youth Workers should follow the same procedures as they normally would within the Leisure & Communities Departments Care & Protection Guidelines. When Youth Workers are unsure about the course of action to take when faced with a particular scenario, they should consult their manager or the Department's Care & Protection Officer, Support Worker or Out of Hours Social Work.*

**What happens if there is a complaint from a parent or a local newspaper in relation the role of Youth Workers in sexual health & relationships education?**

*Answer – Youth Workers should liaise with their line manager (s) and aim to diffuse the need for complaint as soon as possible, perhaps by explaining to the parent what their role is and the values and principles behind such a service – they should not deny nor confirm if that young person has used the service. Alternatively the complaint should be referred to the Health Development Manager, Leisure & Communities Department who will respond to any concerns from third parties and make available copies of the Council's Policy.*

**What do we mean by the term 'healthy relationships' within the context of health and well being?**

*Answer - Relationships can, but do not necessarily need to include sexual relationships. Either way, some of the key principles of healthy relationships include:-*

- *Mutual respect for self and others*
- *Free of coercion and sexual exploitation*
- *Sexual activity is based on mutual consent*
- *Those involved feel good about themselves, share trust and care for each other.*

**What if a Youth Worker is reluctant or refuses to become involved in Youth Work practice focusing on Sexual Health & Relationships?**

*Answer - Leisure and Communities Department supports an open and accepting attitude towards its staff and members of the public, irrespective of age, gender, sexuality, colour or religion.*

*Therefore it is not the role of Youth Workers to impose their own personal and moral values or their religious beliefs upon young people. Nor is it their role to influence young people to make a choice that fulfils the needs of staff rather than the best interests of the young person. Youth Workers can be supported to be clear about their role in relation to Sexual Health & Relationships through support & supervision and Continuing Professional Development.*



*At the very least, all Youth Workers should be in a position to know where to get information on Sexual Health & Relationships and/or to ensure that young people know how and where to access the same.*

**Can condoms be made available to young people to young people of any age?**

*Answer – Condoms will only be made available to young people who have participated in a building based sexual health education session. Young people aged 14 years and older should be directed to Youth Workers who have undertaken sexual health training. If they are aged under 14 years, they should be directed to The Corner for first time access. .*

*Young people who have participated in sexual health education sessions will receive a WISH card. (Well-being-Information-Support-Health) They will be advised that they should carry this card when seeking to access condoms on future occasions. This card will be used as a point of reference to determine whether or not condoms should be made available.*

**Can condoms be made available through streetwork?**

*Answer - Not at present. Three pilots will run in the East, Central and West areas of the city from January 2007 until June 2007. All pilots will make condoms available as part of building based services.*

*Once the pilots are evaluated, it may be that a recommendation is made to make condoms available through streetwork as one of the next stages of development.*

**How do staff order supplies of condoms for use in education sessions?**

*Answer - Staff can order condoms through the Condom Initiative that is administered by NHS Tayside at Kings Cross, Clepington Road, Dundee. Order forms and details of how to submit orders will be given to named staff.*

**Appendix 2WISH CARD – FRONT AND BACK IMAGES**



