
Citation:

Cross, RM and Kinsella, K and South, J (2011) An evaluation of the C-Card Scheme in Bradford District. Project Report. Bradford & Airedale NHS Trust.

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An evaluation of the C-Card Scheme in Bradford District



Ruth Cross
Karina Kinsella
Jane South

July 2011

Centre for Health Promotion Research
Leeds Metropolitan University



NHS
Bradford and Airedale

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Acknowledgements

The evaluation team is grateful to the people who gave up their time to contribute to this evaluation, especially those who took part in the interviews and focus group discussions. It is much appreciated.

The evaluation team would specifically like to thank the following individuals:

- The C-Card Lead, Sara Rushworth, Senior Health Improvement Specialist
- Shelly Summers, Tic Tac Co-Ordinator
- Paul Conrad. Housing Support Officer

Executive Summary

NHS Bradford & Airedale Provider Services (formerly Bradford & Airedale Community Health Service) have established a district-wide C-Card (condom card) scheme to provide improved access to condoms and sexual health advice for young people. The C-Card scheme is for young people under 19 years of age. Young people have to register to use the scheme. The process of registration involves collection of demographic information and a discussion about sex, relationships and factors which influence these and sexual health services including emergency hormonal contraception. There is also a condom demonstration after which the young people are provided with a C-Card with which they can then collect condoms from a variety of different distribution points. The C-Card scheme was initially piloted over an 18 month period alongside existing condom distribution mechanisms. The C-Card pilot scheme has been operational in a range of settings.

The evaluation of the C-Card scheme focused on gaining the views of young people and front-line staff. The specific objectives of the evaluation were to:

1. Analyse data collected on registration and monitoring to examine uptake across different population groups and settings.
2. Investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.
3. Gauge stakeholder views on whether the C-Card scheme offers improved quality of service and meets client needs.
4. Investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond to young people's sexual health needs.

A combination of evaluation methods were used including secondary analysis of registration and monitoring data, focus group discussions and a survey with young people and telephone interviews with staff.

The evaluation findings were generally positive and indicate a number of ways in which the C-Card scheme has worked well. Evidence from the evaluation strongly indicates that the C-Card scheme is highly valued by the young people who have engaged with it. The scheme appears to be particularly successful with 15-17 year olds who account for the majority of registrations. The scheme appears to appeal equally to both males and females although findings indicate that males are more likely to make return visits to the scheme. There are differences in uptake of the C-Card scheme according to age, gender and ethnicity. Young men use it more than young women and the majority of young people accessing the scheme identify themselves as white British. Whilst the C-Card scheme has been running in a variety of different settings and organisations, the school

setting appears to be the most effective in terms of encouraging registration onto the scheme and distributing condoms.

Accessing condoms is viewed as the key purpose of the service by the young people who use it. The evidence from the evaluation suggests that the C-Card scheme is an effective tool for ensuring that young people know how to use a condom correctly. Ease of access and increased knowledge were key issues of effectiveness to emerge from the findings. The C-Card scheme is able to address some of the barriers to condom use such as accessing condoms however social norms and gendered stereotypes were highlighted as an issue that can affect uptake by young women. The effectiveness of the C-Card scheme was perceived as being limited by the ways in which it is advertised and this was viewed as leading to general lack of awareness about it. Evidence suggests that the advertisement and promotion of the scheme needs to be improved in order to increase young peoples' awareness of the scheme. The school setting (closed access organisations) appears to be a particularly effective means for registering young people to the scheme and in terms of distributing condoms.

A number of issues were identified for future consideration in terms of improving service delivery and effectiveness. These include additional or alternative mechanisms for encouraging continued access by young women and initial/continuing access by black and ethnic minority young people need to be considered for future service delivery; additional strategies for advertising the scheme and exploring how the scheme might be better implemented in open access organisations.

1 Introduction, background and context

NHS Bradford & Airedale Provider Services (formerly Bradford & Airedale Community Health Service) have established a district-wide C-Card (condom card) scheme to provide improved access to condoms and sexual health advice for young people. An existing condom distribution scheme currently distributes over 400,000 condoms per year through GP surgeries and other agencies in contact with young people. The C-Card scheme is initially being piloted over an 18 month period, alongside the existing scheme, to assess its feasibility.

Prior to the C-Card pilot project a condom distribution scheme existed across the Bradford and Airedale district sexual health service. This condom distribution scheme was evaluated and, through this process, the staff involved in this scheme indicated that there needed to be a more rigorous system in place to keep track of what had taken place with young people. At the end of January 2010 funds became available to support a pilot project of the C-Card scheme, intended to eventually replace the old 'ad hoc' system of distributing condoms to young people.

1.1 The C-Card 'model'

The C-Card Scheme is for young people under 19. It provides relationship support and advice; signposting to services; access to free condoms; Chlamydia screening and pregnancy testing. A variety of organisations act as registration points where young people 'sign up' to the scheme. Signing up for the scheme involves an initial consultation with a C-Card competent trained worker who talks through: relationships; safer sex; emergency contraception; drug and alcohol use; legal issues; confidentiality and assesses Fraser competencies (if under 16), and carries out a risk assessment. Demographic information such as the young person's initials, gender, age, ethnicity and the first part of their postcode is collected.

Young people are given a condom demonstration, receive a card (like a credit card) with which they can access a selection of condoms and lubricant. They also receive scheme merchandising and are signposted to other services in particular support to access Emergency Hormonal Contraception. During the registration process staff are required to record their sexual orientation and whether the young person is sexually active or not. If the young person is 16 or younger they must be assessed as to whether they are Fraser competent. A discussion between the C-Card worker and young person takes place to discuss the following subjects: sex, drugs and alcohol, confidentiality, delay, condom use and demonstration, lubrication, services, emergency contraception, sexual health, relationships

and STIs. Young people can use their cards at any distribution site once they are registered on the scheme.

Table 1 shows a timeline of the C-Card scheme from its inception.

Table 1. Timeline for C-Card Scheme

Time Period	Phase of Scheme
January 2010	Money for the C-Card project becomes available. Project Lead is identified.
February 2010	First distribution site (team) comes on board Project lead begins to deliver Pre-C-Card and C-Card training (2 days training for each staff member)
May 2010	Brook Report produced based on a one day evaluation training with C-card trained staff. The C-Card scheme went 'live (mid-May).
June 2010	Staff training continues
September 2010	Administrator is employed
October 2010	Extra training on pregnancy testing is implemented Project lead continues to deliver training and offer support to C-Card staff
February 2011 – May 2011	Data collection for evaluation

1.1.1 Setting up the C-Card Scheme

The initial recruitment of distribution sites to the C-Card Pilot project capitalised on the existing relationships between the Project Lead and organisations which were already proactive and engaged in condom distribution with young people. Table 1 outlines the timeline for the C-Card Pilot project. The directive to have the scheme up and running by April 2010, a relatively short time period from the release of the funds, meant that an opportunistic approach to recruiting new distribution sites was taken, at least in the early stages of the project. The challenges in setting up the project included problems with some of the distribution sites and the use of different models of practice in different places. Pragmatic decision-

making was made, by the Project Lead, in order to determine who to involve in the pilot project - namely those organisations and key people who had expressed an interest. The initial target number of distribution sites for the pilot project was eight (8). This was expanded to include 50 distribution sites during the life of the project, in order to try to achieve the targets which had been set. However, this caused a number of difficulties for the Project Lead who, working alone, could not support this number effectively.

It was anticipated that over the 18-month pilot 50 agencies would become registration sites, 400 hundred staff would be trained in the C-Card scheme and 2000 young people would access (be registered on) the scheme. Monitoring data was collected at registration and distribution as well as an anonymous on-line survey for young people.

1.1.2 Evaluation of the C-Card Scheme

The Centre for Health Promotion Research at Leeds Metropolitan University was commissioned to carry out an evaluation of the C-Card scheme in Bradford. The broad aim of the evaluation was to evaluate how well the pilot C-Card scheme has worked in improving access to condoms and in providing young people with appropriate information to make healthy choices in line with Bradford District Young People's Sexual Health and Teenage Pregnancy Strategy (2008). The focus of the evaluation was on gaining the views of young people who have accessed the service and also the views of front-line staff who have been involved in the scheme.

The specific objectives of the evaluation were to:

1. Analyse data collected on registration and monitoring to examine uptake across different population groups and settings.
2. Investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.
3. Gauge stakeholder views on whether the C-Card scheme offers improved quality of service and meets client needs.
4. Investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond young people's sexual health needs.

1.1.3 Structure of the Report

The next section of the report (Section 2) details the methods used in the evaluation process. This includes a discussion about ethical considerations. Section 3 presented the findings from the evaluation which are organised according to the data collection method – findings from the monitoring data, the focus group discussions and survey of the young people and the interviews held with staff. A summary of the key findings is given in Section 4. Section 5 discusses the key findings with reference to the

evaluation objectives. Section 6 details key issues for future consideration arising from the evaluation and Section 7 concludes the report.

2 Evaluation Methods

A prior consultation was undertaken by Brook (a national charity providing sexual health services for young people) for NHS Bradford & Airedale with the purpose of scoping best practice evaluation methods for the C-card evaluation (Ponsford, 2010). The recommendations resulting from this consultation guided the approach and the choice of methods used in this evaluation. As such, the evaluation of the C-Card project used a mixed method approach in order to gain as much information, in as many different ways, as possible. A combination of qualitative and quantitative methods was employed in order to address the objectives of the evaluation. These are detailed later in this section of the report. A qualitative approach was taken using focus groups and interviews in order to elicit in-depth information (Hennink et al, 2011). Quantitative approaches were used to examine a range of existing monitoring data (secondary analysis) and via a short questionnaire specifically designed to capture relevant categorical information. Using a variety of methods for data collection, a process known as 'triangulation' (Bryman, 2001), serves to increase the validity of the findings and subsequent conclusions. Table 2 overleaf shows the relationship between the objectives of the evaluation and the methods used.

In summary, the evaluation methods used were:

1. Secondary analysis of a year's worth of existing registration and monitoring data (May 2010 – May 2011)
2. Two focus group discussions with 14 young people
3. A short questionnaire-based survey of 55 young people
4. One to one telephone interviews with ten (10) front-line delivery staff in a variety of different settings registered for the scheme

Table 2. The relationship between the evaluation methods and the objectives of the evaluation.

	Monitoring Data	Focus group discussion with Young People	Survey with Young People	Interviews with Staff
Objective 1: Analyse data collected on registration and monitoring to examine uptake across different population groups and settings.	X			
Objective 2: Investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.		X	X	X
Objective 3: Gauge stakeholder views on whether the C-Card scheme offers improved quality of service and meets client needs.		X		X
Objective 4: Investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond young people's sexual health needs.		X	X	X

Each of the evaluation methods are now explained detailing the process of data collection and the analysis of the data.

2.1.1 Registration and Monitoring Data

The C-Card project routinely collects anonymised data, on registration to the project and thereafter on repeat visits. This monitoring data was used as part of the evaluation of the project to carry out secondary analysis in relation to the evaluation objectives. 'Year end' data was used and a variety of different reports were extracted from the system for the time period 12th May 2010-12th May 2011 in an effort to look at different

categorical data such as gender, age, number of visits etc. For some data the raw figures were converted to percentages.

2.1.2 Focus group discussions with young people

Two, mixed gender focus group discussions were carried out with a total of 14 young people (8 males and 6 females). The focus group schedule was developed in line with the evaluation objectives 2, 3 and 4 in consultation with the evaluation team and Project Lead (see appendix 1 for the focus group schedule). Focus group discussions were selected on the basis that they would be less threatening to the young people than one to one interviews and so that a general, inclusive discussion could be encouraged (Silverman, 2010). These included young people who had not accessed the service as well as young people who had. After a discussion with the Project Lead, the young people were recruited to the focus group with the help of two members of C-Card staff working for separate organisations. The focus groups were facilitated by two members of the evaluation team and took place in two different settings where young people can access the scheme. Each focus group discussion was digitally recorded with permission from the group members and then transcribed by hand for analysis. Framework analysis (Pope et al, 2000) was used to analyse the data from the focus group discussions. A deductive approach was used and the resulting framework was developed with direct reference to the evaluation objectives. This resulted in the identification of a number of themes from the data which are presented in the findings section of this report.

2.1.3 Self-Completed Questionnaire (Survey)

A questionnaire was developed for use with young people accessing the C-Card project, in line with objectives 2 and 4 of the evaluation (see appendix 5 for the questionnaire). The questionnaire was developed in line with the evaluation objectives and in consultation with the evaluation team and Project Lead. The questionnaire was distributed in two different ways – in hard copy which was available at the C-Card distribution sites, and in an electronic version (constructed using the survey software package Snap) accessed via a link on the BASH website. Respondents could choose which medium they preferred. The questionnaire was available in hard copy and on-line for a total of 12 weeks. Although the deadline for the questionnaire was extended to try to get more data this part of the evaluation strategy proved challenging. The return rate for the hard copy was only slightly better than for the electronic version with relatively low return rates overall. However, the final completed return rate was 55 which is in keeping with expected relatively low return rates of survey methods (Gray, 2004). Data was inputted into Statistical Package for Social Scientists (SPSS) and analysed. Statistics were generated to produce descriptive findings.

2.1.4 Interviews with C-Card leads

One to one interviews were conducted with ten service providers and these took place over a period of two weeks during April 2011. The interview schedule was developed in line with the evaluation objectives 2, 3 and 4 in consultation with the evaluation team and Project Lead. One to one interviews were selected on the basis that rich, in-depth information might be sought and so that the interviewer could probe issues of interest to the evaluation (Denzin & Lincoln, 2000). The interviews were undertaken in order to gain an insight into the general running of the scheme; the benefits and barriers of the scheme and to investigate whether the C-Card scheme provides an effective mechanism to improve the capacity of services to respond to young people's sexual health needs. Purposive sampling methods were used to ensure that a spectrum of venue types and workers were involved in the evaluation of the scheme (see appendix 2 for the interview schedule). The Project Lead provided a list of stakeholders to consult. A standard topic guide was used to help focus the conversation on key issues in line with the overall aims of the evaluation. Topics for discussion included:

- Staff support and training needs
- The registration process
- Barriers that there may be to the scheme
- Comparison to the previous condom distribution scheme (if it was delivered previously)
- Aspects of the C-Card that could be improved
- Opportunities for development of the scheme

Each interview took an average of 10-20 minutes to complete. A total of 10 interviews were carried out via telephone. The telephone interviews were tape recorded after receiving consent from the participants. The interviews were transcribed verbatim and the data was analysed using the Framework approach as outlined by Pope et al (2000). This resulted in the identification of a number of themes from the data which are presented in the findings section of this report.

2.1.5 Ethical Considerations

Given the potentially sensitive nature of sexual health issues, particularly with regards to the involvement of young people, a number of measures were implemented to ensure that the evaluation was conducted in an appropriate and ethical manner. As a service evaluation the proposal did

not need to go through a formal ethics committee however, a number of important ethical considerations were put into place.

For all participants across the different evaluation methods the voluntary nature of participation was emphasised. All of the participants were also informed that the purpose of their involvement was to contribute to the evaluation of the C-Card project and they took part in full knowledge of this. Utmost regard was paid throughout the evaluation process to issues of anonymity and confidentiality. Where direct quotes are used in the report of the findings (Section 3) these have been made anonymous to protect the identity of the participant.

For the focus group discussions and one to one interviews participants were given full information in the form of a Participant Information Sheet (see Appendix 3) which advised that the participant would remain anonymous, no identifying information would be used in the write up of the evaluation, and that the participant could withdraw from the interview or focus group at any time. If the participant was happy to take part they were asked to sign a consent form to this effect (see Appendix 4). A small incentive (high street voucher) was offered to the young people who took part in the focus group discussions in recognition of giving up their time and the importance of their perspectives for the evaluation process. In the focus group discussions with young people care was taken to stress that it was the C-Card scheme itself which was under discussion and not personal sexual experiences or practices.

The questionnaires were completed anonymously and the participants had the option to include their mobile phone numbers if they wanted to be included in a prize draw in recognition of taking part. A single mobile phone number was selected at random from those submitted. By giving the mobile phone number (with no other identification), consent for the phone number to be used by the evaluation team for the sole purpose of contacting the winner was assumed.

All of the monitoring data on the C-Card data base is confidential and anonymous in line with the policy of the service.

3 Findings

3.1 Monitoring Data

This section summarises the year end data collected from the C-Card database over the period of the 12th May 2010 to 12th May 2011. In order to address the objective 1, data was analysed on registration and monitoring to examine the uptake and use of the C-Card scheme across different population groups, demographics and settings. The findings are presented with direct reference to these in line with the information which is collected on the database.

Age, gender and ethnicity of young people on registration:

Over the year a total of 556 young people registered for the C-Card scheme. 265 (48%) of these were female and 291 (52%) were male. Table 3 shows the number of registrations by age and gender.

Table 3. Percentage and number of total registration registrations (n=556) of males and females.

	Female % (n)	Male % (n)	Number of registrations	% of all registrations
under 13	1.4 (8)	0.4 (2)	10	1.8
13	1.3 (7)	3.4 (19)	26	4.7
14	6.1 (34)	7.9 (44)	78	14
15	11.3 (63)	10.6 (59)	122	21.9
16	12.4 (69)	12.1 (67)	136	24.5
17	7.9 (44)	9.7 (54)	98	17.6
18	4.5 (25)	4.1 (23)	48	8.6
19	2 (11)	2.2 (12)	23	4.1
over 19	0.7 (4)	2 (11)	15	2.7
Total	47.7 (265)	52.3 (291)	556	100

The largest proportion of registrations were 16 year olds (approximately 25%), followed by 15 year olds (22%) and then 17 year olds (18%). Nearly half (or approximately 46%) of those registered were 15-16 years old. Combined together 15-17 year olds accounted for 64% of registrations. Age-wise, the largest proportion registered was females and males was 16 years (both approximately 12%) whilst a very similar number

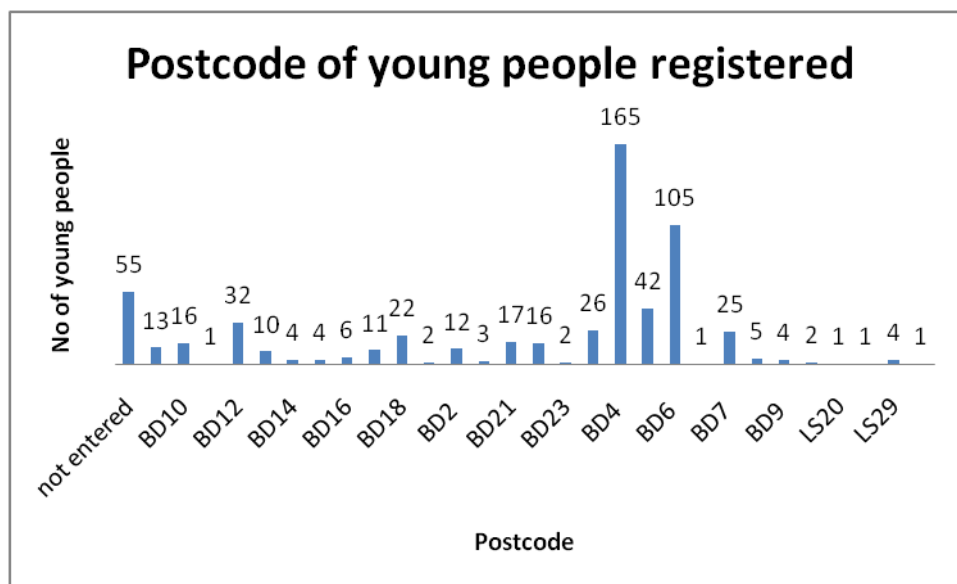
of females and males aged 15-16 years were registered (24% and 23% respectively).

The majority of young people 499 (79%) accessing the service defined themselves as White British, 31 (5%) as Pakistani and 44 (7%) chose not to state their ethnicity.

Postcode of registered young people:

The majority of young people registering for the C-Card live in BD4 (165) followed by 105 who live in BD6. However, from the data collected it is not possible to tell to which registration/access point each young person has used.

Figure 1. Postcode of young people registered to the scheme



Registration by organisation and number of condoms distributed

Table 4 shows the number and percentage of registrations compared with the number and percentage of condoms distributed.

Table 4. Registrations by organisation and number of condoms distributed.

	Number of Registrations	Percentage (%) of all registrations	Number of condoms distributed	Percentage (%) of condoms distributed
Tic Tac Tong	143	23.4	2070	21
Tic Tac Buttershaw	107	17.5	2518	25.6
Shipley College/Hale Project	67	10.9	550	5.6
Tic Tac Wyke	53	8.7	1218	12.4
The Edge Project	36	5.9	555	5.6
Step 2	35	5.7	738	7.5
Keighley Health Centre CASH	35	5.7	430	4.4
Shipley leaving Care	32	5.2	386	3.9
Royds Healthy Living Centre	23	3.8	108	1.1
Vicar Lane Housing Scheme	11	1.8	264	2.7
Bradford Connexions	10	1.6	252	2.6
Bradford City Centre Project	10	1.6	211	2.1
Tic Tac Hanson	9	1.5	72	0.7
Bradford & Airedale (Unit 69)	7	1.1	92	0.9
CASH Clinic Keighley	6	1	60	0.6
BYDP	6	1	100	1
Bradford Family Intervention Project	6	1	36	0.4
Prism Youth Project	4	0.7	96	1
YMCA City of Bradford	3	0.5	28	0.3
IYS Central	2	0.3	2	0.02
Sky View	2	0.3	15	0.2
IYS Keighley	1	0.2	3	0.03
IYS South	1	0.2	1	0.01
First Avenue Community House	1	0.2	8	0.1
Youth Service –City Road BD8	1	0.2	2	0.02
IYS Inclusion	1	0.2	3	0.03
IYS West	0	0	25	0.3
Total	612	100	9843	100

It can be seen from the table that there is a large range in both numbers of registrations and condoms distributed. The highest number of registrations is 143 (Tic Tac Tong) and the largest number of condoms distributed is 2518 (Tic Tac Buttershaw). The mean (average) number of registrations was 22.7 and for the mean number of condoms distributed was 364.6. However as there is such a large spread in the figures, the mean may not be the best indicator to use in this case. The median is perhaps a more suitable midpoint. The median number of registrations was 7 and for condom distribution it was 96. The top 3 Tic Tac organisations account for 50% of all registrations alone and for 59% of all condoms distributed accounting for at least half of both. The 10 organisations with the largest proportions of registrations account for 89% of all registrations and the 10 organisations with the largest proportions of condom distributions account for 91% of the total amount given out. All but 1 of the 10 organisations with the highest proportion of registrations also gave out the most condoms. Shipley College/Hale Project has the 3rd highest proportion of registrations, but only the 6th highest proportion of condom distribution. Table 5 shows the exact number of condoms distributed according to age.

Table 5. The number of and percentage condoms supplied by age.

Age	Number of condoms	% of condoms supplied
13	93	0.9
14	474	4.8
15	1060	10.8
16	3131	31.7
17	2260	22.9
18	1603	16.3
19	811	8.2
other/unknown	432	4.4
Total	9864	100

The largest proportion of condoms 3131 (32%) were supplied to 16 year olds. Over half of all the condoms distributed were to 16-17 year olds (55%). The majority, 79%, were supplied to those aged 16 years and over (or 83% of those whose ages were known). Much fewer condoms (less than 6% of the total distribution) were given to young people aged below 15 years.

Number of return visits:

Table 6 shows the number of return visits to all access points by gender. In total there were 388 return visits. Of these 37% were by females and 63% were by males. Most return visits (41%) were by 16 year olds. 25% of these were made by males aged 16, followed by females aged 16 and males aged 15. There were more males making return visits in 5 out of the 9 age categories (ages: 14, 15, 16, 18, over 19s). There were more females making return visits in 3 out of the 9 age categories (ages: under 13, 17, 19). Males aged 14-16 accounted for just under 50% of all return visits and females aged 14-16 accounted for 21% of all return visits. There were more males making return visits in 5 out of the 9 age categories (ages: 14, 15, 16, 18, over 19s) and more females making return visits in 3 out of the 9 age categories (ages: under 13, 17, 19). At 14 & 15 a notably larger proportion of males had a return visit than females.

Table 6. The number of return visits to all access points by gender (n=388)

	Female (%)	Male	Number	% of return visits
under 13	4 (1)	0 (0)	4	1
13	1 (0.3)	1 (0.3)	2	0.5
14	6 (1.5)	38 (9.8)	44	11.3
15	11 (2.8)	54 (13.9)	65	16.8
16	63 (16.2)	97 (25)	160	41.2
17	26 (6.7)	20 (5.2)	46	11.9
18	12 (3.1)	19 (4.9)	31	8
19	18 (4.6)	1 (0.3)	19	4.9
over 19	29 (0.5)	15 (3.9)	17	4.4
Total	143	245	388	100

3.2 Focus Group Discussions with Young People

This section presents the findings from the focus group discussions which took place with young people. The general themes from the analysis of the focus group data are presented here and are organised thematically under the heading of the relevant evaluation objective. The focus group findings help to address three of the four overall objectives (See Table 2 – in Section 2 of this report). Verbatim quotes from the data are provided to illustrate the findings where appropriate and, in line with ethical considerations, these have been kept anonymous.

Overview of findings:

There was generally a very positive response to the C-Card scheme from the young people who took part in the focus group discussions. They viewed it as having value, as being delivered in a largely appropriate way and as being effective in meeting their needs specific to condom acquisition. They had a number of suggestions to make in terms of how the scheme might be developed and improved upon. These issues are presented in greater detail in terms of each specific objective.

Objective 2: To investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.

Social acceptability:

There was a general perception that it was more socially acceptable and therefore 'easier' for young men to access the scheme than young women, and that young men were more likely to know about it than young women.

'A lot of girls I know don't know about it but most of the boys have C-Cards. I don't know a girl that's got one' (FGD 2; Female)

When probing further about this the perception appears to be that condom use is the responsibility of boys rather than girls and that talking about having sex, and talking openly about it, is more socially acceptable for young men than for young women.

'I think mostly because a lot of people think condoms are just for boys, boys wear them so it's boys' responsibility. So I think that's why' (FGD 1; Female)

'You always hear boys going round saying that they've got one making themselves look big but lasses don't say nowt' (FGD 2; Male)

'Girls get called slags but it's good for boys' (FGD 2; Female)

This leads to a general perception that, via the focus on promoting and distributing condoms, the C-card scheme is aimed more at young men than at young women even though it was acknowledged that young women can also access condoms on the scheme.

Despite some embarrassment expressed by some of the young people, they felt that they had learned something from the registration process and condom demonstration and found the condom demonstration helpful as indicated:

'I learned that you can check for the seal of approval. I learnt where the date was and everything so yeah, it was useful' (FGD 1; Male)

'The demonstration is useful because like the person I went with put it on the wrong way round and it wouldn't go down. So the guy obviously told him it's the wrong way round, turn it round...' (FGD 2; Male)

They also found the registration process helpful for garnering information about STI's and being able to ask questions themselves.

Likelihood of condom use:

When asked whether they were more likely to use condoms as a result of the C-card scheme there was a mixed response from the young people. Some said that they were more likely to use condoms as a result of accessing the scheme.

'Yeah [more likely to] coz you learn how to use them and you can get them and that and it's safer' (FGD 2; Male)

Some said they were not more likely to use condoms and some said they preferred to use other forms of contraception to condoms as they were seen as reducing the pleasure of the sexual encounter. Joining the scheme was not perceived to make any difference to the way in which the young people

conducted their sexual relationships by some, however, others felt that it might make a difference.

'I think it makes them think twice before they think about doing owt'

(FGD 2; Male)

Objective 3: To gauge young people's views on whether the C-Card scheme offers improved quality of service and meets their needs.

Awareness of the scheme:

There was a general level of awareness of the C-Card scheme amongst the young people who took part in the focus groups. However, there was some lack of awareness also and a few of the young people who took part were not aware of it. The scheme was known to provide free condoms and this was the main focus for the majority of the young people.

Accessing the scheme:

The young people accessed the scheme in a variety of different venues including school, Connexions, the community van and Vicar Lane Housing. The young people who had accessed the scheme were able to describe it in detail including the process of registration. Some discomfort about this process was expressed, as indicated in the following quotes:

'I was embarrassed, putting the condom on was the most embarrassing bit'

(FGD 1; Male)

However, the embarrassment of the encounter was also viewed as being facilitative...

'You remember the embarrassing moments so it was quite useful that it was embarrassing otherwise you probably wouldn't remember' (FGD 1; Male)

The process of registration was viewed as being relatively quick and did not appear to be prohibitive to the young people in the focus groups.

'It was quicker than I expected but you learn a lot in the time' (FGD 1: Male)

Objective 4: To investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond to young people's sexual health needs.

Access to condoms:

The benefits of the C-card scheme over other methods of distribution was seen to be the number of condoms the young people had access to (young men in particular) and the fact that, once the initial registration was over there was not any further questioning...

'...at school, you could only get 2 condoms at a time and you have to get checked every time you went' (FGD 1; female)

This experience is in contrast to the C-card scheme which means that...

'you get free condoms whenever you need them' (FGD 1; Male) and *'you can get them from quite a few places as well...there are quite a lot of places'* (FGD 1; Male).

However, there was still some discomfort involved in the acquisition of condoms which, once the young people had been registered in the scheme, appears to lessen over time.

'I found it quite embarrassing the first time going into a chemist and asking for condoms' (FGD 1; Male)

'If I can't get to the nearest one [distribution point] I will go to a different one because it's usually the same person so you feel a little less embarrassed, so you're asking someone you've asked before' (FGD 1; Male)

Aside from the potential embarrassment, obtaining condoms after the initial registration period was viewed as being quick and easy.

Access to other resources and signposting to other organisations:

There was some awareness that, through using the C-card scheme, young people could also access other products such as dental dams and female condoms however, this was limited and most were unaware. The focus of the scheme was viewed as being on condoms and condom distribution or supply.

'Yeah, coz like C-card you just think condoms' (FGD 1; Female)

Effectiveness of the C-Card scheme:

The scheme was seen to work well in a several ways. When asked what was good about the scheme the young people cited a number of things including the availability of advice, help and information, as well as easy access to condoms. In terms of the C-card itself, the young people felt that it was discrete in size and design:

'It's not massive. Not everyone can see it, it just fits in your hand nicely. If you wanna hide it you can without anyone seeing it' (FGD 2; Male).

The confidentiality of the service was appreciated and it was generally perceived as a more accessible and effective way of getting condoms:

'It's just an easier way to get condoms and stuff' (FGD 2; Male)

'You can always go there and get them if you need them' (FGD 2; Male)

How the C-Card scheme might be improved:

There was an appreciation of the number of outlets where condoms could be obtained once a young person had joined the scheme. However, the young people felt that the C-card scheme needed to be advertised more widely and that the posters which were used were quite small:

'you know, you see these tiny things saying C-card on them, they're really tiny and you don't see them around much so get big banners out in the middle of town.' (FGD 1; Female)

Other mechanisms suggested included advertising at events such as Bradford Pride, handing out flyers and leaflets, putting up more posters, having specific C-card events at schools and colleges to raise awareness aimed at young people, using popular music, involving young people in the promotion of the C-card scheme, using social networking sites, creating a specific website and distributing information about the scheme in products that young people buy such as Xbox games. Word of mouth was also acknowledged as a means of raising awareness. Suggestions for other support mechanisms included a 24 hour help-line and a drop-in centre, the general sense being that it was important to be able to access information as and when it was needed. The promotional material given out at point of registration was generally viewed as an incentive.

In terms of the operation of the C-Card scheme within a school setting there were a number of suggestions about how it might be improved such as not having to go to one place to get the card and more condoms, handing them out to everyone at the beginning of the school year and advertising the scheme on posters throughout the school.

'There's no use having a poster in [name] coz when you go to [name] you get one anyway' (FGD 2; Male)

Providing a greater range of contraception was viewed as a way of encouraging young women to access the scheme.

With regards to the card suggestions were made that a choice of design was offered, that different designs were aimed at young women and young men. Additionally the lack of any identifying detail was viewed as a positive thing.

Limitations of the C-Card scheme:

These were seen as being that it was not advertised widely or promoted enough, that it was perceived as being aimed more at males than females and that a wider range of contraception should be available. Losing the card itself is problematic for some young people and there was suggestion that an individual number is given out which young people have to memorise instead so that the card was not necessary every time. There was generally no mention of having been signposted to other services as a result of accessing the C-Card scheme and the young people involved in the discussions did not seem to be aware of this as part of the service.

3.3 Survey with Young People

In total 55 young people completed a questionnaire within the specified timeframe for this phase of the evaluation. The results are summarised and organised according to different types of information in order to address the evaluation objectives- demographic information, information about sexual activity/orientation and information in relation to the C-Card scheme.

Demographic information:

31 (59%) of the respondents were female and 21 (41%) male. Four individuals did not give their sex. The mean age of the respondents was 16.8 years. The age range was 13 to 20 years old. The majority (67%) of the respondents were 15 -17 years of age. 53 individuals supplied an answer to a question about ethnicity. The majority of respondents were white (47%), five respondents were Asian and one was of mixed race.

Information about sexual activity and orientation:

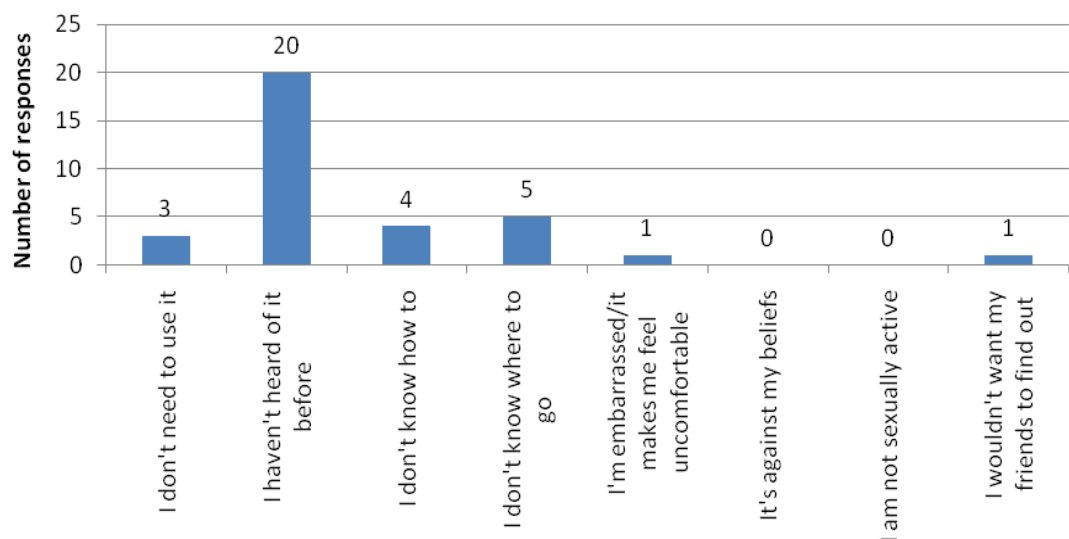
Three quarters of the respondents (41) were sexually active. Eight respondents preferred not to disclose this information. Analysis of the results by sex showed that 21 of the 30 females (70%) who responded were sexually active compared to 17 of the 21 (81%) males. Nineteen of

the 21 males indicated they were mainly attracted to women. One was mainly attracted to men and there was one “neither” response. 25 out of the 30 women were mainly attracted to men, 3 to other women, and 1 to both men and women.

Accessing the scheme:

Just under half of the 55 respondents (47%) had used the C-Card scheme. The 29 respondents who had not used the C-Card service were asked to give reasons. Figure 2 shows that lack of awareness was the main reason for not using it. The largest number of respondents (20) said they had not heard of the scheme before. Five also said they didn’t know where to go and four indicated that they did not know how to use the service. Only one respondent felt too embarrassed or uncomfortable about using the service.

Figure 2. Reasons given for not using the C-Card Service (n=29)



NB: respondents could provide multiple responses to this part of the survey.

The results of this part of the survey indicated a difference between young women and young men in terms of why they had not accessed the C-Card scheme. A breakdown of the results by gender is shown in the Table 7.

Table 7. Reasons for not accessing the C-Card scheme by gender

	Males (n=11)	Females (n=16)
I don't need to use it	1	2
I haven't heard of it before	9	9
I don't know how to	1	3
I don't know where to go	2	3
I'm embarrassed/it makes me feel uncomfortable	0	1
It's against my beliefs	0	0
I am not sexually active	0	0
I wouldn't want my friends to find out	0	0

NB: The sex of 2 other individuals who used the C-Card is unknown and, again, respondents could provide multiple responses to this part of the survey.

Table 7 shows that a greater proportion of the males (9 out of 11) than the females (9 out of the 16) had not heard of the scheme.

In total five respondents indicated that they had used a different service/accessed condoms from elsewhere. These were Tic Tac, Tic Tac/Doctors, Parents, School and Condom machines. Of these five respondents, three stated that they had accessed the scheme and two had not.

Usefulness of the condom demonstration:

25 out of the 26 individuals who had used the C-Card scheme indicated whether or not they found the condom demonstration useful. 20 agreed that they had found it useful. Two disagreed and three neither agreed nor disagreed. A breakdown of the results by gender showed that six out of the nine males who responded found the demonstration useful compared to 12 out of 14 females. The other three males neither agreed nor disagreed. Two females did not find it useful.

Respondents were asked to explain their responses about this and 13 did so. Seven thought the demonstration had been useful as it taught them how to correctly use a condom and one felt more confident. Typical comments included:

"Because I didn't know how to use one"

"Because I didn't know what one was til I got shown"

"...it made me aware of how to put one on"

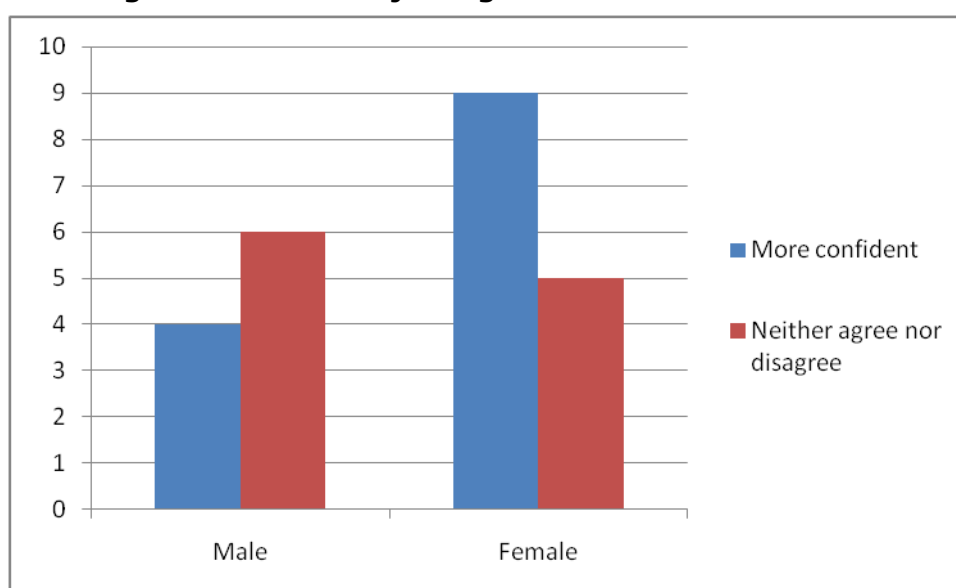
Conversely, those who found the demonstration less useful did so because they already knew how to use a condom before the demonstration.

Learning something new:

The majority of respondents (17 out of the 25 who had used the C-Card scheme) agreed that they had learnt something new. When asked to expand upon their response 13 did so. Several simply stated that they had learnt how to use a condom correctly. Other learning took place specifically in relation to the following:

- "I know more about contraception and the different types"
- "About diseases"
- "About lube"
- "British kite stamp"
- "Dental dams"
- "[name of organisation] help you and give you support"

Figure 3. The number of males and females who felt more confident about using a condom since joining the C-Card scheme



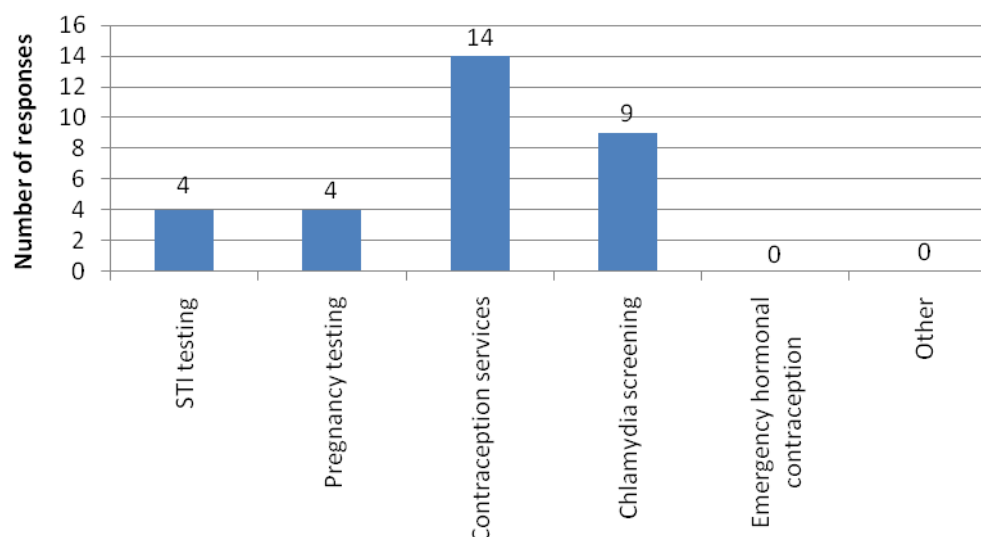
Increased confidence in condom use: Respondents were also asked to indicate whether they felt more confident about using a condom since joining the C-Card scheme. Figure 3 shows the outcomes. Over half of individuals (15) agreed that they did feel more confident, with the remaining 11 neither agreeing nor disagreeing. Interestingly, a breakdown of the results by gender showed that a greater proportion of the females felt more confident than the males. In total, 9 out of 14 females agreed compared to 4 out 10 males.

Signposting to, or using, other services:

Respondents indicated which services they had been signposted to or had used since using the C-Card scheme. Figure 4 shows which services the young people

had been signposted to (or used) and the number of young people who had been signposted or used this service. As seen, the most frequent services which had been used or the respondents had been signposted to were contraception services (given by 14 individuals), followed by Chlamydia screening (9 individuals).

Figure 4. Services to which respondents had been signposted or had used



NB: respondents could provide multiple responses.

Opinions about the C-Card venues:

Respondents who had used the service were asked for their views on various aspects related to the venue. Out of the 26 who had used the service 16 thought it was in a convenient place (62%), 22 thought it was welcoming (85%), 15 thought it was easy to access (58%), 14 thought it was able to offer privacy (54%).

Opinions about the C-Card staff:

Out of the 26 individuals who had used the service, 24 (92%) thought the staff were friendly and helpful, 15 thought the staff were knowledgeable (58%), 19 (73%) thought the staff were approachable, 15 (58%) thought the staff were discreet and could be trusted with private information. Only three respondents gave additional comments about the C-Card scheme, all of which were positive as follows:

"It's a good scheme"
 "I think it's a fab idea"
 "Good idea"

3.4 Interviews with Staff

This section presents the findings from the interviews which were carried out with staff running the C-Card scheme. The general themes from the analysis of the interview data are presented here and are organised thematically under the heading of each of the relevant objectives (See Table 2 – in Section 2 of this report). Verbatim quotes from the data are provided to illustrate the findings where appropriate and, in line with ethical considerations, these have been kept anonymous. Ten staff took part in this part of the evaluation and they represented a number of different types of organisations in which the C-Card scheme was being delivered including drop in/advice centres, third sector, voluntary services and housing organisations.

Overview of findings:

The majority of the staff interviewed had a high level of enthusiasm for the C-Card scheme and were very positive about it. They reported that it was well coordinated and easy for staff to implement, as well as being an effective method for ensuring that each young person had been properly assessed. They recognised that the C-Card increased the number of venues that young people could go to access condoms and sexual health information.

Objective 2: To investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.

Encouraging people to keep using the scheme:

Most of the staff stated that they try to encourage people to keep using scheme by providing them with lots of information and informing them of all the other places they can access the scheme. However, when asked whether they thought they had been successful in encouraging people to continue using the C-Card scheme respondents provided a mixed response. Issues raised included; getting young people to understand why organisations want them to use this system, and lack of confidence that young people are returning to use the scheme. Building up a rapport with, and trust in, was viewed as being important:

"They come and see me and they see that I'm not this scary monster and they can trust me within the service, they know that I'm not going to go

telling tales on them and we just build up a nice relationship and I've got a lot of people [...] pretty much everyone of them have been repeat attenders." (Stakeholder)

Registration process:

The registration process was described as an informal chat/discussion, covering issues such as; relationship status, why they are having sex, the condom demonstration, different contraception types and assessing the Fraser competency when necessary. Some described allowing young people to lead the conversation, letting them talk about any issues or concerns that they might have including exploring the issue of sex as pleasure.

"It's something that's done very informally. We do empower them and let them lead the conversation and take it into areas that is an individual issue to them if that may be. It's not something that's done very regimented or scripted." (Stakeholder)

"Personally when I'm doing it, I cover all aspects and talk about always that it should be a pleasurable experience and if it is not a pleasurable experience then maybe you need to question a little bit about why you might be having sex." (Stakeholder)

The registration process worked well within most organisations, little negative feedback was reported from young people. One issue was raised about not feeling comfortable asking the questions that were required for the registration process and feeling that young people may not be happy to disclose personal information therefore causing them to be hesitant to sign up to the scheme. However, most respondents reported that the young people were happy to disclose the information required and did not perceive this as a deterrent to young people.

'Oh no I'll tell you [the information] I'm not bothered' (Stakeholder)

The C-Card scheme worked differently across different types of organisations. In one of the drop-in/advice centres, the scheme was not seen as compatible with the organisation due to the high volume of young people using the service. Many young people use the centre as a 'pick up point' to collect condoms but few have C-Cards prior to 'pick up' therefore most young people needed to go through the C-Card registration process. The scheme was discontinued at the centre due to time constraints caused

by the registration process although condoms are still distributed alongside a condom demonstration.

"What hasn't actually worked effectively is the registering for the C-Card itself. I think we've got procedures in place but to be quite honest we're so busy in practice. We get 50-80 young people a day coming in and [...] we just haven't the time to do it according to the system." (Stakeholder)

Although there were some differences highlighted between conversations with young men and women during the registration process, gender did not seem to be an issue and conversations were individual to the young people with individual needs and 'they all have their own individual areas in their life that they want to discuss'.

Half of the respondents commented that females tend to be to be more open/willing to talk than boys and often have a tendency to lead the conversation. Females were reported to have a more serious approach to the scheme.

"The girls are more open. I think the guys come in and ask for condoms, they'll knock and ask for the condoms probably more than girls do but yet when you sit and talk to them girls are a bit more honest and open I think." (Stakeholder)

There was an acknowledgement of 'bravado' around males using the scheme.

"The boys will be the 'big I ams' and tell you they are already having sex and they're not' and the girls will come in and ask lots of questions." (Stakeholder)

In contrast to this, one respondent stated that younger males tend to be more embarrassed when using the service.

"They're usually in a rush and I think they get a little bit embarrassed even though they are quite relaxed with me, they're in a rush. They do what they've gotta do and then they'll go." (Stakeholder)

There was a different response from some respondents who worked sessionally with the same set of young people. They did not think that

gender was an issue but they stated that they perceived young people to be more open and willing to talk when they have a rapport/relationship with that staff member.

"The ideal thing would be if every worker registers their own young people."
(Stakeholder)

Barriers to the C-Card scheme:

The scheme seems to work well and few barriers were identified. One issue highlighted as a potential barrier was the information collected during the registration process as some young people were seen to be apprehensive about having their details used in a database. It was suggested that young people need to be reassured the service is confidential.

"I don't think there are barriers but I think that they think that there is a big issue about it being confidential. They're always a bit nervy about you putting them on a database." (Stakeholder)

The registration process was identified as a potential barrier to young people accessing the service. Some young people indicated that they could access condoms from different sources without having to go through the registration process.

"There are other services where I think the condom distribution is still running along side it, where they can just access condoms through word of mouth. Some people say you know 'what's the point' 'why do I have to do this I could just go and ask so and so'. There is that barrier, the registration does cause some sort of barrier." (Stakeholder)

Within a social care organisation where the scheme was defined as not working well, one perceived barrier was the 'process flow' of the organisation whereby (unlike other access points), young people often have to approach a member of reception staff, followed by a C-Card worker in order to access the C-Card scheme. With the previous condom distribution scheme young people could take condoms from a basket without talking to any staff members.

"I think it's because previously they have been readily available and I think that's what's changed. Now they are having to ask or knock on the door and they just don't like doing it." (Stakeholder)

The service seems to be equally appealing to both boys and girls as the uptake from both seems to be comparable. It was reported that there could be a barrier to the service for some Asian females who have given feedback that they are not happy to take the C-Card away with them. Some respondents added that their organisation might not be a place that Asian females would visit and defined this as a possible access problem. A suggestion was made for the service to be delivered in existing support groups for Asian females throughout Bradford.

Objective 3: To gauge stakeholder views on whether the C-Card scheme offers improved quality of service and meets client needs

Awareness of the scheme:

At the beginning of the project it was agreed that the promotion and marketing strategy would be word of mouth. The majority of staff advertise the C-Card scheme by putting posters up in their workplace. One staff member who has access to schools stated that they talk about and promote the C-Card scheme when they deliver sessions to young people. Respondents who work in 'closed access' organisations, such as housing schemes, stated that they promoted the C-Card in residential meetings and in quarterly news letters as 'a lot of young people are totally unaware of it'. It was reported that few young people were aware of the scheme before the initial registration process.

Promotional material:

There was a consensus that the promotional material (which included badges, nail files, underwear, key rings and condom tins) was very popular with young people and proved to be an effective tool for encouraging sign up to the scheme for reasons such as; it is 'orientated towards them' (young people) with the exception of badges which were viewed as an 'outdated' idea as young people do not use these anymore and don't tend to like them. The 'freebies' appear to attract young people to the scheme.

"They actually went very quickly the promotional material. There was some underwear and badges, nail files, key rings, they all went quite quickly. I think they were a very effective tool and it probably would be worthwhile carrying, especially the underwear it seemed to go really well it was sort of gimmicky." (Stakeholder)

There was also concern expressed that young people might be signing up to the scheme simply to receive the free promotional material and not because they were actually interested in accessing the services that the C-Card scheme has to offer.

Staff support and training needs:

Training sessions delivered by the project lead were viewed in a positive manner and reported as being enjoyable and beneficial to the role of the worker delivering the C-Card scheme. It was viewed as valuable for a number of reasons including; feeling equipped to deliver the service, more confident, being able to answer questions from young people around sexual health and being clear about what topics to cover before they gave out condoms. It was suggested that C-Card scheme had a positive impact on professional development and added other dimensions to the worker role. Respondents who had prior sufficient knowledge of sexual health and the Fraser guidelines valued the 'refresher' aspect of the training. The success of the training was attributed to the project co-ordinators' enthusiasm for and knowledge of the scheme. Respondents emphasised that they learned something new from the training - that it was not simply about distributing condoms, rather it covered a broad range of topics, viewing sexuality as a whole, covering many issues around sexual health and relationships.

"I thought the training was great I really enjoyed it. I learnt about a new form of oral contraception, it was a bit like a tissue. It was interesting very much recapping [...] I think that it was reinforcing the message that you don't just give condoms out but you talk to the young person and check out what is going on in their life etc, which we'd been doing previously."
(Stakeholder)

All respondents stated that they felt very well supported by the project co-ordinator and would contact the project co-ordinator if they came across a problem that they could not solve. Many reported that if they needed any further information or supplies, they could call a contact number and they would be delivered very quickly.

Views on the database:

It was concluded the database was a quick and easy to use method of monitoring data. Views varied depending on whether the organisation was open access or closed access. Some log information on to the database at the point of registration whilst others wait until the end of each day/week to update the database. Issues raised included; organisations having their own

'very exhaustive' databases that are time consuming to match up to the C-Card this database, the length of time it takes to input data into the database (this issue was identified by a respondent who has a short amount of time with each young person and some logistical problems of only having one computer in the environment where the C-Card scheme is delivered).

Objective 4: To investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond to young people's sexual health needs

Comparison to the previous condom distribution scheme:

There was a mixed response to the question comparing the previous condom distribution scheme to the C-Card scheme. The C-Card scheme was identified as being a better method than handing out condoms as it helped monitor take-up, enabled staff to talk to young people, ensured that they know how to use a condom correctly, and it provided an opportunity for young people to discuss wider sexual health issues and emotional issues such as relationships.

"I'm impressed with the upgrade from the previous system. Which was 'here's a condom go for your life'. Whereas now there's a little bit more information, or access to information. Here's a condom, I'm giving you this but I need to know that you know how to use it properly as well, which is always quite a good thing. And also the fact that it all comes in with the whole other thing to do with relationships and emotional things as well." (Stakeholder)

The C-Card scheme provided a better way of collecting monitoring data when compared to the previous condom scheme as it was more structured and provided a straightforward, simple way of collecting the data instead of keeping a separate set of notes for each young person. It was an effective tool when assessing whether a young person had been registered and been given a condom demonstration.

"They can get the condoms from the places where they could use the C-Card before but they can't play the system now and say I've had the registration somewhere else and just take some condoms." (Stakeholder)

One respondent stated that the C-Card scheme worked very well with older people (post 16s) but the younger people tended not to take the card as they did not "want the responsibility of having a card, having to produce it

or even people asking questions.”

Access to condoms:

There were some conflicting responses with regards to whether the C-Card scheme made it easier for young people to access condoms when compared to the previous condom distribution scheme. Some favoured the C-Card scheme because they did not have to see the young people to give them condoms once they had been registered, as they could use any access point to collect them.

“It is better with the C-Card they don’t have to see me now they can actually get the condoms from reception once they’ve done the demonstration and got the card and everything. So it makes it easier for them as well.” (Stakeholder)

Some favoured the previous scheme due to logistical reasons such as; only having one computer in the office for registrations (which can lead to increased workload as updates to the database are completed the end of the day/week instead of during registration), and the ‘process flow’ of the organisation (young people having to see reception staff first). One respondent indicated that these reasons could be attributed to the ‘massive drop’ in the number of young people asking for condoms since they introduced the C-Card scheme in their organisation.

How the C-Card might be improved:

Respondents were asked if they could indicate any aspects of the C-Card that could be improved. A common answer that emerged was that in order for C-Card to become successful with young people the advertisement of the scheme needs to be improved to increase their awareness of the scheme. Few young people had any prior knowledge about the C-Card scheme before they signed up. It was suggested that when working with young people word of mouth is the best method of advertising/promoting a scheme, as once young people begin to trust a scheme they tell their friends about it. It was proposed that it would take some time for ‘key people’ to use the service and ‘spread the word’ amongst their friends. The message that the C-Card scheme is completely confidential needs to be reinforced amongst young people to ensure that they feel comfortable registering with the scheme and accessing different pick up points.

"A lot of work with young people generally is to do with word of mouth and people using it and getting to know it and a bit of trust with it and feeling like it is ok to use it because I think they are still very nervous about the fact that they can present anywhere that is part of the C-Card scheme to get condoms without being asked loads of questions and somebody finding out about it." (Stakeholder)

One respondent who does not feel that the C-Card scheme is working within their workplace suggested that in practice the scheme does not work in some organisations and it should be evaluated to assess whether it is the most appropriate method. The respondent suggested that although some organisations are trained to deliver the C-Card, they do not always have the time to implement it properly and end up distributing condoms without collecting monitoring data as with the previous condom distribution scheme.

"I think that's the general impression, if the C-Card system isn't working then we then need to look at another way of what is effective in terms of the recording and training. You should always have some evaluating and monitoring procedures in place but we may need to reflect on what we're actually using." (Stakeholder)

To tackle this problem of data inputting taking a long time it was suggested that a possible solution could be to introduce a swipe machine that would record young people's details.

Overall the majority of respondents were happy with the way the scheme was running in their organisation. They reported that they received excellent training that equipped them to deliver the scheme and they had good support in place provided by the project coordinator.

4 Summary of key findings

The key findings from the evaluation are presented in Box 1 in relation to each of the four objectives.

Box 1: Key Findings

Objective 1: Analyse data collected on registration and monitoring to examine uptake across different population groups and settings.

- The evidence from the evaluation indicates that there are differences in uptake of the C-Card scheme according to age and ethnicity.
- The scheme seems to be particularly successful with 15-17 year olds who account for 64% of all registrations.
- The scheme appears to appeal equally to both males and females although the results show that males are more likely to make return visits to the scheme.
- Findings show that the majority of young people (79%) accessing the scheme are White British which is closely representative of the district (the population being approximately 22% Asian).
- Whilst the C-Card scheme has been running in a variety of different settings and organisations, the school setting appears to be the most effective in terms of encouraging registration onto the scheme and distributing condoms.

Objective 2: Investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.

- The evidence from the evaluation strongly suggests that there is a gender difference in accessing the C-Card scheme and that young men use it more than young women, especially for return visits.
- Accessing condoms is viewed as the key purpose of the service by the young people who access it.
- The C-Card scheme is able to address some of the barriers to condom use such as accessing condoms however social norms and gendered stereotypes were highlighted as an issue that can affect uptake by young women.
- The effectiveness of the C-Card scheme was perceived as being limited by the ways in which it is advertised and this was viewed as leading to general lack of awareness about it.

Objective 3: Gauge stakeholder views on whether the C-Card scheme offers improved quality of service and meets client needs.

- The evidence from the evaluation suggests that the C-Card scheme is an effective tool for ensuring that young people know how to use a condom correctly.
- The C-Card training was perceived as being a valuable method of ensuring that staff have a standardised knowledge of sexual health.
- Compared to the previous scheme, the C-Card scheme appears to be a more efficient method of collecting data on condom distribution but there is some disagreement as to whether it actually increases access to condoms.
- The evidence indicates that the C-Card scheme has proven to be easier to implement in smaller organisations, as some larger organisations have

experienced implementation difficulties with the scheme; for example adding to overall workload.

Objective 4: Investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond to young people's sexual health needs.

- Evidence from the evaluation strongly indicates that the C-Card scheme is highly valued by the young people who engage with it.
- Ease of access and increased knowledge were key issues of effectiveness to emerge from the findings.
- Evidence suggests that the advertisement and promotion of the scheme needs to be improved in order to increase young peoples' awareness of the scheme.

5 Discussion

In this section of the report the results are discussed specifically in relation to the four evaluation objectives.

Objective 1: Analyse data collected on registration and monitoring to examine uptake across different population groups and settings.

Feedback from staff interviews highlighted that there could be a potential barrier to the service meeting the needs of certain black and ethnic minority groups. The findings from the analysis of the information on the database would support this view as the vast majority (79%) of the young people accessing the service identify themselves as being White British. Staff suggested that one way of overcoming this would be to take sexual health advice/contraception to black and ethnic minority young people rather than expecting them to access the service through existing mechanisms. A report from the City of Bradford Metropolitan District Council (2007), suggests that in Bradford 22% of 13-19 year olds are from an ethnic minority background. Taking into the number of young people who chose not to state their ethnicity, the ethnic profile of the young people accessing the service seems to more or less proportionally reflect Bradford's population of young people.

The findings show the C-Card scheme received an almost equal number of registrations from males and females, the majority of whom were aged 15-17. The results showed a significant difference emerged, however, in the young people returning to use the scheme, the majority being male. This could suggest that the service appeals more to young males, or females face certain barriers when using the service. This is supported in the findings from the focus group discussions with young people which highlighted that the scheme was seen as being more directed towards young men than young women.

With the findings from the C-Card database it is difficult to obtain sufficient information about the setting in which the scheme is delivered and/or accessed. The whole of the young person's postcode is collected however this information does not seem to provide much information other than to suggest that young people from certain areas are using the scheme. Collecting postcode information of the access point would provide more information when looking at the effectiveness (in terms of service uptake and condom distribution) across different types of settings and locations. Currently it is not possible to determine when young people are accessing

further condoms in a different place to where they registered on the scheme yet the young people in this evaluation report that they sometimes do so.

The C-Card scheme was implemented in many different organisations but the findings indicate that it was most successful (in terms of encouraging registration and condom distribution) within the school settings (Tic Tac organisations) this could be due to the fact that young people are already in the building where the scheme is delivered so it is more accessible to them than an access point that they have to travel to. Another factor that could have influenced the school setting being successful is the high volume of young people accessing the scheme and then telling their friends about the service supporting the viewpoints of the staff interviewed that word of mouth is an effective mechanism for promoting uptake of the scheme.

Objective 2: Investigate if the C-Card scheme is able to address barriers to condom use for young men and young women.

In initial stages of the pilot project it was decided that 'word of mouth' advertising was the best way to promote the scheme. This is a slow way but, based on the experience of the Project Lead and the findings of other C-Card reports, was viewed as being one of the most effective. However, the low key design of the C-Card itself, and the lack of a more 'aggressive' or overt advertising strategy, may have had an impact on the scheme in terms of dissemination. Many young people said that they did not know anything about it. The scheme could benefit from wider promotion in Bradford in order to reach as many young people as possible and address this general lack of awareness of the scheme. There were a number of different suggestions made, by the young people involved in this evaluation, as to how this might be done (as detailed in the findings section).

Providing young people with free condoms overcomes and removes the barrier of cost to accessing condoms. This barrier was highlighted by a participant in one of the focus groups conducted by the researchers. There was some ambiguity in the evaluation data as to whether accessing the C-Card scheme increased the likelihood of using condoms in the future.

The registration process was generally not viewed as prohibitive by the young people who accessed the scheme. Despite some embarrassment expressed by some of the young people the process was viewed as informative and the majority of the young people involved in this evaluation stated that they had benefited from it in terms of increased knowledge.

As mentioned above the findings suggest that more males return and use the scheme. This could be due to the perception that it is more socially acceptable for males to access condoms. Findings from the focus groups with young people suggest that the name 'C-Card' implies that the service simply provides access to condoms and young people perceive condom use to be associated with males more than females. These findings exist alongside findings which reflect more generalised social norms and stereotypes around gendered roles and responsibilities in condom use and sexual practice.

Objective 3: Gauge stakeholder views on whether the C-Card scheme offers improved quality of service and meets client needs.

Findings from the stakeholder interviews suggest that the C-Card scheme is a well received and valued service. The majority of stakeholders were happy with the way the scheme operated in their organisations, and they agreed that the method of collecting data was efficient and effective. The findings suggest that the scheme provided an opportunity to talk to young people not only about condom use and sexual health but about wider sexual health issues such as behaviour. Most of the stakeholders felt that they had sufficient support to implement the scheme and they found it easy to operate.

Some stakeholders had reservations about whether the C-Card scheme increased access to condoms. The variety of access points available was highlighted as a positive aspect. Answers differed depending on the type and size of organisation delivering the scheme. Some stated that the young people having to ask for condoms could provide a slight barrier to the scheme. In contrast others stated that being able to talk to a member of staff face-to-face actually helped remove the barrier to the scheme as they could build up a relationship with the staff member which therefore encourages young people to continue to use the service.

It appears that in some organisations the C-Card scheme has been easier to implement than in others. This could be due to the time constraints that some workers have with their clients or the fact that they are trying to meet the needs of a variety of age groups. Some organisations might find the previous condom distribution scheme to be easier to implement in their organisation and more effective for responding to young people's sexual health needs, due to the fact that condoms can be left in an unsupervised area to be collected.

Objective 4: Investigate if the C-Card scheme provides an effective mechanism to improve service capacity to respond to young people's sexual health needs.

The findings suggest that, for the young people who used the C-Card scheme, it was a generally an effective mechanism in especially in terms of accessing condoms and the number of outlets for acquiring condoms is

viewed as beneficial. However, this appears to be more the case for young men than young women. The findings suggest that the majority of young people who accessed the scheme learned something that they did not know before. One of the positive aspects of the service seems to be the dissemination of information to young people. The service was valued for its ease of access, the availability of advice and the discrete size and design of the card. The scheme's staff are also viewed as being a key and valued asset. The scheme also serves as a mechanism for young people to be referred onto other sexual health services and the data appears to indicate that this is something which is taken up by young people. As outlined, the evaluation has highlighted a number of ways in which the C-Card scheme might be improved for future delivery.

5.1 Operational Issues

Although the evaluation did not set out to specifically identify any operational issues surrounding the delivery of the service a number of these arose during the process which are worth consideration. These included the following:

- The opportunistic recruitment of the distribution sites (due to time pressures) – might have been more successful if a more strategic approach to recruitment had been taken, particularly in the early part of the project.
- Different models of practice in different places can pose a challenge. Having a central contact person within each distribution site is an important feature for success.
- The Project Lead was doing everything singlehandedly. Whilst the staff trained in the C-Card scheme did not perceive this to be detrimental and considered themselves to be well supported this had direct implications on what could realistically be achieved during the time period. This should be taken into account when reviewing the target-related figures.
- Although the project was target driven the targets were randomly derived and there is, therefore, a clear need to develop achievable and realistic targets.
- The Project Lead clearly identified the need for a Steering Group to help provide support with decision-making, strategic direction and reviewing progress.

Added value:

In terms of the C-Card staff training many staff had to have pre-C-Card training before the actual C-Card training so received additional training around young people and sexual health which they would not have otherwise had. This was an unexpected outcome. The result is that many staff across services in Bradford who are now trained in thinking about condom use, distribution and young people's sexual health. In addition, the Project Lead has had the opportunity to be involved in the re-write of the Youth Service sexual health policy lending a more pro-active focus with increased ownership.

6 Future development: Issues for consideration

- During the registration process, young person's postcode is collected and added to the C-Card data base. Collecting this information does not seem to provide much purpose other than to suggest that young people from certain areas are using the scheme. One suggestion would be to collect the postcode of the young person, the postcode of the organisation they register to the scheme through and record the postcode of the access point of each of their return visits. This may provide more accurate data on registration and monitoring uptake across different population groups and settings.
- Additional or alternative mechanisms for encouraging continued access by young women and initial/continuing access by black and ethnic minority young people need to be considered for future service delivery.
- Given that the organisations within a school setting accounted for over fifty percent of the total registrations, it could be suggested that the scheme be implemented in all secondary schools across the district.
- The unexpected outcome of pre-C-Card training could be marketed to staff as in terms of continuing professional development and of refreshing, or increasing, knowledge of STIs/issues relating to condom delivery and young people.

Box 2: Additional mechanisms to advertise the scheme.

- Advertising at events such as Bradford Pride, handing out flyers and leaflets,
- Putting up more posters.
- Having specific C-card events at schools and colleges to raise awareness aimed at young people.
- Using popular music.
- Involving young people in the promotion of the C-card scheme.
- Using social networking sites.
- Creating a specific website and distributing information about the scheme in products that young people buy such as Xbox games.
- A 24 hour help-line and a drop-in centre.

- Depending on the type of organisation where the C-Card scheme is being delivered (and taking into account the age of the young people who access the service there) it might be beneficial to continue running the previous condom distribution scheme alongside the C-Card scheme. Flexibility around service delivery would seem to be appropriate.
- The C-Card scheme appears to work better in certain types of organisations. Further investigation is needed to look at how the scheme can be implemented more effectively in other types of organisations.

7 Conclusion

The evaluation indicates that the C-Card pilot scheme has been well received by the young people who have accessed the service. A number of the features of the service were highlighted as being beneficial to the young people involved in this evaluation. This includes being able to access condoms with relative ease, the confidentiality of the service and the nature of the staff delivering the service.

There appear to be a number of ways in which the service may be more effective in future and these were highlighted by the findings of the evaluation as being to do with the way in which the C-Card scheme is advertised and the location in which the service is delivered. Clearly some locations (for example, schools) are more effective than others in terms of reaching young people as determined by the numbers of registrations, repeat visits and number of condoms distributed.

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Appendix 1 Focus group schedule

1. What do you know about the C-card scheme?
2. What do you remember from when you joined up?
 - Knowledge and awareness of the scheme /what do you think about the registration process?
 - Was the condom demonstration useful? Did it take long?
 - Were the questions appropriate? Were you happy to give some personal details?
 - Where any issues raised around having sex for the purpose of pleasure etc
3. Have you learnt things you did not know before, are you more likely to use condoms as a result of using C-Card?
 - Experiences of using the scheme
 - Have you made any changes to your relationship since joining C-Card. (In relation to whether you should be having sex)
 - How could it be improved/ what changes would you make?
 - What works well?
 - Any gaps?
4. Have you been signposted to any services as a result of using the scheme?
 - (What services? CASH/Emergency H Contraception)
 - What could be improved re the sexual health needs of young people?
5. Do you know any people who do not access the scheme?
 - Why did they not access it?
 - Can you think how they could access it? Might benefit from accessing the scheme?

Is the scheme equally appealing to girls and boys?
6. How did you hear about the scheme?
 - Word of mouth has been used to promote the scheme so far, do you think this is an effective method? Why? Can you suggest any other methods?
 - If we talk a bit about advertising the scheme- is it important that the branding is something young people recognise and relate to? What do you think about the picture on the card? What sort of advertising and marketing do you think would be useful to promote the service to people? (what would appeal, social marketing- facebook?)

- 7.** If you were given any promotional material, what did you think of it?
 - Tins, badges, pants, nail files
- 8.** Now if we can finish off by you writing 3 things (or as many as you can) that you liked best about the service on the pink post-it-notes? And 3 things you did not like about the service on the yellow pink post-it-notes and then we'll stick them on the white paper.

Appendix 2 Stakeholder interview schedule

1. Can you tell me a little bit about your organisation and how you became involved with the C-card scheme please?
2. How do you advertise/promote the C-Card service to young people? Mainly via word of mouth? Was this method effective?
3. Do you use promotional material? Are young people excited about it, do you have any feedback? How effective do you think it is from a young person's perspective?
4. What did learn from the training?
5. What are your views on how well the training you've had has equipped you to deliver the C-card ? (probe as to whether the training has improved staff knowledge, confidence, skills to enhance service provision)
6. Did you deliver on the previous system? If so how does it compare to C-card?
7. Is there any further training you would like around sexual health or work with young people?
8. a) What kind of things did you talk about during the registration process?
b) Are the conversations different with young men and young women?
9. What kind of support is in place for you as service providers? What do you do if you have a problem; disclosure, a question you are unable to answer?
10. After running C-Card can you think of anything that would have been useful to include?
11. Outcomes- How successful do you think you have been in encouraging young people to continue using the scheme?
12. In your opinion are there groups of young people who find the service less appealing? Are there groups who face certain barriers?
13. Do you have any suggestions on how we could engage with those groups?

14. How would you like to see the scheme develop in the future?

15. Are there any other issues that you would like to feedback on the scheme?

Appendix 3 Participant information sheet

We are asking if you will take part in an evaluation of the C-card condom distribution scheme in Bradford. Please read this form carefully as it gives information about what the evaluation is about and what will happen if you take part.

Why are we doing an evaluation?

The Centre for Health Promotion Research at Leeds Metropolitan University have been asked to evaluate the C-card scheme in Bradford. The evaluation is for the Bradford & Airedale NHS to give feedback on the new scheme. The evaluation will look at how the pilot C-Card scheme has improved access to condoms and provided young people with information and advice to make healthy choices

What will you be asked to do?

Between January and March 2011 we will be asking you to take part in a focus group in order to get some feedback on how the scheme is working in your area. The focus group will last about 45 minutes and will be held at a place and time that suits you.

We will ask you to talk about your experience of using the scheme and to highlight any good points and/or bad points about the service or areas that you think could be improved.

The conversation will be recorded to help us keep a note of everything that is discussed but we will first check that you are happy for us to do this. The recordings will be written up and then destroyed after the evaluation.

What will happen to the information you provide?

The data we collect from the evaluation will be written up in a report for Bradford & Airedale NHS. Your feedback is very important to us and will help the NHS to improve the C-card scheme. The information you give will help us to see how well the scheme works and highlight any areas of the scheme that you feel are good and any areas that could be improved.

After the focus group information will be stored securely and only the evaluation team at the University will have access to it.

Anything that you tell us will be kept strictly confidential. This means that your name will not be used at any point in written reports.

Informed consent and right to withdraw from the evaluation

Before the focus group, we will ask you to give your informed consent to take part. This means we will ask you to read and sign a consent form and if you are happy with the information on it. Taking part is always voluntary; you can refuse at any time. We would value your feedback, however if at any time you wish to withdraw from the evaluation, you can phone or email the researchers up until the publication of the report to request that your data not be used.

Contact us

If you have any other questions please call or email a member of the evaluation team at Leeds Metropolitan University. The team members are:

Jane South

Director of Centre for Health Promotion Research

Faculty of Health

Tel: 0113 283 24406

E-mail: J.South@leedsmet.ac.uk

Karina Kinsella

Research Assistant

Centre for Health Promotion Research

Faculty of Health

Tel: 0113 283 27651

E-mail: K.Kinsella@leedsmet.ac.uk

If you would like to speak to someone outside the research team please contact Professor Alan White - Leeds Metropolitan University, Faculty of Health, 80 Woodhouse Lane, Queen Square House, Room 231c, Leeds, LS2 8NU.

A.White@leedsmet.ac.uk Tel: 0113 8124358

Appendix 4 Stakeholder and young person consent form

YOUNG PERSONS CONSENT FORM

Name.....

Please Tick:

I agree to take part in a focus group.

I have read and understood the Participant Information Leaflet. All my questions about this evaluation have been answered.

I understand that my taking part in this study is voluntary and that I can withdraw whenever I wish.

I understand that the focus group will be recorded and written down but the recordings will be destroyed after the evaluation.

I know that all the personal information about me and other participants must remain strictly private and confidential.

I agree that the evaluation results can be published. I understand that no personal details will be included and that anything I say that is to be used as a quote will be made anonymous.

Signed Date

I, a member of the Centre for Health Promotion Research, confirm that I have informed the above named about this evaluation. To the best of my knowledge, they have understood and have given free and informed consent to become a participant in the evaluation.

Signed Date

STAFF CONSENT FORM

Name.....

Please Tick

I agree to take part in the above evaluation and I am willing to take part in a telephone interview.

I have read and understood the Participant Information Leaflet. All my questions about this evaluation have been satisfactorily answered.

I understand that my participation in this study is voluntary and that I am free to withdraw whenever I wish.

I understand that the discussions will be recorded and written down.

I know that all the personal information about me will remain private and confidential.

I agree that the evaluation results can be published. I understand that all personal identifying details will be excluded and that any quotations will be made anonymous.

Signed Date

I, a member of the Centre for Health Promotion Research, confirm that I have informed the above named about this evaluation. To the best of my knowledge, they have understood and have given free and informed consent to become a participant in the evaluation.

Signed Date

Appendix 5 Online questionnaire

This questionnaire is anonymous; we do not need your name. It will take you about 5 minutes to fill in. You can stop filling in the questionnaire at any time.

1. 1.Are you: Male/Female (Please circle)
2. How old are you?
3. How would you describe yourself? (Please circle)
(Asian, Black, Chinese, White , Other)
4. Please provide the first part of your postcode :
5. Are you sexually active? (Please circle)
Yes/No/Not disclosed
6. Are you mainly sexually attracted to?
Men/Women/Men and Women
7. Have you ever used the C-Card scheme?
8. (If you answer yes go to question 9. If you answer no go to question 8)
Yes.....
No.....
9. Why have you not used the service?
(Please select as many answers as relevant)
 - I don't need to use it.....
 - I haven't heard of it before.....
 - I don't know how to.....
 - I don't know where to go.....
 - I am embarrassed/ it makes me feel uncomfortable.....
 - It is against my beliefs.....
 - I am not sexually active.....
 - I would not want my friends to find out..
 - I use a different service/I access condoms else where (please state where)
10. Please state what you think of the following C-card promotional materials:
(Please state N/A for any materials that are not relevant)
11. The C-Card

12. Badges

13. Wallet

14. Nail file

15. Pants/briefs

16. Please rate the following statement:

I found the condom demonstration useful.

- Agree.....
- Neither agree nor disagree.....
- Disagree.....
- Please explain your answer.

17. Please rate the following statement:

I learnt something that I did not know before

- Agree.....
- Neither agree nor disagree.....
- Disagree.....
- Please explain your answer.

18. Please rate the following statements:

I feel more confident to use a condom since joining the C-Card scheme.

- Agree.....
- Neither agree nor disagree.....
- Disagree.....

19. Please tick any services that you have been signposted to or used since using the C-Card scheme. (Please tick as many as necessary)

- Not applicable.....
- STI testing.....
- Pregnancy testing.....
- Emergency hormonal contraception
- Contraception services
- Chlamydia screening.....
- If other please specify

20. Would you say the venue was: (please tick as many as necessary)

- In a convenient place.....
- Welcoming.....

- Easy to access.....
- Able to offer privacy.....
- If other please specify

21. Would you say the staff were: (please tick as many as necessary)

- Friendly.....
- Helpful.....
- Knowledgeable.....
- Approachable.....
- Discreet.....
- To be trusted with private information
- If other please specify

22. Any other comments about the C-card scheme?