An Evaluation of the All Wales C-Card Standards

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Purpose and Summary of Document:
To explore the dissemination and implementation of the All Wales C-Card Schemes Standards and the Accreditation Scheme from the perspective of local C-Card scheme coordinators

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2 Executive Summary

2.1 Background

According to the World Health Organization (WHO), the United Kingdom (UK) as a whole had the highest teen conception rate in Western Europe in 2001\(^1\). In addition, data from the Office of National Statistics (ONS) has shown that Wales had even higher rates in terms of teenage pregnancy and STIs in comparison to the rest of the United Kingdom the same age group. Accordingly, the sexual health and wellbeing of young people was a great concern for Welsh Government. In order to reduce high rates and achieve better sexual health outcomes, an initial step was taken in 2001 with the launch of “A Strategic Framework for Promoting Sexual Health in Wales”.

This first framework developed by Welsh Assembly Government provided valuable data, insight and proposals to tackle the related issues. Possible reasons behind high rates of teen pregnancies and STIs were accompanied with suggested solutions to develop sexual health education programs combined with access to free condoms. In more recent years, alongside the promotion of free condoms as a tool to tackle high STI rates, Public Health Wales commenced a programme, “Empower to Choose”, that promotes Long-Acting Reversible Contraceptives (LARC) to young women who are at risk of repeat and unintended pregnancies.

Condoms are essential, effective and affordable ways for preventing STIs\(^2\). Condom use also has an additional advantage of preventing unwanted pregnancies\(^3\). Therefore condoms are seen as useful tools to fight against high STI and conception rates in the young population group.

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\(^1\) WHO Regional Office for Europe. WHO regional strategy on sexual and reproductive health. Copenhagen. WHO Regional Office for Europe. 2001.
Condom Card (C-Card) Schemes have become one of the most important components of sexual health and well being in Wales for the last decade. In the last 15 years, in addition to free condoms, C-Card Schemes have provided a non-judgmental, accurate and confidential sexual health service to young people aged between 13 and 25 with their trained staff. It is important to emphasize that C-Card schemes are not only condom distribution venues but they are almost a first step into accessing further sexual health services. Currently, Wales has 11 local C-Card schemes, providing sexual health services along with free access to condoms at a number of registration points and outlets. Even though all these local schemes are working towards similar goals, such as reducing STI transmission, increasing condom use, reducing teenage pregnancies and ensuring a better sexual health for young individuals, there were still slight differences in the services provided to young people.

In 2010, the All Wales C-Card Scheme Standards were developed at the request of Welsh Government, with the final version launched in 2012. The aim was to bring consistency across local C-Card schemes in Wales, whilst at the same time supporting the ongoing good work. Moreover, it was foreseen that a standardized approach would increase the accessibility, availability and utilization of sexual health services by young people. Accordingly an accreditation scheme was introduced within the standards and local schemes were invited to apply to get accreditation. However there were a number of requirements to fulfil before schemes can be eligible to apply for accreditation – in short, schemes need to demonstrate that they meet the All Wales C-Card Standards, with their application supported by relevant documentary evidence.

Two years on from the introduction of the All Wales C-Card Scheme Standards, this research has been conducted to evaluate the uptake of standards. The study focuses on the perception of local c-card scheme
coordinators in relation to the All Wales C-Card Standards and its by-products, along with identifying the perception of other C-Card staff and service users about the standards and accreditation.

2.2 Key findings and recommendations

Based on the interviews conducted with local C-Card coordinators, the key findings identified are as follows:

- Nine out of eleven local C-Card schemes believed that they were following the All Wales C-Card scheme standards. The two schemes that did not believe they were following the standards were under the mistaken impression that they needed to be using the online database to be meeting the national standards.
- Six local C-Card schemes have been accredited and two other local schemes were currently engaged in the accreditation process.
- Nine local C-Card schemes have been using the All Wales Online Database either partially or fully implemented.
- The vast majority of coordinators have stated positive thoughts and ideas about the All Wales C-Card Scheme Standards and Accreditation Scheme.
- Following a standardized and consistent approach, as outlined in the All Wales C-Card Scheme Standards, was well received by almost all coordinators.
- Different approaches exist in terms of the training provided to C-Card staff. Understanding what is meant by ‘level 2 training’ has also been highlighted as a challenge.
- A number of coordinators complained about the difficulties faced during the implementation and effective utilization of online database mainly due to the lack of local resources.
- All local C-Card coordinators saw the health and wellbeing of young people as their first priority.
• Although there were some implementation and resource issues present, the overall concept of the All Wales C-Card Scheme Standards and Accreditation Scheme seemed to be on the right track.

The recommendations arising from this study are summarised as follows:
• Efforts should be made to assist in developing consistency in the provision of resources within each local scheme, to enable each scheme to operate effectively;
• The supportive attitude towards local C-Card schemes from the centre should be maintained and developed further;
• Tackling issues related to the online database should be a priority area;
• Establishing a more coherent and consistent approach to staff training should be a priority area;
• More emphasis should be put on the needs and expectations of C-Cards scheme staff as well as young people using the service.
3 Introduction

3.1 Sexual Health and Well-being of young population in Wales

Current literature shows that young people are at more risk of getting a sexually transmitted infection (STI) compared to adults (5)(6). According to the WHO, each year, approximately 60% of new sexually transmitted infections were diagnosed in young people (6). Besides, HIV is the second main cause of death worldwide and one of the leading causes of loss in Disability Adjusted Life Years (DALYs) at ages 10-19 again based on WHO data (4). There is strong evidence pointing out the fact that adolescents have lack of sexual health knowledge, information about contraception and transmission of STIs including Human Immune Deficiency Virus (HIV) (7)(8)(9).

A combination of factors relate to the high incidence and prevalence of STIs among young people. Barriers in access to contraception methods, lack of confidence and discomfort with the existing services were seen as contributing factors to negative sexual health outcomes in the youth population group (11). Evidence suggests that incorrect use of contraception and insufficient sexual information also put young women in greater risk for unwanted pregnancies (12). Similarly, on the basis of available literature, under 18 conceptions had several negative outcomes. There is also strong a correlation between conception at younger ages and poverty, poor education status and unemployment (14) (15). Therefore it is essential to develop policies and programs to answer the unmet needs of the young population in terms of sexual and reproductive health.

The United Kingdom as a whole has had the highest teenage conception rates across Western Europe, in addition to higher STI rates among young people compared to the rest of Europe based on European Centre of Disease Prevention and Control data (12) (13).
In 1997, the UK was the worst ranked among European Union countries with 30 births per 1000 girls aged 15-19, followed by Portugal (21 births) and Ireland (17 births) (16). Due to consistent high rates of teenage pregnancy the UK government initiated strategies to tackle the issue. A major response was in 1999, with the launch of Teenage Pregnancy Strategy (TPS) in England that had nationwide influences. Meanwhile, Wales was struggling with higher rates of teenage conceptions and STI rates too. Accordingly, in 2001, “A Strategic Framework for Promoting Sexual Health in Wales” was launched, which included action points related to tackling teenage conception rates and the high rates of STIs.

![Figure 1: under 18 conception rates England and Wales, 1992-2012, taken from Office for National Statistics.](image)

In 2001 a total number of 44,175 conceptions occurred for under 20 years of age in England and Wales. It was 42.7 per 1000 women under 18 years old for England and Wales in 2001.

With the new policies in place, from both the 2001 strategic framework and the subsequent ‘Sexual Health and Wellbeing Action Plan for Wales,
2010-2015’, and the English Teenage Pregnancy Strategy, there has been a decline in teenage conception rates. According to the ONS data, the teenage conception rate for 2012 was the lowest rate (27.9) since 1969 for England and Wales.

There has been an increase on the number of cases diagnosed as STIs across Wales since 2010 (17). Although increased diagnoses in gonorrhoea cases could be explained in new diagnostic technology, there has been an increase in Chlamydia cases as well. This can in part be explained by the fact that the number of people presenting for testing has increased over the years as well.

Figure 2: age distribution of STI diagnoses made in Integrated Sexual Health (ISH) clinics in Wales 2012, (taken from ‘HIV and STIs trends in Wales Surveillance Report, December 2013’ (17)
As presented in Figures 2 and 3, there has been a general increase in the number of STI cases affecting all age groups, but undoubtedly the most affected age group remains young people between 15 and 25 of age.

Condoms play a crucial role in terms of STI prevention. As a barrier method, male condoms are promoted worldwide in order to reduce STI transmission. C-Card schemes have been providing free access to condoms alongside non-judgmental and confidential service to young individuals since 2001. Subsequently, one of the key role contributors in reducing high numbers of STIs and teenage pregnancy is undoubtedly Condom Card Schemes.
### 3.2 C-Card Schemes at a glance

The first C-Card scheme in the UK was developed in 1989 in Edinburgh. Subsequently several new schemes were developed across UK including Wales.

Currently, Condom Card Schemes operate within 21 out of 22 local authority areas within Wales, with certain schemes encompassing more than one local authority area. Alongside the local authority-based models, an additional C-Card Scheme is in operation within a network of colleges in North Wales, Grwp Llandrillo Menai. There are overall 11 local C-Card Schemes across Wales.(figure 4).

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Figure 4: Unitary authorities and C-Card Schemes across Wales.
Funding for these schemes come from various sources, including Communities First, Local Health Boards, Local Authorities or from grants. There are also a number of partners working in close collaboration and providing support in delivery of the schemes such as; youth services, outreach services, young offending teams, general practitioners, schools nurses and within colleges, to name but a few.

C-Card schemes are confidential, non-judgmental services that include free access to condoms, information about how to use condoms correctly and sexual health information according to the needs of young people. Individuals aged between 14 and 25 can access C-Card schemes through several service points across Wales.

When a young person first accesses a C-Card scheme within their locality, they have a consultation with a trained worker. This first session includes certain protocols such as initial registration, risk assessment and assessing the young person’s current needs. The young person is asked to provide registration details, for example their age, a chosen nickname, their ethnicity.

Risk assessment is an important part of this first contact especially when the young person is under 16. In this circumstance, C-Card staff follows Fraser Guidelines to ascertain the competency of the young person to understand and to consent to sexual activity, and identify whether there are other causes for concern, such as disclosure of sexual abuse or other risky behaviours such as drug/alcohol dependence. This is why training of the staff is of vital importance to the C-Card service. The registration of the young person is completed with the young person being provided a certain amount of condoms and lubricants according to their needs.

In general C-Card schemes offer a pack containing at least six condoms (quantity varies depending on the scheme), lubricant, instructions on their use and a list of other local sexual health services. The C-Card Standards
recommend no more than twelve condoms issued at a time, but also emphasize that this is left to local discretion based on the evidence of need and local stock provision.

The young person receives a C-Card with a personal identification number, which allows the service provider to monitor the access to the service whilst maintaining user confidentiality. From then on, the young person can visit the C-Card scheme and its outlets with the card and access to free condoms and sexual health services when needed. A unified system of generating identification numbers was introduced within the All Wales C-Card Standards, introducing consistency across Wales.

There are two types of outlets for C-Card schemes, namely ‘registration’ and ‘distribution’ outlets. In registration outlets, the young person is welcomed to the scheme and is be able to be registered for the first time with a trained worker, whereas in distribution outlets condoms are available to be provided but registration doesn’t take place, either due to a lack of appropriately trained staff or lack of consultation area. Most C-Card schemes operate from a variety of outlets hosted by partner agencies. With the cooperation of partners, C-Card schemes can be located to several different settings such as youth clubs, high schools, colleges, youth offending teams, youth voluntary agencies, pharmacies and so on.

C-Card schemes rely on a variety of people from multi-disciplinary backgrounds and agencies to deliver the service. All staff working within the scheme receive relevant local training, often run by the local C-Card Scheme Coordinator, in order to deliver the service to young people. For example, there are nurses, youth club workers, doctors and pharmacists who deliver C-Card schemes to young people located in different outlets. No one is allowed to conduct registrations with young people if they haven’t received appropriate training.
C-Card schemes enable young people to make their own decisions over their sexuality by providing them information and support alongside free access to condoms. In a broad range of topics discussed, delaying sex messages and discussion about being ready for sex are included for young people who are not sexually active. Consequently C-Card schemes have a key role covering many issues in terms of prevention of STIs and teenage pregnancies.

### 3.3 All Wales C-Card Scheme Standards

The Sexual Health and Wellbeing Action Plan for Wales, 2010-2015 was launched in 2010, in order to build upon the work that started with the Strategic Framework for Promoting Sexual Health in Wales in 2001. Reducing the number of unintended pregnancies particularly unintended teenage conceptions, reducing the rates of STIs and HIV, improving sexual health literacy and improving access to quality sexual health services were amongst the prior objectives of the plan developed by Welsh Assembly Governments. In the action plan, it was emphasized that although there was good progress since 2001, there was still need for further improvement.

As a result, the Welsh Government requested that the All Wales Sexual Health Network develop All Wales C-Card Scheme Standards to strengthen the good work already undertaken in many areas. The aim was to bring consistency in service delivery of C-Card, and an additional outcome was to increase access to services with the introduction of an accreditation system.

As discussed in the previous section, C-Card schemes have been introduced across Wales since 2001 and they have a key role in reducing number of under 18 conception and STI rates in youth settings. Although C-Cards have common objectives, each C-Card scheme followed individual, locally-decided guidelines with different methods of service
delivery. Different approaches were present across schemes in terms of management, monitoring, evaluation, delivery, publicity, promotion and training.

Following two draft versions, which welcomed the engagement of stakeholders and their feedback, the final version of All Wales C-Card Scheme Standards were released in June 2012. (subsequently updated in December 2012 to reflect the launch of the All Wales C-Card Database).

The Standards developed by the All Wales Sexual Health Network were adapted from the Brook publication “How to set up a C-Card condom distribution scheme” by Burtney and Fullerton. Accordingly many aspects are covered within the criteria set for the All Wales C-Card Scheme Standards.

- Outlined within the All Wales C-Card Standards were the aims and the vision of the initiative. The aims of the All Wales C-Card standards were to support quality and consistency across Wales’ C-Card Scheme management, monitoring and evaluation delivery, publicity and promotion, and training. The vision of the All Wales C-Card Standards was “To introduce consistency in the delivery and quality of C-Card Schemes throughout Wales, with the introduction of an accreditation system, and in turn increase accessibility and availability of C-Cards to young people throughout Wales.”

The All Wales C-Card Standards are provided in full within the appendix to this report, but for the purposes of this report, the key aspects within the criteria of All Wales C-Card Scheme Standards can be summarised as follows:

- Management: a clear and coherent management system with an identified coordinator should be in place.
- Data collection: A National C-Card scheme database should be available in every scheme. All schemes should gather compulsory
data and input the data in the database in favour of a better data collection and monitoring service.

- **Evaluation:** Local service evaluation should be conducted regularly.
- **Delivery:** There are a few important considerations in terms of service delivery.
  
  o Approach of the staff has crucial importance in terms of service delivery and the fundamental elements of the service being delivered in a confidential, non-judgemental and youth-friendly manner.
  
  o Additional outlets should be located whereas possible in order to extend the number of young people contacted.
  
  o Service should be delivered in a manner that reduces inequalities. LGBT, people with disabilities, ethnic minorities’ needs should be taken into account.
  
  o Maximum number of condoms issues at one session shouldn’t exceed 12 condoms. Condoms should be chosen by the young individual.
  
  o Information should be provided about delaying sex including broader range of sexual health advice.
  
  o Condom and lubricant stocks should be managed locally and a wide range of options should be in place.

- **Publicity and Promotion:** Bilingual (English/Welsh) promotion material should be used and should cover the topics from general information about schemes, information about how, where, when young people can access services, promotion messages about delaying sex and health sexual behaviours etc.

- **Training:** All C-Card staff should have minimum ‘level 2’ knowledge of sex and relationships and/or experience of sexual health work based on Credit & Qualifications Framework for Wales Learning and Progression Routes. Training should include; aims and objectives of schemes, importance of condoms, condom demonstration, good knowledge of sexual health including STIs and contraception, Fraser
Guidelines and Child Protection procedures and the importance of confidentiality. Furthermore all service provider should have received Level 2 Child Protection training and they should be capable of following risk assessment tools.

- **C-Card:** All C-Cards should include certain identifiable information including ID/membership number.
- **C-Card Scheme Registration & Review Process**
- **Young People’s Review:** Every session with young person should include a review consultation to give the opportunity to ask questions and bring up her/his concerns over issues.

### 3.4 All Wales C-Card Database

The introduction of an online database was one of the most significant request from the initial comments raised about the draft All Wales C-Card Standards, and its development has become one of the improvements All Wales C-Card Scheme Standards has offered to C-Card Schemes in Wales. The database is funded centrally and it is freely available for C-Card schemes to use. However considering the fact that most outlets don’t have access to computers and internet, an offline version of compulsory data collection papers are available for schemes. C-Card schemes are actively encouraged to input the data into the database when possible.

The database is designed to allow users to be able to monitor the data, follow up condom stocks and to retrieve locally based reports. At a national level, key personnel within Public Health Wales can retrieve national level data.

Training for using the database is attached to the usual compulsory staff training and available from the database provider if local C-Card schemes require it, at a cost from their budget. User manuals for regional database administrators and general database users have been produced and provided by the All Wales Sexual Health Network.
The All Wales C-Card Scheme Accreditation

Following the launch of All Wales C-Card Scheme Standards, all local schemes were invited to apply for accreditation. A scheme which fulfils the criteria listed and can evidence this with relevant documentation could apply to get accredited. Applicants are assessed by the Leads for Sexual Health within Public Health Wales, and the All Wales Sexual Health Network Coordinator. Where a conflict of interest may arise, other equivalent-level personnel are invited to assess the application.

Accredited schemes can offer young people who are registered the opportunity to access other accredited schemes by using their existing C-Card. Once a local scheme receives accreditation, they are encouraged to promote the accreditation to their registered young people, through the provision of vinyl window decals displaying the quality mark within their outlets, adding the quality mark to the young people’s registration card and providing pin badges to C-Card staff which display the quality mark. It was believed that this approach would increase the accessibility of local C-Card schemes to young people, and enable wider accessibility across all accredited schemes.

3.5 Evaluation Research Objectives

Since the introduction of All Wales C-Card Scheme Standards, there has been good progress towards achieving a consistent approach across Wales. However not all the schemes have taken up the opportunity to receive accreditation or utilise the online database.

The aim of this research is to evaluate the uptake of All Wales C-Card Scheme Standards including barriers and benefits identified related to the accreditation process, implementation of the C-Card Standards or on day-to-day service delivery.
The All Wales C-Card Standards were an innovative development in the C-Card Scheme context. With all this, the uptake and implementation of an innovative approach can be affected by several factors, primarily by the adopter itself. It was the aim of this research to help us draw a meaningful picture of the current perceptions about All C-Card Scheme Standards, the Accreditation Scheme and the online database.

The objectives of the research were as follows:

- To identify the uptake of All Wales C-Card Standards, by highlighting the current situation in Wales;
- To gain an understanding of the perception of local C-Card Scheme coordinators towards All Wales C-Card Scheme Standards, the Accreditation Scheme and the online database across Wales;
- To gain an understanding of the perception of C-Card scheme staff towards All Wales C-Card Scheme Standards, the Accreditation Scheme and the online database;
- To measure the awareness of service users in terms of the accreditation scheme and its benefits;
- To identify any barriers and benefits related to All Wales C-Card Scheme Standards, the Accreditation Scheme and the online database; and
- To identify any areas for further development

The researcher has chosen Greenhalgh’s “Diffusion of Innovations in Service Organizations” model as a conceptual model for the study (18). Greenhalgh et al has developed their model based on Rogers’ Diffusion of Innovations theory (19). Greenhalgh’s theory is useful for approaching an adoption and implementation of an innovation in health care setting. Besides, Greenhalgh model includes several components and suggests a broader approach compared to Rogers’ original model. Accordingly, the Greenhalgh model enables the researcher to comprehend the adoption and implementation of the All Wales C-Card Scheme Standards and
Accreditation Scheme and the implementation process from the perspectives of adopters, in this case, local C-Card scheme coordinators and staff.
4 Methods

A mixed methods approach which combines both qualitative and quantitative data was followed during data collection. As for qualitative data, semi-structured interviews were conducted with all local C-Card scheme coordinators across Wales. C-Card coordinators are managerially responsible for local schemes and decide whether to take up the All Wales C-Card Standards and implementing its criteria. They are also required to submit the application for receiving accreditation and providing documentary evidence to support that application. Additionally, in most local schemes, staff training was provided by C-Card coordinators or commissioned by them. Accordingly, interviewing the local C-Card scheme coordinators was identified as the most constructive approach to identify the impact that the All Wales C-Card Standards have had on local schemes.

Interview questions were prepared based on the context of All Wales C-Card Scheme Standards by the evaluation coordinator and All Wales Sexual Health Network Coordinator. The questions were grouped accordingly, in relation to the standards, the online database and the accreditation scheme beforehand to generate an interview outline.

All C-Card coordinators were contacted by the evaluation coordinator via e-mail in order to plan the interviews. Later on, coordinators were interviewed via telephone or one on one. All the sessions were voice recorded at the consent of the C-Card coordinators.

To capture data about the perception of C-Card schemes amongst other C-Card workers, an online survey was developed using SurveyMonkey.com. The survey questions were prepared based on the information provided to staff about the standards. All C-Card scheme staff including the non-accredited scheme staff were invited to fill the survey. Due to the fact that there is not a central mailing list for all C-Card staff throughout Wales, notification e-mails were sent to local C-Card
coordinators to inform their staff about the survey. They survey was available to complete online for 2 weeks.

Another online survey was developed in order to gain an understanding of the level of awareness for service users about accreditation. Both surveys were developed by consulting with All Wales Sexual Health Network Coordinator, Adam Jones and Health Promotion Specialist/Lead for Sexual Health, Zoe Couzens.

In both surveys the questions were arranged according to relevance. All Wales C-Card Evaluation staff survey consists of 15 questions whereas All Wales C-Card Evaluation young people survey has 10 questions. Most questions are either yes/no questions or multiple choice which respondents can choose more than one answer.
5 Results

5.1 Local C-Card Scheme Coordinator Interviews

Interviews were conducted with all C-Card Scheme Coordinators, a total of 12 interviews undertaken for 11 C-Card schemes. (For one of the schemes, two respondents were interviewed because of shared responsibilities for the coordinating position.) With six respondents representing five schemes, interviews were conducted one on one, and six interviews were carried out on the telephone. All the respondents gave consent to be voice recorded during the interviews. Two local scheme outlets were visited, however the researcher did not attend a consultation or conduct interviews with a young person because of the inability to gain Criminal Records Bureau clearance within the short timescales involved in this project (an essential requirement when working with young people in the United Kingdom).

5.1.1 The standards

All local C-Card coordinators were seem to have a high level of understanding of the All Wales C-Card Scheme Standards, what the standards embody, why they were developed for and what should be done for implementation and all of them answered all of the questions about the related topics. Nine coordinators confirmed that they are following the standards and a vast majority of the coordinators think highly of them. Coordinators often defined the All Wales C-Cards Scheme Standards as: good, effective and straight forward. It was stated many times by the respondents such that the standards give credibility to the schemes and the coordinators feel empowered and approved of the ongoing good work by Public Health Wales:

“I think it gives more credibility to C-Card schemes. There has been a lot of discussion in the past about whether they should be funded or
whether they were effective. I think having the standards supports the case for the C-Card schemes. It is progression.”

“It gives us a little more credit because we are backed by the accreditation from Public Health Wales. We feel more empowered.”

At least half of the coordinators referred to the standards as a good basis or a starting point for people who don’t have much experience in the field. Some coordinators explained how they used the standards in order to bring consistency across their own local schemes.

When the coordinators were asked whether they found the standards beneficial, all of them gave positive answers and listed a variety of reasons. Almost all the coordinators said the standards are beneficial because young people would be getting a better quality service. The majority of respondents agreed to the fact that the introduction of standards encouraged consistency across schemes. In other terms, adopting the standards ensured that everybody is working in a standardized manner; “doing the same thing in the same way” as the coordinators often referred to it. Additionally, it was mentioned by some that they expected the standards to be beneficial in terms of picking up new service points and getting funding, because of the credibility that the standards provided to the C-Card schemes alongside the accreditation scheme.

Approximately half of the respondents perceived the standards as a step forward and they talked about “changes” after the implementation. For instance a few coordinators mentioned the online database amongst the things that have been changed. Likewise, a group of coordinators, who described a “change” after the standards were adopted, identified training as the main area that has been subjected to change the most in their locality. Likewise, issues around training came up several times in
different interviews even though there are no direct questions about it amongst the interview questions.

On the other hand three coordinators believed that no significant change had occurred at their local schemes because they were already doing more than what standards ask from them. However, the same coordinators still adopted the All Wales C-Card scheme standards and even applied to get accredited. When they were asked the reason behind it, they all mentioned “being a part of the bigger picture” as their main drive. One of the coordinators explained it as follows:

“We already had a good system in place. We already do more than C-Card standards asking from us anyway... But we wanted to be a part of it because it is a way forward. .. to be a part of national scheme, to be a part of it, to be recognized and to support what is going on from Welsh Government’s point of view and fundamentally from a young person’s point of view.”

Later on, the coordinators were asked to explain whether it was hard to implement the standards. Seven out of ten coordinators who were officially following the standards responded as it was easy and straightforward. Two coordinators thought training has become an issue during the implementation and one identified setting up and using the online database as a hard part to implement.

5.1.2 Training

As stated above, even though the interview questions did not include explicit questions about training at the beginning, it came out as an area of interest by the respondents. Accordingly the researcher asked additional questions due to the flow of the conversation.

To begin with, all 11 C-Card schemes provide training to their C-Card staff within their locality. Within the All Wales C-Card Scheme Standards, level
2 training was set as one of the minimum requirements. Based on the interviews, there were different approaches across Wales. More than half of the local coordinators stated that they actively participate in the delivery of training. On the other hand, some schemes were provided training by a different coordinator or another accredited training provider. A more significant difference was the intensity of the C-Card staff training across local schemes of Wales. Subsequently, current local schemes could be divided into two groups; the ones provide level 2 equivalent training to their staff and the ones provide level 3 equivalent training. There are also further differences between schemes concerning the duration and content of the training as well. However, level 2 training group providers mentioned differences more compared to level 3 training group.

Half of the coordinators in level 2 group stated that they were having problems concerning the training. The most common complaint regarding the training was about clarity and inconsistency about level 2.

"It is [stated] that all service providers must have minimum level 2 training. I find it quite broad. It would be good to either have training or know what training equals level 2. I think it is open to interpretation."

A few respondents mention maintenance problems and long waiting duration for the new staff before the training. Consequently, a few coordinators suggested conducting regional training sessions that would be accessible to all staff works in the C-Cards schemes around that area.

“I think we could benefit from accessing those schemes that are providing training within our region, where the staff could be able to travel, be able to attend the training.”

None of the coordinators in level 2 group raised concerns over the compatibility of level 2 for the C-Card schemes. Although there was criticism about the confusion level 2 pose, these coordinators still thought
level 2 was the right basis for a C-Card advisor to obtain in order to carry out consultations about sexual health with young individuals.

On the other hand, the majority of coordinators in level 3 group expressed their ideas in favour of level 3 and stressed that it was a more appropriate level of training for C-Card staff in comparison to level 2 training. One of the coordinators vocalised her thoughts as “I think level 3 is better because it was developed after the consultations about what has been missing in level 2. What they state in the standards is a minimum level 2 which is fine but what we need is consistent educational approach. In my opinion level 3 covers everything.” Moreover, the coordinators in level 3 group emphasized that level 3 training is clear and not open to suggestions like level 2 training.

Overall, the majority of coordinators expect change in staff training. Half of the coordinators think this change would happen because level 3 is better, the others thought level 2 is fine but needs clarification.

5.1.3 Accreditation

All C-Card coordinators were aware of All Wales C-Card Accreditation Scheme. Briefly, more than half of the local schemes in Wales have been accredited and one third of the schemes were in the process of getting accredited whereas a small number of schemes has not taken part in the accreditation system at all. Moreover, the coordinators were directed questions about their perceptions, motivations and expectations related to the accreditation scheme.

Nearly all respondents, including non-accredited schemes, highlighted features that accreditation represents to them: “prestige”, “credibility”, “recognition”, “validation” and “respect”. Likewise, the coordinators agreed on the fact that getting accredited assures them that they are working at the same level as other accredited schemes, providing the
same quality service to young people in addition to the feeling of being a part of the “bigger picture”.

According to the majority of respondents, accreditation demonstrates commitment and validation, and gives credibility to the C-Card scheme. Here are some responses from different interviews undertaken with the c-card coordinators about the accreditation scheme:

"It is a more respected scheme if it is accredited.” [Response from an accredited scheme coordinator]

"It gives us a structure to measure ourselves against and to work against and it provides a better service for the young people” [Response from an accredited scheme coordinator]

"The accreditation is very important to demonstrate the commitment to the scheme and to the sexual health and well being of young people.” [Response from an accredited scheme coordinator]

"we are all working at the same standards so that young people can access the scheme that are align with each other.” [Response from an accredited scheme coordinator]

"being accredited to All Wales C-Card schemes is a validation to our schemes and of course it helps the access of young people.” [Response from an accredited scheme coordinator]

"we don’t need it but we want to be a part of it.” [Response from a non-accredited scheme coordinator]

"it gives credibility and recognition to the scheme.” [Response from a coordinator with an accreditation application pending]

"we applied to have a standardized service. There are things you can follow.. it is good to back to the start and bring it all together again.” [Response from an accredited scheme coordinator]
“Accreditation is verifying that we are doing a good job.” [Response from an accredited scheme coordinator]

“We applied because it is extra quality that we are a quality service and we offer to young people.” [Response from a coordinator with an accreditation application pending]

Providing a better quality service to young people was perceived as one of the most significant advantages of the accreditation schemes by the coordinators.

Even though a large group of respondents thought it is progress because young people can get access to C-Cards by registering only once, thus spending less time on paper work and increasing the access to C-Card, some coordinators introduced different ideas. One coordinator vocalized her ideas about how territorial young people can be with regard to their youth club or the service point they are using. Similarly another respondent shared his opinion in a slightly different way and added poor mobility of teenagers as a factor why he did not believe young people will access a different scheme. Another point made was that young individuals prefer to go to their own club because of the good relationship they have built with the C-Card staff. All the same these coordinators still emphasized that accreditation is important because it gives young individuals “a choice” to make their own decisions, which was put into words by one coordinator as:

“What we are offering young people is a choice. We are offering them the ability to actually go somewhere else... Young people like to go to their youth club, it is their possession of youth club.. If they go to another youth club, well I don’t think young people would do that. But that doesn’t mean that we should take that choice away...”

[Response from an accredited scheme coordinator] Coordinators were asked whether they promoted the accreditation scheme to service users
and if so in what ways. Almost all coordinators confirmed that they are promoting their scheme. Furthermore the ones that are accredited stated that they are trying to do additional promotion with regards to accreditation. At the same time a few coordinators accepted the fact that they need to put more emphasis on promotion and one said they consider more digital engagement.

According to the answers retrieved from accredited scheme coordinators, verbal guidance was the biggest part of the promotion. It was more likely that C-Card staff pass the message to young people during the consultation. Even in the non-accredited schemes staff provide information where they can access other schemes either verbally or using fliers or map lists. However coordinators admitted it was their assumption that things work in this way since they do not get feedback about promotion. For instance, they knew that they have talked about the promotion and accreditation during the training and they counted on that staff were delivering the message during the consultation hours.

"We talked about the accreditation during the training of assesses so they are informed. Basically we rely on assessors passing the message to young people they work with. So it is up to the staff."

"It is up to the youth worker and I can’t speak for every worker. I believe they are passing the message on."

Moreover, a number of coordinators mentioned fliers and map that contains information on where young people can access different schemes and outlets. This information was mostly vocalized by the non-accredited schemes. Almost half of the coordinators said they are using posters in addition to C-Card accreditation logo on their window. There was a common positive attitude on using a logo in order to get attention from service users and promote c-card accreditation scheme. A few schemes
mentioned using digital platforms (C-Card FaceBook page, C-Card website, etc).

In the last section of accreditation questions, coordinators were asked to evaluate the accreditation process. In approximately half of answers, the process was defined as “straight forward.” However some of these respondents highlighted the fact that they have found the evidence gathering for the accreditation easy based on their experience in the field:

“For me it is probably a bit more easier because I developed the C-Card policy for [area] many years ago.”

“IT was straight forward but maybe it is because I am familiar with the policy, action plan, local and national statistics so on.”

Also a number of coordinators spoke of the supportive attitude of Public Health Wales and said that they depend on the All Wales Sexual Health Network Coordinator as a reliable source during the process. A group of respondents have found the process easy but they thought it was time consuming. Only one respondent said it was complicated and unclear.

5.1.4 Database

Over fifty percent of the coordinators had referred to the database when they were asked whether they faced any problems during the implementation of standards. Based on the interviews with coordinators, 7 local schemes were using the online database and 2 schemes were trying to input their data on the online system when possible. On the other hand all schemes kept recording their own data, apart from using the database, and they did it mostly on paper.

“In some youth clubs their IT is not so good at the moment so we have to use a paper based system which I am not so happy with.”
"In rural communities internet is a problem so we have to write it on paper."

First and significantly the most quoted problem was lack of computer and internet access in several service points. A vast majority of schemes have limited financial resources and they don’t have computers in all their outlets, particularly on mobile street-based services or small outlets:

"We have quite a lot of detached services. They are out in the streets and they are mobile and even when they go back to their office environment they have necessarily access to computers."

"Not everybody is using it, not every outlet is using it... The reason for that is because there are so many little outlets, they don’t have computer access."

Likewise, the ones that own computers in the centre, not necessarily have internet access or the computer placed in the room where consultations take place.

As a result, in most cases, data is gathered at service points on paper and either input on the online database by the same staff when he/she can have access to a computer with internet or the data is sent to another centre to be recorded in the online database. In a few schemes, coordinators are the last person who gets the data from all outlets and put it into the online system. It was clear that a group of schemes had trouble assigning a permanent member of staff to input the data because of limited resources:

“We still don’t have internet in all our C-Card centres. We have to revert back to the paper based monitoring system that we used to have... we do ask assesses if they can access a venue with an internet access so they input their data retrospectively. That still causes difficulty sometimes.”
Consequently some coordinators talked about the difficulties in convincing C-Card staff to use the database. This seemed to be a problem especially for the schemes where C-Card work was mostly carried out by youth workers:

“Because it is a partnership program it is also about the needs of youth workers and what they are willing to do.”

“The C-Card scheme is only a tiny part of these workers’ jobs. Obviously they are delivering a lot more stuff than just C-Cards scheme.”

Only a small number of coordinators mentioned specific technical problems due to the online database. A few coordinators talked about issues during data recording, for example where one scheme distributes a box of ten condoms, recorded online as ‘one’ stock issue, whereas another scheme may consider each individual condom as individual stock. Issues around recording the amount of items distributed to service users were pointed out a number of times.

On the other hand, one third of respondents did not raise any concerns about the database. There were a number of statements about the usefulness of the online database too. Again a few coordinators said the majority of staff are happy to use it.

“It was really simple. It was probably more simple than the information other people are filling in.”

"I find it easy because we were already using the same database.”

Overall, the majority of the schemes were introduced to the online database system and have shown efforts to use it. However, due to limited resources such as computers, internet access and human resources, more than fifty percent of the schemes have faced difficulties to fully implement and effectively use the All Wales online database.
5.1.5 Expectations and needs

At the end of the interviews, the coordinators were asked whether they need support to develop their schemes further. A small number of respondents could not think of anything whereas a number of coordinators stated they were in need of resources.

An idea of national training was suggested by a number of coordinators, similarly a few coordinators proposed regional training. Approximately thirty percent of the respondents mentioned they need someone to go back to and ask for help in Public Health Wales. They also added that they are pleased with the current support provided by the All Wales Sexual Health Network Coordinator.

Almost forty percent of the respondents were not expecting any change in the standards. In contrast, a number of coordinators vocalized their expectations about further improvements.

“Hopefully it (the standards) will change and raise the bar higher and higher each time.”

“I think the standards are up until 2015 so we need to go back and look if this worked because we have to move with the time.”

Almost half of the coordinators thought training needs to be moved to level 3 from level 2 in the standards and they believe that C-Card staff would benefit from that kind of improvement as well.

“I think youth workers need some sort of progression as well. So I think it would be good for them, level 3, the one that gives you more of a refresher and they actually can get a better qualification and so maybe have a better understanding.”
5.2 All Wales C-Card Evaluation Staff Survey

A total number of 29 C-Card scheme staff completed the online survey, All Wales C-Card Evaluation. The small number of respondents did not allow us to make broad and significant assumptions. However it is still useful to list responses for further studies.

First of all, 28 respondents said they are aware of C-Card scheme standards, and as 20 people said that they had heard of the accreditation scheme. These were simple yes/no questions so we did not measure the level of knowledge.

There was a balanced response to the question asking their length of service at a C-Card scheme, there was a balanced distribution among the respondents: with 10 people working in a C-Card Scheme for less than one year, 11 people working in a C-Card Scheme for two to five years and eight people working in a C-Card Schemes for more than five years. This question was asked as, given a greater response rate, the researcher could have analysed whether there were any significant trends arising in the rest of the survey answers depending on whether a staff member had worked on the C-Card Scheme prior to the introduction of the All Wales C-Card Standards.

The respondents were asked to give information about the type of training they have been provided with, and whether they had refresher training. This was an open-ended qualitative answer format. Based on the 26 different responses provided by the staff, it was found that the majority of the respondents had ‘level 2’ training. Sixteen people confirmed they had refresher training, four stated that they received this every year, with eight respondents stating that they received it every two years and the others did not provide further information. The majority of staff replied that their local schemes had changed for the better after the standards were adopted. Eighteen people said their scheme is accredited and fifteen people said they are informing the young people about the accreditation.
Only half of the respondents, fourteen people, said ‘yes’ when they were asked whether they think young people and the schemes will benefit from the accreditation.

Only eight people said they are using the online database. Seven responses were received to the question on what they think about the database and of these, six responses were positive.

5.3 All Wales C-Card Evaluation Young People Survey

With our online survey, we could only reach 30 young people. Similar to the staff survey, there was not enough number of responses to interpret. However it could be useful for further research.

Young people were asked ten questions, six questions were about overall perception of C-Cards whereas four questions were about accreditation. Questions about the accreditation include the accreditation logo and they were asked whether they know what it means and whether their C-Cards include the logo.

Seventeen young people answered the multiple choice question about what kind of information they were provided during their consultations at C-Card schemes. The majority of the responses gave positive answers to the subjects listed: How to use and access the C-Card scheme, receive a condom demonstration, receive free condoms, sexual health advice, advice about different types of contraception information about emergency contraception and discussion about delaying sex.

We got only 14 different responses to our open ended question about why they use C-Card schemes. Eight respondents gave their reason as the service’s being free of charge and the rest mentioned “contraception” and “safe sex”.

All 18 responses were no, when young people were asked whether they have ever accessed another C-Cards scheme other than the one they signed up for.

Six people said they recognized the accreditation logo whereas only two said their C-Card included the logo on it.

We asked whether they have ever suggested the C-Card scheme to others and among 16 responses 11 said ‘yes’.
6 Conclusion

The present study was designed to determine the dissemination and implementation of the All Wales C-Card Scheme Standards and the Accreditation Scheme from the perspective of local C-Card scheme coordinators, C-Card scheme staff and young individuals.

The findings were consistent with the notion of C-Card scheme standards in terms of bringing consistency and standardization, with schemes working towards similar goals. The results indicated that coordinators also have shared meanings and mission regarding their work on C-Card schemes in order to ensure the sexual health and wellbeing of young population.

The most significant finding in this study was that as an innovative initiative, the All Wales C-Card Scheme Standards and the Accreditation Scheme were well perceived by the local C-Card scheme coordinators. The study has also been able to demonstrate that the standards’ perceived attributions by the coordinators such as relative advantage, low complexity and compatibility had positive effects on the adoption and implementation process. This finding was confirmed by the full adoption and implementation of the standards by the majority of the local C-Card schemes in two years. Likewise, half of the schemes have been accredited since 2013.

Alternatively the innovation has aligned well with the values, goals, motivations and skills of the local C-Card coordinators. A possible explanation for that could be that the majority of the coordinators actively took part in the implementation process of the standards and carried out the necessary paper work for accreditation without much difficulty. At the same time, in many localities, local coordinators also provided training to their C-Card scheme staff. Additionally, coordinators did not express any issues raised during the implementation or adoption other than lack of resources. Almost all of them listed several benefits linked to the
standards and accreditation scheme regarding the service provided to young people.

On the other hand, the results revealed some issues around system readiness particularly during the implementation and utilization of online database system. However, this was mostly attributed to lack of local resources by the local C-Card scheme coordinators. Human resource seemed to be an issue for not only implementation of the online database but for overall data collection and service provision within a number of schemes.

The results showed that a group of the coordinators were in need of more technical support for staff training as well. This could be explained by the uncertainty regarding the ‘minimum level 2 training’ statement in the standards. Accordingly, the findings suggest that further clarification needed in terms of training and a central training could be considered in order to tackle the issues around consistency and maintenance. It is interesting to note that a group of coordinators were in favour of ‘Level 3’ training which could be explained by the hands-on approach of the coordinators regarding the staff training.

It could also be suggested that the promotion of the schemes, either accredited or not, have no clear guidelines in place. This was shown in the interviews with some coordinators who highlighted the fact that they rely on their staff to promote the accreditation, but have no monitoring protocols implemented. Due to this finding, and the low response rate of the online survey for young people, it is not possible to make fair assumptions about the awareness of accreditation to the service users.

Similarly, we did not receive a sufficient amount of responses from local C-Card staff to our online survey which limited the interpretation of the findings as well. The findings of the survey might only help us to understand that the staff was aware of the standards up to a certain level
and perceive the change resulting from the implementation process as good. Further research is needed to indicate a relationship between the standards, accreditation scheme and the needs, motivations, values, goals and skills of the C-Card staff.

All in all, the findings of the study have shown that dissemination of the All Wales C-Card Scheme Standards are successful and almost achieved national coverage across Wales. The standards were also well received by the adopters. Regarding the adoption of the All Wales Accreditation scheme by local schemes, it is still questionable for some local coordinators. Implementation of the online database seemed to be the most challenging area of the overall initiative. Further technical support and resources are needed in order to achieve national data collection and monitoring as intended. Staff training should be clarified and better communication between schemes should be developed and supported by Public Health Wales from the centre. Public Health Wales, the Welsh Government and Local Health Boards should show their commitment to the sexual health and wellbeing of young population in Wales and keep providing resources and support to C-Cards schemes.
7 References

