



Public Health  
England

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# Condom Distribution Schemes in England 2015/16

A survey of English Sexual Health Commissioners

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## Key findings

In England in 2015/16,

- Condom distribution schemes (CDS) were available in nearly all areas of the country
- C-Card schemes (a type of multi-component CDS) were successful in engaging the key population of young people, especially those aged 15-19 years, who made up 78% of scheme users and 4.4% of the population
- The large number and varied types of reported C-Card outlets allow users to choose time and venue most convenient for them to access the scheme
- Pharmacies were most commonly reported C-Card outlets; GPs were most commonly reported other CDS outlets
- Almost equal proportion of young men and young women used C-Card schemes
- High number of repeat users of C-Card schemes, including users registered from previous years, were indicative of their success and popularity
- Of the reporting local authorities, almost £1.5 million was spent on C-Card schemes (£1.4 million) and other CDS (£0.1 million)

# Introduction

## Background

Adverse sexual health outcomes such as sexually transmitted infections (STI) and unplanned pregnancy are major public health issues in England. In 2016, there were 417,984 sexually transmitted infections (STI) diagnosed at sexual health clinics<sup>1</sup>, with a particularly high burden of STI among groups such as men having sex with men (MSM), black and minority ethnic (BME) groups and young people aged 15-24 years. The rates of STI diagnoses in young people aged 15-24 years were two-fold higher in men and seven-fold higher in women, compared to people aged 25-59 years. Unplanned pregnancy is associated with poorer maternal and child outcomes<sup>2</sup>. Nearly half of pregnancies in women aged 16-44 years were unplanned (16.2%) or ambivalent (29.0%). Although young women aged 16-19 years were at highest risk of unplanned pregnancies, the greatest number of unplanned pregnancies were experienced by women aged 20-34 years and these accounted for almost two thirds (62.4%)<sup>3</sup> of the total.

Correct and consistent condom use remains a major intervention for preventing STIs and unplanned pregnancies and this has been promoted in a myriad of ways<sup>4-10</sup>. Condom distribution schemes (CDS) are a key method of promoting condom use.

The National Institute of Health and Care Excellence (NICE) has categorised CDS into three types<sup>11</sup>:

1. Single component schemes which provide free condoms
2. Multicomponent schemes which offer free condoms as well as additional services such as support and training (eg C-Card)
3. Cost-price sales schemes

The first multicomponent condom distribution scheme (C-Card) was developed in 1989 in Edinburgh. Almost three decades have passed and C-Card schemes are now widespread and the most common type of CDS in the UK. Previous studies of C-Card in England were observational in nature and restricted by geography, focusing on users' perspectives, service delivery model and activity data<sup>12-15</sup>. This is the first study conducted at national level to inform and develop a standardised framework for the evaluation and benchmarking of C-Card schemes.

## Aims and objectives

We reviewed C-Card activities in England in 2015/16 in order to inform the development of policy and best practice for such schemes by:

- Obtaining an estimate number and geographical distribution of C-Card schemes
- Ascertaining model delivery of C-Card schemes, including structure, governance and ownership
- Assessing availability and range of condoms
- Ascertaining number of users by key demographics and service attendance variables

- Providing a knowledge base from which to develop a standardised framework for possible future monitoring of C-Card schemes

# Method

## Definition

We have defined C-Card schemes, one type of multicomponent condom distribution scheme, as one which provides registered young people with a C-Card which entitles them to free condoms<sup>16</sup>. Being multicomponent, C-Card schemes take a more holistic approach to condom distribution and sexual health promotion. At registration, a trained practitioner will conduct a thorough risk assessment and consultation with a young person applying for a C-Card. Once registered, users may present their C-Cards at any distribution outlets, to access free condoms.

Other condom distribution schemes (CDS) in this study refers to non C-Card schemes, which may be single component, multicomponent or cost-price sales schemes. Whilst C-Card schemes target young people up to the age of 19 years, (or 24 years in some areas), other CDS target individuals most at risk such as men having sex with men (MSM), injecting drug users, sex workers, etc.

## Data Collection

An online cross-sectional survey, was hosted on SnapSurvey and disseminated to sexual health commissioners of 152 upper tier local authorities (UTLA) in England.

The survey was conducted between 17 December 2016 and 10 February 2017. Three reminders were sent to UTLAs during this period. A shortened version of the questionnaire, were sent to non-responders on 30 January 2017. This version only asked if a C-Card scheme and/or other condom distribution schemes (CDS) scheme, was present in each UTLA.

## Survey tool

The survey specifically focused on C-Card schemes as they are the most prevalent type of CDS in the country. A small section of the survey asked about other CDS types, excluding cost-price sales schemes. Survey domains of this survey collated information on service delivery structure, governance, user information, spend (excluding set up costs), product availability and provision of C-Card schemes for the financial year 2015/16. A number of survey domains and sub categories were informed by recommendations on monitoring stated in the Brook and PHE best practice guideline for C-Card schemes<sup>16</sup>. Quantitative aspects of the survey requesting for aggregated data were accompanied with free text boxes for additional or supporting information. In order to allow both commissioners and C-Card service providers to complete different sections of the survey, it was possible to save survey responses at various stages before submission.

A Microsoft Word version of the survey was initially piloted with three sexual health commissioners in different regions, to estimate time taken to complete the survey, clarity of questions and suggestions. Based on feedback received, amendments were made and incorporated into an online survey using Snap survey.

## Data Analysis

Completed and partial responses were analysed for this report. When local authorities resubmitted their responses, the resubmitted records were used for analysis. Free text information that accompanied aggregated data, were used to validate and if necessary, amend submitted quantitative variables. Data submitted for part of the year instead of a full financial year were excluded to avoid the need for extrapolation.

Aggregated information will be presented at national and regional level (ie PHE Centres) in this report. Where numbers instead of proportions were presented at regional level, the average per reporting UTLA was calculated for each region.

Linear regression analyses were used to investigate if there was any evidence of association between:

- number of new registrations and combination of outlet types within a scheme
- number of repeat users and combination of outlet types within a scheme

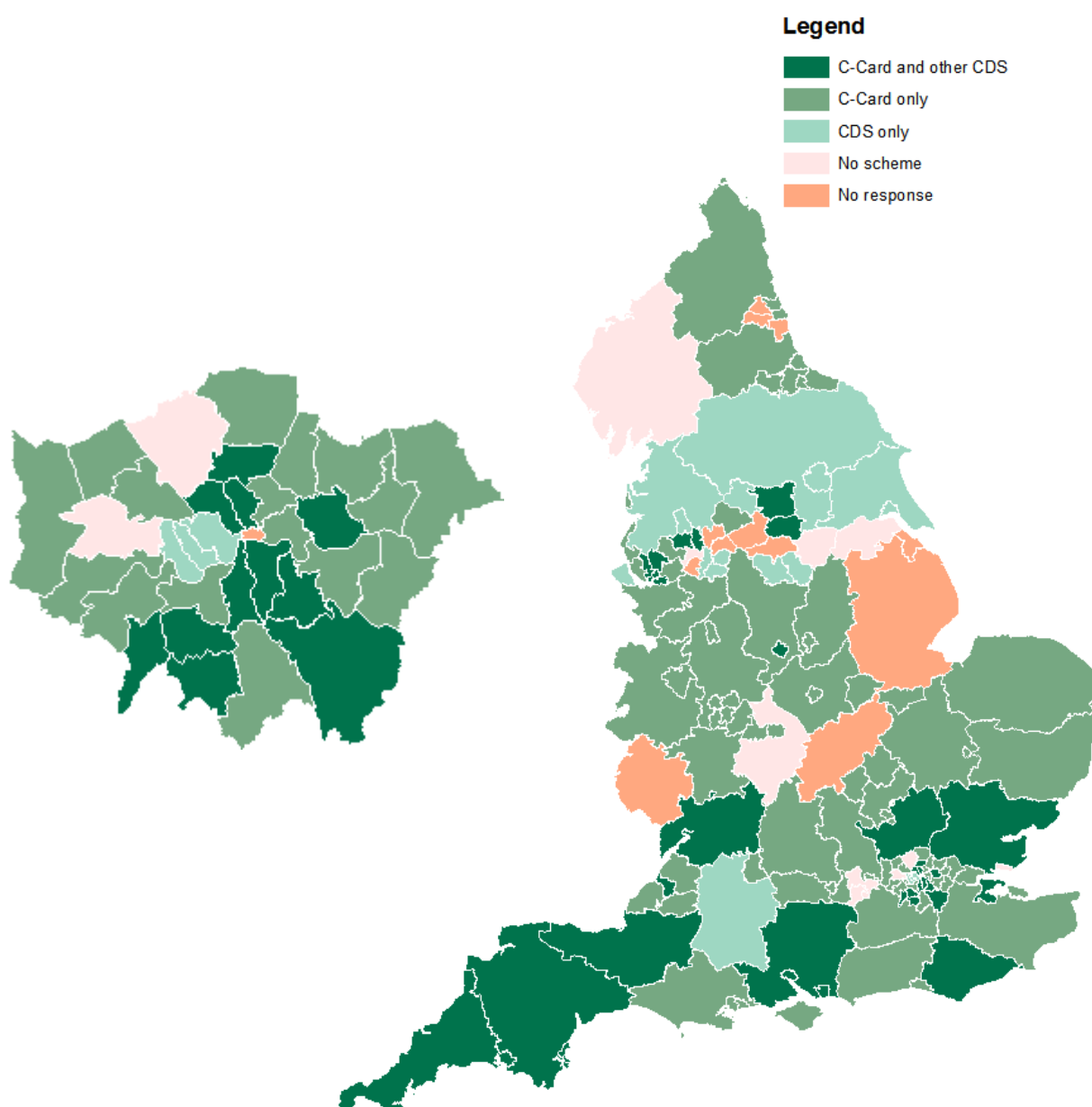


## Results

### Availability of condom distribution schemes (CDS) in England in 2015/16

Combining the results from the shortened and full survey, 85% (129/152) of UTLAs in England reported operating either C-Card schemes or other condom distribution schemes (CDS) or both, 7% (10/152) have no schemes and 9% (13/152) did not respond.

**Figure 1: Distribution of types of condom distribution schemes (CDS) in London and England in 2015/16, by upper tier local authorities (UTLA)**



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## Survey response of the main survey

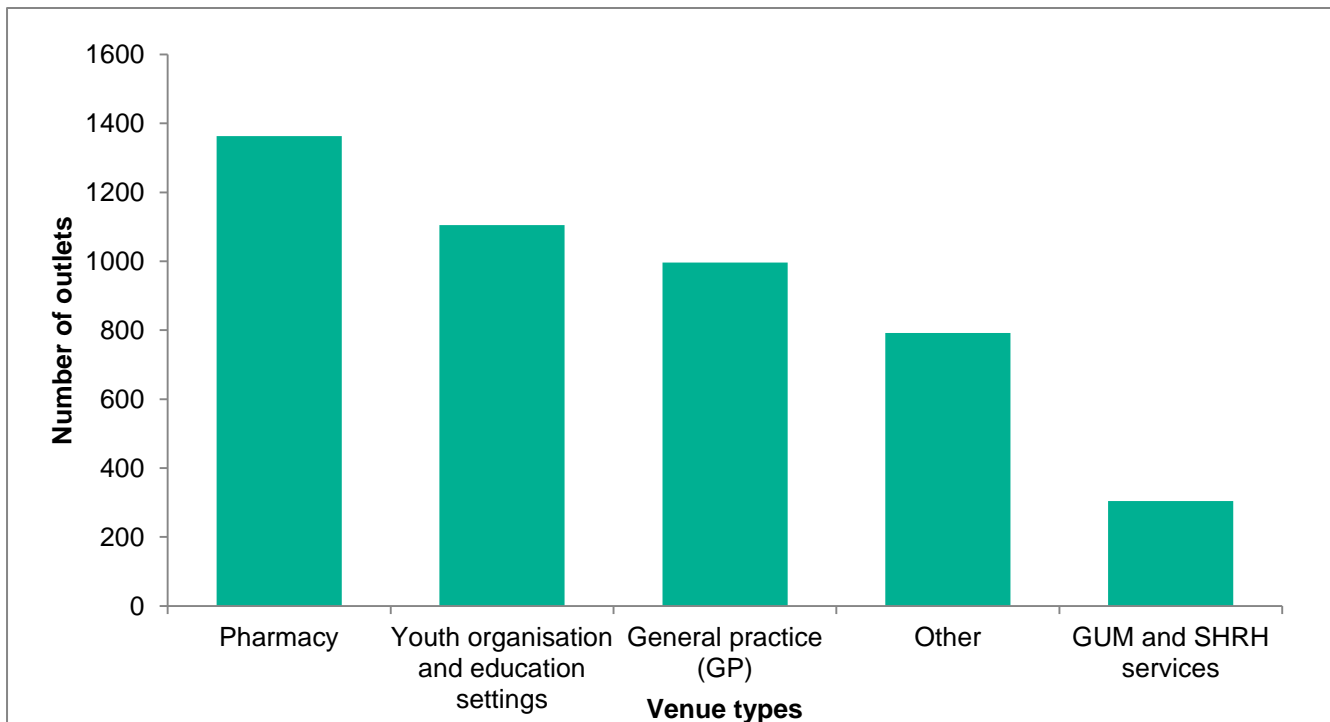
Nearly two thirds (98/152, 68%) UTLAs completed the survey, of which 79% (77/98) reported having C-Card schemes, 14% (14/98) having other types of condom distribution schemes (CDS) and 7% (7/98) reported no schemes.

## C-Card outlets by venue types

Almost 5,000 (4,828) C-Card outlets were reported by 61 UTLAs in 2015/16. These include registration and distribution outlets. Amongst PHE Centres, West Midlands reported to have the highest average number of outlets per reporting UTLA (149), followed by South West (116) and Yorkshire and Humber (99) (Appendix Figure 1).

Information on venue types of 4,560 C-Card outlets were reported by 60 UTLAs (Figure 2). The three most common C-Card venue types in England were pharmacy (1,363/4,560, 30%), youth voluntary organisations and educational settings (1,105/4,560, 24%) and general practice (GP) (996/4,560, 22%) followed by other (792/4,560, 17%) and genitourinary medicine (GUM) and sexual health and reproductive health (SHRH) services (304/4,560, 7%). Other reported venues included work-based learning providers, sports and leisure venues, supported housing providers, etc. There was weak evidence of association between having different combination of outlet types with number of new registrations ( $p=0.526$ ) or number of repeat users ( $p=0.309$ ).

**Figure 2: Distribution of C-Card outlets in England in 2015/16, by venue types reported in 60 UTLAs**



## Other condom distribution scheme (CDS) outlets by venue settings

Combining the results from the shortened and full survey, other CDS were reported in 43 UTLAs, of which 25 also reported C-Card schemes. From the main survey, other CDS were reported in 34 UTLAs, of which 14 also reported C-Card schemes.

There were CDS 504 outlets in 2015/16, reported by 13 UTLAs. Of these outlets, the most common venue types were GP (167/504, 33%), outreach and education settings (148/504, 29%), and pharmacies (100/504, 20%). The least common outlets reported were bars (27/504, 5%), public sex environments (14/504, 3%) and sex on premises venues (6/504, 1%).

**Table 1: Distribution of venues of other CDS by venue types/settings, in England, 2015/16, reported by 13 UTLAs**

Venue types/settings	Proportion	Values
GP	33.1%	167
Pharmacies	19.8%	100
Education settings (include schools, further education, universities)	15.1%	76
Outreach	14.3%	72
GUM and SHRH clinics	6.3%	32
Bars	5.4%	27
Public sex environments (ie parks)	2.8%	14
Sex on premises venues (ie saunas)	1.2%	6
Online services	1.2%	6
Other	0.8%	4

### Key messages:

- Condom distribution schemes are available in most areas of the country
- Numerous and varied C-Card outlets provide young people with options to their convenience
- Most common C-Card outlet : Pharmacy
- Most common other CDS outlet : GP

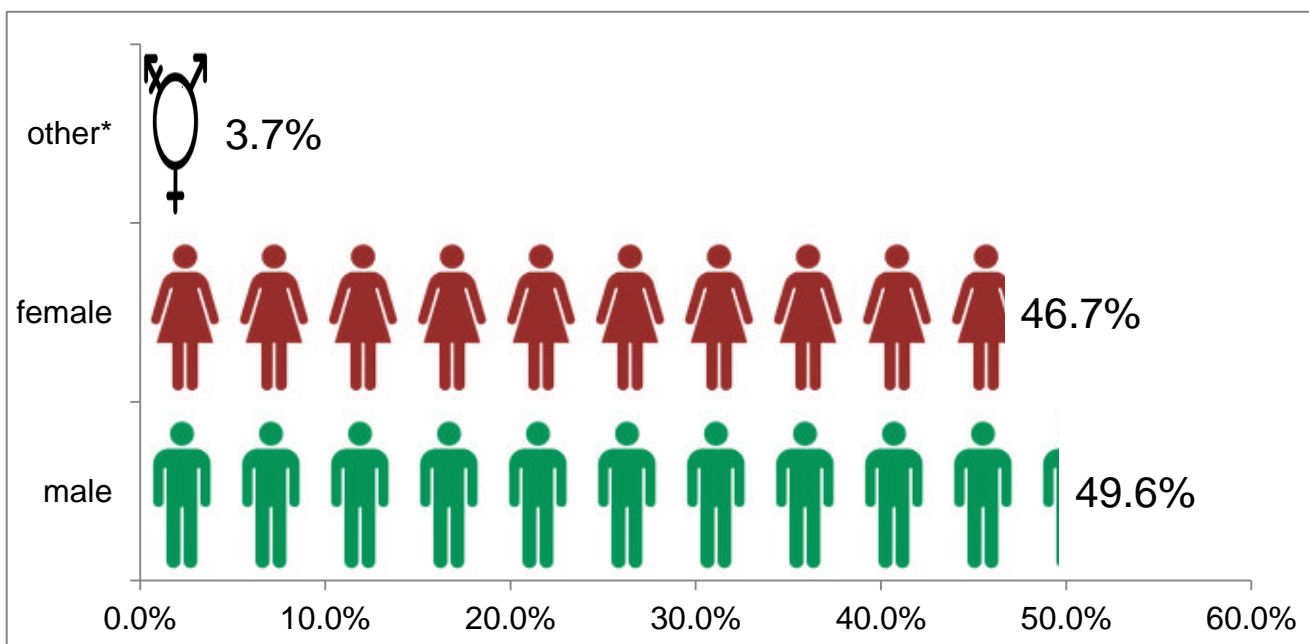
## Service users

### New registrations

From the aggregated data provided in the survey response, there were 65,762 new registrations of C-Card schemes reported by 49 UTLAs in 2015/16. This is estimated to be 3.0% of  $\approx$ 2.2 million young people aged 15-24 years in these areas.

Where gender breakdown was available, 60,700 new registrations were reported by 46 UTLAs, of which 30,112 (49.6%) were male, 28,325 (46.7%) female, and 2,263 (3.7%) other, which includes 2,239 not known and 24 transgender. The proportion of males registered with C-Card schemes is generally slightly higher than females, with the exception of East of England (49% female) and East Midlands (54% female) (Appendix Figure 3). The largest gender difference of 18% (59% male, 41% female) was observed in the North East.

**Figure 3: New registrations by gender in England 2015/16 (46 UTLAs)**



\*other includes 2,263 (3.73%) not known and 24 (0.04%) transgender

#### Key messages:

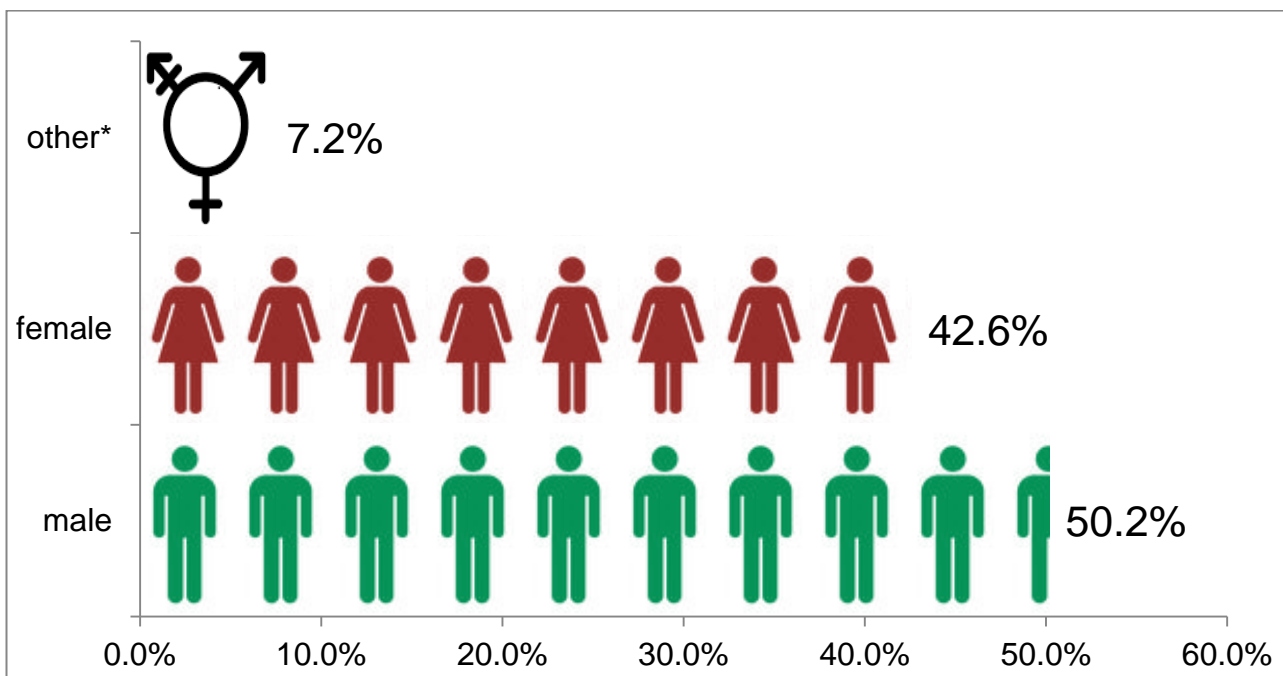
- 3% of 15-24 year olds in the population registered with a C-Card scheme
- Approximately equal proportion of male and female C-Card users
- Low reporting of transgender

### Repeat users

There were 45,725 repeat users of C-Card schemes reported (39 UTLAs). More repeat users (30,995) than new registrations (20,412) were reported in 14 UTLAs. On average, number of repeat users was 57% (minimum 2% - maximum 157%) higher than new registrations.

Where gender breakdown was available, 35,768 repeat users were reported by 34 UTLAs, of which 17,964 (50.2%) were male, 15,452 (42.6%) female, and 2,580 (7.2%) other which includes 2,566 not known and 14 transgender. The proportion of repeat users who were males were generally higher in most areas, except East of England (52% female), East Midlands (56% female), West Midlands (51% female). North West and South West reported 75% and 50% of unknown gender respectively. (Appendix Figure 4)

**Figure 4: Repeat users by gender in England, 2015/16 (34 UTLAs)**



\*other includes 2,566 (7.17%) not known and 14 (0.04%) transgender

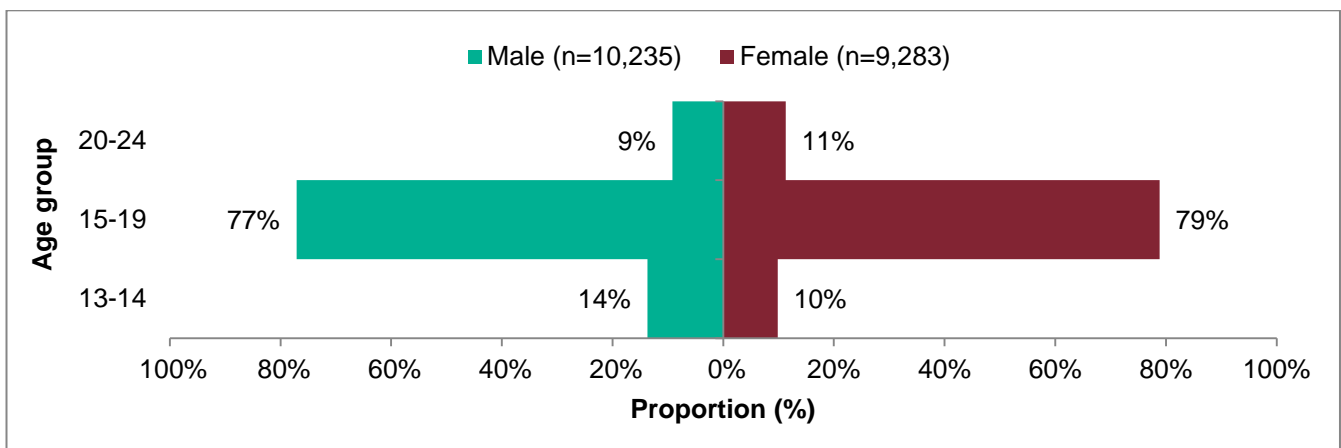
### Age of users

Of 70 UTLAs that provided maximum age of C-Card schemes, 61 (87%) reported the maximum age limit of up to 24years old.

There were 19,906 new registrations reported with age breakdown, by 20 UTLAs, of which 15,553 (78%) were aged 15-19 years, 2,329 (12%) aged 13-14 years and 2,024 (10%) aged 20-24 years. This represents 1.7% of 13-14 year olds, 4.4% of 15-19 year olds and 0.7% of 20-24 years olds in the 20 reporting UTLAs. Of these new registrations, 10,235 (51%) were male, 9,283 (47%) were female, 386 (1.94%) were unknown gender and 2 (0.01%) were transgender.

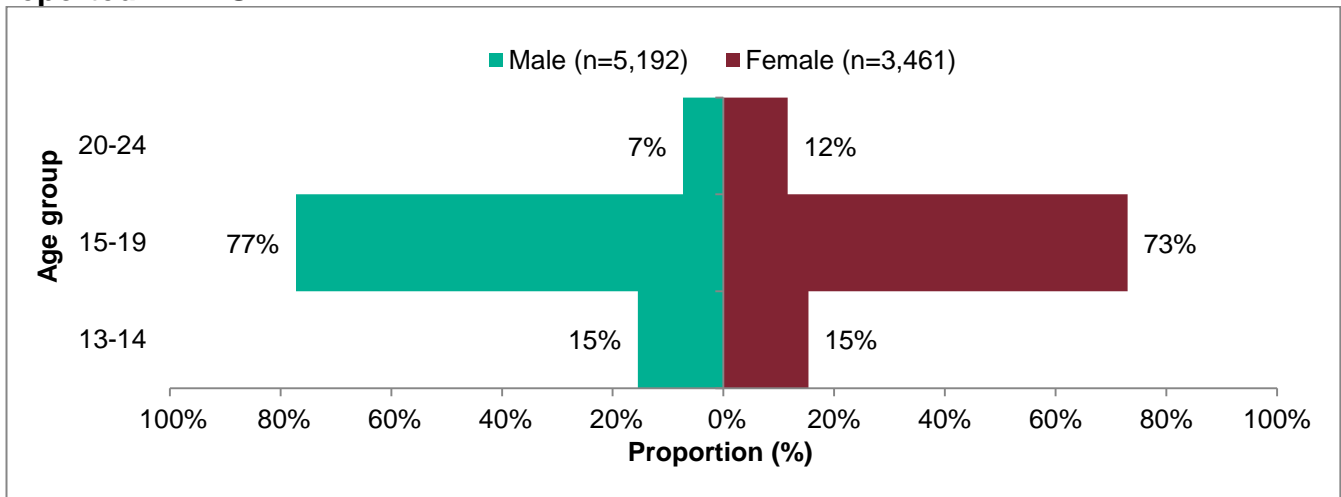
There were 8,713 repeat users reported with age breakdown, by 12 UTLAs, of which, 6,575 (75%) were aged 15-19 years, 1,351 (16%) aged 13-14 years and 787 (9%) aged 20-24 years. Of these repeat users, 5,192 (60%) were male, 3,461 (40%) were female, 54 (0.62%) were unknown gender and 6 (0.07%) were transgender.

**Figure 5: Proportion of new registrations by gender\* and age group in England in 2015/16, reported in 20 UTLA**



\*gender excludes transgender and not known

**Figure 6: Proportion of repeat users by gender\* and age group in England in 2015/16, reported in 12 UTLA**



\*gender excludes transgender and not known

## Condom provision

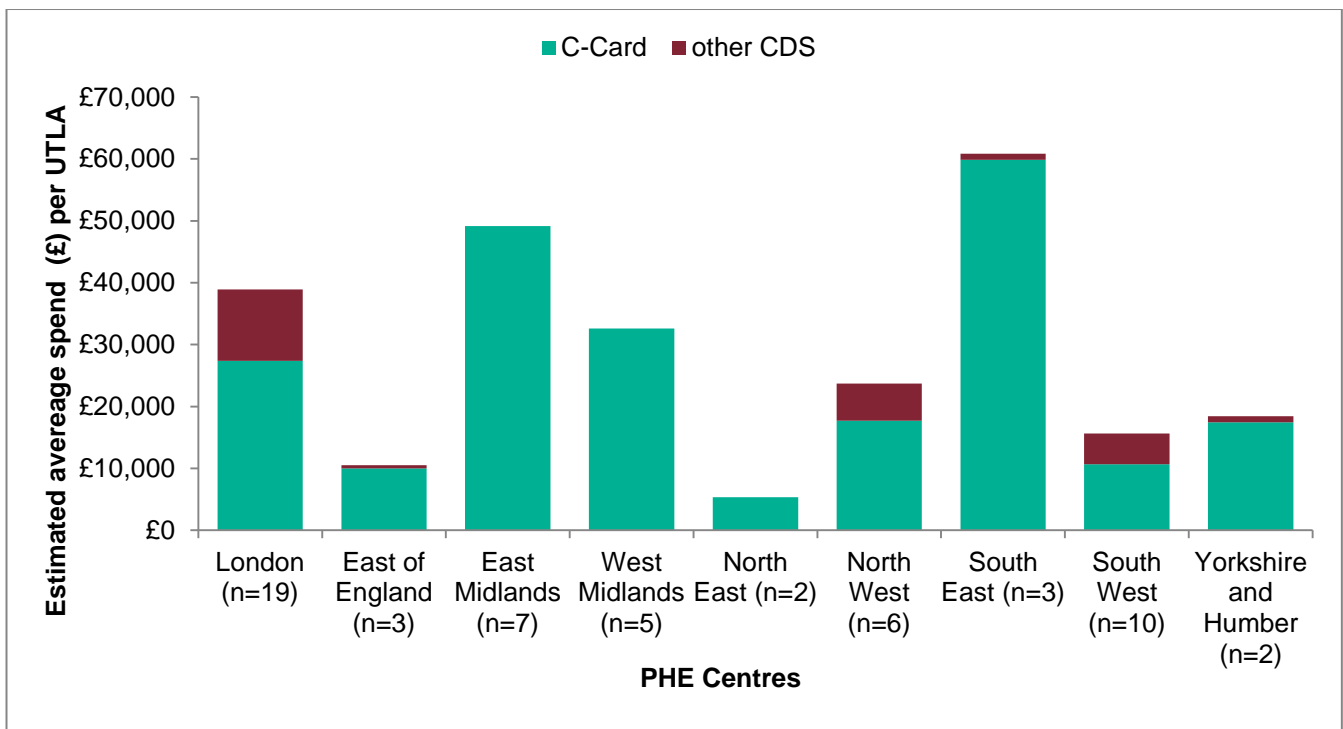
Information on product availability in 2015/16 were reported by 70 UTLAs, of which 60 (86%) provided free lubricant packets, in addition to free condoms.

A total of 896,221 products were distributed by 28 UTLAs; 768,992 (85.8%) condoms, 122,551 (13.7%) lubricants, 4,678 (0.5%) other such as oral sex dams and female condoms.

## Estimated spend

In 2015/16, almost £1.5 million was spent on C-Card schemes and other condom distribution schemes in 57 UTLAs, with the vast majority (£1.4 million) spent on C-Card schemes. In England, on average each reporting UTLA was estimated to have spent £26,769 on a C-Card scheme and £7,138 on other CDS.

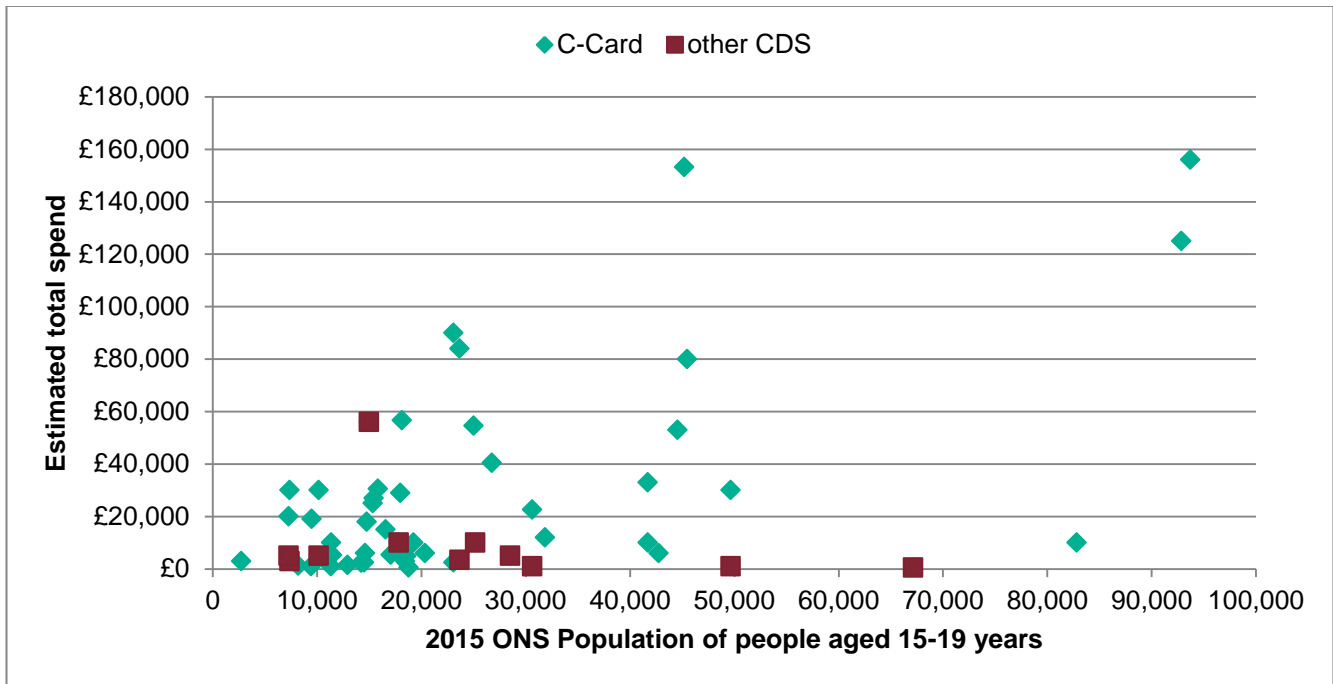
**Figure 6 : Estimated average spend per UTLA, on condom distribution schemes (CDS) in PHE Centres in England, 2015/16**



### Key messages:

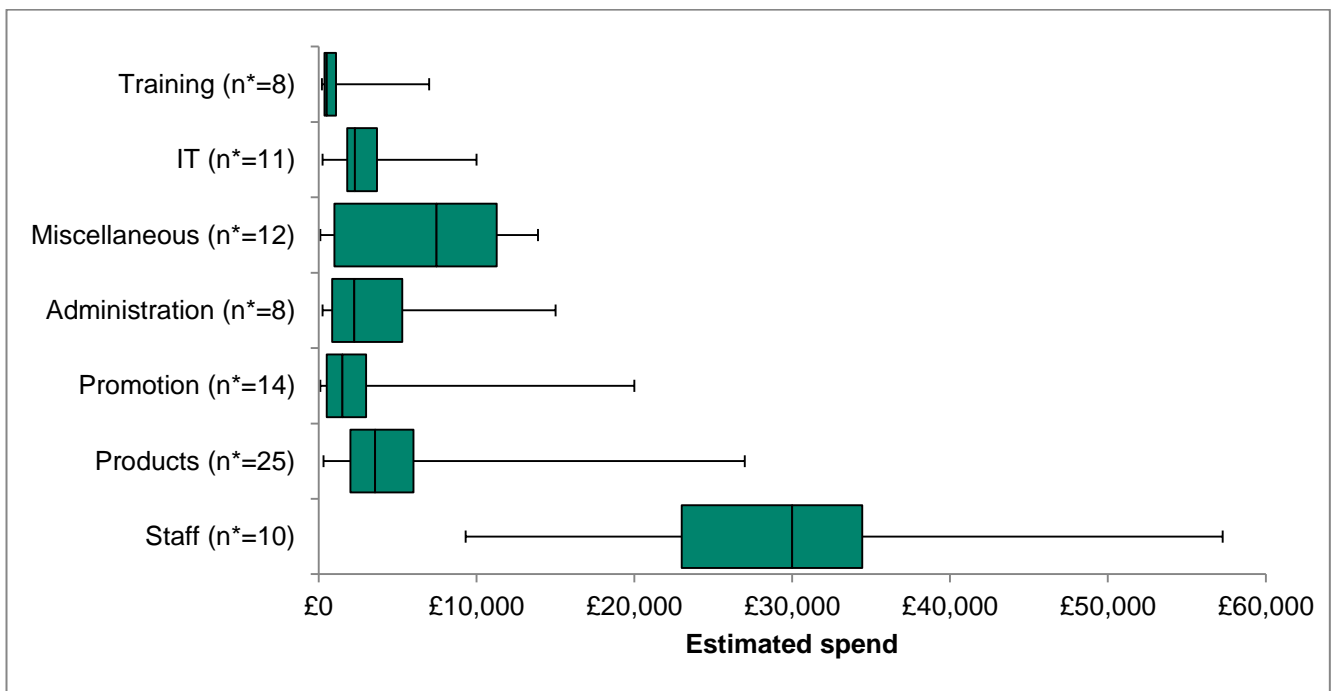
- Young people aged 15-19 used C-Card scheme the most (78%)
- Higher proportion of male amongst repeat users compared to new registrations (60% vs 51%)
- £1.4 million of estimated spend on C-Card schemes

**Figure 7 : Estimated total spend on condom distribution schemes (CDS) in UTLAs in England, 2015/16**



Although 52 UTLAs were able to estimate total spend for C-Card schemes in the financial year 2015/16, when further spend breakdown was requested, less than half (25 UTLAs) estimated spending £115,000 on product provision and a fifth (10 UTLAs) estimated spending £0.26 million on staff (Figure 8).

**Figure 8: Further breakdown of estimated spend on C-Card schemes in England, 2015/16**



\*n refers to number of reporting UTLAs.



## Governance of schemes

Of 74 UTLAs that responded to questions on governance of their local C-Card schemes, 15 delivered their local schemes and 59 commissioned out their schemes to SHRH service providers, of which 15 co-commissioned with other organisations. Most UTLAs (49/74, 66%) reported C-Card schemes as components of embedded contracts for the provision of outreach, sex and relationships education (SRE) or SHRH clinical services.

A total of 27 UTLAs reported a decrease in the number of outlets since 2013, whilst 31 UTLAs reported an increased number. Most UTLAs believed that their local population needs were met (33/74, 45%), outlets were distributed in the right settings (48/74, 65%) and plan to change number and distribution of outlets in 2017/18 (59/74, 80%). More UTLAs would like to change number and distribution of outlets as part of ongoing review of local schemes, despite believing that local population needs were met and outlet distribution in the right settings.

## Discussion

Our survey has demonstrated that condom distribution schemes (CDS) are available in nearly all areas of the country (129/152 UTLAs, 85%) and are successfully engaging a significant proportion of young people, especially 15-19 year olds. Pharmacy was the most common venue type of C-Card outlets, while GP was most common of other CDS outlets. Uptake of C-Card schemes was gender equal and continued use of schemes following initial registration observed minimal gender difference. Higher number of repeat users than new registrations in 2015/16 were reported in 14 UTLAs, which suggests continued use after registering with C-Card schemes. Approximately £1.4 million was spent on C-Card schemes and £0.1 million on other CDS, in 57 UTLAs.

Almost 5,000 C-Card outlets were identified, of at least five venue types, allowing users to access outlets most convenient to them. Almost a third of reported outlets were pharmacies, compared to ≈300 GUM and SHRH services. The popularity of pharmacies has been attributed to extended opening hours, availability of private consultation areas and not having to make an appointment<sup>17-19</sup>. However, location and setting of pharmacies may also influence their popularity. For instance, pharmacies in urban areas were five times more likely to have extended opening hours, compared to rural areas; pharmacies in healthcare settings were three times more likely to provide youth-specific health information compared to retail settings<sup>18</sup>. Reported number of other CDS outlets was approximately a tenth of C-Card outlets. A third of other CDS outlets were GPs, compared to 9% reported in bars, public sex environments and sex on premises venues. However, in Greater Manchester, almost half (34/78, 44%) of other CDS outlets were in bars, pubs and clubs and a high proportion of MSM (86%, 285/331) were more likely to access free condoms and lubricant packs in these venues<sup>20</sup>.

Popularity and acceptability of C-Card schemes were reflected by high number of repeat users compared to new registrations. However, only an estimated 3% of young people aged 15-24 and 6% of young people aged 15-19 in the population were registered with a scheme in 2015/16. The lower reach among 20-24 year olds despite the upper age limit of 24 being implemented by almost all schemes, may indicate a lack of promotion or of need in this age group. Considering the high proportion of young people aged 16-24 who have experienced at least one sexual encounter (80%)<sup>21</sup>, the high level of STI rates<sup>1</sup> and teenage pregnancies<sup>3</sup> underline the importance of promoting C-Card schemes among young people. As young people who used condoms at sexual debut were twice as likely to use condoms at most recent sexual encounter<sup>22</sup>, introducing and normalising correct and condom use at a young age may contribute to decline of STI diagnoses and unplanned pregnancies.

There were approximately equal numbers of male and female new registrations and repeat users of C-Card schemes. However, regional data showed higher uptake by men in England except East of England and East Midlands. Difference in uptake and continued use by gender may be attributed to design or delivery model of schemes. Gender balance of staff of C-Card schemes may influence uptake by male<sup>12</sup> and female<sup>18,23</sup> users. In most cases, young women would prefer discussing health issues with female staff<sup>18</sup>. Young women were also found to be less assertive at negotiating condom use<sup>23</sup>.

However, the low number of transgender individuals reported using C-Card schemes may require further investigation. The low number may be attributable to low estimate of a

prevalence of 1% of adults who were gender variant<sup>24,25</sup>. In addition, social pressure at home and at school may discourage realisation and revelation of their gender variance<sup>24</sup>. Individuals who had successfully undergone gender reassignment and acquired recognition of their acquired gender may not identify themselves as transgender<sup>26</sup>. Therefore, instead of relying on self-reporting, a better measure is attainable by asking for (a) gender at birth, (b) if gender identity differs to gender at birth, and (c) if gender role opposite to gender at birth was adopted in personal and professional lives<sup>26</sup>.

There were little evidence to suggest associations between combination of outlet types within a scheme and uptake (number of new registrations and repeat users). More detailed analyse may be required. High data quality would also be necessary to avoid misleading misinterpretation.

Running costs of C-Card schemes and other condom distribution schemes are low compared to treating the population with new STIs, HIV and unplanned pregnancies<sup>27</sup>. Incremental cost-effectiveness ratio (ICER) summarise the cost-effectiveness of a health care intervention, by establishing a willingness-to-pay value for the outcome of interest. Recent economic cost analysis by NICE demonstrated that the effect of multi-component condom distribution schemes for STI prevention is almost three times more cost effective towards wider age group of 13-25 (ICER £17, 411) with 55 QALYs gained, compared to age group 13-18 (ICER £48,856) and 17 QALYs gained<sup>11</sup>. The ICER is further reduced to £14,469 and 56 QALYs gained, if taken into account that condom demonstration may reduce condom breakage<sup>11</sup>. The effect on preventing unplanned pregnancies will reduce the ICER even further.

Free lubricant packets are provided by the majority of C-Card schemes and should be offered by all schemes. There is strong evidence that water-based lubrication reduces the likelihood of condom breakage<sup>28,29</sup> and risk of slippage<sup>30</sup> for anal sex. Although likelihood of condom failure rates was reduced by 9 times<sup>31</sup> with water-based lubrication for vaginal sex, a more recent study demonstrated a doubling risk of slippage<sup>30</sup>. This highlights the importance of offering condom demonstration<sup>32</sup> as well as advice on the use of lubricants and on what to do in case of condom failure<sup>16</sup>.

## Did you know?

The effect of multi-component condom distribution schemes for STI prevention is almost three times more cost effective towards wider age group of 13-25 (ICER £17, 411), compared to age oup 13-18 (ICER £48,856)<sup>11</sup>.The ICER is further reduced to £14,469, if taken into account that condom demonstration may reduce condom breakage<sup>11</sup>

## Strengths and limitations

This study is the first to report on national distribution, structure and activity of condom distribution schemes in England. This provides a knowledge base from which to inform the development of policy, best practice, future monitoring and evaluation.

However, responses by UTLA varied in terms of providing aggregated data for number of outlets by venue types, number and type of users, product availability and financial provision in the financial year 2015/16. The survey did not specifically request for number of repeat users who registered within the same financial year. It was therefore not possible to quantify total number of users in 2015/16 and repeat users who registered in previous years. Data accuracy could not be validated; number of repeated users could have been misinterpreted to be number of repeat visits by responders. Incomplete data was a major limitation, making comparison between areas difficult. Inability to provide aggregated data was attributed to survey duration, clarity of survey, uncategorised outlets on local IT system, and governance of schemes, which includes commissioning UTLAs having to request data from scheme providers and schemes as part of an embedded contract. Statistical analyses have to be interpreted with caution, considering limitations with incomplete and unvalidated data from this survey.

## Conclusions

C-Card schemes are a key component of the sexual health and reproductive health economy due to their significant reach and easy access. These schemes successfully engage 15-19 year olds and minimal gender difference in uptake and repeat use were observed.

Data quality of aggregated data provided could be improved by reporting transgender and using outlet category types recommended in the Brook-PHE guidance document for C-Card schemes<sup>16</sup>

## Next steps

### Future research

The large number of pharmacies providing outlets for C-Card schemes should encourage further research, development and promotion in enhancing the role of pharmacies in local sexual health provision.

PHE will support future research recommendations by **NICE Guideline Sexually transmitted infections: condom distribution schemes** by:

- launching an improved national survey in 2018-19, to inform the development of a standardised national framework of C-Card scheme monitoring and evaluation
- exploring ways of assessing impact of C-Card schemes on changes in sexual behaviour, that contribute to SHRH outcomes such as STI incidence and unplanned pregnancies.

## Data and surveillance

C-Card schemes are recommended to

- collect information on transgender, according to the guidelines by the ONS Trans Data Position Paper<sup>26</sup>.
- use outlet category types recommended in Brook-PHE guidance document for C-Card schemes<sup>16</sup>

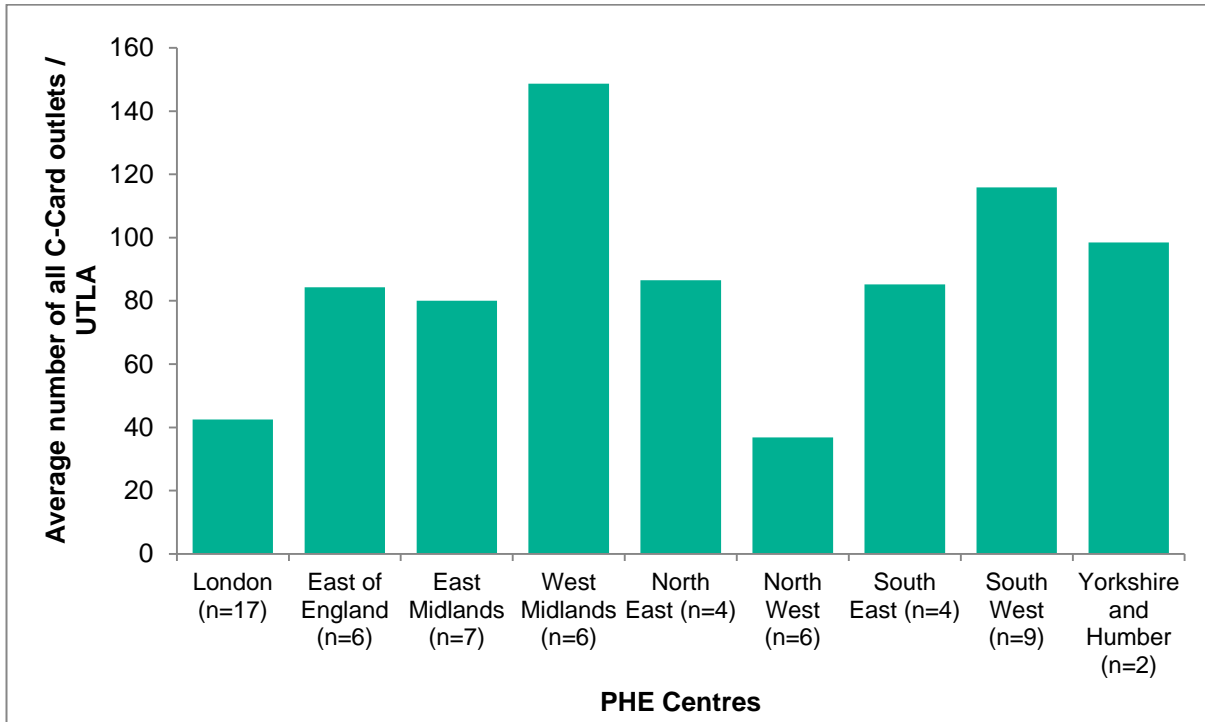
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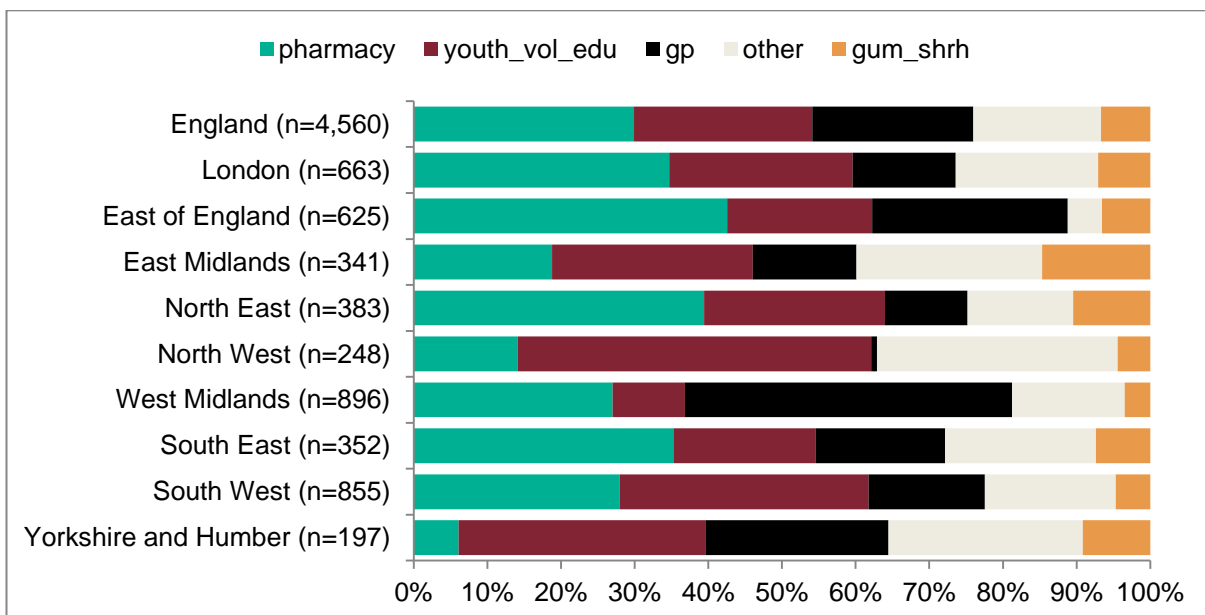
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# Appendix

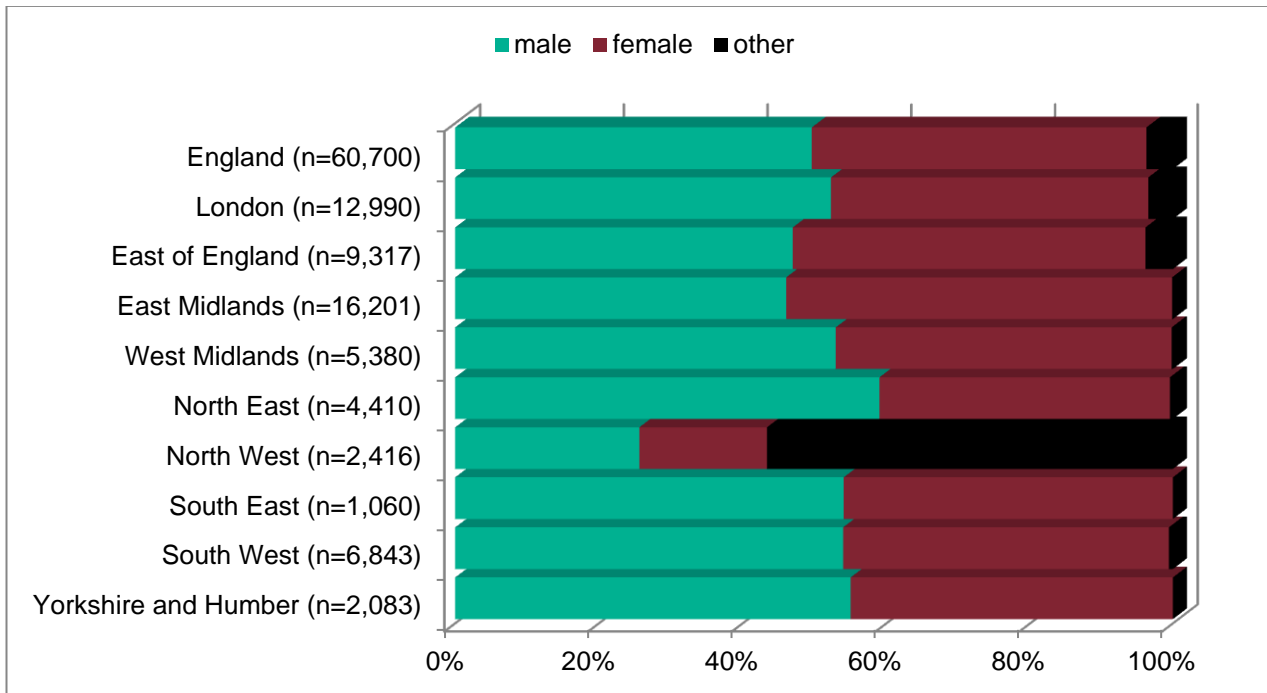
**Figure 1: Distribution of 4,828 C-Card outlets by PHE Centres, 2015/16 (n=61 UTLAs)**



**Figure 2: Distribution of 4,560 C-Card outlets by PHE Centres and England, 2015/16 (n=61 UTLAs)**

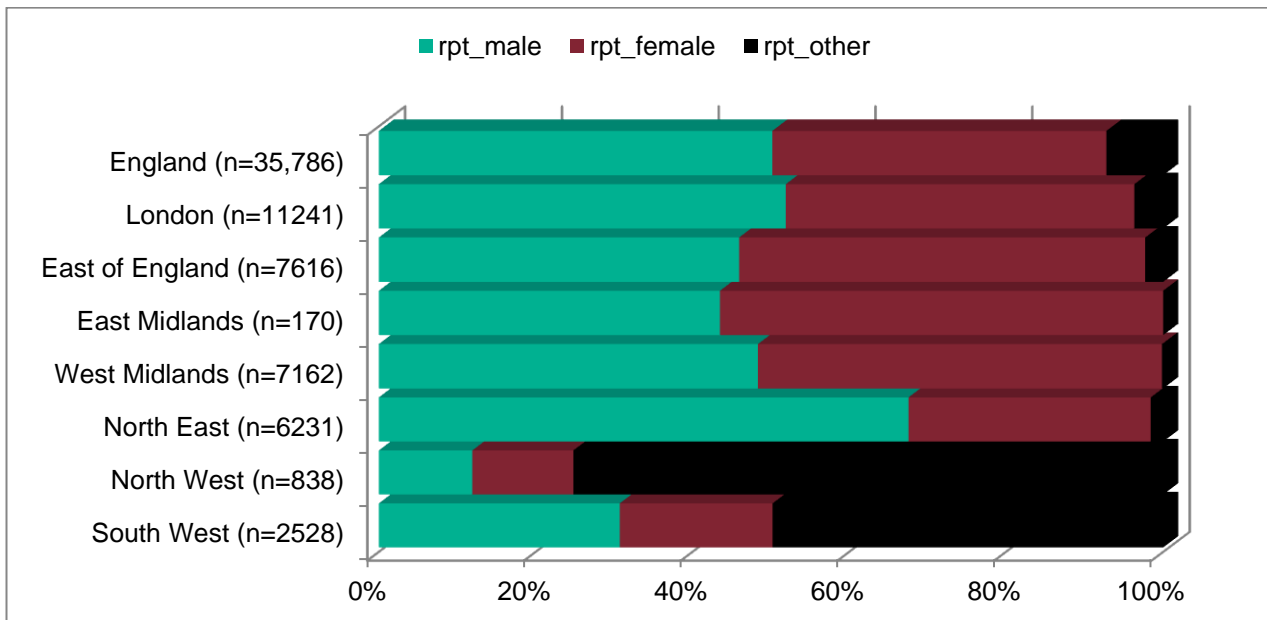


**Figure 3: Proportion of new registrations by gender in PHE Centres and England in 2015/16, reported in 46 UTLAs**



Other\* includes transgender and not known.

**Figure 4: Proportion of repeat users by gender in PHE Centres and England in 2015/16 reported in 34 UTLAs**



Other\* includes transgender and not known.

Only local authorities within a PHE Centre that provided gender breakdown for both new registrations and repeat users were included. UTLAs from South East and Yorkshire and Humber were unable to provide repeat user information by gender, and hence, excluded in the figure.



## A sexual health commissioners' survey of C-Card schemes in local authorities in England

### Aims and objectives:

The aim of this study is to review the delivery and activity of C-Card schemes in England in 2015/16 are reviewed to inform the development of policy, best practice, future monitoring and evaluation.

The objectives are:

- obtain an estimate number and geographical distribution of C-Card schemes in England
- ascertain model delivery of C-Card schemes, including structure, governance and ownership
- assess availability and range of condoms
- ascertain number of users by key demographic
- provide a knowledge base from which to develop a standardised framework for possible future monitoring of C-Card schemes

Time: This survey should take approximately 20 minutes to complete. Parts of the survey will require aggregated 2015/16 data of your local C-Card scheme in terms of:

- type and number of outlets
  - further breakdown of dispensing only sites for C-Card schemes, if available
  - further breakdown of condom provision for non-C-Card schemes, if available
- estimated spend and further breakdown, if available
- number of registered users and repeat users by gender (further age breakdown if available)
  - further breakdown at registration or subsequent visits, if available
  - further breakdown of age and, if available
- type and number of product provision

If you need to save the questionnaire and complete it at a later date with the aggregated data, click "Save" at the bottom of the page. Please bookmark, save or copy the link provided to return to your questionnaire instead of requesting the link emailed to your account.

### Confidentiality and anonymity

Answers provided in the survey will be strictly confidential and will be used only for the purposes of this study. The survey will be of most value if the answers reflect benefits and challenges of commissioning and providing C-Card schemes.

### Whom to contact

If you need further information, please contact Natasha Ratna at [natasha.ratna@phe.gov.uk](mailto:natasha.ratna@phe.gov.uk).  
**Thank you for your time in completing this questionnaire.**

**C-Card condom distribution schemes - What why and how - July2014.pdf** defines C-Card scheme as "one type of condom distribution scheme, which provides registered young people with a C-Card – a paper or credit card-style card – which entitles them to free condoms". At registration, condom demonstration and risk assessments which are personalised, thorough and confidential, are examples of key elements of the scheme to promote correct condom use and awareness of healthy sexual behaviour, rights and consent.

**A. Availability of C-Card scheme**

- 1 Which local authority are you completing this survey on behalf of? \_\_\_\_\_
- 2 Do you have a C-Card scheme in your local authority?  Yes  No  
(If no, please proceed to question 41)

**B. Structure, governance of type of data collection of C-Card schemes**

**Number and venue type of outlets**

- 3 How many sites/outlets are part of the C-Card scheme? \_\_\_\_\_
- 4 How many of these sites/outlets belong to the following categories below?

Venue type	Number of outlets
General practice	
Pharmacies	
GUM clinics	
SHRH clinics	
Integrated GUM and SHRH clinics	
Young people dedicated services within GUM/SHRH	
Youth and voluntary agencies	
Education settings (Schools)	
Education settings (Further Education)	
Education settings (Universities)	
Work-based learning providers	
Sport and leisure venues	
Supported housing providers	
Drug and alcohol services	
Groups such as youth offending teams or looked after children teams	
Other, please specify:	

- 5 Some C-Card outlets are dispensing/distribution only outlets. Of the numbers provided in the above table, are you able to list the number dispensing/distribution only sites?  Yes  No

Venue type	Number of outlets
General practice	
Pharmacies	
GUM clinics	
SHRH clinics	
Integrated GUM and SHRH clinics	
Young people dedicated services within GUM/SHRH	
Youth and voluntary agencies	
Education settings (Schools)	
Education settings (Further Education)	
Education settings (Universities)	
Work-based learning providers	
Sport and leisure venues	
Supported housing providers	
Drug and alcohol services	
Groups such as youth offending teams or looked after children teams	
Other, please specify:	

- 6 Do you think the number of outlets meet the needs of your population?  Yes  No  Don't Know
- 7 Do you think the distribution of venues are in the right settings?  Yes  No  Don't Know
- 8 Have the number of outlets changed since the transition to local government in 2013?  Increased  Decreased  Stayed the same  Don't Know
- 9 Do you plan to make changes to the number and distribution of outlets by the end of financial year 2017/18?  Yes  No
- 10 If so, what are they and why? (max 50 words) \_\_\_\_\_

Mode of delivery

- 11 Which delivery model of C-Card scheme does your local authority operate? (Tick all that apply)
- Hub and spoke: a lead agency coordinates the scheme, supports training and quality assurance, and delivers the scheme through a range of outlets such as SRH clinics, GUM clinics and education and youth settings.
  - Web-based:
    - online registration
    - condoms by post
    - Under-16s are generally required to part in a face-to-face consultation

If face-to-face consultations are required for other groups, please specify: \_\_\_\_\_

- Sole provider: small-scale distribution through youth services, voluntary organisations or clinical services
- None of the above
- Other, please describe: \_\_\_\_\_

**Governance/Ownership**

- 12 Does your local authority deliver AND/OR commission out the provision of your local C-Card scheme? (Tick all that apply)  Deliver  Commission
- 13 If you commission out the provision of your scheme what is the name of the providing organisation \_\_\_\_\_
- 14 Do you co-commission this scheme with other local authorities / organisations?  Yes  No  Other
- 15 If Yes or Other, which local authority /organisation is the lead commissioner? \_\_\_\_\_
- 16 Is the C-Card scheme an embedded component of another contract?  Yes  No  Other
- 17 If Yes or Other, please list other components of the contract, ie other services that you provide (max 100 words) \_\_\_\_\_

- 18 Is there a steering group to oversee the C-Card scheme in your area?  Yes  No
- 19 Do you have a C-Card coordinator for the C-Card scheme in your area?  Yes  No
- 20 If so, is this co-ordinator employed by :
  - your local authority?
  - another local authority?
  - C-Card provider?

21 What is your estimated spend per year on your local C-Card scheme? £ \_\_\_\_\_

22 Are you able to provide further breakdown by each of the following categories below for financial year 2015/16?  Yes  No

	Cost (£) in 2015/16
Administration	
IT systems (including websites and apps)	
Products (eg condoms)	
Promotion/marketing (eg posters, leaflets, cards)	
Training	
Staff	
Miscellaneous	

Please comment if you have additional information or unable to populate the table (max 50 words) \_\_\_\_\_

- 23 How frequent do you monitor uptake data of the C-Card scheme in your area? (Tick all that apply)
- monthly
  - bi-annually
  - ad-hoc
  - quarterly
  - annually
  - other, please specify: \_\_\_\_\_

Data collection (electronic or paper based)

- 24 Is your scheme an electronic automated system or manual paper based?
- electronic automated system
  - manual paper based
  - mixture of both systems
- 25 When and how are data entered onto the database?
- Electronically entered during consultation  Yes  No
  - Data entry from paper based system  Yes  No
  - At the end of the week  Yes  No
  - At the end of the month  Yes  No
  - At the end of the quarter (3 months)  Yes  No

C. C-Card scheme activity information for your local authority

- 26 What is the lower age limit of your C-Card scheme? \_\_\_\_\_
- 27 What is the upper age limit of your C-Card scheme? \_\_\_\_\_
- 28 What is the number of registered users and returning users, by gender in financial year 2015/16?

	New registrations	Repeat users
Males		
Females		
Trans (Male/Female)		
Not Known		
Total		

Please comment if you have additional information or unable to populate the table. (max 50 words) \_\_\_\_\_

---

29 Are you able to provide further breakdown by age group for financial year 2015/16? Yes No

User information (Apr 2015-Mar 2016)	Age-group				
	13-14	15-19	20-24	25+	Not Known
Total number of new registrations					
Of which are males					
Of which are females					
Of which are trans (male/female)					
Of which are not known					
Total number of repeat users					
Of which are males					
Of which are females					
Of which are trans (male/female)					
Of which are not known					

Please comment if you have additional information or unable to populate the table (max 50 words) \_\_\_\_\_  
 \_\_\_\_\_

**D. Product availability and provision**

30 Type of products available from your local C-Card scheme:  
 male condom                       female condom  
 lubricants                       oral sex dams  
 other, please specify .....

31 What is the number of type of product provided, in financial year 2015/16?

Total product provision (Apr 2015-Mar 2016)	Total
Number of male condoms	
Number of female condoms	
Number of lubricants	
Number of oral sex dams	
Other (specify)	

Please comment if you have additional information or unable to populate the table (max 50 words) \_\_\_\_\_  
 \_\_\_\_\_

- 32 Are you able to provide data on the number of products given out at registration and subsequent visits, in the financial year 2015/16? Yes No

Total product provision (Apr 2015-Mar 2016)	At registration	Subsequent visits
Number of male condoms		
Number of female condoms		
Number of lubricants		
Number of oral sex dams		
Other (specify)		

Please comment if you have additional information or unable to populate the table (max 50 words)\_\_\_\_\_

- 33 Are you able to provide further breakdown by age group, in financial year 2015/16? Yes No

If Yes, please populate the table below

Total product provision by age (Apr 2015-Mar 2016)	Age-group				Not Known
	13-14	15-19	20-24	25+	
Number of male condoms					
Number of female condoms					
Number of lubricants					
Number of oral sex dams					
Other (specify)					

Please comment if you have additional information or unable to populate the table (max 50 words)\_\_\_\_\_

- 34 Do you offer non-latex alternative products for the following?  
 male condom                       female condom                       oral sex dams  
 other, please specify.....

## E. Training

35 What are included as part of your C-Card training to staff? Please note that the following training below are listed as best practice guidelines on [C-Card condom distribution schemes - What why and how - July2014.pdf](#) (Tick all that apply)

Training	Delivery	
	Online	Face-to-face
The aims and objectives of the C-Card scheme	<input type="checkbox"/>	<input type="checkbox"/>
The roles and responsibilities of all C-Card workers	<input type="checkbox"/>	<input type="checkbox"/>
Values and attitudes about young people, sex and relationships	<input type="checkbox"/>	<input type="checkbox"/>
Developing healthy conversations about sex and sexuality	<input type="checkbox"/>	<input type="checkbox"/>
Identifying healthy and unhealthy sexual behaviours, including sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
The pressures young people can feel accessing the service	<input type="checkbox"/>	<input type="checkbox"/>
Training in condoms and using condom demonstrators	<input type="checkbox"/>	<input type="checkbox"/>
Basic sexual and reproductive health information	<input type="checkbox"/>	<input type="checkbox"/>
The practicalities of delivering the C-Card scheme and guiding young people through the process – registration, distribution etc	<input type="checkbox"/>	<input type="checkbox"/>
Fraser Guidelines (see page 21), safeguarding policies, the Sexual Offences Act (2003)	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality and safeguarding protection, and the need for a policy	<input type="checkbox"/>	<input type="checkbox"/>
Information on the full range of contraceptive methods – including emergency contraception – and where to access them	<input type="checkbox"/>	<input type="checkbox"/>
How to respond to challenging situations	<input type="checkbox"/>	<input type="checkbox"/>
How to complete and return monitoring and ordering forms	<input type="checkbox"/>	<input type="checkbox"/>
Awareness-raising and the importance of signposting young people to other sexual and reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify: \_\_\_\_\_

36 How many training (refresher and initial) courses were delivered in total within the financial year 2015/16? \_\_\_\_\_

Who attends these courses? (Tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> qualified nurses                 | <input type="checkbox"/> school nurses                   |
| <input type="checkbox"/> GPs                              | <input type="checkbox"/> GP staff                        |
| <input type="checkbox"/> pharmacists                      | <input type="checkbox"/> pharmacy staff                  |
| <input type="checkbox"/> youth workers                    | <input type="checkbox"/> healthcare assistants           |
| <input type="checkbox"/> health visitors                  | <input type="checkbox"/> social workers                  |
| <input type="checkbox"/> youth offending team (YOT) staff | <input type="checkbox"/> drug and alcohol services staff |
| <input type="checkbox"/> other                            |  |



37 Other, please specify: \_\_\_\_\_

38 Are there refresher training courses? Yes No

39 If yes, how frequent do they take place?

quarterly  bi-annually  annually  ad-hoc

other, please specify: \_\_\_\_\_

### Reflection/Evaluation

40 Are there any comments on the benefits and/or challenges C-Card scheme that you would like to add? (max 100 words) \_\_\_\_\_

\_\_\_\_\_

**F. Non C-Card condom provision schemes, if applicable**

41 Does you provide or commission other condom distribution scheme(s)? Yes No  
(If Yes, please proceed to subsequent questions. If No, please go to the end of the survey.)

42 What is the scheme name? \_\_\_\_\_

43 Does your local authority deliver AND/OR commission out the provision of your local condom distribution scheme? (Tick all that apply) Deliver Commission

44 If you commission out the provision of your scheme what is the name of the providing organisation? \_\_\_\_\_

45 Who are your target audience?  
 MSM  women  other, please specify \_\_\_\_\_

46 What is the lower age limit of your scheme? \_\_\_\_\_

47 What is the upper age limit of your scheme? \_\_\_\_\_

48 Are you able to provide number of outlets for venue types within the scheme? Yes No  
If yes, please populate the table below

Venue type	Number of outlets
General practice	
Pharmacies	
GUM and SHRH clinics including young people dedicated SRH services	
Education settings (Schools)	
Education settings (Further Education)	
Education settings (Universities)	
Outreach services	
Bars/clubs	
Public sex environments	
Sex on premises venues	
Online	
Other	

Please comment if you have additional information or unable to populate the table (max 50 words) \_\_\_\_\_

49 How many condoms do you distribute in the financial year 2015/16? \_\_\_\_\_

50 Are you able to provide the number of condoms distributed by venue types? Yes No

Venue type	Number of condoms
General practice	
Pharmacies	
GUM and SHRH clinics including young people dedicated services	
Education settings (Schools)	
Education settings (Further Education)	
Education settings (Universities)	
Outreach services	
Bars/clubs	

Venue type	Number of condoms
Public sex environments	
Sex on premises venues	
Online	
Other	

51 Please comment if you have additional information or unable to populate the table (max 50 words) \_\_\_\_\_

52 What is your estimated spend per year on your local C-Card scheme? £ \_\_\_\_\_

53 Are you able to provide further breakdown by each of the following categories below for financial year 2015/16?  Yes  No

	Cost (£) in 2015/16
Administration	
IT systems (including websites and apps)	
Products (eg condoms)	
Promotion/marketing (eg posters, leaflets, cards)	
Training	
Staff	
Miscellaneous	

54 Please comment if you have additional information or unable to populate the table (max 50 words) \_\_\_\_\_

## Thank you very much for completing the survey

The results of this survey will inform future plans and evaluation of C-Card schemes. If you or your local C-Card scheme is interested in contributing to this work, please provide your details below:

Would you be interested to be involved with a national C-Card study?  Yes  No

If yes, please provide the following contact details:

Name : \_\_\_\_\_  
 Job Title : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Email : \_\_\_\_\_