Making the links between Alcohol and Sexual Health

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1. Background

The Sexual Health Policy Team in collaboration with the Alcohol Policy Team want to strengthen the links between sexual health and alcohol at a national and local level. A workshop held on 5th May 2009 provided the opportunity to outline the key policy drivers and current research in the two overlapping areas. The workshop included a wide range of participants who explored current joint working and future opportunities for collaboration and development. The priorities identified at the event are highlighted in italics throughout this document with progress against these priorities summarised in each section.

2. Summary of evidence linking alcohol and sexual behaviour

A systematic review of published reviews on the impact of alcohol consumption on young people was undertaken in 20081. It concluded that there were methodological weaknesses in the studies assessing the relationship between alcohol and sexual behaviour and that a causal relationship had not clearly been demonstrated. However, the weight of associations while not conclusive suggests that alcohol can contribute to misjudgements about sexual behaviour.

Research into alcohol and sexual violence2 indicates a strong association between alcohol use - both ‘drinking in the event’ and long-term drinking patterns – and sexual violence. Many perpetrators are drinking when they attack their victim or have alcohol abuse problems. Alcohol problems are also common among sexual violence victims, who in many cases develop following victimisation and alcohol can help past victims cope with negative feelings about sex. Alcohol-related sexual assaults are more likely to occur between people who do not know each other well, and more likely to occur in bars and at parties than at either person’s home. There is often both offender and victim drinking in incidents of sexual violence. The presence of alcohol has implications for the severity of sexual violence outcomes.

A literature review was undertaken by Steve Kenny (2010)3 as part of a North East project on young people: alcohol and sexual risk taking (available on request). A summary of key findings on sexual risk taking and the role of alcohol, potentially high-risk groups and protective or resilience factors in relation to alcohol use and risky sexual health are highlighted below.

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1 Newbury-Birch D; Walker J; Avery L; Beyer F; Brown B; Jackson K; Lock C A; McGovern R; and Kaner E (2009) Impact of Alcohol Consumption on Young People. A Systematic Review of Published Reviews (Institute of Health and Society, Newcastle University) Research Report No DCSF-RR067 DCSF
Summary of key findings on sexual risk taking and the role of alcohol

- Young people are more likely to have risky sex when they are under the influence of alcohol.
- Cultural and peer norms regarding alcohol consumption and teenage pregnancy are significant as a context for risky sexual behaviours.
- Sexualized gender stereotypes and media portrayal of alcohol use and sexual activity amongst celebrities may influence young people’s attitudes towards taking risks.
- Alcohol consumption is associated with an increased likelihood of having sex at a younger age.
- Alcohol consumption is associated with an increased likelihood of teenage pregnancy.
- Alcohol is the main reason given by many young people for having sex, especially early sex or sex with someone they had not known very long.
- Alcohol is a main contributing factor to first sex using no contraception.
- Some young people use alcohol and other drugs to overcome nervousness, embarrassment and vulnerability relating to sex and sexual activity.
- Alcohol consumption can result in lowered inhibitions and poor judgements regarding sexual activity and risky sexual behaviours.
- Social factors and peer influences play a role in young people’s sexual risky behaviour.
- Low self-esteem is associated with both risky sexual behaviour and alcohol use.
- Poor mental health including depression has been linked to higher numbers of sexual partners and failure to use condoms.
- Being drunk can provide a legitimate excuse for sexual behaviour that might otherwise seem unacceptable.
- Parents are often unaware of the role that alcohol can play in young people’s risky sexual behaviour.
- Drinking alcohol and risky unprotected sex may also be linked to particular personality factors in young people (sensation seeking).
- Young people who drink are more likely to take other risks and engage in sexually risky behaviours.
- Alcohol misuse is linked to a greater number of sexual partners.
- Casual partners are less likely to use contraception than regular or new partners, but many regular partners only use contraception as a way of avoiding pregnancy.
- Young men are less likely to perceive their behaviour as risky than young women.
- Being drunk often leads to young people having sex that is regretted.
- Some young people use alcohol for specific sexual purposes.
- Alcohol increases the risk of sexual aggression, sexual violence and sexual victimisation of women.
Young people who misuse alcohol and engage in risky behaviours are more likely to:

- Be in a lower socio-economic group and experience deprivation
- Live in areas where heavy drinking is a cultural norm
- Live in areas where teenage pregnancy rates are high
- Lack self-confidence
- Have low self esteem
- Have low self-image
- Have poor mental and emotional health
- Not attend school regularly and have low aspirations and expectations
- Have parents with low aspirations or expectations of themselves and their children
- Live in families where communication is poor and levels of family connectedness are low

Summary of protective factors

- Positive emotional wellbeing
- Positive attitude to health, including sexual health
- High self esteem, including positive body image
- Warm supportive relationships with parents and/or other trusted adults
- Access to confidential information, advice and support
- Engagement with education, training or work
- Engagement with leisure activities involving positive peer influences
- Social and emotional literacy and life skills
- Knowledge of sexual health and contraception, including access to appropriate services
3. Progress against priorities identified at workshop

3.1 Research & Evaluation

- Evaluate whether alcohol brief interventions will have an impact on sexual health outcomes
- Need specific research examining alcohol use, sexual behaviour, costs and cost effectiveness
- Evaluate the impact of Alcohol Brief Interventions and Advice in sexual health services as a setting, particularly amongst under 18s, under 25s and older adults

The Department of Health has supported three programmes to assess whether alcohol brief advice delivered within sexual health settings will lead to behaviour change in relation to sexual health decision making, sexual health outcomes, reduction in alcohol consumption and regretted sexual experiences. The three areas undertaking this work are:

1. Imperial College London/Charing Cross/Chelsea & Westminster GUM services.
   This will examine the process and outcomes of referring people who attend sexual health clinics and are drinking excessively for brief intervention from an alcohol nurse. Contact: Professor Mike Crawford – m.crawford@imperial.ac.uk

2. University of Southampton/Portsmouth Sexual Health Services
   This will evaluate the cost effectiveness of alcohol brief interventions in sexual health clinics by training sexual health staff to deliver brief interventions to hazardous drinkers and then identify changes in alcohol consumption and sexual behaviour. Contact: Professor Paul Roderick – pjr@soton.ac.uk

   This will assess the feasibility, acceptability and effectiveness of delivering alcohol brief advice to women accessing pharmacies for emergency hormonal contraception. Contact: Dr Sally Brown – s.r.brown@durham.ac.uk

All three areas will be able to identify variations by age and gender. Early findings will be available in 2011.

3.2 Identify existing practice linking alcohol and sexual health

- Identify models across the country of best practice linking alcohol and sexual health

A scoping exercise of existing good practice has been undertaken through regional Sexual Health and regional Teenage Pregnancy Leads to identify work underway linking alcohol, sexual health and teenage pregnancy. Examples of
some of the initiatives identified are highlighted throughout this document in text boxes.

3.3. Improved data analysis

- Greater collaboration required on data sharing

The North West Public Health Observatory has undertaken analysis to:
- provide a better understanding of the relationships between youth risk behaviours and trends in such behaviours relating to alcohol consumption, drug use and sexual behaviour.
- identify those geographies in England which face the greatest challenges from youth risk behaviours
- help inform how youth risk behaviours are linked and in which areas of the country such links appear to have been broken

The analysis showed there was an association between alcohol attributable hospital admissions in both males and females with teenage pregnancy, even after controlling for the overriding and strong effect of deprivation. The same was true of the more common sexually transmitted infections. Hotspots of high rates of teenage conceptions, sexual infections and alcohol admissions illustrated the expected patterns of overlapping risk indicators in urban more deprived areas, particularly in the north of England. However, in some areas (particularly those that are less urban) hotspots did not coincide.

The study had the strength to link harmful outcomes in relation to both alcohol and sexual health at small geographies. Each Lower Super Output Area (LSOA) has about 50 young males and 50 young females in the target age (15-19 years). For any given level of deprivation, an LSOA with one or more young people admitted with an alcohol-related condition was around 20% more likely to record a birth to a teenage girl.

For the more prevalent STIs (Chlamydia and genital warts), the odds of an LSOA having one or more infections were around 20% higher if that LSOA also had one or more alcohol hospital admissions, after controlling for deprivation.

Subdivision by gender showed that both male and female alcohol admissions predict births to teenage mothers. Likewise, both female and male alcohol admissions predict Chlamydia in males as well as females.

The recommendations from their report are highlighted below:

- These results should be used to demonstrate to key stakeholders the relationship between alcohol abuse and poor sexual health outcomes, and the urgent need for the integration of services that share public health policy, routinely monitor those at high risk, and readily signpost young people to the requisite services.
• Campaigns/services that aim to address teenage pregnancy should include alcohol consumption in young men as well as young women, since alcohol misuse in both sexes independently predicts teenage pregnancy as well as STIs.
• Analysis should be routinely repeated sequentially in future years to capture trends over time, and identify change linked with local policy.
• Future studies could use three year data for sexual infections to enable calculation of more accurate rates.
• Attention needs to be paid to local factors that may play a role in enhancing risk of pregnancy among groups of young people, and there is a need to investigate the dynamics of hotspots of high rates.
• Areas with overlapping hotspots for both sexual ill-health and alcohol should be compared to those with hotspots for single indicators to gain some insight as to why the relationship between alcohol harm and sexual ill-health differs between areas.

Predictive risk profiling is underway in Essex using geographical hotspot analysis of conception data, Drug and Alcohol Action Team (DAAT) data and STI data at a district and ward level in order to inform commissioning decisions and activity plans.

• Need to survey alcohol consumption with sexual health service attendees/with specific groups

Sigma research conducts the annual Gay Men’s Sex Survey (GMSS), which is a large convenience sample of gay men drawn from across the country. Over the years, the survey has asked respondents questions that are more detailed about their alcohol and substance use. This culminated in a dedicated report Wasted Opportunities (2009). The report focuses on the respondents who identified themselves as being concerned with their alcohol or substance misuse and associated harms. Over 90% of gay men used alcohol in the last year, with 10% expressing concern with their use of alcohol.

The British Youth Council ran an on-line survey ‘Youth Experiences: Sex and Drinking’ during the summer of 2009 to gather information about the experiences of young people on alcohol and sexual health. They received over 1,000 responses and of the sample:
• 68% believed there was a strong link between drinking alcohol and having unprotected sex.
• Of the 59% of respondents who had sexual intercourse, 48% of these later regretted it. Half of these had been drinking beforehand.
• Nearly 1 in 3 said that the first time they had sex they had been drinking and of these, 1 in 5 would not have done so if they were sober.
Collection (and extraction) of data on alcohol consumption within sexual health services will give a greater understanding of the link as well as improve prevalence data. However, IT systems may be required to be adapted in order to have a standardised approach to recording.

Discussions on risk including the impact of excessive alcohol consumption is reported to be in place within sexual health services, however levels of alcohol consumption are not systematically recorded for extraction and analysis purposes.

The Sexual and Reproductive Health Activity Dataset: SRHAD, a new electronic collection from sexual health and reproductive services includes a section on alcohol brief intervention. For every attendance where the service provides the patient with a brief alcohol intervention (as identified in the Department of Health’s Alcohol Learning Centre) can now be recorded.

A range of tools are being used to assess the levels of alcohol related harm with young people including CRAFFT4 and TWEAK (Tolerance, Worried, Eye-opener,

Liverpool John Moores University are currently undertaking a survey across FE colleges in the North West among 16-19 year olds (6,000) to look at sexual health seeking behaviours, sub groups of risk, mitigation of risks and the impact of alcohol on teenage conception. Questions relating to alcohol and sex are chronologically linked to allow analysis of the interrelationship.

The Stonewall Lesbian and bisexual women’s health check – Prescription for Change (2008) undertaken by De Monfort University Leicester and Sigma Research found from their survey that nine in ten lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general.

The Centre for Sexual Health & HIV Research and Health Protection Agency has recently completed a research study on alcohol misuse, sexual risk behaviour and adverse sexual health outcomes. They have used evidence from the Britain’s national probability sexual behaviours surveys conducted in 1990/91 and 2000/01. They found that the proportion reporting being drunk as their main reason for first heterosexual intercourse increased from 2.5% among those born between 1946-49 to 6.4% of those born between 1980-84. These respondents were more likely to report intercourse <16, that sex had occurred too soon and non-contraception use. Usual alcohol consumption in excess of recommended limits was more common among those reporting larger partner numbers and unprotected sex with 2+ partners/past year but not with STD clinic attendance/diagnosis. Male heavy drinkers were more likely to report sexual function problems and female heavy drinkers using emergency contraception.

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4 The Children’s Centre for Adolescent Substance Abuse Research in America has developed the CRAFFT screening tool to identify risky behaviours.
Amnesia and K/Cut down consumption). In other areas, Teenage Pregnancy Prevention Screening Tools have been developed for use by professionals to identify factors that may increase a young person becoming a parent or developing a Sexually Transmitted Infections (STIs) e.g. Stoke on Trent. In London, a resource has been developed for early identification of Teenage Pregnancy linked to the Common Assessment Framework (CAF) that includes the risk factor of drugs and/or alcohol. Additionally, a research proposal has been submitted by the University of Newcastle to undertake a Screening and Intervention Programme for Sensible Drinkers (SIPS) junior programme in order to obtain the effectiveness of an alcohol-screening tool for young people.

| NHS South West | are undertaking an audit within sexual health and drug and alcohol services to assess the understanding of and use of complementary brief interventions (alcohol brief advice used in sexual health services and the provision of sexual health advice within drug and alcohol services) and the system of referral between services. They have also commissioned an organisation called In-volve who have developed a Brief Intervention tool called DrinkThink to specifically use with younger adults and teenagers who have sexual health issues linked to alcohol use. The tool is used by health staff in community, hospital settings and schools e.g. CASH, GUM. The training of staff has been accompanied by awareness raising activities and alcohol education with young people. |

3.4 Commissioning
- **Develop guidance to have a collaborative commissioning approach for alcohol and sexual health linked to consequences of risk taking behaviour**
- **Commissioners should ensure service specifications for sexual health services include alcohol brief interventions and alcohol services undertake sexual health screening.**

Claire Cairns Associates were commissioned by the North East region to develop a briefing for Commissioners on Alcohol and Sexual Risk Taking (Appendix 2). It includes an understanding of risk and resilience, key risk groups, key protective factors, examples of teachable moments and service delivery models.

The Sexual Health Commissioning Toolkit in development by the Department of Health includes guidance on completing a health needs assessment incorporating other data including sexual violence, domestic abuse, child sexual abuse and drug/alcohol use. It also contains examples of service specifications, which include the linkages with these other risk areas.
3.5 **Workforce development**

- **Staff in both alcohol and sexual health services (statutory and voluntary) to be trained in screening and brief interventions. This will require resources in relation to commitment, training and time.**
- **Deliver integrated training and integrated clinics across sexual health and alcohol services.**

Alcohol Concern and the National Youth Association have been commissioned by **Coventry** City Council and NHS Coventry to deliver brief interventions to 120 youth practitioners on the topics of alcohol, sexual health and smoking.

In **Sheffield** a free 3-day *Risky Business* training course has been developed to enable workers to:
- Empower young people to make healthy choices around sex and relationships
- Provide appropriate support to young people who are sexually active, including condom distribution, Chlamydia screening and pregnancy testing.
- Examine the links between alcohol, drugs and sex and be able to assess risk and provide harm reduction information.
- Educate young people around the risks and effects of various substances, especially Cannabis and alcohol.
- Refer young people onto other agencies as appropriate, including for alternative contraception, pregnancy care, abortion options, substance misuse service.

The course is mandatory for professionals wishing to provide sexual health support for young people as part of the Young People’s Outreach Health Service, which currently delivers services in over 50 community-based settings throughout Sheffield.

In **Southampton City**, there is a joint commissioning approach through a jointly appointed Commissioning Lead for Sexual Health, Alcohol and Teenage Pregnancy.

In **County Durham and Darlington**, sexual health service specifications include screening for alcohol/substance misuse and alcohol services include sexual health screening. As part of the CQUIN indicators during 2010/11 priority groups of staff for alcohol brief interventions training within the local hospital trust includes training the sexual health and GUM service.

In **Torbay**, there is a Drug, Alcohol and Sexual Health Commissioning Team to ensure best practice and joint commissioning across the strategies.

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In Cumbria, the young people’s services for alcohol and drugs have just been restructured and re-commissioned to include a comprehensive package of support for young people in relation to drugs, alcohol, sexual health and teenage pregnancy. This new service, DASH (drugs, alcohol and sexual health) provides information, advice and guidance across Cumbria. Emotional resilience workers offer one to one support and guidance to those young people who are experiencing harm as a result of alcohol or drug misuse or as a result of risk taking sexual behaviour but who are unable or unwilling to access appropriate specialist services.

The NHS South East City have a project to deliver alcohol brief interventions to targeted groups of service users at increased risk of sexual health inequalities; specifically unplanned conception and sexually transmitted infections, as a result of excessive alcohol consumption. Training will be aimed at frontline practitioners working with children, young people and families including A&E staff, Sexual Health Service staff, school nurses, community safety staff in priority neighbourhoods and voluntary sector projects supporting vulnerable young people aged 14-25 years. A resource toolkit for practitioners will be developed to use in community settings. The model of the training is a train the trainers approach.

The NHS North East region have commissioned Northumbria University to develop and deliver an educational package for nurses in the region to address and improve integrated clinical sexual health practice, which embeds as part of holistic client assessment, initial assessment of alcohol use. It includes a range of evidence based brief interventions for alcohol risk reduction for practitioners to use with clients as part of their package of care. The package uses a blended learning approach which includes e learning resources and competency assessed work based learning, to ensure practitioners are fit for purpose and fit for practice in tackling the alcohol and risk agenda in the sexual health context.

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The Manchester Healthy Schools programme is delivering work around sexual violence/anti-social behaviour, which links in alcohol abuse. This is part of the ‘Respect’ curriculum. It is currently being piloted in one school.

Tacade offered training to hostels and housing associations in East London to enable them to develop and improve drug, alcohol and sexual health promotion work with young people. This was identified as a specific need as homeless young people, including those in hostels and supported housing may be particularly vulnerable to poor sexual health and risky drug and alcohol use.

Nottingham offer a training course called under the influence which looks at the effects of drugs and alcohol on sexual behaviours and sexual health.
In **Bedfordshire** a Joint Commissioning Unit for Child Health has responsibility for the commissioning of drugs/alcohol and teenage pregnancy services. Local delivery of drugs/alcohol, teenage pregnancy and sexual health services is overseen by a countywide ‘risk & resilience’ strategy group for children, young people & families. The strategy group oversees delivery against an annual risk & resilience plan and the development of an annual needs assessment (including suggestions for commissioning priorities). The group makes regular reports to both the Bedford & Central Beds Children’s Trust where commissioning decisions are then made. Membership of the risk & resilience group includes the sexual health commissioning manager, teenage pregnancy coordinators as well as representatives from targeted youth support services and the third sector.

The **Kent** Teenage pregnancy partnership commission several sexual health training courses that are delivered across Kent for those working toward the reduction of teenage pregnancy. The most recent being *under the Influence – exploring the links between young people’s experiences of drugs, alcohol and sexual activity*. The aim is to increase understanding of the links between rises in under 18 conceptions and sexually transmitted infections with the misuse of drugs and alcohol by young people in Kent.

In **Wolverhampton**, the young person’s addiction service known as SUBS has been working jointly with the contraception and sexual health outreach service for some time. One of the paediatric nurses in the SUBS team has her contraception qualification (paid for out of Long Acting Reversible Contraception budget) and is now delivering contraception and sexual health services to her clients.

In **Peterborough** Drinksense provides training to Contraceptive and Sexual Health (CASH) professionals (and other organisations working with young people) to ensure the messages about sexual health and alcohol are consistently applied across services. This will include sexual health providers as well as the Youth service, Youth Offending Team and Probation. The training gives professionals the tools to establish risk and appropriate referral pathways. Community Health trainers are currently being trained to deliver brief interventions around alcohol within community settings.
3.6 Integrated services and referral pathways between services

- Co-location of public health/health-improvement services should be explored as an opportunity to facilitate cross working and referrals.

There are many examples of referral pathways between alcohol services, sexual health services, domestic abuse services, primary care, emergency departments and sexual assault referral centres (SARCs). In some areas, teams are either jointly located or integrated into one service to tackle a range of issues associated with risk taking. Examples are given below:

- **The Knowsley** Sexual Health Service ask questions about domestic abuse and sexual assaults routinely in the social history taking, during clinical consultations. Suitable referrals and support can be offered to agencies such as the Sexual Assault and Referral Centre. Think (Teenage Health in Knowsley) in a box is multi-agency provision, which includes substance misuse nurses and Sexual Health Outreach Nurse. A Drugs and Alcohol worker is present at each teenage clinic so that young people attending can be seen seamlessly. Outreach nurses currently share office space with the drugs and alcohol team and have a good working relationship for supporting each others work.

- **In Bolton** a new sexual exploitation team has been developed called EXIT. It is using a multiagency approach, linking drugs, alcohol and sexual health and risks of exploitation. Safety advice has been distributed in town centre locations as part of campaigns to reduce alcohol related violence and crime.

- **Brook London** has received funded by Comic relief to develop a model of working between sexual health and alcohol use. The programme is in its pilot phase and has involved networking with local alcohol agencies to develop referral pathways and joint working through a drop in session; developing referral links with A&E services and internally between the drop in and counselling staff. They have also trained sexual health service staff in the impact of alcohol misuse and delivered education programme in schools to raise awareness of alcohol and its impact.

- **In Somerset**, the STAR programme, led by Avon and Somerset Police, aims to work with the night time economy to reduce sexual offences linked to alcohol, underpinned by comprehensive research based on local evidence and statistics. The STAR strategic group includes the Health Promotion Manager for Sexual Health, Police, YOT, Community Safety Officer, Local Safeguarding Board representative and DAAT.

- **In Southampton City**, a co-located, holistic service is in place at a weekly health & well-being drop-in in the secondary school and college. Integrated risk-taking training for the multi-agency young people’s workforce combines sexual health and substance misuse assessment skills, and interventions.
In **North Lancashire** the sexual health outreach service and Addaction have a referral system in place between the two services. As part of the history taking both alcohol and recreational drugs are recorded and addressed as part of the risk assessment. Risky sexual behaviour and effects of using alcohol and drugs in lowering inhibitions is discussed with the client.

In **Wolverhampton**, an alcohol liaison nurse based within the A&E department identifies people attending because of excessive drinking and as part of the assessment screens for STIs and identifies the need for emergency contraception.

In **County Durham** the young people’s substance misuse service - 4REAL incorporate sexual health screening as part of the triage. This includes indicators of unsafe sexual practice, sexual exploitation risk and pregnancy status. Discussions then take place regarding impact of substance misuse on behaviour and decision making. Staff are trained in chlamydia screening and c-card, with a worker taking a lead on this in each team so that it remains high on the agenda. Referral pathways are in place with the sexual health services and primary care.

**York**’s Sexual Health Outreach Team (YPSHOT) refers young people with substance misuse issues into **First Base**, the alcohol and drugs service. Both Local Authorities have appointed risky behaviour posts to support schools.

In **Huntingdon and St. Neots** a Drinksense worker provides sessions and appointments at the young peoples’ clinic.

**Bradford** has good links across alcohol, sexual health and substance misuse with teams of nurses operating in eleven settings. Problematic drinkers at each location can access basic screening for a thorough sexual health assessment, examination and treatment. Advanced care and treatment is available from the Advanced Nurse Practitioner within the Team. There are also three nurse independent prescribers in the team who are able to treat sexually transmitted infections and follow up. Referrals are made to Gynaecology if necessary and there is a close link with the GUM service. All patients/clients can access and are offered HIV, Syphilis and Hepatitis B & C at these consultations. Hepatitis B vaccination is also given. Contraception advice is also available to all clients attending services and suitably qualified members of the team can provide contraceptive prescribing. The Team are also about to embark in the insertion of IUS / Implanon (long acting contraception) within services. Condoms and safe sex advice is available at all venues, including the service for women who work in the sex industry.
### 3.7 Education

- **Need to review PHSE education linking sexual health and alcohol**

The revised Drug and Alcohol Guidance for Schools was circulated for consultation late 2009 and responses are currently being considered. The guidance included emphasising the wider risks that young people face from alcohol including accidents, becoming a victim of crime and increased risks to sexual health.

The revised Sex and Relationship Education (SRE) guidance for schools is under consultation with an aim of publication in September 2010. This also highlights the impact that drugs and alcohol can have on sexual risk taking behaviour.

A range of areas across the Country have sexual health clinics within school and college settings e.g. Northumberland, Knowsley, Wirral, Derby, Worcestershire, Hull, North Staffordshire, Greenwich, Bristol, Southampton, Croydon, Huddersfield, Wigan, Loughborough. These services are often part of the wider SRE agenda and in most areas delivered by school nursing teams and sexual health outreach teams. Whilst offering a range of sexual health advice including contraception, testing and treatment; they also undertake an assessment of risk associated with alcohol and drugs.

**Luton** Drug and Alcohol Partnership (LDAP) Young Peoples Network Group includes membership from both alcohol and sexual health service providers. Young Person’s Drug Service includes support on alcohol, condom use, chlamydia screening, harm reduction and relationship issues. Several joint resources have been produced including; Love on the Rocks; FRISKY, Beauty is in the eye of the Beer Holder and the Foetal Alcohol Syndrome campaign.

**Brook London** has developed a resource to raise awareness of sexually bullying with young people. The issues of alcohol and sexual pressure are explored to raise awareness and facilitate discussion.

**SHADOW (Sexual Health and Drugs Outreach Work)** is a partnership initiative in **Coventry**. It focuses on education and prevention work with young people linking sexual health, teenage pregnancy, drug and alcohol education and lifestyles issues. It is delivered in a variety of settings including youth clubs, schools, colleges, care settings and pupil referral units.

The **Darlington** DAAT have led the social norms work on alcohol/drugs and has been expanded within all the secondary schools to include sex and relationship questions/statements.
In Bolton a prevention programme has been developed aimed at years 10 & 11 and FE students called Party Hard, Party Safe. There are two sessions; the first one is safer choices around sex and the second is safer choices around alcohol. It is delivered pre Christmas party season and includes contraception, STIs, alcohol units in drinks, condom demonstration wearing beer goggles, first aid and safety messages for nights out. It is jointly delivered by staff from schools, youth services, 360, The Parallel, Teenage Pregnancy and Healthy Schools teams.

In Barnsley a programme/toolkit for parents on sex, drugs and alcohol is currently in development to help parents talk to their children about these 3 interlinked issues. This will be supported by a whatdoyouknow website for young people. This work is led by the multi agency Sex, Drugs and Alcohol Steering Group. It aims:

- To consider the impact of the media and society’s behaviour on children and young people
- To develop parents/carers communication strategies so they feel confident to talk to their children about relationships, sexual health, drugs and alcohol
- To develop parents/carers knowledge of the relationships, sexual health, drugs and alcohol issues facing children and young people
- To explore avenues of help and support available to young people and their parents/carers
- To raise awareness of the key messages delivered to young people by statutory and non statutory agencies

The toolkit contains 13 interactive, fun sessions, which can be used within current, established group work with parents/carers. The toolkit complements A Resource for Sex, Drugs and Alcohol Awareness Teaching, launched July 2009, for those professionals who work with young people aged 12-19. This resource has been very well received with training to use the resource being attended by 134 professionals, from more that 8 different statutory and non statutory agencies including college tutors, secondary school teachers, school nurses, youth workers, police, looked after children’s staff, youth offending team, family nurse partnership, voluntary sector staff.

Additionally a Theatre-in-Education production toured all secondary schools and 6 youth settings in Barnsley. This covered aspects of anti-social behaviour, alcohol consumption and unplanned pregnancy.
3.8 Social Marketing, campaigns and resources

- Opportunity for joint public health campaigns/social marketing aligned on key messages using segmentation for age and gender

The Healthy Foundations Life-stage Segmentation model is a segmentation exercise aimed at social marketing practitioners in public health. It builds on existing research and knowledge to arrive at a segmentation of the English population, looking at the drivers of behaviour across the six public health priority areas. The segmentation sheds light on multiple and overlapping behaviours such as alcohol, physical activities and sexual health. The rich and detailed information on interventions provides sophisticated guidance around developing and marketing targeted sexual health interventions, which reach the right people and meet their needs appropriately. Two reports (one quantitative and the qualitative) will be published detailing and analysing the model; and a series of practical tools have been developed as a result to assist public health practitioners in targeting and understanding their audiences and in the development of health strategies and interventions.

The Why Let Drink Decide? campaign launched in January 2010 focused on parents and young people. Some of the key messages from the campaign highlighted alcohol’s contribution to unprotected sex, sexually transmitted infections and unwanted pregnancy.

As part of National Sexual Health Week in 2009 the FPA launched their ‘One too many’ campaign aimed at 18-30 year olds to illustrate the link between alcohol and sexual risk taking. The campaign included posters, leaflets, health information and a website.
Brooke and Drinkaware collaborated on a Christmas and New Year Campaign in 2009 titled ‘Have fun. Be careful’. They distributed packs to young people (aged 16-17 year olds) which contained two condoms, emergency mobile phone credit and tips on staying safe on a night out. PR activity was featured in magazines and web based sites accessed by young people. The campaign evaluated well and will be rolled out again in 2010.

In Somerset Somerset DAAT commissioned the campaign, Look after your mates. The primary aim was to raise awareness about harm reduction when consuming alcohol. The campaign provided key messages around personal safety when out socialising and drinking. Somerset County Council Communications team led the project and initiatives included: a website with an interactive game; young people could join a Face Book site; drinking survey; posters and promotional stalls at colleges in Somerset. 900 people were surveyed before and after the campaign. One of the key messages was *Forgotten Anything?* relating to the use of condoms. The recent chlamydia/teenage pregnancy street campaign disseminated an alcohol question on a quiz sheet. Top tips for staying safe when drinking were produced as credit cards to be disseminated.

The Hampshire SARC – Treetops developed a DVD, which is being shown in schools in Hampshire and the Isle of Wight. *Rape – short word, Long Sentence* is targeted at young people between the ages of 14-21 years. The aim of the DVD is to raise awareness of alcohol use and sexual health, highlighting the vulnerability of young people when drinking and the issues around consent.
In Derbyshire, the Sexual Health Peer Education outreach team (the Well Sexy project) undertake outreach activities across the county and themed campaigns. They supported two regional alcohol campaigns in the run up to Christmas - ‘Cocktales’ aimed to promote safer drinking messages to young people and the annual drink-drive campaign was themed with safer sex messages with the aim of getting people home safely after a night out.

Examples of on-line resources
The following websites have on-line resources or information about alcohol and sex:

YouthNet - (http://www.thesite.org/) has created preventative strategies for 16-24 year olds in relation to alcohol and high-risk sex. It provides guidance on what to do after a drunken one-night stand and where to get an STI test.

Brook on-line contains information for young people about alcohol and risky sexual behaviours (http:www.brook.org.uk/sex-and-relationships/harmful-situations/alcohol-and-sex)

Alcohol Aware has a number of resources, information and features including case studies, ‘one night stands’, drinking and sexual side-effects (http:www.drinkaware.co.uk)

NHS Choices RU Thinking? Website has a page of information on alcohol and sex, including a holistic self-assessment and a video on risky sex and alcohol. (http://www.nhe.uk/Livewell/Sexandyoungpeople/Pages/Sexandalcohol.aspx)

Examples of other Resources
Sex, alcohol and other drugs: exploring the links in young people’s lives. National Children's Bureau.
Using case studies and practical ideas, this resource spotlights the links between sexual activity and the use of alcohol and other drugs in young people's lives.
Drunk in charge of a body Il. Brook
This teaching resource provides flexible learning packages that can be modified to suit different groups of young people at different stages of development. It enables professionals to demonstrate the link between sexual health and the effects of alcohol. For use in schools and youth groups, it prompts active discussion and participatory learning about alcohol and its effect on personal and sexual relationships, and increases awareness of the positive and negative influences of alcohol.

Sex, drugs and alcohol. Tacade
An interactive resource for young people aged 14-19 particularly those with low levels of literacy. ‘Sex, Drugs & Alcohol’ can be used in schools, colleges, informal youth settings, with young people in care and with young people involved in the criminal justice system. It contains core activities using cartoon style illustrations showing situations common to young people with background papers and support information for facilitators and teachers.

Life Matters. Tacade
A board game for young people aged 13-19 years old about life’s opportunities, risks and challenges... sexual health and behaviour, alcohol, tobacco and other drugs. It can be played by up to twelve people and takes about one hour to complete. The winner is the first player to finish with all seven body parts intact! Response to the game has been very positive and indicates that it is an excellent way for young people to learn about important issues relating to their health and wellbeing, including sexual health and behaviour, alcohol, tobacco and other drugs.

Wasted and A little bit Wasted: Camden PCT
Camden PCT’s ‘Good Sexual Health Team’, as part of the Pan-London HIV Prevention Programme (PLHPP) produced two small media booklets ‘Wasted’ and pocket-sized resource ‘A little bit Wasted’. The booklets contain harm-minimisation information and advice, and referral to generic and specialised services. In addition, the Terrence Higgins Trusted (THT) as part of CHAPS, the National Gay Men’s HIV Prevention Programme, made a series of resources entitled ‘Drug Fucked’ that addressed substance and alcohol use, with referral to generic national information resources.

3.9 Policy and strategic development
- Need to ensure strategies link across key areas – alcohol, sexual health, sexual violence, domestic abuse and teenage pregnancy
- Need to address alcohol advertising given its possible connection to the promotion of sex
- Need to assess the impact of affordability and access to alcohol on sexual health
There are many examples of local strategies, which cross-reference the issues of Alcohol, Sexual Health and Teenage Pregnancy including **Manchester, Cumbria, Heywood, Middleton & Rochdale, North Lancashire, Warrington, Rotherham, Luton and Torbay**.

**Peterborough, Durham, Dudley and Salford** also make links with domestic abuse and/or sexual violence.

In **Bolton** the Teenage Pregnancy Strategy, Healthy School Strategy, Young People’s Substance Misuse Strategy and Alcohol Reduction Strategy make links between alcohol and sexual health. There are regular strategic meetings with the Healthy Schools lead, Teenage Pregnancy/Sexual Health lead and the Young People’s substance misuse lead to ensure that there is a joint approach to risk taking behaviours and to ensure all the teams work together. The three teams work in partnership when approaching and visiting schools to support them with alcohol, drugs and sexual health and relationship issues.

**Cumbria** has established a Risk Taking Behaviour Partnership Board, which is a sub group of the Children’s Trust and includes key strategic partners to bring together the Teenage Pregnancy Strategy and the Young People’s Drug and Alcohol Strategy. The Risk Taking Behaviour Strategy describes how services will offer a holistic approach to risk taking.

In **Coventry** alcohol and sexual health is within the portfolio of a Public Health Practitioner. In **Durham and Darlington** alcohol, sexual health, domestic abuse and sexual violence is within the portfolio of a Consultant in public health and in **Calderdale** there is a Senior Programme Manager on Substance Misuse and Teenage pregnancy.

Working in the Children and Young Peoples Team in **Portsmouth**, a joint post leads key programmes of work in relation to young people’s sexual health, alcohol and substance misuse, working with young people age 10 – 19 years in a variety of settings including schools, colleges and the local community. Work ranges from targeted session delivery to coordinating citywide campaigns to ensure young people receive information, advice and guidance. The role has a strong focus on looking at the risk taking impact of alcohol use and the impact this has on sexual behaviour.
Independent Advisory Group on Sexual Health and HIV
In 2007, following a seminar, the Independent Advisory Group on Sexual Health and HIV published a review of the impact drugs and alcohol has on young people’s sexual behaviour\(^5\). From their review, they identified five areas for intervention:

- Develop a national scheme incorporating all relevant agencies to provide holistic assessment, prevention and intervention services to address drugs and alcohol misuse and risky sexual behaviour.
- Reduce the drug taking and alcohol consumption of young people
- Ensure young people receive clear and factual information on the effects of drugs, alcohol and sex; and exposing myths. This should be part of their compulsory education.
- Recognise the environment in which today’s young people are growing up and determine what young people should be exposed to.
- Recognise the social, economic and emotional factors relevant to ensuring children and young people can be agents of their own health improvement.

Sexual Health and Alcohol Working Party
The Royal College of Physicians’ Sexual Health and Alcohol Working Party established in 2009 because of concerns regarding the influence of alcohol on sexual ill health in the UK. The aim of the Working party was to:

1. To review and present the evidence of the association between alcohol intake and sexual ill health, with particular reference to young people.

2. To assess the evidence of interventions designed to reduce the impact of alcohol intake on sexual risk behaviour, with particular reference to outcome based data.

3. To consider the current role of genitourinary medicine/sexual health clinicians and sexual health care settings in the assessment of alcohol intake, and the appropriateness of interventions in sexual health services.

4. To recommend any new training or management protocols to reduce the impact of alcohol of sexual ill health in the UK, particularly in young persons.

5. To consider examples of good practice in linking clinical and public health initiatives at local level in tackling this problem, and to make recommendations for more joined up approaches.

\(^5\) Independent Advisory Group on Sexual Health and HIV (2007) Sex, Drugs, Alcohol and Young People. A review of the impact drugs and alcohol have on young people’s sexual behaviour.
The draft recommendations in relation to the proposed role of sexual health services and associated services in reducing alcohol as a risk factor for sexual ill health are highlighted below.

**Alcohol should be included in the Quality and Outcomes Framework building on the Alcohol Direct Enhanced Service and the recommendations of the Governments Alcohol Harm Reduction Strategy for England (2004), to implement screening in patients with chronic co morbidity and offer appropriate advice.**

Primary Care Trusts or new Commissioning bodies should be further encouraged and supported to commission Locally Enhanced Services for alcohol that are accessible to patients, linked to specialist services and create clinical pathways that make sense.

All sexual health (SH) services and others providing SH care should take an alcohol history as an integral part of the clinical care of that patient/client regardless of age or gender.

All clinicians providing SH services should be trained in the use of a validated alcohol screening questionnaire such as AUDIT (alcohol use disorders identification test), to assess alcohol consumption.

All clinicians providing SH services should be trained to provide brief advice and/or intervention if a patient/client is assessed as drinking more than recommended levels when taking an alcohol history.

All SH services should develop a robust care pathway to refer patients/clients to local alcohol services where and when required, for example when alcohol consumption is at levels where specialist support is required.

All services providing SH care should have a time frame within which to achieve the DH ‘Your welcome’ quality criteria.
Sexual health services should be involved in developing advertising campaigns aimed at young people. The campaigns should point out the consequences of both underage and excessive drinking and sexual health outcomes in particularly linking the possible inability to consent to sexual intercourse when drunk and how to reduce the risk of unwanted sexual activity or sexual assault.

Sexual health and associated services should consider the impact of and resources required to introduce this role extension into the service. Maximising value by utilizing the transferable skills of existing staff groups such as Sexual Health Advisers, nurses psychologists and others who already provide behavioural interventions and training within many SH services.

National Institute for Health and Clinical Excellence (NICE) Guidance

Alcohol-use disorders: preventing the development of hazardous and harmful drinking

In 2010 NICE produced guidance on preventing the development of hazardous and harmful drinking. It recommends alcohol screening for young people (16-17 years olds) and adults who regularly attend genitor-urinary medicine (GUM) clinics or repeatedly seek emergency contraception. It also recommends making alcohol less affordable as the most effective way of reducing alcohol-related harm; making it less easy to buy alcohol by reducing the number of outlets selling it in a given area and the days and hours when it can be sold and strengthening the regulations for alcohol advertising for children and young people.

Personal, social, health and economic education focusing on sex and relationships and alcohol education

The NICE guidance on Personal, social, health and economic education focusing on sex and relationships and alcohol education is in development with the expected date of issue in January 2011. The consultation on the draft scope stated that sex before the age of 16 is associated with greater levels of regret for young women, poorer contraceptive use and higher rates of teenage pregnancy. It reiterated that behaviours that increase the risk of STIs include early onset of sexual activity, unprotected sex and frequent change of and/or multiple sexual partners. It identified alcohol and substance misuse as a key risk factor.

Prevention of sexually transmitted infections and under 18 conceptions

In 2007 NICE produced guidance on Prevention of sexually transmitted infections and under 18 conceptions. It recommends one to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and
at risk groups. It identified that misuse of alcohol and/or substance misuse was a behaviour that increases that risk of STIs. The NICE guidance on *NHS provision of contraceptive services for socially disadvantaged young people up to the age of 25* is currently in development and will be published in October 2010. It is likely to refer to the needs of young people who misuse drugs and/or alcohol and those who may have been sexually exploited, trafficked, or who are the victims of sexual violence.

**Behaviour change at population, community and individual levels**

In 2007 NICE produced guidance on *behaviour change at population, community and individual levels*. It recommends that interventions and programmes aimed at changing behaviour should be based on a sound knowledge of community needs and build upon the existing skills and resources within the identified community. This includes involving the community/group in the development, evaluation and implementation of any intervention. It is important to identify what specific behaviours are to be targeted, potential barriers to change and use key life stages when people may be open to change. Training should be available for those involved in changing people’s health-related behaviour so that they can select the appropriate interventions that motivate and support people. Evaluating effectiveness and assessing cost effectiveness needs to be incorporated into the programmes.

### 3. 10 Targeted approaches

The **South Tyneside** Youth Inclusion Project works with around 25 young people aged 13-16 years over a 12 month period who are identifies from a range of agencies including the police. A range of healthy activities is on offer to groups including a Citizen Award, which includes modules on sex, relationships and substance misuse. The drop in sexual health clinic provides advice on alcohol.

Teen Talk is a Domestic Violence support programme for teenagers who experience alcohol, sexual health and sexual violence/abuse problems in **Knowsley**. Teenage parents have also been referred into this support programme.

**Milton Keynes** Domestic Violence Forum commissioned the Stella Project (the Greater London Domestic Violence Project and the Greater London Alcohol and Drug Alliance), to promote integrated work across the fields of domestic violence, drugs and alcohol. The sessions were aimed at improving awareness to work with and help improve the response to survivors of domestic abuse who may have problematic substance use.
**East Sussex** has commissioned a Vulnerable Young persons sexual health nurse, who is co-located within the U19 substance misuse service (SMS). She works with young boys and girls who have either a drug or an alcohol dependency and are at risk of poor sexual health. She provides one to one support and outreach work targeting the most vulnerable young people across the county. She also provides training for the new missing people’s service on sexual exploitation and teenage pregnancy prevention agenda. Training has also been delivered to the U19 sms and the safeguarding intensive family support team (SWIFT).

Work delivered by the Blueroom, for male street workers in **Manchester** includes comprehensive support and referral pathways into a range of services including sexual health, sexual violence and alcohol.

**Hampshire & Isle of Wight** undertook a short pilot in pharmacies delivering alcohol awareness, brief advice and referral to specialist services for girls/women accessing emergency contraception. As part of the pilot, they were asked whether and to what extent alcohol had played a contributory part in their unprotected sex.

**Salford** has funding to develop information to lesbian and gay service users on alcohol misuse and risk and the **North East** has recently developed a health resource for women who have sex with women. Separate resources are available for under 25s and over 25s as well as a website; all contain information on sexual health and alcohol.
3. 11 Involvement of young people

The award winning ‘Scored project’ developed by the Young People’s Health Project in East Birmingham uses football training as a method to engage young men in sex and relationships education. The project was developed in consultation with young people out of school with high levels of truanting and on part-time timetables. The project aims to raise awareness among young people about the responsibilities of engaging in a sexual relationship, safe sex, understanding of the role of drugs/alcohol on sexual health situations and the consequences of unprotected sex and the role, responsibilities and rights of fatherhood. Skills developed on the football pitch can be developed into relationships including communication, negotiation, decision-making and teamwork.

The Healthy Oxfordshire Schools Team has been working to address alcohol misuse, sexual health and risk taking with vulnerable young people using theatre and interactive workshops. The team has been able to engage young people in a wide range of schools and with a broad spectrum of educational ability. A play called ‘Last Orders’ is about young people drinking at a house party and engaging in risky sexual behaviour. Young people are then engaged in a workshop to discuss issues around STIs, condom use, alcohol and risks.

In Wiltshire the Sexual Health Partnership and Extended Schools programme have worked together to produce guidelines for education settings to set up and run health and wellbeing drop ins for young people. Wiltshire Colleges already have a successful and active peer mentoring service available on all sites. Students are now being trained to support and signpost fellow students to drug and alcohol information and support services. This piece of work is undertaken in partnership with the Teenage Pregnancy Board.

Ready, Steady, No!” is a board game designed by young people attending Kimberley Youth Club in Nottinghamshire. The game is aimed at young people aged 13+ and questions are themed around drugs & alcohol, relationships, sexual health and risk and will be circulated to local youth clubs and secondary schools during 2010. The game is funded by Nottinghamshire Teenage Pregnancy Partnership, following a successful pitch by the young people at a “Dragons Den” style competition, which took part within the Nottinghamshire SRE good practice conference.
4. Quality Standards

As part of the North East project undertaken by Claire Cairns Associates a set of Quality Standards has been developed to support partnerships tackling alcohol and sexual risk taking. There are thirteen standards including:

1. Partnership structures
2. Collaborative Commissioning
3. Sex & Relationships Education
4. Evidence-based prevention/early intervention
5. Early identification & screening
6. Timely interventions
7. Referral pathways
8. Involvement of young people
9. Social Marketing and Media
10. Recruitment
11. Staff Management
12. Training
13. Targeting Parents & Families

These standards with examples of practical measures can be found in Appendix 3.

5. Recommendations

5.1 Any future national strategies developed through the Department of Health, Department of Education and the Home Office should make clear linkages across alcohol, sexual health, teenage pregnancy, sexual violence, community safety and domestic abuse. This should be replicated at a local level.

5.2 The Central Office of Information (COI) carried out a review in 2010 of the existing evidence on the factors that positively or negatively affect sexual health outcomes in the UK. They recommended setting up public health prevention steering group to integrate sexual health promotion with public health prevention programmes that tackle alcohol, drugs, obesity, sexual and domestic violence. This could be undertaken at both a national and local level.

5.3 Many partnerships across England have developed a risk and resilience approach for under 18s in order to address the needs of individuals rather than developing a silo approach to tackling topic based issues. This model should be evaluated and rolled out. Local partnerships should undertake a self-assessment against the Quality Standards identified in Appendix 3.

5.4 A more systematic approach to data recording needs to be established within sexual health and alcohol services to provide better intelligence on risk taking. This should be monitored over time to capture trends. Public health intelligence
should be used more effectively to ensure a more targeted approach to those areas at greatest need.

5.5 As identified in the NICE guidance for behaviour change, any interventions or programmes aimed at changing behaviour should involve the community group in the development and evaluation of any intervention. This may include both universal and targeted interventions for different groups and should give consideration to age and gender.

5.6 Commissioners should embed alcohol, sexual health and/or risk screening into service specifications and contracts with providers delivering sexual health, alcohol and/or substance misuse services. This should include the need to train frontline practitioners in evidence based screening tools and skills to deliver brief advice.

5.7 Commissioners should establish integrated services developed around the need of the client group as a way of monitoring those individuals at higher risk. This should be more effective and cost effective.

5.8 There is a gap in both research and practice of integrating work on alcohol and sexual health for older age groups (25+years).

5.9 Public health campaigns should be informed by social marketing and where possible identify opportunities for integrated messages linking alcohol and sexual health. Any educational programmes or educational materials should be evaluated.
Appendix 1:

Young People – Alcohol & Sexual Risk Taking Project in the North East

Briefing for Commissioners

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1 Background

This piece of work was commissioned by Government Office North East in November 2009 with the aim of producing a regional toolkit addressing issues surrounding young people involved in risky behaviours (specifically alcohol misuse and sexual risk taking).

Methods utilised for the project involved interviews with key stakeholders, focus groups with frontline staff, focus groups with young people in various settings (particularly those deemed to be vulnerable/at risk) and a full literature review of the academic evidence base alongside examples of evaluated and promising practice.

A regional toolkit has been developed, which is based on the academic literature review coupled with the regional qualitative work. This briefing document is one element of this regional toolkit. It is designed for local commissioners of services for young people engaged in risky behaviour (e.g. substance misuse commissioners and teenage pregnancy commissioners).

2 Purpose

The purpose of this briefing document is to summarise the key relevant points that have arisen from the work that are likely to be of interest to commissioners. This includes an overview of risk and resilience, identified risk factors and examples of both evaluated and promising service delivery models. The evidence in terms of the link between alcohol and sexual risk taking is explored more fully in the Literature Review.

3 North East Prevalence – Alcohol & Sexual Risk Taking

The North East region has the highest levels of alcohol misuse when compared with other areas of the country and particularly high rate of alcohol misuse amongst under 18s (NWPHO, 2007).

The region also has the highest number of teenage conceptions in comparison with the UK average, the regional rate being 21% higher than the national average. This position has been static for the last 10 years, despite a commensurate reduction (across all UK regions) of 13.3%.

Figure 1 – 2008 Conception Rates by Region
Partnership activity within the region varies significantly, with one partnership being 10% lower than the national average and another being 62% higher (in 2008 baseline). In general terms the majority of partnerships (11 out of 12) in the North East have shown a reducing trend since the 1999 national strategy. The overleaf table shows the change over the last 10 years broken down by partnership:

**Figure 2 - Change in Conception Rates between 1999-2008 by North East Partnerships**

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Percentage change between 1999 and 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darlington</td>
<td>Reduced by 20.1%</td>
</tr>
<tr>
<td>Durham</td>
<td>Reduced by 10.7%</td>
</tr>
<tr>
<td>Gateshead</td>
<td>Reduced by 13.8%</td>
</tr>
<tr>
<td>Hartlepool</td>
<td>Reduced by 12.9%</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>Reduced by 22.1%</td>
</tr>
<tr>
<td>Newcastle</td>
<td>Reduced by 4.4%</td>
</tr>
<tr>
<td>North Tyneside</td>
<td>Reduced by 16.9%</td>
</tr>
<tr>
<td>Northumberland</td>
<td>Reduced by 17.4%</td>
</tr>
<tr>
<td>Redcar &amp; Cleveland</td>
<td>Reduced by 18.8%</td>
</tr>
<tr>
<td>South Tyneside</td>
<td>Reduced by 21.7%</td>
</tr>
<tr>
<td>Stockton</td>
<td>Reduced by 9.7%</td>
</tr>
<tr>
<td>Sunderland</td>
<td>Reduced by 16.4%</td>
</tr>
</tbody>
</table>

The below chart illustrates the prevalence of alcohol misuse amongst young people, clearly showing the North East region as the highest in comparison with other regions in the UK (NHS, 2010).

**Figure 3 – Prevalence of Alcohol Consumption**

*Mean Consumption of Alcohol by Young People (11-15yrs) in Last Week*
Understanding Risk & Resilience

A number of theories have been developed to try and explain why some young people exhibit a greater propensity to risk taking than others.

Up until fairly recently the most dominant theory has been ‘Problem Behaviour Theory’. This theory suggests that three aspects of a young person’s make-up determine their inclination towards risk taking: the personality system, the perceived environment system and the behaviour system. It is suggested that the interaction between these three psycho-social influences determines an individual’s propensity to take risks. This model has appeared to be successful in predicting risk behaviour for drug use, alcohol misuse and sexual activity in a range of empirical tests (Rayna et al, 2006)

While the term ‘risk’ implies the possibility of a negative outcome, young people experiencing risk factors are not inevitably on a pathway to exclusion later in life. This is because young people can develop resilience to risk through exposure to protective factors.

‘Experiences in adolescence will be both positive and negative, and specific factors in young people’s lives can protect them from risks they may face. Importantly, their experiences during the teenage years combine to shape their character, their personal attributes, and their level of resilience.’

(DCSF, 2007)

Research shows that many individuals who display one or more risk factors do not partake in risky behaviour and that this may be due to the strong co-presence of protective factors that effectively mitigate against the risk factors (Durlak, 1998). It is now understood that protective factors do not have to be ‘opposite’ to particular risk factors to promote resilience. Indeed there is a shift from seeing prevention as needing to be focused on particular and/or independent problems to recognition that improving protective factors per se is effective in reducing risk (Coomber, 2004).

It is known that protective influences exist in various spheres of young people’s lives – at home, at school, in the community – and in the personal characteristics which they inherit or acquire, such as intelligence, language skills, behaviour and attitudes. It is also known that the more protective influences that are in place the greater the chance of young people developing the resilience they need to avoid negative outcomes in later life (Coomber, 2004).

<table>
<thead>
<tr>
<th>Definitions of risk and protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Risk factors are personal attributes or situational and/or environmental contexts that increase the likelihood of engaging in a behaviour (or the extent to which they engage in this behaviour) which adversely affects an individual</td>
</tr>
<tr>
<td>o Protective or resilience factors are personal attributes or situational and/or environmental contexts that buffer, reduce or inhibit the behaviour in question</td>
</tr>
</tbody>
</table>

3 Key Risk Groups (Alcohol & Sexual Risk Taking)

It is imperative for commissioners of services to understand the key target group for whom services are being provided. Whilst the majority of this work is, and should be, delivered as part of core universal services, there are certain ‘groups’ of young people who are more likely to become engaged in alcohol misuse and sexual risk taking.
By analysing various individual streams of evidence around risk factors indicating propensity towards substance misuse, teenage pregnancy, poor sexual health etc. it is possible to clearly see the most prominent risk factors which suggest young people are at higher risk of alcohol use and sexual risk taking (Kenny, 2010). There are identified as follows:-

- Young people from socially disadvantaged backgrounds
- Young women who binge drink
- Boys and young men who have disengaged from SRE
- Young people from certain BME communities
- Lesbian, gay, bi-sexual and transsexual young people
- Looked after children and young people and those leaving care
- Students
- Young people who have been sexually abused
- Young people who are excluded or have disengaged from school
- Young people who have been sexually abused
- Young people who have behavioural, mental health or social problems
- Young people who have been in contact with the criminal justice system
- Homeless young people
- Those involved in commercial sex work

6 Key Protective Factors

Using the same methods as in section 5 above the combined evidence suggests the following protective factors:-

- Positive emotional wellbeing
- Positive attitude to health, including sexual health
- High self esteem, including positive body image
- Warm supportive relationships with parents and/or other trusted adults
- Access to confidential information, advice and support
- Engagement with education, training or work
- Engagement with leisure activities involving positive peer influences
- Social and emotional literacy and life skills
- Knowledge of sexual health and contraception, including access to appropriate services

7 Teachable Moments

Commissioners have finite resources and therefore need to consider, on the basis of local need how resources are best placed. In addition to factors such as geography (e.g. targeting hotpots with limited health provision) some clear ‘teachable moments (i.e. potential timely opportunities for interventions) have been identified throughout this work. The most common ones are highlighted as follows:-

- At crisis points (e.g. young people accessing A&E, emergency contraception, pregnancy terminations etc.)
- Transition from primary to secondary school
- Entering/leaving care
- After witnessing an incident (e.g. friend becomes pregnant/has alcohol overdose)
- SRE/PSHE in universal settings
- Transition from schools to colleges
Various models of service delivery and examples of practice have been identified which address the risks associated with the target group of young people either specifically or in a generic way (Kenny, 2010). These are primarily taken from evidence-based practice. The Literature review contains examples of service delivery within these models (both evaluated and ‘promising’).

<table>
<thead>
<tr>
<th>Model</th>
<th>Key Features</th>
<th>Evidence Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive and holistic programmes of SRE linked with PSHE in schools</td>
<td>Life skills-based education differentiates itself from skills-based health education in the content of topics that are covered. Skills-based health education focuses on health; whereas life skills-based education concentrates on a number of topics such as human rights, citizenship, and social issues such as health. Life skills education also includes communication and listening skills; negotiation and refusal skills; decision-making and problem-solving skills; and coping and self-management skills, such as increased self-esteem and the ability to manage feelings and stress. It may also include condom and contraceptive use, the ability to obtain condoms and other preventive measures from service providers, and the ability to negotiate their correct use with sexual partners. It has been found that effective sex and relationships education is based on a life skills approach, rather than a narrower health education approach.</td>
<td>World Health Organisation 2003</td>
</tr>
<tr>
<td>Positive Leisure Activities</td>
<td>Aiming High emphasizes the role of the youth service in providing positive leisure activities which may reduce the likelihood of risky behaviours, including alcohol misuse and risky sex.</td>
<td>DCSF (2007)</td>
</tr>
</tbody>
</table>
| An active role for the Youth Service and Targeted Youth Support | It is recognised that the Youth Service has an important role to play in tackling sexual health and identifying those at risk of risky sexual behaviours. The 2008/9 Teenage Pregnancy Unit Report suggested that mechanisms should be put in place to identify those at risk of teenage pregnancy, particularly within Targeted Youth Support and Integrated Youth Support services. In particular it has been suggested that:  
  o The Youth Service has a critical role in early identification of risky sexual behaviours  
  o SRE and contraceptive/sexual health services could be integrated into Integrated Youth Support Services  
  o Youth Support services can provide outreach and in-service support to young people’s sexual health services  
  o SRE and contraception outreach work can be integrated into positive activities programmes  
  o Targeted work with boys and young men. Research suggests that positive activities can create environments and situations where young men feel they can demonstrate masculinity in a positive way rather than through unhealthy behaviour such as binge-drinking.  
  Third sector youth services can play an important role in supporting statutory services to engage more effectively with young people as they are often well placed to reach marginalised young people, often because they know their communities and have already established trust. | Teenage Pregnancy Unit (2009) DeVisser (2009) DCSF (2007) |
| On site and outreach services: Schools and community settings | The Teenage Pregnancy Unit has recommended that contraceptive and sexual health services which provide a range of contraceptive methods and advice on sexual health, to be available to all young people through on site health services in schools and community services. Example of this kind of on-site service are given in the full Literature Review.  
  A ‘hub and spoke’ approach to the delivery of sexual health care can provide a framework for good links and communication between the different service providers. | Teenage Pregnancy Unit (2009) |
providers. The central mainstream ‘hub’ could provide the management and coordination to the other specialist services and partners (‘spokes’).

| On site and outreach services: further education settings | As previously indicated in the last section, students are a high risk group. Further education providers therefore can play an important role in supporting young people with access to information, advice and services that can support them at this time of transition and change.

Some further education providers are already offering sexual health services on-site, and feedback from young people, parents and governors has been positive (See Examples of Practice in Appendix 4). At a basic level one-site sexual health services in FE can include referral and signposting to off-site services. At a more advanced level it can includes on-site drop-in clinics providing contraception and testing services. Providing access to sexual health services in further education settings is increasingly seen as an important preventative and cost effective approach. | Teenage Pregnancy Unit (2009) |

| One-Stop Shops | A key recommendation in the National Sexual Health and HIV Strategy was the provision of more comprehensive and integrated sexual health services, including ‘one stop shops’ (OSS). ‘One-stop shops’ referred to the provision of sexual health services on a single site. There was no clear consensus on whether one provider should manage care (and who that provider should be) or whether different specialists should be housed in the same building. In 2003, the Department of Health (DH) commissioned an evaluation of three models of ‘one stop shops’, fuller details are contained within the Literature Review. | DoH (2001) | DoH (2008) |

9 Interventions for Parents/Families

Parents and families are pivotal and all commissioned services should take account of the wider family functioning as part of the ‘Think Family’ agenda.

Recent surveys with young people unanimously conclude that parents remain the first port of call for young people with regards to issues around sex and/or alcohol.

The ‘teachable moments’ identified in Section 7 can be equally applied to ensure those same opportunities for interventions with young people are actively used to promote parallel messages to parents.

Local parenting commissioners and parenting strategies are the centre point for this work and links across are essential to ensure this element forms part of a wider work programme in each partnership area for parents and families.

Commissioners may find it helpful to consider a ‘tiered approach’ for family support (which would, in effect mirror the wider approach for parenting support in most local partnerships). This might look as follows:-
A Tiered Approach to Commissioning Services for Parents/Families

- **Tier 1 (Universal/Generic)** – services within this tier would include basic advice/information/awareness to parents through school parents evenings, marketing campaigns and generic health settings

- **Tier 2 (Targeted Work)** – this work would focus on those parents who can be classified as ‘hard to reach’ and may not attend school parents evenings and are less likely to receive messages through generic/universal settings. The use of Parent Support Advisors could be utilised to work with such families along with evidence-based parenting skills programmes, parenting orders/contracts through the YOS etc.

- **Tier 3 (Specialist Family Work)** – This work (which may already be commissioned) would involve crisis intervention services for families most at risk

The Department for Children, Schools & Families have recently produced non-statutory guidance (DCSF, 2010) which replaces their previous guidance (October 2006) which incorporates subsequent developments in parent and family services including the national roll-out of ‘Think Family’ working between children’s and adults services, and targeted parent and family intervention.

It is of particular importance to commissioners, with Chapter F being specifically dedicated to commissioning parenting support and family services.

10 Integrated Commissioning Approaches

One of the key barriers identified by stakeholders during the process of this project was the lack of integrated strategic/governance arrangements which address risk taking behaviours in a holistic way.

Whilst there are benefits in terms of achieving a dedicated focus to commissioning single work areas (e.g. teenage pregnancy), the consequences of this approach can sometimes lead to fragmented commissioning arrangements which become complex to join together.

Many partnerships have commissioning managers who are responsible for single work areas (e.g. substance misuse) although a few have ventured along the path of commissioning across a range of vulnerabilities.

Regardless of the commissioning setup within individual partnerships commissioners may wish to consider:

- How does my commissioning strategy fit with other (related) commissioning strategies for young people?
- How can targets and key performance indicators be more aligned to assist front-line services to work more holistically with young people?
- Is there a way to jointly performance manage commissioned services with other (related) commissioners to send a clear message to service providers that there should be seamless integration between cross-cutting agendas (i.e. risk areas)?
- What influence can I have on universal/generic settings to ensure preventative/low threshold work with young people is fully resourced?
11 What Young People Said

As part of this work a consultation exercise was carried out with 6 different groups of young people (a total of 64 young people) including groups from the youth service, young offenders, teenage parents and young people disengaged from education and employment.

The key messages from this consultation of specific relevant to commissioners are as follows:-

- Male and female young people of all ages suggested they would talk to family or friends first if they needed sexual health advice.
- Many of the younger people felt able to trust their key worker or other support worker to give them confidential advice and support about sexual issues, for example E2E worker, a Connexions worker, a youth worker and a social worker.
- Young women and younger men were more likely to seek specific advice about contraception and sexual health from a sexual health clinic than older young men who were more likely to go to a GP.
- Some older young men still looked to partners for help in accessing contraception.
- Discussing alcohol use was viewed by many young people as more sensitive than sexual activity and contraception needs and there appeared to be a greater resistance to talking to family and friends about drinking than there was about sex.
- A significant number of young people said they would use the internet to get information as it would be confidential.
- ‘Talk to Frank’ was seen as a valued first port of call in gaining information about alcohol use. It was thought that a similar model could be developed regarding sex education and the awareness of risks associated with drinking and unprotected sex.
- There is no one place designed to raise young people’s awareness of the likelihood of unprotected sex after drinking alcohol, and it would depend on who the young person trusted most.
- Higher profile advertising is needed— not just ‘getting the message across’, but publicising information about how to access local services and in places where young people would see the information – especially those who did not attend youth clubs or projects or are not in contact with other services.
- The majority of young people didn’t think there was anything that could be done to stop young people drinking and having unprotected sex, although it was important to keep raising awareness of the risks involved.
- It is important for young people to stay engaged with school and get involved in interesting things to do, that don’t just involve drinking with friends.
- Schools have a responsibility to raise these issues with young people early on as part of PSHE and education programmes and these should include different kinds of contraception, where they were available, and the risks of unprotected sex including STIs and unplanned pregnancy. In terms of raising awareness, interactive teaching methods emphasising real life experience or television dramas that were part of young people's popular culture were likely to be more successful than more traditional methods.
- Discussion groups could be better (more open) in youth clubs and youth projects. Youth workers have more time to give people individual advice, support and guidance than teachers or people in sexual health clinics.
- Teachers, Connexions PAs, youth workers, social workers, GPs and parents all needed to be more aware and identify the early warning signs and risks that young people might be taking but also more ought to be done by services to help young people identify the risks for themselves. More use could be made of particular motivational and risk self assessment tools like the Rickter Board.
- Older young people with experience of the issues were realistic about the possible consequences might be able to talk more effectively to young people than teachers.
12 Conclusions

This report summarises the key elements of the findings from the project in the North East which are most likely to be of relevance and benefit to local commissioners.

To further explore the models of service delivery and examples of actual practice, the full Literature Review should be consulted alongside this document.

Commissioning across areas of ‘risk’ with young people is a complex agenda. However, commissioners have a crucial role to play to ensure this agenda is strategically aligned. By doing this, services at an operational level will be able to follow-suit naturally which should consequently improve the way young people access and receive services.
Appendix 2:

March 2010

Young People – Alcohol & Sexual Risk Taking Project in the North East

Quality Standards
Quality Standards (North East)

Young People – Alcohol & Sexual Risk Taking

Background

This piece of work was commissioned by Government Office North East in November 2009 with the aim of producing a regional toolkit addressing issues surrounding young people involved in risky behaviours (specifically alcohol misuse and sexual risk taking). The key focus of the work was on universal and targeted services.

Methods utilised for the project involved interviews with key stakeholders, focus groups with front-line staff, focus groups with young people in various settings (particularly those deemed to be vulnerable/at risk) and a full literature review of the academic evidence base alongside examples of evaluated and promising practice.

A regional toolkit has been developed, which is based on the academic literature review coupled with the regional qualitative work. The ‘Quality Standards’ and associated partnership self-assessment tool are two elements of this regional toolkit.

Using the Quality Standards

The set of thirteen quality standards are intended for use in the broadest possible sense. They do not replace the need for local strategies/plans but simply encourage partnerships to consider the most pressing issues that have arisen as part of this work in the North East region.

The quality standards are broken down into four broad themes:-

1. Strategic
2. Operational/service delivery
3. Workforce
4. Think Family

Each quality standard is based on the evidence and information gathered throughout the regional work.

The final column of the quality standards gives an indication of possible practical solutions. These are merely examples and partnerships may well have different/additional arrangements which equally meet the quality criteria.
## QUALITY STANDARDS (North East Region)

### Alcohol & Sexual Risk Taking

#### Strategic

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<tr>
<th>Area</th>
<th>Quality Standard</th>
<th>Practical Measures (Examples)</th>
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| 1 Partnership Structures   | Local partnership structures should be aligned in such a way that they are able to strategically address issues of 'risk and resilience' amongst young people as a whole, rather than addressing separate risk areas in isolation (e.g. substance misuse, teenage pregnancy) | Children’s Plans/Strategies combining ‘risk’ work streams into one combined programme of work  
Risk & Resilience Strategic Boards as part of Children’s Trust arrangements                                                                                                                                               |
| 2 Collaborative Commissioning | Commissioners of services for young people who are engaged in risk taking behaviour should work collaboratively to co-ordinate needs assessments, commissioning strategies, service level agreements and performance management of commissioned services | Joint needs assessments  
Cross-cutting issues included in service level agreements (e.g. including the requirement for sexual health screening within alcohol services)  
Joint performance monitoring meetings of commissioned services (e.g. involving both the substance misuse commissioner and teenage pregnancy commissioner) |

#### Operational Service Delivery

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<th>Area</th>
<th>Quality Standard</th>
<th>Practical Measures (Examples)</th>
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| 3 Sex & Relationships Education (SRE) | Sex & Relationships Education should be delivered as part of a wider comprehensive programme of PSHE in all primary, secondary, special schools and relevant out of school settings (e.g. pupil referral units, youth centres) | PSHE programmes include both alcohol/drugs and SRE as key focus areas, with seamless linkages across, rather than these elements taught in isolation  
Pupils consulted on the appropriateness of the PSHE programme and given opportunities to be involved in design/delivery                                                                                                                                 |
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| 4    | Evidence-based prevention/early intervention | Partnerships should ensure and targeted interventions for young people are evidence-based (see full Literature Review)  
Opportunities for young people to participate in positive activities  
Volunteering and mentoring opportunities for young people in the community  
Harm minimisation approaches to alcohol awareness/education  
Holistic support services for young people (e.g. one-stop shops)  
Compliance with ‘You’re Welcome’ criteria  
Development of personalised advice and support to young people (on whole range of issues such as sexual health and substance misuse) |
| 5    | Early Identification & Screening | A screening process should exist in each partnership area which addresses risk taking behaviour in a holistic way  
CAF Process, tightly linked with sexual health and substance misuse  
Development of a dedicated screening tool (e.g. Stoke on Trent, attached as Appendix A)  
Combining current screening tools for substance misuse and teenage pregnancy  
Screening for risk taking behaviour as part of generic provision  
Encouragement of young people to ‘self screen’ using resources such as the ‘Teen Life Check’ [http://www.teenlifecheck.co.uk/Question.aspx](http://www.teenlifecheck.co.uk/Question.aspx) |
| 6    | Timely Interventions | Partnerships should consider, as part of their commissioning strategies, the key ‘teachable moments’ for young people (Cairns, 2010) and what local responses could be in place to fully utilise these opportunities  
Brief interventions in pharmacy (emergency contraception) services  
Clear care pathways between A&E and specialist services  
Targeted (small group based) work with school pupils in transition to |
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<th>Area</th>
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<tr>
<td>7 Referral Pathways</td>
<td>Clear referral/care pathways should exist in all partnerships between universal/targeted and specialist services, sexual health and alcohol services</td>
<td>'Team Around the Secondary School' model assists in getting wide range of professionals to discuss individual young people who may be at risk and brokering in the support they may need from more specialist services (e.g. Hartlepool)</td>
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<td>8 Involvement of Young People</td>
<td>Partnerships should actively engage young people (particularly those most likely to be involved in ‘risky’ behaviour) in the development/delivery of services</td>
<td>Peer mentoring programmes</td>
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<td>Young Advisors Scheme</td>
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<td>9 Social Marketing &amp; Media</td>
<td>Partnerships should consider a means to promote positive messages to address the current imbalance of perceptions amongst young people and families</td>
<td>Social norms marketing campaigns</td>
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<td>Local work promoting positive messages (e.g. Drinkaware ‘Have Fun-Be Careful’ campaign targeting young people at ‘peak risk’ times)</td>
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<td>Universal staff using every opportunity to challenge young people’s perceptions of current social norms</td>
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## Workforce Development

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<th>Area</th>
<th>Quality Standard</th>
<th>Practical Measures (Examples)</th>
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<tr>
<td>10 Recruitment</td>
<td>Recruitment of staff working in universal and targeted settings for young people should ensure staff have the right competencies and attitudes to work with young people on a range of sensitive issues</td>
<td>Job adverts/descriptions to identify ‘risk taking behaviour’</td>
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<td>11 Staff Management</td>
<td>Staff management should encompass the three key of:- &lt;br&gt; - <em>Role Legitimacy</em> (i.e. ensuring frontline staff understand the important and wider context of their role) &lt;br&gt; - <em>Role Adequacy</em> (ensuring staff are competent to perform their role – see 11) &lt;br&gt; - <em>Role Support</em> (i.e. effective supervision for staff who are dealing with a range of risk taking behaviour)</td>
<td>Organisational understanding of the three key principles and commitment to managing staff within this framework</td>
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<td>12 Training</td>
<td>All staff in universal and targeted services should be trained to a level, appropriate to their role, which allows them to identify risk taking behaviours and take appropriate action</td>
<td>Training for workers in adult/generic services (e.g. general practice on methods of working with children and young people &lt;br&gt; Sexual health core competencies training for youth workers, youth support workers and targeted youth support professionals &lt;br&gt; Alcohol awareness training (including brief interventions) for sexual health staff &lt;br&gt; Multi-agency training on consent and confidentiality when working with young people (in particular adolescents) &lt;br&gt; IAG (Information Advice &amp; Guidance) training for staff in universal and targeted settings</td>
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### ‘Think Family’

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<th>Area</th>
<th>Quality Standard</th>
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<tr>
<td>13 Targeting Parents &amp; Families</td>
<td>Local partnerships should ensure that their local Parenting Strategies and ‘Think Family’ developments specifically target parents and families. This should include information, support and training for parents/carers on preventing, recognising and responding to risk taking behaviour among young people that leads to poor outcomes.</td>
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<td>Running short courses for parents and carers to build up knowledge and confidence to talk to their children about sex and relationships and prevent alcohol misuse, for example the FPA ‘Speakeasy’ course and the Strengthening Families Programme (10-14)</td>
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<td>Involving Parent Support Advisors; for example they might be trained to facilitate a ‘Speakeasy’ course</td>
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<td>Linking with local parenting strategies, for example building sessions on SRE into parenting courses offered by Sure Start and Children’s Centres and making links with Family SEAL</td>
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