Young People's Risky Behaviour Needs Assessment

Interim Report for the Royal Borough of Kingston upon Thames (RBK)

April 2018

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Summary of Key Findings

Local picture

- The local picture regarding young people's risky behaviours appears to mirror that of the national landscape and has not changed significantly since the 2013 needs assessment.
- While some traditional risk behaviours such as smoking appear to be in decline, issues relating to drug and alcohol use and sexual activity remain, and there is growing concern about the apparent increase in children and young people suffering from poor emotional health.
- It was felt that the overall decline in risky behaviours could mask different trends for particular groups of young people, particularly those more likely to be engaged in risky behaviour.
- The groups undertaking risky behaviours in Kingston are similar to the national picture and have not changed significantly since the 2013 needs assessment. Additional groups identified included young people from affluent families and young people who have more than one vulnerability e.g. LGBT young people with autism.
- The role of new technology and changing social and cultural norms amongst this age group have led to a rise in social media and smartphone use, shifts in drug type and mode of purchase, and changes to sexual behaviour following exposure to inappropriate imagery.
- Patterns of risky behaviour were similar to the 2013 needs assessment. Emerging trends included:
    - The age that young people have access to technology and are engaged in risky behaviour is reducing. For example the peak age for web based sexualised activity is 13.5 years and the average age of access to hardcore pornography is reported to be 12.5 years.
    - Young people are more familiar with technological advancements such as social media, gaming and the Dark Web, compared to the adults around them
    - The types of drugs, patterns of use and how young people purchase drugs is changing with increasing reports of 'party drug' use by young people, the rising popularity of xanax use and the ability to purchase drugs via the internet.

Service provision

- The local picture of services is similar to the rest of the country, where focus within the public and voluntary sector has tended to move towards more targeted work as part of local efficiency savings.
- Local services are committed to supporting young people and improving outcomes for them, despite some of the financial constraints. Local professionals were solution-focussed and committed to their roles and were keen to participate in future developments.

Training

- Local training courses, related to young people's risky behaviour, are reported to be substantial and good quality. However, many professionals mentioned difficulties with prioritising attendance at training due to limited resources and capacity.
- Training needs identified by professionals related to improving young people's emotional wellbeing and mental health and supporting SEND and LGBT young people.

Executive Summary

Adolescence is a time of huge change and experimentation. In seeking greater independence many young people will engage in some level of risky behaviour and, for most, there will be no lasting harm. However, there are some young people for whom this risk taking behaviour becomes problematic with profound negative consequences that last well into adulthood. It is therefore crucial that we understand the rationale behind the more significant risky behaviours and how we might minimise harm and support choices that promote more positive health outcomes.

This needs assessment builds on a previous needs assessment undertaken in the Royal Borough of Kingston upon Thames (RBK) in 2013[1] and focuses on risky behaviours in relation to drugs, alcohol, smoking and sexual activity. This is an interim report that provides an update on the national and local picture with regards to data and policy and revisited local service providers to explore how things have changed in the intervening period. It includes eight draft recommendation areas/themes for future work in the borough:

1. Systematically align and integrate resources and programmes to strategically address issues of 'risk and resilience' amongst young people as a whole and facilitate a shift away from addressing separate risk areas in isolation.
2. Work with young people to develop mechanisms to involve them in the commissioning, service development and promotion of services
3. Establish a Task and Finish Group to support schools to implement mandatory Sex and Relationships Education (SRE)
4. Develop an overarching care pathway for prevention and early intervention services
5. Identify opportunities to engage with parents/carers to inform local developments and raise awareness in relation to young people's risky behaviour
6. Explore opportunities to improve access to evidence based screening tools, information and interventions relating to emotional wellbeing and mental health conditions for professionals working with young people.
7. Develop a range of opportunities to improve relationships and joint-working between agencies
8. Expand existing workforce development opportunities and improve promotion of the offer.

In order to fully understand the local picture engagement with young people will be undertaken. This will be done in partnership with youth engagement leads and professionals working with young people engaging in risky behaviour to ensure a coordinated and inclusive approach. The next phase of this work will focus on engagement with young people and stakeholders, to consult on the interim report and co-produce recommendations for inclusion in the final report.

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[1] Sewell, A. & Newby, K. (2013) **Young People's Risky Behaviour Needs Assessment**. Royal Borough of Kingston upon Thames. Available on request.

Introduction

Risky behaviour constitutes going beyond initial experimentation and risk-taking[2], to that which is regular, ongoing and unsafe; exposing young people to significant risk of harm which may prevent them reaching their potential and which damages their health and wellbeing[3].

This Young People's Risky Behaviour Needs Assessment (YPRBNA) was conducted between September 2017 and January 2018. It builds on a previous needs assessment undertaken in the Royal Borough of Kingston upon Thames (RBK) in 2013[4] and provides an update on the national and local picture with regards data and policy and revisited service providers to explore how things have changed in the intervening period.

Within the context of this needs assessment, risky behaviours are defined as health related only and include substance use (drugs and alcohol), smoking (including the use of e-cigarettes and shisha) and sexual health. It is recognised that for each of these behaviours, the degree to which they are considered risky may depend upon the young person's level and/or frequency of engagement[5]. Young people are defined as aged 13 to 19 years old and resident or studying within Kingston borough.

As a cross-cutting health-related piece of work, Kingston's YPRBNA was project managed by Kingston public health and involved a number of key stakeholders. These included; Achieving for Children (AfC) the local children's services provider, the Local Safeguarding Children's Board (LSCB), Metropolitan Police Service (Kingston and Richmond), health providers, education services and third sector organisations.

Some of the work was undertaken in partnership with Richmond public health and the Local Safeguarding Children's Board (LSCB) and a Project Board was established across Kingston and Richmond boroughs (Appendix 1). Additional support was provided by a steering group with representatives from Kingston and Richmond public health departments, the LSCB, Kingston and Richmond Clinical Commissioning Groups (CCG's) and commissioners and providers of services to young people in Kingston and Richmond (Appendix 2).

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[2] Kipping, R, R., Campbell, R, M., MacArthur, G, J., Gunnell, D, J. and Hickman, M (2012) **Multiple Risk Behaviour in Adolescence** Journal of Public Health, Volume 34, Issue 1, supplement 1, page i1-i2
[3] Cabinet Office. 2015. **Children and young people's risk behaviour: discussion paper.** Available from https://www.gov.uk/government/publications/children-and-young-peoples-risk-behaviours-discussion-paper
[4] Sewell, A. & Newby, K. (2013) **Young People's Risky Behaviour Needs Assessment**. Royal Borough of Kingston upon Thames. Available on request.
[5] Department of Education. 2013. **Reducing risky behaviour through the provision of information.** Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/221776/DFE-RR259.pdf

Aims

The aims of the YPRBNA are to:

1. Review the overall effectiveness of current services in delivering integrated provision to young people to address risky behaviours.
2. Review local and national documentation to ensure local arrangements align with best practice and national policies.
3. Review how organisations are accessing training and identify any unmet need.
4. Identify changes or trends in risky behaviours among young people in Kingston since the 2013 needs assessment was undertaken.
5. Identify any gaps in service provision and opportunities for development.

Methodology

Several different methods were utilised to undertake this needs assessment. These included:

Literature Review

A literature review of reports and policy documents focusing on best practice around interventions to prevent risky behaviour and reduce associated harm was undertaken. The main focus of this review was on reports produced since the 2013 needs assessment to provide an update on the literature available.

LSCB Training Review

The LSCB training programme was reviewed by the team that supports the LSCBs for Kingston and Richmond. The review aimed to establish whether there is adequate and relevant training available, understand attendance levels and explore what can be done to address any gaps identified (Appendix 3).

Service Provider Interviews

In order to gather the views of professionals working with young people, 18 interviews were undertaken between September and December 2017 with key stakeholders from a range of settings (Appendix 4). The questions were set by the steering group and covered a range of topics including emerging trends in risky behaviour amongst young people, design and delivery of services, involvement of young people and parents/carers and any gaps in local service provision (Appendix 5). Interviews were undertaken by public health staff from the project board and were done in person or via the telephone.

Development of Recommendations with Stakeholders

An expert group workshop was then held to present the initial findings of the needs assessment and co-produce draft recommendation areas/themes. Eleven professionals, most of whom had been involved in interviews, attended this workshop in November 2017 (Appendix 6).

Analysis of local and national data

National and local data relating to substance misuse, smoking and sexual health was gathered and analysed to identify any trends and provide an overview of local need and service use in Kingston.

Background

National Context

Risk and risk-taking are a natural part of the transition into adulthood. In young people's lives there are:

- **risk factors:** those circumstances whereby the best outcomes are compromised due to, among other things, poverty, deprivation, ill health and poor relationships.
- **risk behaviours:** potentially harmful behaviours such as smoking, substance misuse and unsafe sex.
- **young people at risk:** this term is used to refer to those who are potentially vulnerable, such as those subject to abuse or neglect or in care or custody.

A report[6] by the Cabinet Office in 2014 suggested that there has been a slow and steady decline in the numbers of children and young people participating in a number of behaviours and suffering from outcomes that could be broadly termed as 'risky' or negative over time, such as drinking, drug use, smoking, youth crime, suicide and teenage pregnancy. It highlighted that risk behaviours tend to 'cluster' and participation in multiple risk behaviours is associated with a range of negative outcomes such as low educational attainment, being bullied and emotional health problems. Despite declining risk behaviours amongst young people, they still tend to be more likely to participate in risk behaviours than older people and young people's participation in some risk behaviours in the UK are high when compared internationally[7].

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[6] Cabinet Office (2014) Risk behaviours and negative outcomes Accessed on 8th April 2018 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf

[7] Cabinet Office (2014) Risk behaviours and negative outcomes Accessed on 8th April 2018 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf

Technology

The advent of social media and other new technologies means that pathways to risk may be reconfigured through new technological interfaces and new social practices. However, that does not mean that technologies necessarily increase risk behaviours or negative outcomes. There is evidence of a beneficial impact of social media on young people's emotional wellbeing. This is because young people can connect with others to improve their social skills online, develop their character and resilience, and collaborate on school projects. Importantly, those with mental health problems are also able to seek support on the internet, either through social media networks or through the online provision of advice and counselling support. However, there are several risks linked with social media use – including cyber-bullying, concerns about excessive internet use, sharing of private information and harmful content – such as websites that promote self-harm and 34 per cent of UK children have experienced at least one of these risks.

In 2009/10, 6% of young people aged 10-15 spent four hours or more and 30% spent one to three hours chatting online[8]. More than 1 in 10 of 11-18 year olds now spend between 10 and 15 hours a day on their device[9] and over a third (37.3 per cent) of UK 15 year olds can be classed as 'extreme internet users' (6+ hours of use a day). Young people in the UK are also extensive users of social media sites – 94.8 per cent of 15 year olds in the UK used social media before or after school[10].

Social norms have also followed digital developments, whereby social media platforms are often targeted towards young people and misinterpreted by adults and professionals around them. Parents and carers are often unaware of what their children can and are accessing (and their ability to get around firewalls and privacy restrictions) and how much time they spend online[11]. Professionals can also be unaware of what is going on amongst young people in their care, including staff in schools, as they may be less technologically aware and not realise the importance of improving their knowledge[12].

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[8] Cabinet Office (2014) Risk behaviours and negative outcomes Accessed on 8th April 2018 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf

[9] Headmasters' and Headmistresses' Conference and Digital Awareness UK (2017) **Parent/Pupil Digital Behaviour Poll – Media Briefing**, viewed on 5th February 2018. Available from https://www.hmc.org.uk/blog/parentpupil-digital-behaviour-poll-media-briefing/

[10] Education Policy Institute (2017) **Social Media and Children's Mental Health: A Review of the Evidence** viewed on 2nd February 2018. Available from https://epi.org.uk/report/social-media-and-childrens-mental-health-a-review-of-the-evidence/

[11] InternetMatters (2015) **Pace of Change Report: Research Focused on How Parents and Children Differ in Their Use of the Internet** viewed on 2nd February 2018. Available from https://www.internetmatters.org/wp-content/uploads/2015/12/Internet_Matters_Pace_of_Change_report-final_2.pdf

[12] Parsley, K. (2018) Risky Behaviour Services Review in Richmond. Available on request.

LGBT

A report[13] by Richmond Public Health suggested that despite the increased openness of many Lesbian, Gay, Bisexual and Transgender (LGBT) people, with a reported 1 million over 16 year olds identifying themselves in a national survey in 2016, homophobia, transphobia and biphobia are still rife. Young people who identify as LGBT are particularly at risk of being affected by these phobias and can often develop mental health issues as a result. There are additional needs faced by LGBT young people, alongside specific mental health services, which the mainstream provision may not address, such as support to generate positive self identity, unbiased and appropriate sexual health information, and ensuring services feel inclusive to them. LGBT young people are more likely to be depressed than their straight peers and amongst men who have sex with men specifically, risks relating to chemsex increase the likelihood of HIV and Hepatitis C infection. Trans young people are more likely to experience bullying than their lesbian, gay and bisexual young peers, with as many as 8 out of 10 stating this has happened in school. Mental health issues are a concern for all LGBT young people, and particularly for trans young people with almost half reportedly having previously attempted suicide. Although there is growing representation of LGBT figures in public life, this shift is perhaps not happening fast enough to ensure adequate inclusion nationally, nor a greater enough shift in attitudes amongst all sections of the population.

Smoking

A national report[14] 'Smoking, Drinking and Drug Use among young people in England - 2016' contains results from an annual survey of secondary school pupils in England in years 7 to 11. It highlights a long-term decline in the prevalence of smoking since the mid-1990s amongst 11-15 year olds in England. In 2016, less than a fifth (19%) of pupils had tried smoking at least once. In 1996, 49% of pupils had smoked at least once. The 19% of pupils who had ever smoked consisted of regular smokers (3% of pupils), occasional smokers (4%), those who used to smoke (3%), and those who have tried smoking (10%). The percentage who are regular smokers (smoke at least once a week), has decreased from 10% in 2002 to 3% in 2016. Smoking campaigners Action on Smoking and Health (ASH) suggest this is due to a combination of policy, legislation, access to free effective stop smoking support and cultural shifts[30].

In 2015, Public Health England (PHE) published an independent evidence review on electronic cigarettes which concluded that the devices are significantly less harmful than smoking. The review also found no evidence that electronic cigarettes act as a route into smoking for children or non-smokers. A quarter of pupils (25%) reported they had ever used e-cigarettes and this is up from 22% in 2014[15].

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[13] Parsley, K. (2018) Risky Behaviour Services Review in Richmond. Available on request.

[14] HSCIC (2016) Smoking, Drinking and Drug Use amongst Young People in England in 2016 [online]. Available from: https://digital.nhs.uk/catalogue/PUB30132

[15] HSCIC (2016) Smoking, Drinking and Drug Use amongst Young People in England in 2016 [online]. Available from: https://digital.nhs.uk/catalogue/PUB30132

Substance Misuse

Most young people do not use illicit drugs or have significant problems with alcohol. While a minority of under-18s will experiment with or use illegal drugs occasionally (often in conjunction with alcohol), most illicit drug use is short-term cannabis use. Alcohol use in young people is generally of experimentation or episodic bingeing. Few under-18s use drugs regularly or dependently, or to an extent where drugs and alcohol have a harmful impact on their lives. However some do experience harm.

Substance misuse may be damaging to the developing brain, interfere more indirectly with development, and exacerbate problems for those who are more vulnerable. There is also an association between early substance use problems and crime and antisocial behaviour, an indirect impact on suicide and accidents, and impacts on mental health and general functioning[16].

The profile of drug use has changed in the last 20 years. Although the most popular drug used by young people is still cannabis[17], approximately 80-95% of the cannabis sold illegally on Britain's street today is high potency skunk and young people report that it is easier to obtain than alcohol and tobacco[18]. In a study[18] published in The Lancet Psychiatry, scientists from Kings College London found that 24% of all new cases of psychosis are associated with the use of skunk and the risk of psychosis was three times higher for skunk users and five times higher for those who use it every day than normal cannabis. The causality between cannabis use and psychosis has been questioned though, with the possibility that those more likely to take the drug are also more prone to psychosis in the first place.

There has been a rise in the use of new psychoactive substances (NPS), drugs which were designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy whilst remaining legal – hence their previous name 'legal highs'. Since the implementation of the Psychoactive Substances Act 2016 there has been a continued emergence of NPS – the content and harms of which are not known due to their rapidly changing makeup and/or novel patterns of use - and this has created additional dangers to some of the most vulnerable groups e.g. young people, the homeless and prisoners[19]. The numbers of NPS detected globally has risen year on year, with more than 500 being detected since 2008 and more than 100 new drugs were detected across the EU in 2014. Recent reports show that the banning of the production, supply (including selling them or giving them to friends) and importation of these substances has driven sales underground, with the internet and social media

[16]Department of Health. (2017) **Drug misuse and dependence**. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
[17] Volteface (2018) **How Easy is it for Young People to Access Skunk in the UK?,** viewed on 15th March 2018 Available from http://volteface.me/features/easy-young-people-access-skunk-uk/
[18] Di Forti, M et al (2015) **Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study** *The Lancet Psychiatry* Volume 2 No 3 pages 233-238
[19] Home Office (2017) **2017 Drug Strategy** viewed on the 15th March 2018. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

playing an active role in drug markets[20]. There has been a growth in online websites selling technically legal psychoactive drugs with increasing concerns about the purchase of prescribed and counterfeit medications such as benzodiazepines through these sites[21]. For example Xanax has seen a sharp rise in popularity in the past year, with some experts saying it has become one of the top five drugs used by young people, alongside cannabis and alcohol.

There are increasing concerns about the use of Image and Performance Enhancing Drugs (IPED's). These include slimming pills such as DNP and skin enhancement drugs for example melanotan tanning injections and fillers. 'Smart' or 'study' drugs commonly known as nootropics are also used by students to boost mental performance, concentration, or alertness. Type and effect can vary, with substances ranging from mineral supplements aimed to boost brain functioning to stronger stimulants such as amphetamines and phenethalymines. Milder stimulants such as energy drinks or caffeine pills could also be included under this heading if used for similar reasons[22].

Sex and relationships[23]

The UK succeeded in halving its teenage pregnancy rate from continued political support, changes to social norms and long-term interest in the issue[24]. Whilst there are some stark differences between areas, including those with similar demography and levels of deprivation, the involvement of parents and carers and robust SRE were seen as key contributors[32]. Before Christmas 2017, Public Health England (PHE) launched its first sexual health campaign in eight years targeted at young people, given reports of risky sexual activity, increasing the chance of sexually transmitted infections (STIs) amongst young people[25]. Nearly 60% of all STI diagnoses are amongst this age group, almost half of young people surveyed do not use condoms with a new partner and 1 in 10 had never used one[26]. Concerns about consent are on the current national agenda. In the main young people understand what is meant by

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[20] Home Office (2015) Psychoactive Substances Resource Pack Accessed on 8th April 2018 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/544030/6_1845_HO_NPS_Resources_Booklet_June16_v10.pdf

[21] Department of Health (2017) Drug misuse and dependence: UK guidelines on clinical management, viewed on the 15th March 2018. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

[22] Lifeline project (2016) Image and Performance Enhancing Drugs (IPEDs) Literature Review viewed on 15th March 2018. Available from http://www.lifeline.org.uk/wp-content/uploads/2016/11/Lifeline-IPEDsReport-November2016.pdf

[23] Parsley, K. (2018) Risky Behaviour Services Review in Richmond. Available on request.

[24] Guardian (2016i) **How the UK Halved its Teenage Pregnancy Rate**, viewed on 4th February. Available from https://www.theguardian.com/society/2016/jul/18/how-uk-halved-teenage-pregnancy-rate-public-health-strategy

[25] Campaign (2017) **Public Health England and Durex Urge Young People To Wrap Up for Christmas Frolics**, viewed on 4th February. Available from https://www.campaignlive.co.uk/article/public-health-england-durex-urge-young-people-wrap-christmas-frolics/1452937

[26] Public Health England (2017) **Campaign to Protect Young People From STIs By Using Condoms – press release**, viewed on 4th February 2018. Available from https://www.gov.uk/government/news/campaign-to-protect-young-people-from-stis-by-using-condoms

giving consent to sex, but have a very limited sense of what getting consent might involve[27].

Risks of domestic violence (DV) within intimate relationships for young people across all forms, be it emotional, sexual, financial or physical, can likely take place where awareness of rights and how to communicate is lacking. International evidence from 2014, shows half of all young people have experienced emotional abuse including shouting and name calling, 20% reported violence, a third of females and a quarter of males reported sexual violence and between 50 and 70% of all young women had experienced pressurising and controlling behaviours through technology[28].

The 2017 national sex survey showed that young people's sexual practices have diversified, with more experimentation than previous generations[29]. This may be attributed to the growing exposure to pornography, facilitated by mobile phone and internet use, which is fast being one of the main ways young people learn about sex[30].

The National Policy Framework

All children's services, as well as many adult services, have a role to play in promoting children's health and wellbeing and the relevant policy framework is broad. The following cross-cutting themes are evident across current policy areas and are shaping provision to promote child health and emotional wellbeing and address risk-taking behaviour:

- A commitment to prevention and early intervention with a view to improving outcomes
- Realising efficiencies primarily through reducing the need for high cost interventions
- The interrelated nature of risk taking behaviours
- Addressing the underlying causes of risky behaviour and building resilience
- Supporting young people to develop the skills to take a balanced approach to risk
- The influential role of families in shaping young people's attitudes and behaviour in relation to risky behaviour.

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[27] Office of the Children's Commissioner (2013) **"Sex Without Consent, I support That Is Rape": How Young People in England Understand Sexual Consent**, viewed on 4th February. Available from http://cwasu.org/wp-content/uploads/2016/07/CONSENT-REPORT-EXEC-SUM.pdf

[28] Stonard, K., Bowen, E., Lawrence, T. and Price, S. A. (2014) **The relevance of technology to the nature, prevalence and impact of Adolescent Dating Violence and Abuse: A research synthesis**. *Aggression and Violent Behavior*, 19 (4), pp.390–417

[29] Lewis, R e al (2017) **Heterosexual Practices Among Young People in Britain: Evidence From Three National Services of Sexual Attitudes and Lifestyles** *Journal of Adolescent Health* Volume 62 Issue 6 Pages 694-702

[30] Independent (2016) **Everyday Sexism Project founder Laura Bates on feminism, porn, sex and the internet**, viewed on 4th February. Available from http://www.independent.co.uk/news/people/laura-bates-everyday-sexism-project-interview-porn-sex-feminism-internet-a7011701.html

This section provides a brief overview of the key policies, standards and guidance which are shaping current and future service provision and which have been produced since the 2013 needs assessment:

Improving young people's health and wellbeing: A framework for public health, 2015

This framework sets out at a high level a way of thinking about young people's health, taking an asset based approach, and focusing on wellbeing and resilience. It highlights the importance of ensuring that every young person has the right level of support to help them to maximise their full potential and recognises the crucial role that parents, carers and families have in providing supportive, nurturing environments. It describes six core principles that will promote a more effective, integrated response to needs and draws on the evidence which shows that when local services work together to meet needs in a holistic way, they are more effective.

Towards a Smokefree England: A Tobacco Control Plan, 2017

This plan outlines actions to reduce smoking in England, with the aim of creating the first smoke-free generation. It celebrates the progress made in the UK in reducing the harms caused by smoking and the substantial reduction in smoking prevalence since the previous tobacco control plan. However, it also highlights that smoking still remains the leading cause of preventable illness and premature death in England and that there is more to do. It highlights the importance of discouraging young people from smoking and sets out an ambition to reduce the number of 15 year olds who regularly smoke from 8% to 3% or less by the end of 2022.

A Framework for Sexual Health Improvement in England, 2013

This framework has been developed for commissioners and providers of sexual health services and sets out the government's ambitions for good sexual health and provides a comprehensive package of evidence, interventions and actions to improve sexual health outcomes. It includes an ambition to build knowledge and resilience among young people:

- All children and young people receive good-quality sex and relationship education at home, at school and in the community
- All children and young people know how to ask for help, and are able to access confidential advice and support about wellbeing, relationships and sexual health.
- All children and young people understand consent, sexual consent and issues around abusive relationships.
- Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.

Teenage Pregnancy Prevention Framework, 2018

This Framework is designed to help local areas assess their local programmes to see what's working well, identify any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people. It can be used flexibly to review actions across a whole area, to focus on high rate districts or wards or to

strengthen a specific aspect of prevention, for example relationships and sex education in advance of statutory status in 2019. A self assessment checklist is provided for councils to collate a summary of the current local situation, and identify gaps and actions.

2017 Drug Strategy, 2017
The strategy sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes. Although the strategy is focused on drugs it recognises the importance of joined up action on alcohol and drugs, and many areas of the strategy apply to both, particularly the resilience-based approach to preventing misuse and facilitating recovery. It sets out actions actions to prevent people starting to use drugs in the first place, and prevent escalation to more harmful use. This includes universal action to promote health and wellbeing and to build resilience and confidence in young people, which is complemented by drug and alcohol specific resources for use in universal settings. It also highlights the benefits of a targeted approach for vulnerable young people focused on preventing more problematic use and the importance of linking specialist substance misuse services with wider children's services as young people accessing specialist substance misuse services are usually experiencing other problems such as self-harm, poor mental health, truanting, offending and sexual exploitation which may be driving the young person's substance misuse.

Modern Crime Prevention Strategy, 2016
This strategy builds on new research, techniques and technology to update the way we think about crime prevention. Drug and alcohol misuse are identified as two of the key drivers of both new and traditional crime and the strategy highlights the need for a partnership approach to the planning and delivery of drug and alcohol prevention, treatment and enforcement activities.

National Guidance

- **Personal, social, health and economic (PSHE) education: a review of impact and effective practice, 2015**
  This evidence summary provides a high level overview of recent reviews of personal wellbeing education and interventions which could be applied during PSHE lessons. It also provides a short narrative on evidence on economic well-being. While it concentrates on curricular opportunities for PSHE education, it should be acknowledged that the broader life of the school (such as pastoral systems and extracurricular/leisure time) can substantially contribute to PSHE outcomes.
- **Drug misuse and dependence UK guidelines on clinical management, 2017**
  This document provides guidance on how clinicians should treat people with drug misuse and drug dependence problems. It is designed to guide the clinician and the commissioner in the provision of the right balance of interventions, which have the greatest likelihood to produce individual benefit and public good. It recommends that treatment services that address young

people's substance use problems sit within the wider framework and standards for young people to support children and young people to access and engage with services and provide appropriate responses to young people and their parents. It also highlights that staff competencies for staff providing treatment to young people are different to those for adults.

- **New Psychoactive Substances (NPS) Resource pack for informal educators and practitioners, 2015**
  This resource pack outlines the significant challenges that New Psychoactive Substances (NPS) have posed over the last few years. It highlights that the scale of use of different NPS can change very quickly and that a number of NPS have been related to paranoia, psychosis, seizures and deaths.This NPS resource pack helps educators and practitioners who work with young people discuss NPS and prevent and challenge drug-taking behaviour and includes:
  - facts and information about NP
  - advice on intervention
  - references for further help and information.
- **Child sexual exploitation: How public health can support prevention and intervention, 2017**
  A framework for public health to prevent and address child sexual exploitation. This resource provides local public health teams with both the evidence base for their role on prevention, as well as a practical framework to help support public health leaders and commissioners to take effective action.
- **The mental health of children and young people in England , 2016**
  This report describes the importance of mental health in CYP, describes the case for investing in mental health, provides a descriptive analysis of mental health in CYP in England and summarises the evidence of what works to improve mental health in CYP in order to inform local transformation of services

National Quality Standards
Quality standards for integrated services to address risk taking behaviours amongst young people do not currently exist as a single overarching national document.The quality standards for particular themed areas of work or services are included below:

- National Institute for Health and Care Excellence (NICE) Quality Standards:
  - Smoking: reducing and preventing tobacco use
  - Alcohol: preventing harmful use in the community
  - Alcohol use disorders: diagnosis and management
  - Drug Misuse Prevention
  - Drug misuse prevention: targeted intervention
  - Child Abuse and Neglect
  - Harmful sexual behaviours among children and young people
  - Sexually transmitted infections and under- 18 conceptions: prevention
  - Contraceptive Services for under-25's
  - Transition from children's to adults' services

- Quality standards for effective alcohol and drug education are designed to help schools and those that work with schools to shape the context and delivery of alcohol and drug education.
- Practice standards for young people with substance misuse problems is a set of practice standards for services working with young people with substance misuse problems and other co-existing difficulties. The standards bring together guidance based on the available evidence and emphasise the need for a sensitive, non-judgemental and collaborative approach to identifying risk, assessing all needs, and offering help and support.

Local Context

Data from the 'What About YOUth?' (WAY) survey, a school survey designed to collect robust local authority (LA) level data on a range of health behaviours amongst 15 year-olds, highlighted that:

- 8.6 percent of 15 years old in Kingston currently smoke, higher than the value for both London (6.1 percent) and England (8.2 percent). 4.2 percent of young people said they were occasional smokers, higher than the value for both London and England (2.7 percent).
- 6.8 percent of 15 year olds in Kingston are regular drinkers, more than double the London value of 3.1 per cent and similar to England (6.2 percent) and 15.3 percent said they had been drunk in the last four weeks compared to 8.9 percent in London and 14.6 percent in England.
- 4.5 percent of 15 year olds in Kingston reported ever having tried cannabis, compared to 5 percent in London and 4.6 percent in England, with 4.5 percent reporting use in the last four weeks. 1.3 percent said they had taken drugs other than cannabis in the last four weeks in comparison to 1 percent in London and 0.9 percent in England.
- 13 percent of 15 year olds in Kingston reported three or more risky behaviours compared to 10.1 percent in London and 15.9 percent in England.

In 2017, over 4,500 young people from years seven to ten in secondary schools across Kingston took part in the Kingston Young People's Health and Wellbeing Survey[31]. This survey asks questions about a range of health issues including smoking, drugs and alcohol, sexual health and emotional wellbeing. Below is a summary of key findings from this survey relevant to this needs assessment:

- 22 percent said they had drunk alcohol a few times and 15 percent said they only drink alcohol on special occasions such as Christmas or birthdays.
- The most common way that young people in Kingston get alcohol is via a family member.
- The most common place for alcohol to be consumed is at a party.

[31] Schools Health Education Unit. (2017) **Kingston Young People's Health and Wellbeing Survey**. Available on request.

- 15 percent of Year 10 pupils said that when they are worried about something they sometimes drink alcohol to help.
- Students who drank alcohol within the last week were more likely to be engaging in other risky behaviours than those who had not.
- Nine percent of pupils have tried smoking or smoke now.
- The most common age for trying a first cigarette in Kingston is 13 or 14 years of age.
- Eight percent of pupils had smoked shisha once or twice.
- 17 percent of pupils have been offered illegal drugs and five percent have taken illegal drugs. This increases as they get older.
- The most common drug is cannabis with seven percent of Year 10 pupils reporting they have used it in the last month.
- Four percent of young people had used drugs to help them study, for example Pro Plus or prescription medication.
- Six percent of Year 10 pupils have experienced someone putting pressure on them to do something they did not want to do.
- Only 29 percent of Year 10 students know there is a local contraceptive service specifically for young people.
- Eight percent of respondents did not believe condoms are reliable in preventing pregnancy and sexually transmitted infections.
- 39 percent of pupils said there were lots of things about themselves that they would like to change.
- The biggest area of worry for all respondents was related to exams and tests at school.

Smoking

The smoking prevalence findings from the WAY survey have been published by Public Health England and are included in the table below.

Table 1: smoking prevalence at age 15

Indicator	Period	England	London	Kingston
Smoking prevalence at age 15 - current smokers	2014/15	8.2	6.1	8.6
Smoking prevalence at age 15 - regular smokers	2014/15	5.5	3.4	4.5
Smoking prevalence at age 15 - occasional smokers	2014/15	2.7	2.7	4.2
Percentage who have tried e-cigarettes	2014/15	18.4	11.7	10.7
Percentage who have tried other tobacco products	2014/15	15.2	21	20.8

Source: Public Health England Fingertips tool

Sexual health

In Kingston in 2015, 41 per cent of all diagnoses of sexually transmitted infections occurred in young people aged 15-24 years[32]. In the same year, chlamydia and genital warts made up more than 85 percent of the total number of STIs being diagnosed in this age group and 48 percent of all new diagnoses of genital warts were in young people aged under 25 years.

Locally, teenage conception rates are consistently lower than London and national rates[33]. In 2015, Kingston had a conception rate of 14.1 per 1,000 young women aged 15 to 17 years old and there were seven live births to women under the age of 18.

Substance misuse

The Public Health England Joint Strategic Needs Assessment Support packs[34] [35] for young people and substance misuse show that:

- In 2015/16, 29 young people (aged under 18) accessed young people's specialist substance misuse services in Kingston with 80% completing and leaving treatment in a planned way.
- In 2016/17, 27 young people (aged under 18) accessed young people's specialist substance misuse services in Kingston with 71% completing and leaving treatment in a planned way.
- In both years the majority of young people reported cannabis and/or alcohol use with a smaller proportion reporting use of stimulants.

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. These include substance specific vulnerabilities:

- In 2015/16 74 percent of young people accessing specialist substance misuse services were using two or more substances and 68 per cent started to use their main problem substance before they were 15 years old.
- In 2016/17, 72 percent of young people accessing specialist substance misuse services reported using two or more substances and 61 percent reported that they had started to use the main problem substance before they were 15 years old.

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[32] Public Health England. (2016) **Kingston Local Authority HIV, sexual and reproductive health epidemiology report (LASER)**. Not a public document.
[33] Office for National Statistics. (2017) **Conceptions in England and Wales: 2015,** viewed on 13th March. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables
[34] Public Health England (2016) **Young people – substance misuse commissioning support pack 2017-18: key data**, viewed on 13th March 2018. Available from https://www.drugsandalcohol.ie/26153/
[35] Public Health England (2017) **Young people – substance misuse commissioning support pack 2018-19: key data,** viewed on 13th March 2018. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647097/Young_people_commissioning_support_pack_2018-19_-_key_data.pdf

Young people's drug and alcohol misuse often overlaps with a range of other vulnerabilities which can also exacerbate their risk of abuse and exploitation. In 2016-17, 44% of the young people accessing specialist substance misuse services were not in education, training or employment, 39% were involved in offending/anti-social behaviour, 33% had an identified mental health problem and 22% were affected by someone else's substance misuse[43].

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis[36] found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services.

Kingston, like other local areas has seen an increase in the number of young people using xanax. A local working group has been established in Kingston and Richmond, with a range of partners including public health, youth services, mental health and substance misuse service to agree a way forward to address this emerging trend.

The Local Policy Framework

As extensive work has already been undertaken in Kingston (through the 2013 needs assessment), this YPRBNA looks to build on this and pulls together data, evidence and recommendations from a number of local sources including:

- The Royal Borough of Kingston upon Thames Young People's Risky Behaviour Needs Assessment undertaken in 2013.
- Kingston Data website
- Children and Young People's Needs Assessment 2016
- Kingston Young People's Survey 2017, Schools Health Education Unit (SHEU)
- Child Sexual Exploitation (CSE) Needs Assessment
- Children and Young People: Special Educational Needs and Disabilities (SEND) JSNA
- The Final Frontier: Sexual and Reproductive Health in Kingston 2016-17
- Kingston's draft 2018 Drug and Alcohol Strategy (due to be published in 2018).

This YPRBNA also relates to a range of key priorities locally. Kingston's joint Health and Wellbeing Strategy 2017-19 sets out an ambition to give every child the best start in life and to reduce health inequalities and Kingston's Children and Young People's Plan 2017-20 includes the following values:

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[36] Department for Education (2010) **Specialist drug and alcohol services for young people: a Cost Benefit Analysis,** viewed on 1st March 2018. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf

- Value 1: Keeping children and young people safe and supported at home and school.
- Value 2: Helping children and young people to be healthy and make good choices about their health.
- Value 3: Ensuring children and young people enjoy life, do well in school and get involved in activities.
- Value 4: Prevention: providing help to families when they need it.
- Value 5: Making sure services are right for families and work well.

Other local strategies, such as those for mental health and substance misuse include a focus on young people and the work of the Joint LSCB around child sexual exploitation (CSE) and missing persons, has inter-linkages to risky behaviour. In addition, the Child and Adolescent Mental Health (CAMHS) Transformation Strategy provides the framework for the delivery and ongoing development for local CAMHS services and includes bespoke training packages for schools and post 16 provision, developing a new access model known as 'Choice Clinics' and ensuring provision for the most vulnerable young people[37].

Local Services

Universal and targeted services have a key role to play in helping children and young people to develop confidence, resilience and risk management skills to resist risky behaviour and recover from setbacks[38]. Identifying young people and providing advice and support at the earliest opportunity can prevent risky behaviours escalating and provides an opportunity to refer those whose behaviour has escalated and/or is causing them harm to specialist services. Currently, there is a range of specialist provision available for young people in relation to health-related risk behaviours and these include:

- KU19
- School Health drop in's
- School Health Link Workers
- Youth Bus
- Come Correct C-Card scheme
- Phoenix Project
- Young People's Substance Misuse Service
- Relate
- Kick It! Stop Smoking Service
- The Point at the Wolverton Centre
- Pharmacy
- GPs

[37] RBK and Kingston CCG. (2017) **CAMHS Transformation Strategy**, viewed on 13th March 2018. Available from http://www.kingstonccg.nhs.uk/Kingston%20CAMHS%20LTP%20FINAL%20%202017.pdf
[38]HM Government.(2017) **2017 Drugs Strategy**, viewed on 13th March 2018. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

Historically the commissioning and delivery of services has focussed on specific health issues such as smoking, substance misuse and sexual health. This has contributed to a silo approach rather than an integrated approach to address the underlying causes of risky behaviour, however there are some examples of good practice:

- AFC's redesign of the Adolescent Response Team (ART), Youth Offending Service (YOS) and the Young People's Substance Misuse Service (YPSMS) into a new Youth Resilience Service providing specialist and tailored support to vulnerable adolescents. This includes a health and wellbeing hub team, providing specialist health and wellbeing support alongside Child Sexual Exploitation (CSE) prevention and early intervention. The team will have an external facing element servicing the clusters and other agencies including Child and Adolescent Mental Health Services (CAMHS), schools and A&E.
- Kingston's Young People's Substance Misuse Service forms part of the Health and Wellbeing Hub in the Youth Resilience Service. It is important that specialist substance misuse services are linked with wider children's services as young people's drug and alcohol misuse often overlaps with a range of other vulnerabilities which can also exacerbate their risk of abuse and exploitation.
- There is a CAMHS nurse seconded to the substance misuse service to provide support on mental health issues and a link to back into the CAMHS service
- School Health Link Workers support the majority of secondary schools in Kingston and Kingston College to provide whole setting approaches to health and wellbeing. The team support the development and improvement of health related policies and curriculums, teacher training and co-delivery of the PSHE curriculum and organise and deliver health related campaigns and events. As part of an early intervention approach to health issues the team provide some small group work and one to one support to young people prior to onward referral if required.
- Youth Mental Health First Aid (MHFA) courses are available for everyone who works with, lives with or supports young people aged 8-18. They teach people the skills and confidence to spot the signs of mental health issues in a young person, offer first aid and guide them towards the support they need.

Findings

Literature Review

A literature review was undertaken by researching the evidence to identify characteristics of effective interventions with young people in relation to health-related risky behavior. The previous Royal Borough of Kingston upon Thames Young People's Risky Behaviour Needs Assessment completed in 2013 conducted a

thorough literature review[39]. Therefore, to avoid duplication, this literature review built on the previous review by focusing on any relevant reports or guidance produced since 2013. This evidence was to provide a basis for comparison of the design and delivery of services in Kingston.

The review specifically looked to identify characteristics that were shared across the three health behaviours: sexual risk behaviour, smoking and substance misuse to inform any future developments of integrated programmes to address these three behaviours in conjunction, by providing evidence on what key elements should be in place to optimise the chance of effectiveness. The literature review was completed by members of Richmond public health team and they also wrote the following section of this report (Appendix 1).

The most effective approaches for risky behaviour prevention programmes are difficult to ascertain as delivery and evaluation methods often vary, so it can be complex to ascertain common trait[40]. It established that behaviour change approaches which focus on information are less successful than those which address consequences or challenge social norms[41] and those which work to affect all social spheres of influence: family, peers, school and community are the most likely to succeed[42].

The previous needs assessment[41] undertaken in Kingston on young people's risky behaviour, showed a range of common characteristics for successful interventions with young people. A summary of the core features[43] [44] [45], which reflect some of the above, are as follows:

1. Focus on multiple common factors that are known to increase the likelihood of risky behaviours and factors known to be protective against development of risky behaviours
2. School and/or family-based
3. Aim to increase resilience and promote positive parental/family influences and/or healthy school environments that support positive social and emotional development

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[39] Sewell, A. & Newby, K. (2013) **Young People's Risky Behaviour Needs Assessment**. Royal Borough of Kingston upon Thames. Available on request.

[40] Department for Education (2013) **Reducing risky behaviour through the provision of information**, viewed on 31st January 2018. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/221776/DFE-RR259.pdf

[41] Department for Education (2013) **Reducing risky behaviour through the provision of information**, viewed on 31st January 2018. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/221776/DFE-RR259.pdf

[42] Terzian, M.A, Andrews, K, M and Moore, K, A (2011) **Preventing Multiple Risky Behaviors among Adolescents: Seven Strategies** viewed on 25th January 2018. Available from http://www.childtrends.org/wp-content/uploads/2011/09/Child_Trends-2011_10_01_RB_RiskyBehaviors.pdf

[43] Hale, D. R, Fitzgerald-Yau, N & Viner R. M. (2014) **A Systematic Review of Effective Interventions for Reducing Multiple Risk Behaviours in Adolescence** *American Journal of Public Health 104 page 19-41*

[44] Jackson, C. A., Henderson, M., Frank, J. W. & Haw, S. J. (2012) **An overview of prevention of multiple risk behaviour in adolescence and young adulthood**. *Journal of Public Health (Bangkok).* **34,** page 31–40

[45] Peters, L. W., Kok, G., Ten Dam, G. T., Buijs, G. J. & Paulussen, T. G. (2009) **Effective elements of school health promotion across behavioral domains: a systematic review of reviews**. *BMC Public Health* **9,** page 182

4. Guided by the use of theory
5. Address social influences, especially media and social norms
6. Address cognitive-behavioural skills
7. Delivered by trained facilitators
8. Use multiple components.

Additional evidence shows that starting in younger age groups and multi-component approaches are the most effective, with interactive methods not merely information giving impact more positively on behaviour change[43]. One study[44] specifies that strengthening family functioning through parenting programmes, improving communication and relationships with adults and in school, improving safety within all community spaces, providing high quality education and promoting broader out of school activities[44] render more positive impacts on young people's outcomes.

Another study[46] recommends a range of components to consider when designing interventions that includes needs assessments, selecting an appropriate program in line with needs and utilising innovative evaluation approaches and expert staff to reflect efficacy and quality. It also detailed the need to consider financial resources, maintaining effective communication, recognising competing priorities, ensuring training and support is available for staff and for interventions to consider the local community, to enable effective targeting, cultural relevance and modes of delivery[49]. A particular focus on the diversity of an offer to young people, in terms of providers, activities and environments, is found to support their development and reduce their engagement in risky behaviour[49].

LSCB Training Review

Kingston and Richmond LSCB provide a range of free training courses, some of which are directly related to young people's risky behaviour. The training is available to the whole of the children and young people's workforce and those working with adults who are parents or carers (for example, adult psychiatrists and probation staff). It includes paid staff and volunteers working in the statutory, voluntary, community and independent sectors. The training is promoted via the LSCB website, training bulletins, newsletters and twitter. It is also discussed and promoted in LSCB main board and subgroup meetings.

Whilst a number of the more general safeguarding modules will include risks to adolescents, the courses listed below have been identified as particularly relevant to training the multi-agency workforce in relation to risky behaviours:

1. LSCB Substance Misuse and Young People – awareness (formerly Drug and Alcohol Awareness)

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[46] Eisen, M, Pallito, C, Bradner, C and Bolshun, N (2000) Teen Risk-Taking: Promising Prevention Programmes and Approaches, viewed on the 31st January 2018 from https://www.urban.org/sites/default/files/publication/62451/310293-Teen-Risk-Taking-Promising-Prevention-Programs-and-Approaches.PDF

2. Talking to young people about Sex, Drugs and Alcohol (formerly Sex, Drugs, Alcohol & Risky Behaviour)
3. Online Safety and Risky Behaviour
4. Fantasy vs Reality: Impact of Pornography on Children and Young People
5. Teenagers and the Rage to Feel Alive

In addition to the courses listed above, a Learning from Child Deaths Conference was held in July 2017 (a joint initiative from the LSCBs for Kingston, Richmond, Sutton, Wandsworth and Merton) and there were sessions from Papyrus on preventing young suicide and the Daniel Spargo-Mabbs Foundation on helping young people make safer choices around drugs. This was attended by 100 multi-agency professionals from across the 5 boroughs and 35 of these worked in Kingston services.

The Young People and Substance Misuse training was offered twice in 2015/16, and delivered to a total of 17 attendees from both boroughs. No training was delivered in 2016-17 due to poor sign up resulting in cancellation. Since then the training sessions have been refreshed with new course titles and they are also offered as half day training sessions. Additional work is planned to develop a quiz to test practitioners' knowledge.

Talking to young people about Sex, Drugs and Alcohol was offered twice 2015/2016, and delivered to 27 attendees from both boroughs. Although four courses were planned in the following year, these were cancelled due to low take-up.

The Online Safety & Risky Behaviour course was delivered three times in both years, attracting a total of 33 people from both boroughs in 2015/16 and 35 in 2016/17. Sixteen Kingston staff have attended this course over the two years.

The data for the Fantasy v. Reality – Impact of Pornography on Children and Young People courses from 2015/16 is not available. The session delivered 2016/17 had a total of 18 participants. Due to low take-up other planned courses for 2016/17 were cancelled and did not take place. This course has been decommissioned and there are no plans to provide it in the future.

Teenagers and the Rage to feel alive was delivered once in both years, attracting a total of 13 people from both boroughs in 2015/16 and 21 in 2016/17. Eleven Kingston staff have attended this course over the two years.

The LSCB does not provide dedicated training relating to smoking for professionals working with young people. Kick-IT, the local stop smoking provider, offers training and this includes the risks of shisha smoking and the links to cannabis.

Service Provider Interviews

There were a range of findings obtained from the interviews held with 18 professionals working with young people in Kingston relating to the local picture of the vulnerable groups of young people involved in risky behaviour. Interviewees provided

information on the local issues relating to substance misuse, smoking and sexual health locally, followed by service design, delivery and evaluation, challenges to the local offer for young people, training provision and partnership working.

Local picture

Most professionals agreed that patterns of risky behaviour were similar to previous years and the local picture appears to mirror that of the national landscape. There were some emerging trends and these included:

- There is growing concern from professionals about the increase in children and young people suffering from poor emotional and mental health. Professionals reported that self-harm, eating disorders and body-appearance issues are a growing issue.
- The ages that young people are doing things is reducing, for example the peak age for web based sexualised activity is 13.5 years. Educational sessions relating to online bullying were not previously delivered in primary schools but they are now provided for children aged eight and nine years. Furthermore it was reported that there is increasing access to hardcore pornography with the average age of access reported to be 12.5 years.
- The types of drugs, patterns of use and how young people purchase drugs is changing with increasing reports of 'party drug' use such as MDMA and LSD by young people, the rising popularity of xanax and the ability to purchase drugs via smartphones or the internet. It was reported that the negative effects of drug use experienced by young people varied and seemed to be related to types of use e.g. experimental or recreational use, increased strength and/or purity of substances and whether this was combined with other risky behaviours and/or vulnerabilities.
- Some professionals raised concerns about social isolation and loneliness. Some of this was in relation to excessive internet use and it was felt that these young people may be at greater risk of exploitation.
- Young people are more familiar with technological advancements such as social media, gaming and the Dark Web, compared to the adults around them

The groups undertaking risky behaviours in Kingston are similar to the national picture and have not changed significantly since the 2013 needs assessment. Additional groups identified included young people from affluent families and young people who have more than one vulnerability e.g. LGBT young people with autism.

It was reported that young people from affluent families may be more vulnerable to risky behaviours as they have a higher disposable income and access to technology. Alongside this, young people from affluent families are reported to use private health services such as the Priory for mental health issues or drug and alcohol rehabilitation. This data is not available to public services and is not included in local needs assessment work. This potentially impacts on Kingston's understanding of local

issues and trends and the degree of ‘unmet need’ or ‘hidden harm’, within some sections of the population.

A number of interviewees highlighted that there is a high likelihood of crossover, where young people fit into more than one vulnerable category. It was reported that in particular, LGBT young people with autism were particularly socially isolated and at risk of sexual exploitation, substance use and mental health issues, as a result of not fitting into mainstream services nor any LGBT specific offer.

There is a degree of stigma attached to some risky behaviours and services, which may affect young people’s access to them. Professionals felt that this was a significant challenge in trying to reach young people in need and provide the support they need.

Mental health

Aspects of young people’s emotional wellbeing and mental health were consistently raised and almost all professionals interviewed identified it as a key area of concern despite there being no specific question on this.

The particular groups mentioned as most at risk included LAC, CL, LGBT and any young person who had experienced trauma. Services working with particularly vulnerable young people that moved around the care or justice system, such as Children Looked After and Youth Offending Services, said it was frustrating that every time the young person moved area many of the referrals to services had to be done again and this caused young people unnecessary anxiety.

The most common issues mentioned were anxiety, low mood, depression, stress (especially around exams) and they were usually related to home life or school pressures. Participants reported increasing levels of self-harm, eating disorders and suicide attempts amongst young people and felt that poor mental health had a direct link to the more risky behaviours being displayed, for example Chemsex.

Referrals to CAMHS services were reported as complex, with some professionals stating that they felt that thresholds were too high and that waiting times were too long. Others suggested there was a gap in knowledge across the borough as to what constituted the symptoms of mental health issues that meet the different thresholds and the differences between Tier 2 and Tier 3 CAMHS. It was suggested that young people may be using drugs to self-medicate to cope with their mental health issues and conversely the side effects of drugs on mental health were also highlighted as an issue.

Services reported that they are often required to support those young people who do not meet the CAMHS eligibility criteria but felt they lack the necessary skills and resources to do this properly. Additionally, a few services said that where young people had been seen by CAMHS they had reported negative experiences of the service and this meant they were less likely to engage should this be needed in the

future. Finally, two services raised the issue of the referral pathway and said young people were concerned that their details had to be passed to the Single Point of Access (SPA) Team as part of the referral to CAMHS.

Technology

The role of new technology was highlighted, with professionals making specific reference to social media use, online gaming, cyber-bullying, websites promoting self-harm and anorexia, exposure to adult material such as pornography and risk of radicalisation.

According to local professionals, young people are more familiar with technological advancements such as social media, gaming and the Dark Web, compared to adults around them, including their parents, carers and professionals. This degree of digital literacy was mentioned as both a positive and negative attribute and there is clear evidence that moderate use of technology is likely to have significant positive impacts, such as improved wellbeing and social connectedness. For many young people it will be a valuable source of information and support, alleviating concerns about mental or sexual health. However, for a small minority of young people, there could be a range of negative impacts. Below are some of the issues associated with new technology that were highlighted by professionals :

- There were concerns about the online sexualisation of young adolescents, including deliberate or inadvertent access of inappropriate online content. The accessibility of online pornography was raised by many of the services and cited as the reason many young people had unrealistic expectations regarding sex and relationships and why the issue of consent was becoming so problematic.
- Sexting was also highlighted, whereby social media platforms, such as SnapChat were being used to share images and videos, often depicting severe forms of violence.
- Cyber-bullying and exposure of children and young people to hate content, self-harm and pro-anorexia sites were all mentioned by local professionals.
- Meeting people and forming relationships online was highlighted by many as an area of concern leaving young people vulnerable to exploitation. Young people with disabilities were felt to be particularly at risk as they may find it easier to communicate online and use this to make friends.
- Professionals were concerned about parents and carers not recognising the dangers of online gaming, where players can be located anywhere in the world and be anyone, regardless of whether they say they are a young person or not.
- The degree of normalising of sharing personal details was also deemed a risk, increasing exposure to extremist information, blue screen addiction, fraud and reduced face to face social skills.

Barriers

The majority of professionals felt that confidentiality was still the biggest barrier for young people with GPs being cited as the cause of most concern regarding this. Services stressed the length of time it took to build relationships with young people and the importance of word of mouth for building the reputation of a service. Maintaining confidentiality and being clear about when it could not be maintained was seen as vital to this.

Service Design, Delivery and Evaluation

In terms of environments, the risky behaviour services in Kingston are delivered from a range of settings. Some services work in partnership with or are specifically based within schools, some operate within clinical spaces, including hospitals and some are based in community settings. Most services are only available Monday-Friday between 9-5pm although some services can offer out of hours appointments if required. Services providing interventions at Youth Services provided evening sessions.

Professionals made solid reference to national guidelines, policies and frameworks in relation to their work. Service specifications were also mentioned as utilising evidence base and national theories. These were often closely related to interviewees references to involving young people in their service and undertaking needs assessments to ensure relevance.

Many of the services, including those of a clinical nature, showed examples of involving young people in their work. A few services specified that due to the nature of their work, involvement of young people in design, delivery and evaluation was not possible. Services provided examples of innovative ways that they had involved and continued to involve young people as well as supporting them to have their voices heard in other national and local forums. These included:

- Staff recruitment
- Youth Council and LAC Council
- Requesting feedback during and at the end of interventions and adapting as appropriate
- Involving young people in the design of specific programmes e.g. cook and eat, Mud Monsters fitness programme etc.
- Service user satisfaction surveys.

In addition, there is a range of involvement of parents and carers in service delivery. Some services routinely involve parents and carers as a requirement of their provision, many of them engage parents and carers when necessary and a few operate in a highly confidential manner so as to protect young people and ensure relevance of provision. Most services recognised the benefit of family involvement in

service delivery, such as the impact of parental and sibling attitudes and behaviours, and agreed that this can be useful, when appropriate.

The majority of services were designed, delivered and evaluated well and involved both formal and informal needs assessment. Interviewees expressed general satisfaction with how services across Kingston utilised robust systems and recorded performance and outcomes. Some key examples of monitoring and evaluation included a voluntary sector provider and a clinical service, which both routinely gather information from young people about sessions, in order that these were delivered appropriately and meet young people's needs. A couple of services reported that they would need more time or staff capacity to engage young people in a more comprehensive manner in their work.

Many staff highlighted that they did not involve young people in the design of their promotional materials or in the manner to which they promoted their service. This was highlighted as being problematic, as often promotional materials such as posters and flyers, do not meet the needs of young people who are immersed in the modern day digital culture. It was stated that young people rarely use traditional websites and are highly unlikely to use council based versions. Whilst the use of social media was recognised as the most appropriate way to communicate with their target audience, the ability to do so was marred by a 'like' from a young person on a service's Facebook page being seen by their peers, Snapchat although popular with young people being difficult to use from a business phone and restrictions on social media access within the council.

Challenges with the local offer

The majority of professionals involved in the review reported that their services and/or others in the borough had been affected by recent austerity measures. The local picture of services, is also similar to the rest of the country, where focus within the public and voluntary sector has tended to move towards more targeted work as part of efficiency savings. There were continued concerns about the future of services and it was felt that prevention and early intervention services continue to be vulnerable in the context of efficiency savings.

There have been a number of changes to local services as a result of reductions in funding and these include reduced capacity for universal provision and prevention work. Within that, outreach work has also been affected, although the majority of the borough's youth provision now has a greater focus on targeted work, that element has been lost. Whilst none of the professionals disagreed with the importance of targeting those most at need, the benefits of identifying needs before problems escalate was highlighted, particularly for primary school age, children with disabilities and those with siblings already engaged in statutory support. Local services are committed to supporting young people and improving outcomes for them, despite some of the financial constraints and professionals were committed to their roles and keen to participate in future developments.

In the context of reduced self-esteem, the impact of social media and changing sexual norms amongst young people, it was suggested that PSHE was an important subject for all young people. Professionals stated that the subject was important to ensure awareness of puberty, sexual health, drugs and alcohol, smoking, resisting peer pressure and local services and for the knowledge base to be equitable borough-wide. It was mentioned by a few professionals that consent, healthy relationships and digital literacy needed to be included.

Professionals raised concerns that LGBT young people are particularly at risk following the closure of the Shout This Way youth club and it was felt that mainstream services are not adequate to meet the diverse needs of this group.

Partnership Working

Generally there was positive feedback about referral pathways and information sharing between organisations locally and particularly via key bodies such as the LSCB.

Some participants reported that different services had different eligibility criteria e.g. health services use GP registration, other services use borough of residence or place of study. The challenges associated with this was highlighted as an issue from services trying to deliver integrated packages of care, particularly when they were working across borough boundaries.

Workforce

Almost all the service providers interviewed said their staff were trained to offer interventions around a range of health issues in order to promote a holistic service; many providers, for example, had staff trained to deliver free condoms and sexual health advice as well as smoking cessation interventions. However, many of the services felt reductions in funding and capacity in recent years had impacted on the amount of preventative work they were able to deliver.

In general, it was acknowledged that there is a lot of training available in the Borough and that these are usually of good quality. Training offered by the LSCB and AfC were particularly noted as being of good quality and very comprehensive. Training needs identified by professionals related to improving young people's emotional wellbeing and mental health and supporting young people with SEND and LGBT young people.

However, many of the interviewees said they no longer access training, unless it is free, due to cuts in staff training budgets and the difficulties of backfilling staff cover. In the past, training would be something every team member would have access to, however in recent years this has reduced to maybe only one or two. One participant referred to staff self-funding their attendance on a course, which was previously covered by the organisation's budgets. In addition, some services are operated by sessional staff members, to which they only receive a salary for hours of work,

meaning they cannot attend training courses, unless they forego their income. This was seen to be particularly difficult for any provider in the voluntary sector who could be working with some of the most vulnerable young people and benefit the most from easy access to training.

Almost all service providers did report attending local and/or regional network meetings relevant to their service area and said these were often good alternatives to training as they are shorter and free, but still provide updates on current practice and identify trends in behaviour. Indeed, most services routinely analyse their data to look for local trends and changes to behaviour and therefore felt sharing this could fill go some way to filling the training gap around receiving regular updates.

These networks have also facilitated some collaborative work between providers, for example the Youth Offending Service has worked with the police and local schools to deliver education sessions around knife crime.

Discussion

The local picture in RBK regarding drugs, alcohol, smoking and sexual activity in young people matches that of the national landscape and has not changed significantly since the 2013 needs assessment. While some traditional risk behaviours such as smoking appear to be in decline, issues relating to drug and alcohol use and sexual activity remain, and there is growing concern about the apparent increase in children and young people suffering from poor emotional health.

The overall decline in some risky behaviours could mask different trends for particular groups of young people, particularly those more likely to be engaged in risky behaviour. For example whilst the numbers of young people reporting ever having drink is declining, Kingston has the second highest percentage of young people who are regular drinkers and who have been drunk in the last four weeks in comparison to other London boroughs[47].

Young people most likely to be engaging in harmful risk behaviours are often the most disengaged from public services. The Health Behaviours of School Aged children survey and the SHEU survey are two key sources of information about young people's risky behaviour. However, both sampled children through school and those who are regularly absent or excluded from school would not be included. Omitting the small number of people more likely to participate in multiple and severe risk behaviours could lead to systematic underestimation of the problem locally.

The role of new technology and changing social and cultural contexts has led to an increase in social media use and online gaming, particularly amongst children and young people. The online space is a place where children and young people can

[47] Public Health England Fingertips tool. Viewed on 7th April 2018 from https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/3/gid/1938133050/pat/6/par/E12000007/ati/102/are/E09000021/iid/91806/age/44/sex/4

explore, experiment and socialise and there is clear evidence that moderate use of technology is likely to have significant positive impacts. However, smartphones and the internet may facilitate online risk behaviours such as accessing pornography, sexting, cyber-bullying and 'revenge porn' and make the purchase of drugs easier, although there is no evidence that these technologies necessarily increase risk behaviours or negative outcomes. For a small minority of young people who use technology extensively, there could be a range of negative impacts and for some children and young people internet usage approaches levels where it could be classified as an addiction[48].

Historically the development of services has led to a themed approach to provision with services focussed on specific health issues such as smoking, substance misuse and sexual health. Like many other local authorities, services have evolved over time, under separate management structures and funded by a range of different sources. This has led to a silo approach rather than an integrated approach to address the underlying causes of risky behaviour.

Joint working within Kingston is good, but mostly operates due to personal relationships rather than formal partnerships. Reduced resources and financial pressures have impacted on the ability to network and stay up to date with latest service changes. The cluster model introduced by AfC is expected to support the improvement of this, with a multidisciplinary geographical based network of meetings, providing opportunities for shared information.

The training provision from the LSCB previously covered many of the necessary areas relating to young people's risky behaviour including pornography, online safety, adolescent anger and drugs and alcohol and interlinks with sexual health. The decommissioning of the pornography course seems unfortunate given the growing issues around sexualised behaviour, healthy relationships, expectations and violence amongst young people. There are also some gaps in training, in particular, around young people with SEND and LGBT young people, which may be impacting on the ability of these groups to access mainstream provision. The local offer has been reduced due to low take up of courses and yet staff interviewed expressed a need for these courses to continue and therefore a shift is needed from the top down to support staff to prioritise and attend local training. Ongoing evaluation of courses delivered by the LSCB will help to ensure these continue to meet local need in terms of content, delivery style and time.

Draft Recommendations

[48] Howard-Jones, P. (2011) The impact of digital technologies on human wellbeing Nominet Trust [online]. Available from: http://www.nominettrust.org.uk/sites/default/files/NT%20SoA%20-

Following the data obtained from interviews with key stakeholders and a review of the evidence, the Expert Group developed eight draft recommendation areas/themes based on feasibility and those likely to render positive results borough-wide.

1. Systematically align and integrate resources and programmes to strategically address issues of 'risk and resilience' amongst young people as a whole and facilitate a shift away from addressing separate risk areas in isolation e.g. substance misuse, sexual health, smoking.
2. Work with young people to develop mechanisms to involve them in the commissioning, service development and promotion of services.
3. Establish a Task and Finish Group to support schools to implement mandatory Sex and Relationships Education (SRE)
4. Develop an overarching care pathway for prevention and early intervention services
5. Identify opportunities to engage with parents/carers to inform local developments and raise awareness in relation to young people's risky behaviour
6. Explore opportunities to improve access to evidence based screening tools, information and interventions relating to emotional wellbeing and mental health conditions for professionals working with young people.
7. Develop a range of opportunities to improve relationships and joint-working between agencies
8. Expand existing workforce development opportunities and improve promotion of the offer.

The next phase of this work will focus on engagement with young people and stakeholders, to consult on the interim report and co-produce recommendations for inclusion in the final report.

Limitations

Firstly, the scope of the project was limited to health-related behaviours of young people and, as such, some key areas relating to risky behaviour, such as criminality or school exclusion, were not explored in any detail. In addition, the health areas were specific: the review only focussed on smoking, sexual health, drugs and alcohol. Although many references to mental health were made by interviewees and included herein due to overlaps, it is clear from the interviews that mental health is a major issue for young people and the content here does not do justice to the scale of the problems raised by participants.

The approach to interviewing services was slightly inconsistent, with a total of 5 professionals from public health, including 2 from Kingston and 2 from Richmond, and 1 from the joint LSCB undertaking them. Some were conducted in person, and some over the telephone.

Whilst every effort was made to ensure all stakeholders were interviewed in the same manner, the varying levels of experience and interest among the interviewers, may have given way for differences in follow-up questions, despite the agreed list of questions. In addition, not all stakeholders attended the November workshop to discuss the next steps. It is unrealistic to expect that everyone who participated in the interview stage could be present and this may have impacted on the recommendations that were developed. However, it is not expected that either the varied interviewers or the absence of some stakeholders at the workshop had an undue effect on the quality of responses. Given there was additional stakeholder engagement, with the workshop and ongoing email exchange, opportunities were provided for input to ensure the interpretation of findings were as accurate as possible and that recommendations were relevant. This report was also circulated to all stakeholders prior to being finalised.

Finally, this review only interviewed service providers and did not seek to gather views of young people on risky behaviour. Whilst the services all work with young people, we cannot be sure that the rationale they provided for some of these behaviours would be supported by young people. In order to fully understand the local picture, engagement with young people will be undertaken to get feedback from those who know and use local services and learn from the local knowledge they may have about the diverse needs and barriers faced by marginalised and vulnerable groups. This work will be undertaken in partnership with youth engagement leads and professionals working with young people engaging in risky behaviour to ensure a coordinated and inclusive approach. It will utilise existing youth engagement mechanisms such as the Youth Council and Looked After Children (LAC) Council as well as providing new opportunities for young people to be involved in this work going forward.

Glossary

ADHD	Attention Deficit Hyperactivity Disorder
A&E	Accident and Emergency
AfC	Achieving for Children
ASH	Action on Smoking
BAME	Black, Asian and Minority Ethnic
Biphobia	Aversion toward bisexuality and toward bisexual people as a social group or as individuals
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CSE	Child sexual exploitation
DV	Domestic violence
E-Cigarettes	Electronic cigarettes
EHC	Emergency hormonal contraception
GIO	Getting It On website (www.gettingiton.org.uk)
GLA	Greater London Authority
Homophobia	Dislike of or prejudice against homosexual people.
JSNA	Joint strategic needs assessment
LAC	Looked after children
LARC	Long Acting Reversible Contraception
LBRuT	London Borough of Richmond upon Thames
LGBT	Lesbian, gay, bisexual and Trans
LSCB	Local Safeguarding Children's Board
MASE	Multi-Agency Sexual Exploitation

MASH	Multi-Agency Safeguarding Hub
MISPER	Missing person
NEET	Not in education, employment or training
NHS	National Health Service
NPS	Novel psychoactive substance (formerly called ‘legal highs’)
ONS	Office for National Statistics
PHE	Public Health England
PRU	Pupil Referral Unit
PSHE	Personal, social, health and economic education
RBK	Royal Borough of Kingston upon Thames
RSE	Relationships and sex education
SEND	Special educational needs and disabilities
SPA	Single point of access
STI	Sexually transmitted infection
Transphobia	Dislike of or prejudice against transsexual or transgender people
YHC	Your Healthcare
YP	Young people
YPRBNA	Young People’s Risky Behaviour Needs Assessment

Appendices

Appendix 1. Project Board

Name	Job Title	Organisation	Role in review process
Amy Leftwich	Public Health Lead	Kingston Public Health	Analysis, presentation writing and delivery, interviews and joint author of Kingston's report
Daksha Mistry	LSCB Learning & Development Manager (maternity cover)	Richmond and Kingston LSCBs	LSCB training review
Dr May van Schalkwyk	Public Health Registrar	Richmond Public Health	Project Initiation Document (Richmond) and initiated literature review
Elisabeth Major	LSCB Professional Adviser	Richmond and Kingston LSCBs	LSCB training review
Jennifer Taylor	Public Health Registrar	Richmond Public Health	Interviews and analysis
Kate Parsley	Senior Public Health Lead	Richmond Public Health	Project lead for Richmond, author of the literature review, presentation writing and delivery, final report author (Richmond) and interviews
Lorraine Campbell (no longer in post)	Learning and Development Manager	Richmond and Kingston LSCBs	LSCB training review
Matthew Woolf,	Public Health Programme Support Officer	Richmond Public Health	Project coordination, analysis, presentation writing, delivery support and interviews
Sarah Bennett	Coordinator for Richmond and Kingston LSCBs	Richmond and Kingston LSCBs	Analysis, coordinating the LSCB training review and interviews
Stephanie Royston-Mitchell	Drug and Alcohol Strategy Manager	Kingston Public Health	Project lead for Kingston, presentation writing and delivery, interviews and joint author of Kingston's report

Appendix 2. Risky Behaviour Steering Group members

Name	Job title	Agency
Amy Leftwich	Health Promotion Specialist	Royal Borough of Kingston upon Thames
Anna Bryden	Consultant in Public Health	Richmond and Wandsworth councils
Doreen Redwood	Joint Commissioning Manager	Richmond Clinical Commissioning Group (RCCG)
Elisabeth Major	LSCB Professional Adviser	Kingston and Richmond councils
Elizabeth (Brandill) Pepper	Lead Commissioner for Children's Services and Adult Learning Disabilities	Royal Borough of Kingston upon Thames
Graeme Markwell	Senior Public Health Lead	Richmond and Wandsworth councils
Ivana Price	Associate Director of Family and Youth Support	Achieving for Children (AfC) Kingston and Richmond
Kate Parsley	Senior Public Health Lead	Richmond and Wandsworth councils
Matthew Woolf	Public Health Programme Support Officer	Richmond and Wandsworth councils
Russell Styles	Associate Director and Consultant in Public Health	Royal Borough of Kingston upon Thames
Stephanie Royston-Mitchell	Drug and Alcohol Strategy Manager	Royal Borough of Kingston upon Thames
Sarah Bennett	Coordinator for the Child Death Overview Panel (CDOP) for Kingston and Richmond & Coordinator for Richmond LSCB	Kingston and Richmond councils

Appendix 3. LSCB Training overview for Risky Behaviours Project

This summary is intended to give an overview of the training offered by the LSCB to the multi-agency workforce in relation to adolescent risky behaviours to assist with the Public Health led Risky Behaviours Services Review.

The review will consider whether there is adequate and relevant training available and its take up and what can be done to address any gaps identified. This summary therefore includes details of LSCB courses available, frequency, attendance rates, and details of how courses are advertised. The latter is included to understand whether uptake may be improved by courses.

LSCB training is bookable via the LSCB training portal kingstonandrichmondlscb.org.uk/training

Training is promoted via the LSCB website, training bulletins, newsletters and twitter. It is also discussed and promoted in LSCB main board and subgroup meetings.

The training is available to the whole of the children and young people's workforce and those working with adults who are parents or carers (for example, adult psychiatrists and probation staff). It includes paid staff and volunteers working in the statutory, voluntary, community and independent sectors.

The LSCB Training Programme is reviewed annually and has flexibility to add or refine courses according to emerging local and/or national issues.

The LSCB provides the following training as its core programme:

- Basic Awareness: Level 1 (eLearning and in-service training)
- Shared Responsibility: Level 2
- Child Protection Process: Level 3
- Child Protection Process: Level 3 Refresher
- Child Sexual Exploitation
- Domestic Abuse

The LSCB also provides the following additional training:

- Adolescents Experiencing Violence in their Relationship (not commissioned at moment as colleague left service)
- Child Trafficking (no longer commissioned)
- Difficult, Dangerous & Evasive (no longer commissioned)
- Disabled Children Safeguarding Concerns
- Substance Misuse and Young People – awareness (formerly Drug and Alcohol Awareness)
- Fantasy v. Reality – Impact of Pornography on Children and Young People (no longer commissioned)
- Female Genital Mutilation

- Gang Activity – Safeguarding Children and Young People (no longer commissioned now have online learning via Me Learning Gangs & Youth Violence)
- Harmful Practices – Forced Marriage and So Called Honour Based Violence
- Parental Needs Making Sense of Impact on Children (Previously Impact of Parental Substance Misuse)
- Lone Worker Safety & Assessing Risk
- Online Safety & Risky Behaviour
- Pre-birth Assessment and Teenage Parents
- Safeguarding Workshop for Early Years (no longer commissioned)
- Talking to young people about Sex, Drugs and Alcohol (formerly Sex, Drugs, Alcohol & Risky Behaviour)
- Sexual Violence & Young People
- Teenagers and the Rage to Feel Alive (no longer commissioned low interest)
- Understanding and Managing Childhood Neglect
- Workshop to Raise Awareness of PREVENT
- Working with Perpetrators of Domestic Abuse (Not currently commissioned)
- Young People Missing from Home and Care

Whilst a number of the more general safeguarding modules will include risks to adolescents, the courses in the following table have been identified as particularly relevant to training the multi-agency workforce in relation to risky behaviours; against which the number of course dates offered, attendees, and costs of trainer for total sessions are provided.

Course title	Number of sessions and total attendees 2015-2016	Number of sessions and total attendees 2016-2017
LSCB Substance Misuse and Young People – awareness (formerly Drug and Alcohol Awareness)	2 course dates (Q1 & 3), 17 attendees £300	No course dates
Online Safety & Risky Behaviour	3 course dates (Q1, 3 & 4), 33 attendees £600	3 course dates (Q1, 3 & 4) 35 attendees £0 no charge as payback from Trainer for Trainer

Talking to young people about Sex, Drugs and Alcohol (formerly Sex, Drugs, Alcohol & Risky Behaviour)	2 course dates (Q1 & 3), 27 attendees £300	4 date proposed however training cancelled due to low signup/interest no charge as payback from Trainer for Trainer
Teenagers and the Rage to feel alive	1 course date (Q1), 13 attendees £700	1 course date (Q1) 21 attendees

You will see from the above table that no training dates were held for either 'Substance Misuse and Young People' or 'Talking to Young People about Sex, Drugs and Alcohol' during 2016-17. This was due to poor sign up resulting in cancellation. These training sessions are facilitated by Lynn Lock, Young People Substance Misuse Service Manager.

Training sessions have been refreshed with new course titles and now offered as half day training sessions. (Additional work planned to develop a quiz to test practitioners' knowledge).

The training is scheduled to take place February 2018, also working with Board Lay Member and Lynn to develop a PowToon animated video and liaising with Heather Anderson at Moor Lane to develop monthly screenings.

A Learning from Child Deaths Conference was held in July 2017 (a joint initiative from the LSCBs for Kingston, Richmond, Sutton, Wandsworth and Merton) and there were sessions from Papyrus on preventing young suicide and the Daniel Spargo-Mabbs Foundation on helping young people make safer choices around drugs. This was attended by 100 multi-agency professionals from across the 5 boroughs.

Training attendance data is monitored at the Learning and Development Subgroup and in the Learning and Development Annual Report, as well as on an ongoing basis by the LSCB Learning and Development Manager.

LSCB Impact evaluation process:

One of the functions of the LSCB is to understand the impact of training it has commissioned; the LSCB regularly monitors the effectiveness of its training courses.

Staff attending LSCB training will be asked to complete a set of two self-evaluations to help benchmark existing learning, evaluate the quality of training from the perspective of the trainee and to capture evidence of how LSCB training has influenced the individual practice of staff.

It is acknowledged that this process needs to be proportionate and take into account the busy day jobs of front-line operational staff. It is, however, expected that all training participants comply with the LSCB request for this information.

Stage 1
As part of the course application process applicants are asked for details of any previous relevant safeguarding training in order that the participant's knowledge can be logged and evaluated before acceptance onto the course.

The results from this will be treated as the baseline for each participant's level of knowledge.

Stage 2
Impact Evaluation is available to complete between 8 - 12 weeks after course completion, evaluation is linked to certification, if not completed participants are unable to access their training certificate. Evaluation is accessible online via LSCB training account. Line Mangers are also required to complete an online evaluation. The purpose of this level of evaluation is to find out whether the learning from the course has been used in practice to change confidence or attitude of the learner.

This evaluation is to measure the impact of the training on practice and to evidence if the learning has improved outcomes for children.

Stage 3
New Courses, briefings and targeted courses are evaluated with an online event feedback questionnaire or phone call that will ask the following questions:

How relevant and helpful do you think the training was to your job?

What are the key points that you will take away from this event in relation to policy and practice?

The purpose of this stage is to find out whether the learning from the course has had a direct impact on how professionals work with children and young people.

Sample of Participant & Manager Comments from Stage 2 Evaluation: Online Safety & Risky Behaviour

How has the implementation of your learning from this training contributed to improved outcomes for children, young people and their families?
• Staff knowledge of online safety being passed on to the children Awareness of online safety and how important it is
How has your attendance at this training benefited your colleagues, team or service? • We have put a folder together regarding all safeguarding training for staff to access at any point, also discussed training in a staff meeting and information for parents in newsletter.
What difference do you think this training has made to the participant's practice and work with children, young people and their families? • Children, young people and families are supported and safer. This means that when I have to manage safeguarding queries, I am more knowledgeable of the topic and able to provide better support

Appendix 4. Interviews and interviewees schedule

Interviews of joint Richmond and Kingston services

Name	Job title	Agency	Interview date	Interview time	Format of interview	Interviewer
Alex Doig	Psychiatrist	Child and Adolescent Mental Health Service (CAMHS)	31.10.17	10:30-11:30	Face to face	Matthew Woolf
Aliya Nota	Single Point of Access (SPA) Manager	Achieving for Children (AfC)	25.10.17	10:00-11:00	Telephone	Matthew Woolf
Daniela Acosta- Pagliari	Head of Integrated Working	Achieving for Children (AfC)	3.10.17	10:00-11:00	Face to face	Kate Parsley and Matthew Woolf
Detective Inspector Spencer Hall (no longer in post)	Detective Inspector, Kingston and Richmond CSE team	Metropolitan Police	10.10.17	10:00-11:00	Face to face	Stephanie Royston-Mitchell
Detective Sergeant James (Bas) Dickson- Leach	Detective Sergeant, MASH/CSE/MISPER	Metropolitan Police	29.9.17	14:30-15:30	Face to face	Stephanie Royston-Mitchell
Jo Steer	Head of Emotional Health Service	Achieving for Children (AfC)	12.10.17	12:00-13:00	Face to face	Matthew Woolf
Justin Johnson	Early Intervention Worker	Achieving for Children (AfC)	28.9.17	14:30-15:30	Face to face	Kate Parsley and Matthew Woolf

Kathy Walker	Youth Offending Service Manager	Achieving for Children (AfC)	18.10.17	14:30-16:00	Face to face	Stephanie Royston-Mitchell
Kirsty Armstrong	LGBTQ Youth Worker	Achieving for Children (AfC)	7.12.17	12:00-13:00	Telephone	Matthew Woolf
Kuhan Valleekenathan	Looked After Children Team Lead	Achieving for Children (AfC)	17.11.17	11:30-12:30	Telephone	Kate Parsley and Matthew Woolf
Lynn Lock	Young People Substance Misuse Service Manager	Achieving for Children (AfC)	2.10.17	14:30-16:30	Face to face	Stephanie Royston-Mitchell
Peter Cowley	Information and Communications Technology and Online Safety Adviser	Achieving for Children (AfC)	17.10.17	10:00-11:30	Face to face	Stephanie Royston-Mitchell
Peter Moorcock	Youth Service Manager	Achieving for Children (AfC)	28.9.17	14:30-15:30	Face to face	Kate Parsley and Matthew Woolf
Romany Wood-Robinson	Chair (Richmond), Lead for Safeguarding, for CAMHS and Trustee	SEND Family Voices	3.10.17	14:00-15:00	Face to face	Kate Parsley and Matthew Woolf

Kingston only services

Name	Job title	Agency	Interview date	Interview time	Format of interview	Interviewe r
Andrea Knock	Designated Nurse for Safeguarding and Looked After Children	Kingston Clinical Commissioning Group	3.10.17	10:00-11:00	Face to face	Stephanie Royston-Mitchell
Diane White	Project Lead	Kingston Young Carers Project	18.10.17	16:30-17:30	Face to face	Stephanie Royston-Mitchell
Jackie Giles and Sheri Mattimoe	School Nurse and Lead Nurse for Looked After Children	Achieving for Children(AfC)	4.10.17	14:30-15.30	Face to face	Amy Leftwich
Joan Coy	KU19 Lead	Your Healthcare	27.9.17	10:00-11:30	Face to Face	Amy Leftwich
Joanna Reynolds	Team Lead School Health	Your Healthcare	2.10.17	14:00- 16:00	Face to Face	Amy Leftwich
Julie Chong	Kick It! Lead	Kingston Smoking Cessation Service	10.10.17	10:00- 11:30	Face to face	Stephanie Royston-Mitchell
Health Link Workers	School Health Link Worker, Kingston College	Yourhealthcare	27.9.17	15:00- 16:00	Face to Face	Amy Leftwich
Hannah White	Clinical Nurse Specialists in Sexual Health	Wolverton Clinic	10.10.17	10:00-11:30	Face to Face	Amy Leftwich

Appendix 5. Questions for interviews: Risky Behaviour Review

These questions are based on the Risky Behaviour Review that is being undertaken by public health, AfC, CCGs and the LSCB in Richmond and Kingston, with support from both local authorities. This information is being gathered to understand more about the services we offer to young people around risky behaviours and how we support them.

The behaviours we are focussing on are those related to drugs, alcohol, smoking and sexual health. Your service may have a particular focus, but any information about these issues are welcomed!

1. How is your service designed and delivered? Do you involve young people in any of this and if so how? If not, why not? Is it about resources or opportunities?

2. How do you measure the quality and performance of your service (i.e. monitoring and evaluation)? What processes are involved in this M&E? How are young people involved in designing and implementing this? How do you inform young people about what is changing or what cannot be changed and why after consulting with them?

3. Do you involve parents and carers/families in your service? If so, how? If not, why not?

4. What mechanisms do you use to promote your service to young people? Do you use social media (Facebook, Twitter, Snapchat, Instagram etc), printed communication (newsletters, leaflets, posters etc), email, text/Whatsapp, phone calls/Skype, short videos e.g. YouTube, in person e.g visits to schools or community settings etc?

5. What are the main issues facing young people your service is supporting? Do these issues depend upon the vulnerabilities of young people e.g. offenders, leaving care, looked after, young parents and carers, or others (specify where possible)?

6. Have there been changes to risky behaviour (drugs, alcohol, smoking, sexual health) amongst young people in recent years locally? If so, what? Probe as to whether Novel Psychoactive Substances (formerly ‘legal highs’ like mephadrone, meow, NOS aka laughing gas), Xanax,steroids/insulin misuse for body building, e-cigarettes, shisha, chem sex are a problem and if so how has this impacted young people’s lives and service provision?

7. How are these issues and changes identified by your service i.e. are they shared by young people, between services, based on media reporting, top down from management meetings etc?

8. Do these issues get shared wider than your team and if so how e.g. management meetings, newsletters, email updates etc?

9. Are there any gaps in your provision, if so what are they and why?

10. Is there anything missing from the total offer to young people in Richmond borough relating to risky behaviour? E.g. service that is no longer available, issue not being addressed by provision, work not included in contracts etc (within or outside of your service area)

11. How are referrals and signposting to other services undertaken? Are there pathways in place to guide it? Are there any gaps in services that create an issue with doing this? If so what do you think the solution is?

12. What training do you provide for your staff specifically around risky behaviour including those not directly related to your provision (i.e. sexual health service and smoking)? What training do staff access from the LA, CCG, AfC, LSCB or elsewhere on these topics? Is this training mandatory? Are there additional training needs not currently being met? Is there anything which could be improved regarding locally provided training?

13. What training do your staff provide to professionals including schools, across the borough? If so, how is quality of this measured? If not, why not?

14. Do you have any further comments to make about young people and risky behaviour in Richmond and Kingston?

Questions for Youth Offending, Probation and Youth Services only:

Add to 1 or 2 – have drug/alcohol related crimes and road traffic accidents become a bigger problem in recent years? For example, alcohol related accidents or vehicle related drug sales?

Appendix 6. Risky Behaviour Expert Group

(Held on Tuesday 21st November 2017)

Name	Job title	Agency	Local Authority
Alex Doig	Psychiatrist	Child and Adolescent Mental Health Service (CAMHS)	Richmond
Amrita Basu	Emotional Health Service	Achieving for Children (AFC)	Kingston and Richmond
Detective Sergeant James (Bas) Dickson-Leach	Detective Sergeant, MASH/CSE/MISPER	Metropolitan Police	Kingston and Richmond
Caroline North	Chair (Kingston), Lead for Safeguarding and Trustee	SEND Family Voices	Kingston and Richmond
Nick Dunne	Team Lead	Wolverton Centre	Kingston
Helen King	Clinical Nurse Specialist - Young People's Substance Misuse Service	Achieving for Children (AfC)	Kingston and Richmond
Holly Pearson	Head of Year 11	Orleans Park School Richmond	Richmond
Jo Reynolds	Team Lead School Health	Your Healthcare	Kingston
Justin Johnson	Early Intervention Worker	Achieving for Children (AfC)	Kingston and Richmond
Lynn Lock	Young People Substance Misuse Service Manager	Achieving for Children (AfC)	Kingston and Richmond
Laura Sanders	Richmond School Nurse Lead	Central London Community Healthcare NHS Trust	Richmond
Matthew Woolf	Public Health Programme Support Officer	Richmond Public Health	Richmond

Romany Wood-Robinson	Chair (Richmond), Lead for Safeguarding, for CAMHS & Trustee	SEND Family Voices	Kingston and Richmond
Sarah Bennett	Coordinator for the CDOP for Kingston and Richmond & Coordinator for Richmond LSCB,	Richmond and Kingston Councils	Kingston and Richmond
Sophie Richardson	Team Leader	Richmond Carers Centre	Richmond
Stephanie Royston-Mitchell	Drug and Alcohol Strategy Manager	Kingston Public Health	Kingston
Zoe Bloomfield	Richmond School Nurse Team Leader	Central London Community Healthcare NHS Trust (CLCH)	Richmond

Appendix 7. Description of Services Interviewed

(Interviews took place between 26/09/17- 07/12/17)

Services within AfC

Early Help https://www.achievingforchildren.org.uk/early-help-intervention/
Embedding the Cluster Model of working, best practice approaches such as Signs of Safety and delivering improvement work as part of the AfC offer

Emotional Health Service
https://www.achievingforchildren.org.uk/emotional-health-service/ CAMHS Tier 2 delivering an early intervention approach for children and young people with conditions such as depression and anxiety

Heatham House LGBTQ+
https://www.kingston.gov.uk/info/200241/supporting_young_people/512/information_advice_and_support/8 Specialist youth support for young people who identify as LGBTQ+

Looked After Children (LAC) and Leaving Care Team
Providing support, advice and training to education, social services and carers on educational needs of children looked after

Single point of access (SPA)
Gateway for all referrals relating to concerns about children's developmental needs, neglect, and physical, sexual, or emotional abuse

SPARK Team (Information and Communications Technology and Online Safety Adviser) Promoting online safety to professionals including those from schools, healthcare providers, voluntary sector and the police

Young People's Substance Misuse Service
Specialist substance misuse treatment for young people aged 13 to19 years and their families

Youth Service
Working with 11-19 year olds in Richmond and Kingston to enhance their wellbeing, personal and social development

Youth Offending Service (YOS)
Working with young people and the community to prevent offending

Other Services

CAMHS
Tier 3 CAMHS offering assessment and treatment to children and young people up to the age of 18 with a range of moderate to severe mental health problems

CCG
Kingston CCG is a membership organisation made up of the 25 GP practices in the borough. The CCG works with secondary care doctors, nurses and other healthcare specialists as well as a management team to plan and commission health care services that meet the needs of local residents.

Joint Richmond and Kingston Local Safeguarding Children Boards (LSCB) Child Sexual Exploitation (CSE) and Missing Subgroup
The CSE & Missing Subgroup is a strategic subgroup of the Joint LSCB that aims to provide clarity on how safeguarding is addressed within the specific priority areas of CSE, and address agency's responses to managing young people missing from home, care or school.

Kick It Stop Smoking Service
Deliver workshops to young people using effective and innovative methods to discourage smoking uptake.Offer free advice and support including nicotine replacement therapies, to people living and working in Kingston.

Kingston Young Carers Project
Provide support to young carers (aged 5-18) living in Kingston

KU19
Kingston's free and confidential health service for young people aged 19 years and under. It's provided by Your Healthcare CIC (see below). You can get:

- free condoms
- emergency contraception
- chlamydia and gonorrhoea screening
- contraception
- advice and information
- pregnancy testing

You can contact KU19 or drop into one of the KU19 clinics around the borough (you don't need an appointment)

Multi-Agency Safeguarding Hub (MASH) **No website available**
MASH was developed by the police, Local Authority departments including Health, Police, Disabled Children's team, Adult Services, Probation, Education and Social work, and other agencies to co-locate safeguarding agencies and their data into a secure, research and decision making unit.

SEND Family Voices

Parent-led and providing support to parents and carers and children with a range of special needs and disabilities for families living in Richmond and Kingston

The Wolverton

The centre specialises in sexually transmitted infections (STIs), contraception, HIV and specialist genitourinary medicine services. Anyone of any age can go. All consultations are free and confidential. You don't need a referral from your GP. The Wolverton runs the Connect Clinic - a relationships and sexual advice service for people of all ages with learning difficulties. There's also The Point - a one stop walk-in sexual health service for those 18 and under.

Your Healthcare

Your Healthcare is a community interest company that provides a range of health and social care community services. In Kingston, Your Healthcare provides School Health and Health Visiting services.