Public Health England

Protecting and improving the nation's health

Sexually transmitted infections: Promoting the sexual health and wellbeing of people from a Black Caribbean background

From research to public health practice: an evidence-based resource for commissioners, providers and third sector organisations

Contents

Terminology

The term ‘people from a Black Caribbean background’ is used throughout this resource to include people from other ethnic population groups that experience similar STI diagnosis rates as those reporting their ethnicity as ‘Black Caribbean’. The term is inclusive of people who report their ethnicity as, ‘Any other Black, African or Caribbean background’, ‘Any other Mixed or Multiple ethnic background’, ‘Mixed race’, or ‘White and Black Caribbean’. The term is used to be inclusive of people with diverse family histories, countries of birth, countries of socialisation and lived experiences of Blackness and Caribbean culture.

During the initial research and workshops, the term ‘people of Black Caribbean heritage’ was used as it was considered to be widely accepted and supported by the community, by public health and by sexual health sector stakeholders who were consulted, and who co-produced this resource.

While this resource refers to people from a Black Caribbean background as a broad group, it is important to be aware that attitudes, needs and experiences vary between individuals.

Glossary

BBV: Blood Borne Virus

DHSC: Department of Health and Social Care

HIV: Human Immunodeficiency Virus

LSHTM: London School of Hygiene & Tropical Medicine

NCSP: National Chlamydia Screening Programme

NIHR HPRU BBSTI: National Institute for Health Research Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections

RSHE: Relationship, Sex and Health Education

SHC: Sexual Health Clinic

SRH: Sexual and Reproductive Health

STI: Sexually Transmitted Infection

UCL: University College London

Executive summary

This resource is the first of its kind to look specifically at sexual health promotion and STIs among people from a Black Caribbean background. It provides information to support commissioners, providers and third sector organisations in developing interventions for improved sexual health and well-being and is an important step towards addressing sexual health inequalities among Black Caribbean communities.

Evidence from the National Institute for Health Research Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections on drivers of inequalities in STI rates suggests that people from a Black Caribbean background often have sex for the first time at a younger age, have a greater numbers of partners overall and have higher rates of sexual partnership concurrency (having more than one sexual partner in the same period of time). However, the evidence suggests that increased STI risk among people from a Black Caribbean background was only partially explained by variations in socio-demographic factors and sexual behaviours.

Based on these findings, this resource outlines system-wide implications for policy and practice to improve the sexual health and wellbeing of people from a Black Caribbean background that were derived and developed through engagement workshops with communities, local government, NHS and third sector organisation representatives. Key priorities and areas for action include:

- raising awareness among Black Caribbean communities about how STIs are prevented, transmitted, diagnosed and treated and how to improve sexual wellbeing – this should be done using multiple channels, brands and influencers that are familiar, relatable and trusted by the target audience; findings from this research should be used to inform the development of culturally appropriate messaging and interventions
- workforce training and development, including raising awareness and sharing information with the workforce and ensuring that services are equipped to provide non-judgemental, empathetic, culturally competent approaches to sexual health care
- encouraging ongoing collaboration with local partners and ensuring that community members are involved in the design and delivery of sexual health promotion and sexual health interventions

Purpose and scope

This resource provides information to support commissioners, providers and third sector organisations in developing interventions for improved sexual health and well-being in people from a Black Caribbean background. It presents evidence from the National Institute for Health Research Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections (NIHR HPRU BBSTIs) on important drivers of inequalities in Sexually Transmitted Infection (STI) rates and collates feedback from engagement with community members and stakeholders on the most acceptable and effective approaches for targeted interventions for these communities.

The purpose of this resource is to:

- disseminate a summary of the latest evidence on the knowledge, behaviours, attitudes and contextual factors that influence STI acquisition and transmission risk in people from a Black Caribbean background in England
- translate the evidence into advice for commissioners, providers and third sector organisations to support the design, targeting and delivery of novel interventions to maximise patient and public health benefit
- encourage stakeholders to use the best available evidence to inform their sexual and reproductive (SRH) health promotion decision-making

A PHE working group and the NIHR HPRU BBSTIs, led by University College London (UCL) (‘the study team’) developed this resource. It incorporates the views, experiences and advice shared during workshops with community members, community organisations and other stakeholders working in the design and delivery of sexual health services and health promotion activities or materials for people from a Black Caribbean background.

Background and strategic context

The PHE strategy for research, translation and innovation

PHE has a strategy to drive research, translation and innovation to support the transformation of public health practice and services (1). The strategy addresses 5 priorities: knowledge, infrastructure, capacity, innovation and communication.

In line with this strategy, PHE:

- supports and undertakes research to improve and protect the health of the population
- supports NIHR HPRU, enabling infrastructure for public health research
- develops public health research capacity within PHE and supports and engages academics in public health
- accelerates translation of research into policy and practice in public health and commercial products
- communicates widely and openly about how research is contributing to improving and protecting health and wellbeing and reducing health inequalities

STIs and health promotion priorities

One of the 4 priorities identified by the Department of Health and Social Care (DHSC) in A Framework for Sexual Health Improvement in England (2) was to reverse the rapid increase in STIs in populations most at risk of infections. In response, PHE's health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019 (3) set out how PHE would use its strengths in data, scientific evidence, evaluation and community engagement to undertake activities to achieve the aims of reducing STIs by supporting programmatic approaches to promoting safer sexual behaviours and risk reduction strategies.

Partners involved

Since 2014, PHE in partnership with the NIHR HPRU-1 in BBSTIs, led by University College London (UCL), and in partnership with London School of Hygiene & Tropical Medicine (LSHTM), has conducted state-of-the-art research to improve population health, infection prevention and quality of care for those affected by STIs and Blood Borne Viruses (BBVs).

The HPRU focused on 3 research themes which address the key health protection priorities for the prevention and control of BBSTIs: understanding risk and risk reduction (Theme A);

reducing the burden of under-diagnosis (Theme B); and improving care and management of those diagnosed with infections (Theme C).

This resource focuses specifically on findings from Theme A which explored STIs among people from a Black Caribbean background and presents new evidence from the NIHR research. The overarching aim of Theme A is to improve understanding and the knowledge-base of the behaviours, attitudes, and factors that influence the risk of BBSTI acquisition and transmission among key priority groups identified by PHE.

Epidemiology

STIs are a major public health concern which may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. In 2019, there were 468,342 new STI diagnoses made at sexual health services (SHSs) in England. The most commonly diagnosed STIs were chlamydia (49% of all new STI diagnoses), gonorrhoea (15%), first episode genital warts (11%) (6).

The highest population rates of STI diagnoses by ethnicity are among people of Black ethnicity, but this varies considerably among Black ethnic groups. People of Black Caribbean and Black non-Caribbean/non-African ethnicity have the highest diagnosis rates of many STIs of all ethnic groups, while Black Africans have relatively lower rates (6).

Sexual health promotion

Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (7). This includes primary prevention initiatives aimed at individual behaviours, as well as a range of social and environmental interventions. Health promotion interventions need to be designed and developed with clearly defined aims, objectives and outcomes such as behaviour change, improved awareness or education, and/or greater empowerment.

Good sexual health and reproductive health is important for everyone; however, sexual ill health affects some population groups more than others, and there are clear health inequalities. While some sexual health promotion activities aim to achieve universal coverage to benefit the general population (for example, providing information on maintaining good sexual and reproductive health), others need to be tailored for key populations at particular risk of experiencing poor sexual health outcomes. Additionally, health promotion activities and health education must be acceptable, relevant and unambiguous to the target population to help stimulate a change in attitude and enable behaviour change.

In England, sexual and reproductive health promotion and HIV prevention is provided within a complex system. Within this system, Local Authorities are mandated to commission

comprehensive sexual health services, including the provision of information, advice and support to reduce STIs. PHE has an important national role in surveillance and research; scientific expertise; social marketing; and providing and developing resources to support local and national activities. PHE also provides support through regional and local teams, supported through the sexual health facilitator network.

Methodology

The NIHR HPRU BBSTI research focusses on three themes which address the key health protection priorities for the prevention and control of BBSTIs: understanding risk and risk reduction (Theme A); reducing the burden of under-diagnosis (Theme B); and improving care and management of those diagnosed with infections (Theme C) (8).

A priority for Theme A was to understand what factors might explain why people from a Black Caribbean background experience higher rates of STIs, PHE in collaboration with UCL conducted a programme of mixed methods research. The research took place in two phases between 2014 and 2020, before the COVID-19 pandemic.

Phase 1: Review of existing evidence and undertaking primary research

Phase 1 of the research first involved a rapid systematic review of existing evidence on differences between ethnic groups in the prevalence of risk factors associated with STIs, sexual healthcare seeking behaviours, and contextual factors influencing STI risk (9). This evidence review then informed the focus of qualitative interviews (11), which then informed the content of a survey completed by people attending sexual health clinics across England, key results from which have been published (12, 13).

The evidence from NIHR HPRU BBSTI Theme A mixed methods research programme was reviewed and is summarised in this guidance.

Phase 2: Knowledge translation exercise

Translating evidence into priorities

Phase 2 focused on translating the findings from phase 1 into 3 initial priority areas which might reduce infection rates among Black Caribbean communities and engaging community members and stakeholders in the knowledge translation exercise through a community engagement workshop.

To do this we followed the PHE Knowledge to Action evidence-based approach (4) and the Lavi's framework for knowledge-transfer strategy (5). These are based around a series of key questions:

1. What should be transferred?
2. To whom should research knowledge be transferred?
3. By whom should research knowledge be transferred?
4. How should research knowledge be transferred?
5. With what effect should research knowledge be transferred?

One of the strengths of this framework is that it enables evaluation of knowledge translation overall and for the specific elements, each of which can be fine-tuned in response to feedback.

Using the knowledge transfer frameworks, the NIHR HPRU BBSTI Theme A research findings were first translated by the study team into proposed priorities area of work (Table 1).

Community engagement workshop

During the community engagement workshop, the study team sought community members' reflections and advice on:

- the NIHR HPRU BBSTIs research findings, the proposed priority areas and whether these seemed relevant for the community
- acceptable ways of delivering sexual health information, how to better design sexual health promotion campaigns and reach people from a Black Caribbean background with this messaging

The groups' reflections were then captured through small and large group verbal feedback and grouped by theme (Table 2), and the proposed priority areas revised and refined by the study team (Table 3).

Additionally, the study team and community members also reviewed existing sexual health promotion materials and identified features that could stimulate behavioural and attitudinal change among the target population, in a culturally appropriate manner (Table 4).

Stakeholder engagement workshop

The revised priorities and community members reflections were then presented at a follow-up stakeholder engagement workshop with public and sexual health care professionals. The study team sought stakeholders reflections and advice on:

- the NIHR HPRU BBSTIs research findings, the revised priority areas

- barriers and facilitators to developing, and implementing, targeted sexual health promotion interventions at a local level
- the perceived optimal channels to disseminate messages

Stakeholders' reflections were then captured through small and large group verbal feedback and grouped by recurring themes that aligned with those expressed by community members (Table 5).

System-wide implications for policy and practice to improve the sexual health and wellbeing of people from a Black Caribbean background were then developed, based on the evidence review and the primary data collected by the NIHR HPRU BBSTI Theme A (9 to 13) and the themes captured from the community and stakeholder engagement workshops (Table 6).

Please see the community and stakeholder engagement workshop sections below for more detail on this process.

Evidence

Understanding overall knowledge and awareness of STIs in the Black Caribbean community, alongside behaviours and attitudes towards STIs and other contextual factors that influence risk, are essential for developing effective health promotion interventions to reduce the STI prevalence in this community. Evidence from the NIHR HPRU BBSTIs on important drivers of inequalities STI rates is summarised here.

A systematic review examining ethnic group variations in STI diagnoses found that, compared to people of White ethnicity, increased STI risk among people from a Black Caribbean background was only partially explained by variations in socio-demographic factors (including socio-economic status) and sexual behaviours (8). For example, Black Caribbean men reported earlier age at sexual debut and larger numbers of sexual partners, including those overlapping in time (concurrent partnerships), than White men. However, no such differences by ethnic group were observed for women (9). Consequently, prioritising prevention efforts that encourage behavioural change in Black Caribbean men could be considered. The review also found that people from a Black Caribbean background were more likely to access sexual health clinics suggesting these services may provide an efficient route for delivering STI prevention interventions to this population. Levels of STI reinfection among Black Caribbean populations suggest that regular retesting following treatment and improving partner notification, especially among women under 25, may improve sexual health outcomes and reduce transmission.

Sexual partnership concurrency was further explored in qualitative research with people from a Black Caribbean background. This revealed the complexity of, and reasons for, concurrent partnerships and how partnership formation and timing influence sexual health choices and therefore STI risk (10). Broader structural factors were also identified around gender norms (for example, notions of masculinity), the influence of mass and social media (for example, Black

Caribbean popular music), and social relationships (for example, peer pressure). Taking into account the complex interactions between emotional/ psychological, interpersonal, sociocultural, and structural factors is therefore key to developing culturally-sensitive interventions.

Analysis of survey data collected from people of all ethnicities attending sexual health clinics showed some differences by ethnic group in the types of partnerships and the characteristics of sexual partners (for example, women of Black Caribbean ethnicity were more likely than White women to report older partners), however, these differences in partnership type did not explain ethnic differences in STI diagnoses (11). It was not possible to draw conclusions about the influence of partnership type on STI transmission beyond the individual partnership level for example within the sexual network.

While the systematic review found that people from a Black Caribbean background were more likely than those from other ethnic groups to access sexual health clinics (8), analysis of the survey data from people attending clinics found that differences in sexual healthcare seeking and use did not explain ethnic disparities in STIs diagnoses (12). However, given the persistent elevated STI rates in the Black Caribbean community, access to sexual health services should be maintained and strengthened. In light of sexual health service reconfigurations, it is essential to audit service access to ensure that any service changes reduce, rather than exacerbate, existing health inequalities for the Black Caribbean community.

Community and stakeholder engagement workshops

NIHR and many other funder and research organisations require researchers to include patient and public involvement activities in their research. The aim is to ensure research is carried out ‘with’ or ‘by’ members of the public rather than ‘to’, ‘about’ or ‘for’ them (13). Involving members of the public and key stakeholders in the research process helps ensure research quality and relevance, and enables end-users to inform and co-produce resources that will benefit them. The HPRU BBSTI research was guided from the outset by focus groups and through qualitative interviews with Black Caribbean community representatives (10).

Likewise, to develop this resource the study team engaged people from a Black Caribbean background, community organisations, and key public and sexual health stakeholders in a two-stage research translation exercise. The study team facilitated 2 workshops in London, with: (a) community members (n=8) in 2019; and (b) with public and sexual health care professionals (n=15) in January 2020. Attendees were recruited from Leeds, Leicester, London, and Manchester through national and local sexual health and charitable networks.

To facilitate the workshops, the study team presented the main research findings and the proposed priority areas of work (Table 1).

Table 1: Main research findings and proposed priority areas of work

Main HPRU research findings	Proposed priority areas of work
The HPRU study found that the 3 key factors that increase the chances of being diagnosed with an STI are: • having sex for the first time at a younger age ('early sexual debut') • having greater numbers of partners overall • having more than one sexual partner in the same period of time ('sexual partnership concurrency')	The 3 identified priority areas which might reduce infection rates among Black Caribbean communities are: • empowering and equipping women with negotiation skills • improving knowledge on how STIs are prevented, transmitted, diagnosed and treated • encouraging people, particularly men, to have an open and communicative approach around (concurrent) sexual relationships

Community engagement workshop

During the community engagement workshop, the study team presented and sought community members' and community organisations' reflections and advice on:

- the NIHR HPRU BBSTIs research findings, the proposed priority areas and whether these seemed relevant for the community
- acceptable ways of delivering sexual health information, how to better design sexual health promotion campaigns and reach people from a Black Caribbean background with this messaging

The groups' reflections were captured and grouped by theme (Table 2), and the proposed priority areas revised and refined (Table 3). The key message was to involve and consult with the community when planning and designing sexual health promotion campaigns and messaging. Community members' involvement is vital to ensure interventions are informed by, and incorporate, their experiences, views and priorities, and are acceptable and sensitive to them. Community involvement is needed from the outset to secure buy-in throughout the process and better engagement during implementation.

Table 2: Community reflections on the research findings and proposed priority areas

Theme	Reflections	Illustrative quotes
Conversations	The group considered that facilitating conversations about sex, sexual health and wellbeing between sexual partners was a necessary precedent for changing attitudes concerning sexual health improvement.	"How do you have these conversations? Because that's how attitudes change."
Empowerment – both externally and self-empowerment/taking ownership	Empowerment among women was seen as fundamental to them being able to negotiate with their sexual partners. Self-empowerment in particular was seen as an important precursor for taking ownership of one's personal sexual health and wellbeing. For example, engaging in STI testing and using home sampling kits can be promoted as an act of self-empowerment.	"My health is my health, not their health." "You can't control them (your partners), but you can take care of your health."
Responsibilities to others regarding STI risk	Taking steps to reduce the STI risk posed to others was considered particularly important, and the group felt this could be achieved by encouraging safe sex practices, prevention and routine STI testing.	"We're making you safe within what you are doing."
Consent	To encourage respectful approaches to sexual relationships, the group suggested that the term 'consent' (vs respectful sex) would be more powerful and meaningful to them and would act as a critical enabler for good sexual health.	"It's unifying in its understanding." "Consent yesterday doesn't mean consent today." "Some older people may struggle with (the fluidity of) consent."
Awareness	Interventions designed to dispel myths about sexual health and make people aware of the availability of modern methods of STI testing, such as self-sampling and home testing kits could serve to increase awareness and	"There shouldn't be fear about having Black people targeted." "They need to know there is a problem with STIs and to tackle it."

	reduce barriers to engagement in sexual health prevention.	
Access to services	The group discussed challenges experienced when accessing SHCs and highlighted that promoting non-judgemental and positive staff attitudes towards those accessing services could help minimise negative experiences and encourage continued healthcare seeking.	“When I asked to get tested for everything, I was told that I didn’t need to because I’d only had one partner; I didn’t feel able to explain to the doctor that I was concerned about my risk due to my partner's behaviour.”

Table 3: Revised priority areas of work

Priority 1: STI awareness raising among people from a Black Caribbean background
Priority 2: health care professionals' workforce development
Priority 3: ongoing community involvement and partnership

As part of this exercise, the study team, community members, and community organisations reviewed existing sexual health promotion materials and identified features which could stimulate behavioural and attitudinal change among the target population in a culturally appropriate manner (Table 4).

Table 4: Community reflections on designing culturally-sensitive and tailored sexual health promotion campaigns and messaging to engage people from a Black Caribbean background

Effective messaging techniques	Ineffective messaging techniques
Message: • messages that are informative and educational videos • messages linked to behavioural change and include a call to action • clear messages that convey information using words as well as OR instead of images • messages with familiar and unambiguous symbols • messages that address myths (particularly barriers to behaviour change)	Message: • messages and interventions that may be perceived as disrespectful • unintentionally reinforcing negative stereotypes • level of language and messages that are not adapted to the target audience • messages that misuse/overuse specific phrases or words • messages that are not linked to behavioural change • uninspiring messages • ambiguous messages • messages where targeting is too specific
Tone: • messages narrated by speakers who have relatable voices	Tone: • voices that are too formal and not relatable • use of a patronising tone (slow pace and "telling off" tone). • directive messages (feeling talked at vs talked to)
Delivery: • messages with trustworthy and recognisable logo (for example, NHS)	Delivery: • very public locations for sensitive topics

• messages with specific brands relatable to BAME communities (for example, Black Girl Festival) • channels tailored and adapted to the cohort group • multiple channels to convey the message (leaflets, videos, podcasts, online) • use of social media 'influencers' • partnership working (existing forums, workshops)	• poster in the street displaying too much text (insufficient opportunity to read) • potential for misinformation from broadcasters through podcasts
Style: • informative and educational • use of demonstrations • representative of the target population (men and women and relevant ethnic groups) • use of incentives	Style: • messages that reinforce stigma • unrepresentative of target population

The community members' and community organisations' reflections on acceptable and unacceptable sexual health interventions were then used in the second stage of the translation exercise at the follow-up stakeholder engagement workshop.

Stakeholder engagement workshop

To understand the current landscape in sexual health promotion, the study team engaged a wide range of stakeholders (including from national and local government, the NHS, voluntary and community organisations and academia) who design, provide and deliver sexual health services to people from a Black Caribbean background. The study team presented the NIHR HPRU BBSTIs research findings, proposed priorities, presented the community workshop outcomes, and asked stakeholders to:

- reflect on the findings and outcomes and provide their views
- discuss the barriers and facilitators to develop and implement targeted sexual health promotion interventions at a local level
- advise on the perceived optimal channels to disseminate messages

The group reflections captured recurring themes that aligned with those expressed by community members and community organisations. There was recognition that there have been few specific interventions targeting Black Caribbean communities and of the need to prioritise tailored sexual health promotion through community-informed collective action.

The group acknowledged the complexity of the task, and that reducing sexual health inequalities requires a multi-faceted, whole-system response. Further key reflections from the workshop are shown in Table 5.

Table 5. Barriers and facilitators to developing and implementing targeted sexual health promotion interventions

Facilitators	Barriers
Education and sharing learning: • provision of SRH education in schools • workforce development including training on cultural competence, diversity and unconscious bias	Education and sharing learning: • lack of repository of case studies, including what works well, and how to design sustainable interventions
Representation: • services that are representative of the target population	Representation: • need for more Black Caribbean leaders to be identified • need for more diversity among NHS staff • need for more Black Caribbean community champions
Needs: • understanding sexual health needs in a broader context • linking STIs with other reproductive health conditions (ectopic pregnancies and so on)	Needs: • lack of awareness among some healthcare professionals about the needs of people arriving from other countries, which may differ from the key SRH needs within the UK or within established communities of the same origin in the UK
Access: • designing and commissioning integrated services that include primary care	Access: • variation in service provision and capacity • specific cultural contexts not reflected in service design/ways of working • fragmented target population which is difficult to reach and engage
Interventions: • community engagement and community-based approaches	Interventions: • limited number of organisations to signpost individuals

• building trust between providers and communities • capitalising on local assets such as grassroots organisations that have a sway with the target population • e-services	
Messaging: • messages targeted and tailored to people from Black Caribbean communities • messages tailored to specific generations	Messaging: • increasing shift towards online services may lead to digital exclusion for those groups unable to access due to IT illiteracy, language barriers, or unable to afford digital devices • need for more Black Caribbean representatives advocating and raising visibility of this issue
Resources: • tools to measure impact of interventions to support prioritisation • tools to identify cost-effective interventions	Resources: • targeted work perceived as being resources intensive • insufficient funds • insufficient financial incentives to deliver targeted interventions to these communities
Data and research: • more research to understand wider factors driving high STI rates • better understanding of the effect/role of intersectionality on STI risk • better understanding of the fluidity of ethnic group identity	Data and research: • insufficient stratification of ethnicity data to understand the complexity of inequalities • limited evidence of association between STIs and poor reproductive outcomes such as fertility, ectopic pregnancies, and so on

Implications for policy and practice

This is the first resource of this kind looking specifically at sexual health promotion and STIs among people from a Black Caribbean background. It is an important step towards addressing sexual health inequalities among Black Caribbean communities. However, collective efforts and ongoing collaboration following a whole system approach are needed.

In this section, we propose system-wide implications for policy and practice to improve the sexual health and wellbeing of people from a Black Caribbean background that were derived from the evidence review and through engagement with communities, local government, NHS and third sector organisation representatives (Table 6).

These priorities and focus areas are for strategic leaders and service designers (including commissioners and public health teams), services providers (including clinicians, healthcare professionals, and service managers), and third sector organisations (including programme and outreach managers).

Table 6: Implications for policy and practice

Priorities	Areas of focus
Raise awareness among Black Caribbean communities about how STIs are prevented, transmitted, diagnosed and treated and how to improve sexual wellbeing	STI knowledge and healthcare seeking: • raise awareness to improve knowledge of STIs and address the greater STI risk associated with partnership concurrency • increase testing uptake and partner notification • promote and raise awareness that prescribed contraception, condoms, and STI and HIV testing and treatment are provided free from prescription charge to reduce the risk of unplanned pregnancy and onward transmission of infections • develop interventions aiming to increase retesting following treatment • ensure individuals attending services understand the different STIs, associated potential consequences, and how to protect themselves and their partners from STI transmission; the Sexwise website provides a number of useful resources. The NHS.UK website also provides useful information on STIs • clear messaging for groups/ individuals with No Recourse to Public Funds about access to services

	Attitudes and behaviours: • develop interventions aiming to encourage preventive behaviours, particularly addressing the needs of men • support individuals, particularly women, to express their wishes and expectations of their sex partners • raise awareness and encourage people, particularly men, to have a respectful approach to sexual relationships and to discuss consent How we can do this: • raise awareness by using multiple channels, brands and influencers that are familiar, relatable and trusted by the target audience, including the voluntary sector and community champions • ensure messages are clear, informative, educational and include a call for action • effective implementation of high-quality statutory Relationship, Sex and Health Education (RSHE) in schools, including effective signposting to local services • Providing materials/ resources that can be tailored to support local amplification • continue to consider the needs of Black Caribbean, and other populations experiencing inequalities in any national sexual health campaigns/provision of information
Workforce development, including raising awareness and sharing information with the workforce	Training and knowledge: • provide training in cultural competence and diversity • ensure the workforce understands the needs of individuals and people from a Black Caribbean background relating to sexual health and STIs Attitudes and behaviours: • ensure services are equipped to provide non-judgemental, empathetic, culturally competent approaches to sexual health care to create a comfortable environment for patients to discuss their needs

	How we can do this: • ensure high standards of partner notification are available in services to protect patients from STI reinfection • offer chlamydia testing to young people where appropriate and in line with the current national chlamydia screening programme (NCSP) • capitalise on the resources and services available in the local health system to promote good sexual and reproductive health among people from a Black Caribbean background • following a Making Every Contact Count approach, utilise every opportunity to provide sexual health promotion advice, and raise awareness about prevention, diagnosis, treatment and partner notification
Encourage more collaboration with local partners and involve the community	Whole system approach and partnerships: • capitalise on local systems' strengths and maximise collaborative efforts following a whole system approach • ensure community members are involved in the design and delivery of sexual health promotion and sexual health interventions by creating opportunities for feedback/ insights when developing, implementing and evaluating interventions for people from a Black Caribbean background. For example by using co-production and two-way communication methodologies • create partnerships with community organisations and promote sexual health champions to amplify national and regional messaging, to support community based STI testing, and to contribute towards the SRH and wellbeing of Black Caribbean communities Knowledge, behaviours and attitudes: • build an honest and open culture where everyone can make informed and responsible choices about relationships and sex to reduce the stigma associated with sexual health and STIs • understanding sexual health needs to improve the service offer using the Practical Guidance to SPOT for Improving Sexual and Reproductive Health: 207 Guidelines for Local Authorities

	• work to ensure children receive good quality evidence based relationships and sex education at school, at home and in the community following the Relationships. Education, Relationships and Sex Education (RSE) and Health Education Statutory Guidance How we can do this: • make contact with regional Sexual Health Facilitators for tailored support and advice • lead the development and commissioning of integrated sexual health services that are appropriately targeted, establishing robust pathways, and ensuring the availability of services which offer the full range of contraception, the testing and treatment of STIs and HIV, and provision of condoms for the benefit of everyone in the community • work to ensure sexual health promotion is prioritised in all services so that people have the opportunity, capability, and are motivated to practise safer sex • capitalise on existing assets such community pharmacies to commission sexual health services, and raise awareness, increase screening, testing and treatment (The Pharmacy Offer for Sexual Health, Reproductive Health and HIV. A resource for commissioners and providers)
Evaluation and sharing learning	• evaluate health promotion interventions and share lessons learned • continue to undertake surveillance of sexually transmitted infections that includes data to enable monitoring of inequalities in sexual health, including collection and reporting of data on ethnic group • ensure the findings from this report are disseminated through the healthcare and public health system and are reflected in the upcoming Sexual Health, Reproductive Health, and HIV Strategy and HIV Action Plan for England

Appendix 1. Sexual health promotion national resources

PHE's national HIV Prevention and Sexual Health Promotion programme supports national and local health promotion activities to improve SRH and prevent HIV. These activities include the following.

Sexwise is a sexual health and reproductive health information programme that seeks to provide clear, impartial, up-to-date information for the general public and healthcare professionals, to enable informed sexual health choices and support healthy sexual behaviour.

Protect Against STIs Use a Condom is a sexual health campaign launched by PHE in 2017, to encourage condom use by young adults aged 16-to-24 years to reduce the rates of STIs. It aims to raise awareness of the serious consequences of STIs, as well as normalise and encourage condom use. See the range of campaign advertising and images.

National HIV Testing Week is a part of the national HIV Prevention England Programme aimed at MSM, Black African communities and other groups in whom there is a higher or emerging burden of infection.

National Chlamydia Screening Programme (NCSP) provides opportunistic screening to sexually active young people aged 15-to-24 years. The aim of the programme is to control chlamydia through early detection and treatment of asymptomatic infection, so reducing onward transmission and the consequences of untreated infection.

The National HPV Immunisation Programme delivers the HPV vaccine, which protects against 4 types of HPV (6, 11, 16 and 18). These include both high- and low-risk types responsible for the majority of cervical cancers and genital warts.

PHE has published a Syphilis Action Plan, which, to help reduce the impact of syphilis on the main affected populations, brings together existing evidence, national guidelines and best practice.

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- Race Equality Foundation
- Shine ALOUD UK
- Umbrella Sexual Health Service

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