Define

COI for

Department of Health

Sexual Health Formative Research

Report on Social Marketing Intervention

Developmental Work

November 2008

Define Job Number: 1641

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1. Introduction

1.1. Background

In early 2008, as part of the Department of Health's social marketing pilots to improve teenage sexual health and reduce unwanted pregnancies, Define conducted a national large-scale qualitative study of the target audience (males and females aged between 16 and 29).

The study:

- refined and validated several given proto-segmentation clusters
- delivered specific insights into psychological profiles and dynamics within the audience
- and generated a high volume of ideas, invention and interventions in the area of teenage sexual health

Following this research, an interventions agency consortium (The Lounge Group) developed a number of pilot initiatives, one of which intended to harness insights and NLP[1] techniques to create behaviour change amongst the female 16-24[2] audience. It was felt most appropriate to consider male audience interventions in a separate phase.

[1] Neuro-linguistic programming

[2] Especially geared towards increasing the self-efficacy of Vulnerable females, increasing their belief in their capacity to control their sexual encounters

Formative research into the pilot intervention has been undertaken by Define in the latter part of 2008. This report details the findings of the study which was designed to shape and refine the specific pilot intervention. In addition, key principles from the research are included in the following pages in order that they might be available for other, different pilot interventions in the future.

1.2. Retail Therapy – an intervention aimed at young females

The pilot intervention which was the subject of the research was called 'Retail Therapy'. It had a number of proposed features which needed to be put before a target audience who could evaluate and comment on these features.

The features were:

- to use retail locations, one in London and a possible second location in the North of England to provide the interventions
- to encourage females into this shop and offer them a choice of service which pampered them in some way (such as a mini-manicure, or hair straightening session)
- to invite those who are identified as at high risk of risky sexual health behaviours to enter a second room (called The Studio)
- to apply NLP techniques during the 'brief intervention[3]' and within The Studio to effect behavioural change on those target audience females.

Define proposed a wide but intense programme of research which would help shape the intervention 'product' so that it would be optimally effective.

[3] Commonly used by physicians and health care practitioners, a *brief intervention* is a time-bound, patient-centric strategy that aims to promote behaviour change.

2. Research Approach

2.1. Programme

It was agreed with the client that the research sample needed to include four separate groups in order to gather a wide range of perspectives and opinions on the subject and suitability of the intervention.

These four groups were identified as:

1. Target audience (females 16-24 in a location close to the chosen urban environment for the pilot intervention and in a second location, equally urbanised but not in the same broad region of the UK)
2. Stakeholders who were providers of sexual health services to young people in and around the chosen urban area. Since these stakeholders would be likely to be involved in follow up services, it was felt that their opinions as well as their engagement would be appropriate prior to the pilot going 'live'.
3. NLP experts who would be able to add to and refine the NLP "scripts" that were being proposed within the pilot. It was strongly felt that the direction of interviews with these experts should be to increase engagement with the idea and to shape the scripts, rather than to test the basis of the pilot itself

4. The client parties and various internal stakeholders from Department of Health and others. There was a broad range of voices and mentors that would need to be kept informed of data as it emerged and to be enabled to shape decisions.

These four audiences were included in a programme of interviewing which started to capture data on the pilot from a 360° perspective.

2.2. Objectives

The overall objective was identified as:

to evaluate initial ideas for the pilot, in order to assist the development of intervention activity/processes that are as effective as possible.

Within this, there were objectives that were to be addressed by each of the specific audiences involved. These can be summarised as:

- target audience's ideal look and feel for both venue and event
- executional detail (interaction and environmental specifics such as: invitation process/dialogue, payment, holding/dwell area activity, overall tone (at different stages), ideal days of week for activity, etc)
- identification of core activity (manicures, etc) which would populate the 'Retail Therapy' front-of-house shop
- exploration of NLP scripts (which would move respondents from front-of-house through to 'The Studio' main-stage consultation room) to help understand both impact and ease of delivery; and highlight requirements for development if appropriate
- practicality and efficacy of alternative customer journeys (if possible)
- identification of appropriate points for evaluation within the event. It was intended to conduct quantitative research once the pilot activity started, and a need was identified to establish the best

points to gather data without negatively influencing or complicating the customer journey.

- any other details which could help make any pilot a success, including staffing, marketing, security and so on

2.3. Design – Overview

A combined methodology was set out to include:

a) Development Days working with a small group of target audience to build the proposition
b) Expert interviews with NLP professionals/experts who will provide us with evidence and data that we can use to stretch the target audience response and understanding
c) Workshop to bring the findings and emerging conclusions to the attention of the whole client team, in order to facilitate decision-making based on latest insights
d) Local stakeholder engagement through interviews with stakeholders providing sexual health services in the environment
e) Whole team 'Walk-Through[4]' where target audience members would assess the technical and dress rehearsal of the event

This mixed methodology design was intended to place the target audience firmly in the role of co-creator with additional supporting insights from interested experts. The research methodology allowed for a *formative* approach, which included the delivery of top-line feedback to the clients on an ongoing basis, so that refinement and amendments could be executed in a speedy manner.

2.4. Design – In Detail

a) Development Days working with a small group of target audience to build the proposition

Development Days took place over four hours with a core of eight respondents in each one.

Three Development Days were set up in the form of workshops over the course of a short day (a Saturday or Sunday) in the postcode where the pilot intervention was to take place and in another urban location.

In the case of this particular project, the former was identified as Brixton, London and the latter as Sheffield.

The Development Days were to begin with warm-up and a briefing, followed by a creative workshop session where the target audience would be encouraged to work in small teams or pairs to develop and refine the different aspects of the proposition in principle.

Key questions to think about included how the store could look and feel, how it would be set out, and what characteristics staff would have to best facilitate an open and welcoming front-of-house experience[5].

Respondents were then to be directed to explore potential customer journeys[6] and how they might feel comfortable enough and informed enough

[4] The 'Walk-Through' is effectively the process evaluation of the pilot intervention

to take advantage of the NLP exercises to improve their self-confidence in sexual situations.

The teen females were invited to leave the research room and literally go walking in the environment where 'Retail Therapy' was envisaged to take place. (This was most likely to be a High Street or a Shopping Mall).

The idea was for the audience to immerse themselves in the 'Retail Therapy' context, and to encourage them to think about other ideas, improvements, risks and factors which would move their ideas and responses onwards.

Accompanied by the moderator, who digitally photographed what they noticed and talked about, the group were free to discuss the reality of the intervention in context.

The group were then to return to the research room, discuss and rework ideas if necessary and present ideas to each other.

b. Expert interviews with NLP professionals/experts who will provide us with evidence and data that we can use to stretch the target audience response and understanding

[5] Pen portraits, written by DH, were presented to the group as an additional part of the Development Day if time allowed. Feedback was scant and it is recommended that the Pen Portraits would be researched outside and in a more concentrated manner if needed.

[6] In terms of the customer journeys, this entails exploring both pre and post elements of a customer's sexual journey and how intervention scripts for the pilot accommodate these journeys.

Face-to-face interviews were envisaged as most convenient and most efficient in gaining access to expert witnesses. Interviews were set for approximately one and a half hours in a location convenient to the respondent.

A list of stakeholders (academics or professionals working in the area of applied science of NLP[7]) was drawn up, and the final sample was selected by Define.

NLP is one of the key elements of the social marketing pilot event and is used here as an intervention tool. Several techniques had been chosen by the interventions agency for use in the intervention.

"Scripts" or suggested outlines for engagement with the target audience on the day had also been created.

To help the scripts deliver to their objectives, a minimum of 3 Expert Witnesses were to be invited to comment on the materials and their perceived contribution to the event.

As well as possibly helping to optimise the scripts, it was hoped that these data would help set expectations around likely responses from the target audience.

[7] List has been provided by COI/Department of Health

c. Workshop[8] to bring the findings and emerging conclusions to the attention of the whole client team, in order to facilitate decision-making based on latest insights

It was envisaged that such an event might run to four hours or so and that it could be held at DH premises or at the leased retail premises if available.

It was anticipated that a whole team workshop day would include COI/DH clients, target audience, interventions agency and Define.

The quantitative evaluation agency could also be invited if desired.

The workshop was envisaged as including presentations from members of the target audience in person, facilitating some interaction between agency and target to increase collaboration and deepen understanding, and perhaps some joint working to hone the product still further[9].

d. Local stakeholder engagement[10] through interviews with stakeholders providing sexual health services in the environment

As well as expert witnesses, it was proposed that local stakeholders who were already providing sexual health services in both locations would also need to be interviewed.

[8] *Workshop* did not happen as the project was curtailed. However, data from the Development Days was presented to the Board (including DH, COI and TLG) at a meeting in mid October 2008.

[9] Through this workshop and interactive process of ideas evaluation with some of the young females themselves, the principles of social marketing interventions are applied: the target audience is placed firmly in the role of co-creator of the intervention.

Their wisdom, opinions and ideas were intended to be fed back into the design of the pilot.

A shortlist of possible mainstream stakeholders would obviously be dependent on the venue selected.

In the case of Brixton, it was decided to include a broad range of stakeholders by category including sexual health clinics, organisations advising or assisting young people in the area, school- or pharmacy-based sexual health advisors and phone-lines or charity groups connected with the target demographic.

Interviews were designed to be short and focused on the local context and need, the intervention in the area, and how traffic flow towards the pilot might be increased, through some form of collaboration or the intervention made more successful.

The intention behind these interviews was to forewarn, to ascertain levels of support for the event and to improve the overall effectiveness via stakeholder intelligence.

e. Whole team 'Walk-Through[11]' where target audience members would assess the technical and dress rehearsal of the event

[10] The Local Stakeholder Engagement interviews did not take place as the project was curtailed. However, the recruitment tools are included in the Appendix

[11] The 'Walk-Through' is effectively the process evaluation of the pilot intervention. Walkthrough did not take place as the project was curtailed. No research tools were created for this segment of the research. However, the quantitative agency who had been

It was envisaged that the retail premises would have to be leased for a minimum period of 3 months.

The final walk-through sessions (process evaluation or dress rehearsal with the target audience) would take place at the venue.

In month 3 just before Retail Therapy would need to 'go live', a technical and dress rehearsal was deemed to be necessary.

Walk-Through was intended to consist of pre-recruited target (half fresh sample, half co-creators) experiencing the Retail Therapy event and then giving small group feedback to the research and interventions agency team before exiting.

2.5. Sample

The research timetable was 'bookended' by the need to choose a location for the pilot (at one end) and the need for the project to 'go live' on the 1st of December (at the other end). Taking advantage of the Christmas pre- and post period – which are known to be times of increased sexual health risks – as well as times when young females might be more likely and more willing to spend time in a retail environment, making themselves look and feel good.

commissioned to evaluate the project (GfK) were, we believe in the process of considering process evaluation ongoingly

As a result of these two essential markers, the research sample had to be able to expand or contract as necessary. Sample was ideally kept as tight as possible to ensure momentum and insight to drive the project forwards.

Final sample was as follows:

a) **Development Days** – 8 female respondents for 4 hours

To include:

- 16-17 (highly creative individuals)
- 18-19 (highly creative individuals)
- 20-24 (highly creative individuals) 12

- All to be sexually active
- All to identify as engaging in moderate to high risk sexual behaviour[13]

b) **Expert Interviews** – 4 x 90 minute interviews with expert NLP witnesses, drawn from list supplied by COI and DH

Ideally, we would quota to include one female at minimum, and to cover other variables[14] as agreed.

All witnesses to be recognisably credible professionals in this area.

[12] To respond appropriately to a set of creativity questions in recruitment screener. Additionally, to include at least half who self-identify as being of lower self-efficacy in sexual encounters

[13] To be determined through recruitment screener used in Phase 2 of Sexual Health Social Marketing research

c) **Workshop** with 3 members of target audience together with the pilot Intervention team

d) **Local Stakeholder Engagement** sessions – 6 x 1 hour interviews with local delivery agents and organisations in London and 6 in the North of England location[15].

A letter was be provided for the research department from the Department of Health in order to facilitate introduction and verify credibility of the interviews.

e) **Walk-Through** – target audience to include at least six of the respondents from Development Days plus matching number of new target audience encompassing the broad age, SEG and ethnic background of target

The Walk-through numbers need to be finalised in conjunction with the interventions' agency in order to verify practicalities.

[14] Academic vs. Self-help practitioners

[15] This sample was changed in principle, although not recruited because the project was curtailed. However, it was recognised that Brixton might need 9 stakeholder interviews because of the wide nature of services and sexual health facilities within the area

3. Summary and Conclusions

i. For the target audience we spoke to, the idea of a shop which would house sexual health services was well-received
ii. NLP was not a familiar term or idea and initially was considered unnecessarily complex. Respondents were spontaneously imagining a range of sexual health services, (a Brook Clinic plus…)
iii. In marketing and explaining NLP, both target audience and practitioners suggest using more mainstream concepts and language like 'confidence boosting exercises' and 'improving communication skills'
iv. Across both the target audience and the NLP professionals, there was a desire for a system and process that was well-managed and 'risk-reckoned' (all potential hazards had been piloted out and it was difficult to go wrong)
v. General values for the look and feel of the shop were identified as high-street, confident, mainstream, feminine, up-market and colourful
vi. A simple, visible exchange (either payment for services or voucher hand-over) was ideal in order that the target audience felt validated as 'proper clients' under the conventional rules of a beauty treatment shop.
vii. The NLP intervention was felt – from the target audience perspective – to need to flow as part of whole experience
viii. The ideal was a simple format for everything, with clear signage indicating process and journey through the experience – and no room for getting things wrong

ix. From the NLP expert witness point of view, the concept was felt to have strong merit

x. NLP techniques were felt to be appropriate and suitable to achieve the types of behaviour change in the area of sexual health that one might expect

xi. There was a strong need for an all-female staff (from bouncers to floor staff to NLP practitioner)

xii. A simple order of priority for techniques that would be likely to be used begin with the Circle of Excellence, which is felt to be highly appropriate, and then to include options such as Mental Rehearsal, Sandwiching, Intuitive Questioning, Belief Changing – with more complex options being reserved for either the most engaged and intellectually flexible clients, or a possible second stage intervention

xiii. Importantly, exposure to risk should be lowered by ensuring a well-regarded practitioner is used, by removing all references to 'manipulation', and by emphasising the voluntary nature of the experience. It was also emphasised that the pilot had to take into consideration the range of possible negative responses of some members of religious and cultural communities

xiv. Finally, the NLP aspect of the intervention is perceived to require more investment in terms of training, trialling, resource and post-care than may currently be envisaged. The message from the NLP experts, who **endorse this approach in principle, is 'NLP: For best results, seek to understand as much of the client as possible. Be flexible and adaptable. Handle with care'**

4. Main Findings

4.1. Development Days

4.1.1 Key Themes

There are five key themes which emerge from the Development Days and form a skeleton against which other details should be understood.

In general, these themes relate to the respondents themselves and their interaction with sex, sexual health and being a young female.

These themes are:

a) Rapport
b) Personal Style
c) Vocabulary
d) Self-efficacy
e) General Self-consciousness

A broad outline of each of the key respondent themes is given below:

<u>a) Rapport</u>

The target audience at all three of the Development Day workshops were between the ages of 16 and 24 and all were recruited to be confident about speaking about their sexual activity.

Nonetheless, rapport building was an important first task within the research; respondents were interested in the topic but were also fairly shy and circumspect about discussing personal information.

With this in mind, it is likely that any (pilot) intervention would need to work hard to deliver an appropriate and reassuring tone for clients.

b) Personal Style

In terms of style, the respondents' clothing and hair/makeup ranged widely from *combats*, *Doc Martens* and an *emo/grunge* look through to very traditionally feminine and frilled clothing with lots of makeup and jewellery.

Some respondents actively rejected anything that they saw as too "girly". This was a more likely response than the other way round – the "girlier" girls were less likely to reject a more mainstream femininity.

When building the look and feel of the pilot intervention, it is important to bear in mind that 'Retail Therapy' will need to encompass a range of young teen styles – and that, regardless of what the specific fashions are, there is a wide range of self-concepts around femininity.

c) Language

All the girls were recruited to be sexually active and to be involved in sexual activity that might, from the point of view of sexual health or teen pregnancy, to be risky.

However, as has already been discussed, there was initial reluctance and shyness about discussing sexual behaviour.

It is rare that this age range is asked to discuss their sexual activity. For some who are under eighteen, and even for some who are over eighteen, the subject is taboo amongst their group or amongst their family. Language and a clear sense of what is expected from such a discussion are missing.

At the very minimum, these young females were strongly aware of a social stereotype which impinges on their ability to discuss freely. Young women who have sex are subject to accusations of 'low morals' from their social group – and sometimes from ex-partners. For those females who have multiple partners, the accusations are much more expected. The girls were likely to under-represent their sexual activity and the extent of the sexual health risks they had experienced.

In terms of creating a pilot intervention, this indicates a need for some kind of 'modelling' of conversations.

Within the Development Days, the research team found that setting the context by sharing anecdotes of 'other girls we've spoken to' (and their stories of multiple partners, rebound relationships, one-night stands and

alcohol influencing behaviour) made a significant difference in how comfortable the respondents felt. Once the conversation had been modelled – and language or vocabulary levels[16] had been indicated – the respondents were more able and more confident to contribute.

d) Self-Efficacy

In establishing a 'narrow' target of those females with low self-efficacy, researchers found a significant challenge. It would appear that – in the privacy of their own thoughts – many of the females experienced challenges in terms of having the kind of sex that they wanted.

For some, who might be having sex *with* condoms, the challenge was to turn down the offer of sex without losing the relationship altogether.

For others, the challenge was to introduce condoms into a long-term (but on/off) relationship, where the suspicion was that the partner was not being monogamous.

In these circumstances, the female might not necessarily identify themselves as being unable to ask for condoms if they wanted to use them, but might not easily be able to identify a strong case for condoms – sexual infidelity being something they would *prefer* to ignore rather than address).

[16] Previous research has indicated that vocabulary tone is very important to establish early on in the discussion, and that the research team/intervention team will need to lead on this. Sexual health vocabulary can be more medical (e.g. coitus), more mainstream (e.g. having sex), more romanticised (e.g. making love) or more 'street' (including four letter words). Younger people may expect to use 'street' terms themselves, but do not necessarily appreciate adults using the same terms. It is obviously for the intervention team (who would include experienced Sexual Health professionals) to establish a an acceptable vocabulary

In terms of implications for an intervention, it is clear that there are shades of self-efficacy that can be identified. Categorising the target female audience further at the start of an intervention may be a significant challenge unless a clear, discriminatory questionnaire is included at some early point in the customer journey; this would, of course, carry some high risk of disrupting rapport.

e) General Self-consciousness

The respondents were asked to spend some time discussing the look and feel of the intervention – including colours, music, layout and staff.

Half way through the Development Days, the respondents were taken out on a walkabout. They were asked to walk through the High Street where the 'Retail Therapy' shop might be positioned.

In addition, the young women were invited to have lunch.

This external context added several streams of data for the research: ideas and elements from the walkabout where able to be pointed out by the respondents. Some examples of ideal door handles, for example, were pointed out on the High Street, and photographed by the research team. Items were bought from high street shops which were felt to epitomise the right look and feel of the intervention, and some items were spotted which drove the direction of the shop treatments. (More detail on the shop itself is included later in this report).

More importantly, the respondents indicated a high level of *self-consciousness* when out and about which delivers an insight into some of their specific decisions for styling and for the parameters of the intervention.

When selecting items from the shelves to buy, the females were shy of selecting condoms and even discussing other 'sexual' items too loudly. They seemed to be conscious of other people listening or looking at them at many stages in the outdoor trip. This was the case even in "non-sexualised" situations such as MacDonalds' restaurant; here they were familiar with the process and system, but still appeared highly cautious about doing the wrong thing and getting things 'wrong'.

In terms of intervention design, an awareness of the high levels of self-consciousness that young females experience may be very important.

The customer journey would ideally be signposted clearly so that there is no opportunity for customers to be embarrassed by getting things wrong.

Features of the design would be thought about in order to simplify the respondent's experience (i.e. the key example pinpointed was to ensure that the drinks machine was easy to operate and would not 'show them up').

For the female target, the idea of being shown up was also something that caused them to avoid any treatments within the intervention that might make them look ridiculous or less than perfect.

When choosing treatments to include in any intervention, it is probably best-advised to include a smaller range of more 'certain' outcome treatments, rather than have a wider range where there is a lower certainty of results.

4.1.2 Look and Feel of the Store

As is touched upon above, the store was perceived to be best-positioned in a mainstream female fashionable tone.

In practical terms, all groups chose the mood board which was most High Street. They rejected the overtly sexual (Appendix – mood board 3) and the overtly girly mood boards (appendix – mood board 1).

Of all the images, baby pink colours and lollipops were felt to be least welcoming and appropriate.

Most popular were images of TopShop (which was felt to give a bright and bold personality to the intervention) and coloured neon lights (which were felt to indicate a fun, vibrant and welcoming experience).

The other boards contained elements that were felt to strongly contribute to an ideal experience – in particular, Board 3 included a handbag in the shape of a pair of lips. This led respondents to a discussion of 'statement' furniture (along the lines of the Dali sofa which is a red pair of lips). These were felt to add the right amount of class and high fashion to the experience. Colours chosen were fruity – bright pinks, oranges, reds and limes. Mention was

made of feature walls with a predominantly white background – for confidence in the cleanliness of the shop.

Although it is clear that the content of some of these ideas may change over time, the broad principles pertain: the look and feel of the shop was embodied as **confident and high street, colourful and upmarket**[17].

4.1.3. Shop Front, Door and Window Treatment

There was strong consensus that the shop should be easily entered and – as part of its confidence – that the shop windows should be clear glass.

Open glass frontage, that could be seen into, was felt to be an important indicators that there was nothing untowards happening in the shop.

The target audience felt that this would help signify that the shop did not contain anything of an embarrassing or shameful nature; anyone could enter without shame or embarrassment at any point (The girls actually indicated that this was as much a necessary message to their own mothers, other adults and the males of the area as it was for the target audience themselves).

There was felt to be a need for an antithesis of the local sexual health clinics where entry was more covert and where doors and windows were shuttered for security.

[17] Appendix A1(f) also includes photographs of items which were chosen by the respondents as meeting this brief

Although clear glass frontage was chosen as symbol of openness, there was felt to be a need to maintain the language of a cosmetic treatment shop, such as a hairdressers or a nail bar.

Window dressings – large photos of models' faces, adhesive bubbles or designs, coloured gels, glass bottles with sweeties inside, plants, – all were deemed acceptable as window decoration that would draw the eye towards the front of the shop and away from the inside.

There is a fine line to be drawn in terms of decoration and neon lights; the females strongly rejected tones which they felt were overly flashy, or cheap. The high-quality values are incredibly important to establish in order to allow respondents to feel they can discuss intimate issues without being cheapened (and thus stigmatised) by the experience.

In terms of what the shop should be called, a number of the suggestions were rejected because in text speak (i.e. with missing vowels, and numbers replacing words or letters). This is currently 'uncool'.

Other names rejected were felt to be either too opaque ("Candid" for example was not a term that young females of this age and socio-economic group knew or used) or too connected to sexual health infections ("Candid" was a good example of this as it is very similar to candida – a common infection).

Names such as Lipgoss were felt to be too limited to lipsticks and shallow chatting, whilst names like Precious were felt to be too pretentious and 'sickly sweet'.

Broadly speaking, only two names were considered possible – BeYOUty, and Coco. Neither of these is obviously connected to a sexual health service – and both have a strong personal identity. Coco is currently a very popular babies name for pop stars children, for example. It is likely therefore that the name of the shop is strongly connected to youth fashion of the time and may therefore need to be re-researched at a different point in the future.

4.1.4 Music

Music deemed suitable for the shop was very mainstream. Classical or overtly 'urban' music was rejected as being too overtly male.

Music need not be female singers only, however it is likely that the appropriate music will be top 20, MTV mainstream tracks (the Tings Tings, Plain White Ts, Katie Perry, Girls Aloud[18]).

4.1.5 Layout

The floor layout was very simple[19] and is obviously related to space within the store. However, there were three pointers that would not have been guessed at:

[18] The majority of respondents claimed to 'hate' Girls Aloud when their picture was included on the mood boards. However, their music was considered very appropriate because lively and upbeat – songs everyone would know.
[19] The Lounge Group have created a layout that conforms strongly to respondent preferences and this would be available with their presentation materials

i) importantly, the respondents indicated that they would prefer to have the waiting area towards the back of the shop, so that they would be more invisible as they are waiting

ii) they would like to have a fixed reception area of some kind, however small – as a marker of reassurance from the minute they enter the shop, this is conventional practice and forms a small 'island' that breaks up the journey between the front door and the treatments

iii) there is a desire to have the door to the NLP 'studio' alongside the door to the toilets. In this way, there is an easily excused reason for walking towards the studio and no embarrassment or self-reveal if they participate in the NLP exercises

There were other considerations that were put before respondents in terms of number of booths for treatments. Again, however, these are likely to be determined by the size of the floor space.

In general, however, there was a need for the girls to be draw into and through the shop by the layout itself, with (ideally) automatic doors, a receptionist who would validate their presence and send them through to the waiting area, and a waiting area with instructions and indicators of what would be on offer (including any parameters for engagement such as payment, timings, age and types of issues to be covered in the NLP sessions).

4.1.6 Payments and Treatments

Respondents felt that the issue of payment would be covered at least on a pre-visit leaflet, but also confirmed by the receptionist.

Where the respondents were asked to establish a fair price for different treatments, they were likely to prefer to pay rather than not to pay, simply in order to establish a clear 'exchange'. If the treatments were free, respondents felt they might be unsure or uncertain how the shop worked. They would pay a smaller than market rate amount for a 'top-up' treatment, such as hand massage or a 'file and polish' manicure. The ideal price will obviously depend on markets, however, the idea of vouchers that could be exchanged for treatments could also fulfil the exchange function whilst removing the need for staff to handle and manage money.

As well as hand massages and mini-manicures, respondents considered hair treatments such as straightening, curling and updos[20]. Here again, appropriate treatments are likely to vary with time.

The key principle is that the treatment is recognised as a reason to go into the shop, but not the main reason for being in the shop. It can therefore be relatively simple and swift in execution as long as it is relatively non-invasive and mainstream in effect.

4.1.7 Staff

It was strongly felt that the staff should be all-female. This would extend to the security staff on the door ideally, as well as to the NLP practitioner.

[20] A generic name for chignons, beehives and other formal hairpinning styles where hair is swept upwards and held

Staff should be in uniform- this would avoid any embarrassment of misidentifying other customers as staff.

Uniforms were suggested as hygienic but informal, hence long-sleeved Tshirts and black trousers. The Tshirts would fit the shop colours and bear the shop logo on front. Respondents felt that the ideal would be to have a statement printed on the back of the Tshirts, along the lines of 'Happy to Help' or 'Can I help you – just ask'. This, they indicated would help reassure them of their status within the process and their right to ask for what they needed.

The staff would be professional and experienced in sexual health matters – they would encourage but not push respondents to indicate that they would have an interest in NLP sessions.

Throughout the process, staff would facilitate and encourage, and be friendly but reserved in approach. They would indicate the clients to the signs that would explain the process, they would invite them to help themselves to drinks[21] while waiting, they would call by initials or by text sent to the clients mobile phone[22].

4.1.8 NLP Sessions

[21] Drinks – as has already been touched upon – would be dispensed in the simplest way possible to avoid embarrassment of getting things wrong. Within this research, respondents identified simple drinks dispensers where the cup is held underneath the spout and is used to push the lever that releases liquid. This kind of machine is preferable both to individual cans of carbonates and infinitely preferable to large bottles of carbonates with cups. Water is expected to be freely available – tea and coffee are not expected.

The respondents were unclear about the principles of NLP – this is not a term they have come across.

In general, younger respondents especially find it a stretch to understand why one would need a service over and above traditional sexual health services under this new retail cover.

However, when asked to consider the value of an intervention which could increase self-confidence or improve effectiveness in the sexual health arena, respondents are largely willing to take part.

There is some small reluctance to incorporate NLP without again, some kind of modelling or pre-explanation. Respondents suggested a short film or line drawings on the wall to explain, from the point of view of a young person like themselves, what would happen and how it would help.

The respondents also suggested that the NLP session would be marketed within a pre-visit leaflet as a 'confidence-boosting' session which girls could take if they chose. The sessions would include 'being able to talk about all sorts of girl stuff'. More information than this was not felt to be appropriate to reveal beforehand.

Apart from that, the NLP session was not very easily shaped by the respondents themselves as they felt they did not have enough information on which to build. In general, they felt that the session itself should be a continuation of the values and tone of the shop as a whole, incorporating

[22] taken at the reception by the receptionist when the customer enters the shop

the same kinds of colours and furnishings (as would be appropriate for an NLP studio.)

Detailed feedback on the 'content' of the NLP session techniques is provided by the NLP expert witnesses in the section below.

4.2 NLP Expert Witness Interviews

4.2.1 Overall Opinion of Use of NLP in Sexual Health Interventions

As might be expected, the four NLP experts were overall very positive about the proposed use of neuro-linguistic programming in a social marketing intervention.

The concept was felt to be based on a fairly reasonable understanding of the fit between the problem and NLP itself. Both academic and practitioner witnesses were of the opinion that the techniques could be appropriately applied in order to change sexual health behaviours.

"It's a brilliant, brilliant start as an initial study. Go for it"

"It is a good idea. It could work…"

"It seems like a very reasonable application of NLP to improve circumstances"

However, there are a number of caveats that witnesses would include before wholeheartedly endorsing the project.

4.2.2 Need for more Information for the NLP professional

In particular, there was an unanimous caution over selecting NLP techniques for application with large numbers of people in a 'process-orientated' way.

At its most basic, as the witnesses understood the proposal, this was about filtering the target audience into one of four particular treatment schemes and then applying a technique to them; a fundamental misunderstanding of how NLP works.

It was felt that possibly too much of the success or failure of the intervention was riding on the accurate and efficient categorisation of the target audience member by someone other than the NLP professional themselves.

One of the challenges in approaching NLP as an off-the-shelf solution is that it relies very heavily on an excellent understanding of the client's psychological landscape.

One witness commented that it was easy to approach NLP in a very shallow way, and that the level of detail in the original proposal did not allow him to feel confident that the nuances of NLP had been accounted for or understood.. Another witness indicated that the proposal lacked sufficient

time and privacy upfront to be able to properly allow an essential stage of deep information gathering.

All were concerned that – without a really in-depth understanding of the approach, there was a danger the NLP intervention would be applied like a formula across the audience.

"There is a danger its like a car mechanic. Where is the flexibility or responsiveness? NLP is 90% information gathering and 10% intervention. It's a bit like 'one size fits all' "

All felt that a more in-depth understanding of the client by the NLP professional would be needed, both in order to identify best approach and to be able to assess whether the client had, in fact, managed to change their psychological map in any way during the process.

The question was – where, within the intervention process, would that be most effectively done? How much could be realistically achieved by the Dwell staff?

4.2.3 Training the Dwell Staff – the Beauty Treatment Professionals

Training for Dwell staff in order to allow them to begin categorising individuals was applauded.

It was suggested that sufficient depth of information could not very easily be gathered by the beauty treatment professionals prior to the NLP studio session without extensive training.

It was clear that all the NLP witnesses felt a one-day training session was not sufficient to deliver the expertise that would be required at this stage of the intervention.

"The proposed training is ambitious, in a day it is an awful lot to develop"

For the majority of the four witnesses, this formed a mainstay of their comments towards the beauty treatment scripts. The general thrust of their argument was that perhaps the balance between beauty treatment staff and NLP professional would benefit from a rethink[23].

It was felt by the NLP witnesses that the role of the beauty treatment staff should be simplified: they should be trained to focus on two or three simple tasks and either more directed towards the 'selling in' of the NLP (sales people) or towards a more process-led information gathering exercise (interviewers), then they could deliver efficiently to the NLP studio itself where the intervention could be properly and effectively administered.

The set-up or selling of the NLP would take the form of statements and comments that would emphasise building confidence, being safe, looking after oneself and how the readiness to change is at least half the battle.

[23] It is noted that – as the project was moving swiftly – the commissioning client had already come to this same conclusion simultaneously whilst the research was in the field. Although not communicated to the research agency (because of time constraints), the idea of

Clearly, this could have implications on the volumes and timings (which are beyond the scope of the research to resolve). However, they are flagged here.

4.2.4 Choosing techniques and setting application parameters

In general, the idea of having four members of the same group of friends doing the interventions together was not frowned upon. Witnesses felt that this would help reinforce the ideas and the decisions in a positive way.

The challenge of revealing information and of members of a group being 'led' by the alpha female were considered; broadly, it was felt that there would be ways around the privacy challenges – with some techniques being better applied than others where this might arise. However, the assumption was initially that the young people could engage 'like adults' in the process. Where questions were raised about a need to draw the interventions 'down' to the level of a sixteen year old, the witnesses did feel that some of the proposed techniques might be too complex to engage in.

Thus, there was felt to be (on the one hand) a 'hierarchy' in terms of practicability of exercises. Some would be more advanced, time-consuming or mentally challenging for the client.

categorising and separating out individuals had already been replaced by the intention to use a more general motivational script for all target audiences

However, on the other hand, there was felt to be a very flat playing field in terms of which exercises one would wish to choose – all would be possible and potentially appropriate, depending on the client.

The message coming from the NLP witnesses was that NLP is a bespoke experience, an engagement with the individual themselves and that appropriate techniques strongly depend on **where the client is and where they feel they themselves want to get to**. It requires a level of self-awareness and a high degree of intention to change. If these two entry requirements are not fulfilled, NLP cannot simply be applied 'at' someone.

In light of this broad contextual framework, the NLP witnesses felt that the promise or intention of the intervention should be lighter – perhaps this is about starting people off on a path towards change, allowing them (for example) to consider doubting their negative beliefs, rather than stating that they will replace negative beliefs with positive ones.

"more fruitful to say they might be open to doubting their belief rather than replacing one belief with another"

In light of this need to reapply the process, and in light of the fact that there might be a need for after-care, at least half of the NLP witnesses suggested a two-tier approach: clients could book in, at a second session, for one of the techniques that were felt to be either too advanced or too time-consuming for a first session.

Again, this has an impact on the nature of the intervention and the volumes of individuals who would be seen through the process, although it is acknowledged that referral to Brook Clinics and other local providers is part of the available information in the shop – and will also be contained in a 'goody bag' that the target audience can take away with them. These two latter points extend the range and scope of the service considerably.

Very clearly, however, it was felt that the NLP professional should be female. There was a strong message that the practitioner did not need to match exactly the client profile, but could not be male. This was most strongly illustrated by one NLP practitioner working in the area of sexual health, who indicated the kind of graphical physical language that would need to be used to address a sexual health issue; from a male practitioner towards a female (very young) client, this would raise serious ethical issues and create a very awkward situation for both.

> *When I think about it I think that it should be female, given the subject matter it could be highly charged*

Thus, the potential for male practitioners was unanimously ruled out. This is in line with the general feeling of the target audience themselves and supports a claim of 'girly bonding', which is how the females would prefer the sessions to be labelled.

4.2.5 Specific Techniques – Comments

Within the stimulus given to the NLP witnesses, there were a number of techniques spelled out alongside an indication of what the technique would address and how suitable it was felt to be for the objectives of the project.

Broadly speaking, the techniques were recognised, and were felt to be correctly explained – although some experts felt the explanations were slightly basic, there were no errors of fact as such.

However, the impression from the document was that this was perhaps too simplistic and, for at least one very experienced NLP witness, indicative of a less-than-holistic understanding of NLP.

NLP expert witnesses seemed very uncomfortable with the idea of ranking techniques – they were, it seemed, reluctant to lower the value of any in order to create a differentiation.

All the techniques are valuable.

However, there remains a need for decision-making and direction across the NLP techniques in order to procure and deliver them.

In light of this need, a broad listing could be created from the NLP witness experts responses.

This would build a simple matrix of **likelihood of need** (how many of the clients walking through the door would need at least this exercise) and

effort required from the client (what level of mental skill and intellectual or linguistic capability is required in order for the exercise to work).

Having met some of the target audience, and now understanding the requirements of each of the techniques to a certain extent, and the needs and parameters for the pilot intervention as proposed, the research team would create a rough prioritisation as follows:

Circle of Excellence

Of all the exercises proposed, this was strongly felt to be highly appropriate and likely to have most practical success. Particularly, it was felt that anchoring and mental rehearsal would compound the effectiveness of the circle of excellence.

The exercise is simple, easily explained, can be approached quite quickly and with limited introduction. It does not necessitate the divulgence of personal information. Thus, it can be conducted in a group of four or more young people without breaking confidentialities or exposing the client to ridicule from others present.

One NLP witness questioned what would happen if the young person could not summon up a situation of empowerment and confidence. However, this was raised in passing and was not felt to be a major or majority obstacle.

Most can draw on something, like times when they felt at their best, happy as long as they have resources or experiences, a skilled NLP coach can access relevant experiences

Sandwich and Mental Rehearsal

This is apparently not a term that some of the NLP experts felt was in the NLP official literature, although they all accepted that it could have validity as an exercise.

Actual rehearsal, as well as mental rehearsal, was felt to have a high degree of relevance here. The clients would ideally be invited to practise out loud and to role play the sentences and the dialogue that they were expecting.

This may bring up some challenges in terms of the appropriateness of group work, with some level of exposure inevitable.

Intuitive questioning using NLP language techniques

Whilst not directly suggested, one of the NLP witnesses felt that a lot could be achieved via NLP-based questioning.

In this approach, client beliefs are challenged and their responses questioned in order to help the client to appreciate that their mental map

may be more arbitrary than they would imagine – and thus more under their own control than they had thought[24].

Questions might include: *"you say you haven't got self confidence? Who says? What would you need to do to get self confidence? How would your friends react? What's good about having less confidence?*

Belief Change

All the witnesses considered that this could be a potentially very useful intervention – the belief in one's self-efficacy is extremely important to establish.

However, the feedback was clearly that this could require too much from some respondents, particularly in the time. It requires that one is able to conceive of one's own beliefs and to imagine oneself believing something else. As such, it was not felt to be amongst the simplest of techniques, and depending on the client, might need to be introduced and then revisited during a longer session.

A belief *change* was also considered to be an over-promise, given the time constraints. Perhaps, they suggested, it would be more realistic to allow for a 'doubt introduction' and then to revisit at another session.

The practitioner also brought into question the floorspace that would be

[24] This approach is also described as 'sceptical inquiry' in standard personal or business coaching. It challenges assumptions and, in creative problem-solving, reveals basic hypotheses which are then open to proof or disproof/action or further investigation.

available – some of the techniques would require being able to move the client physically along a 'line' in physical space.

This latter point raises questions about the challenge of taking multiple respondents through the interventions in a smaller space, and would have implications for volumes of throughput achieved.

Finally, the point raised by one NLP witness about the sub-modalities[25] that would be required to be generated by the clients in order to address beliefs about sexual health might expose the process to a high risk of harm: one previous client had experienced a triggering of terrifying repressed memories which had resulted in a very traumatic NLP session. The possibility that this could occur amongst vulnerable young females, in a room full of other young females and in a shop on a main High Street, needed to be thought about carefully.

Lightly and expertly placed onto other (non-sexual) beliefs, this technique might be useful in reminding the young women that they had other choices.

Swish and Changing Personal History

All the techniques were felt to broadly have the ability to address client issues around sexual health.

[25] These would be the imagined 'physical characteristics' of the visual image conjured up by the client in response to a request from the NLP professional. For example, a memory can be recalled in black and white or in colour, far away or from an overview position and so on. Changing the visual construction of the image will change the strength of the emotional attachment to that memory so that some can become *more* potent and others *less* so.

Thus, the evaluation of the techniques into more or less appropriate was felt to be somewhat of a false distinction. The witnesses struggled to agree with the rejection of some of the techniques in the absence of clear argument.

'Swish' and 'Changing Personal History' were considered to have sufficient merit not to warrant a rejection. Sexual health choices were felt to possibly relate to habitual responses in some clients – which might need 'swishing' to address them. They might also result from punitive intention based on a perception of past mistakes/'sins' – which a 'changed personal history' could help with.

Perceptual Positioning

The majority of the experts wondered whether this might prove to be too much of a challenge for the particular target audience. Again, it requires a high level of conceptual ability, and an understanding of how one can change one's perceptual position. Imagination, comprehension and language were felt to be potential limitations to the success of this.

It was widely suggested that this might not be first choice, but that an expert and very intuitive NLP professional could use it as an addition where they felt the client might benefit from it.

Again, this response indicates the fluid and tailored nature of the interaction that the witnesses expected from a successful intervention.

4.2.6 Follow-up Support Post-Intervention

One element which needed to be addressed for all the NLP witnesses was the aspect of follow-up care.

NLP is not an instant mental makeover, but requires review in order to best help the individual gently reshape the whole environment in which they are negotiating their sexual health. Since NLP addresses the whole individual and helps them to make changes in their psychological 'map of the world', it could potentially create a fundamental conflict between the individual post-NLP and their normal 'ecology' – the world of normative behaviours and expectations from others to which they are returning[26].

> *"Ethically they should have some form of follow up and safety net, to ensure that the clients come to no harm and are safe"*

> *"I'm very against disappearing and no further contact"*

It was assumed that the individual clients would ideally come back for follow-up sessions; or that contact details would be given out with a phone line or website for extra questions.

It was also suggested that there might be a take-away set of affirmations that would help 'pin' the experience and remind the client of their positive

[26] Witnesses commented that the normative environment of the individual might challenge and undermine her new perception of self-efficacy; in the most extreme case, there might be conflict set up between the two which could lead to a need for post-intervention support and reaffirmation through website or other services. This links in with the referrals to Brook clinics which has already been thought about by client team

experience. Otherwise, the most likely outcome was that the young person would simply forget over time without reminders.

4.2.7 Other Risks or Issues

One very important risk that was highlighted by at least half the NLP witnesses was the perception of NLP as a manipulative or brain-washing process.

It was felt that strong emphasis should be placed on the voluntary nature of the technique in order to avoid accusations of inappropriate influence.

This is a challenge that has already been raised amongst the Department of Health client team. The NLP witnesses felt that references to 'manipulation' within the NLP documentation should be removed. (A reference to Pavlov was also felt to be inappropriate, although this was largely because it was inaccurate in its conceptual connection with NLP, which does not work within a framework of *habitual response* development).

In addition, the witnesses felt it would be very important to have an accredited professional conducting the sessions; there was no hint of vested interest in this statement as the majority of the experts were male and had previously ruled themselves out on the grounds of gender from possibly work on this pilot.

The calibre of the NLP professional was spontaneously raised as an issue that the client team would obviously have thought about and taken steps to

meet. NLP is currently moving towards professional accreditation bodies, but there are none yet in the UK[27]. Thus, experience and peer accreditation is the important marker of quality.

More importantly, perhaps, half of the witnesses raised the question about the appropriateness of NLP amongst specific cultural groups.

There was specific concern that Evangelical Christians (represented amongst the Black African and Caribbean population), would take exception to NLP. One NLP expert had had experience of this where young clients had refused to participate in visualisation because it was "taboo".

Clearly, this is a challenge to consider, given the impact of strong familial religious influences in the life experiences of the most vulnerable (sexually active) teenage females.[28]

Another concern was that some young females would not be allowed to enter the studio unchaperoned; this would have implications on how much they could reveal of themselves in terms of detail, how influenced they may feel to remove themselves in order to deny their sexual activity, and how much they may feel obliged to take little or no notice[29].

[27] There are, of course, industry groups and bodies whose intention is to set common standards for practice, although these standards are non-enforceable

[28] In the national segmentation work conducted by Define 2007-2008, very strong religious influences in the family of origin were found to compound the risk behaviours of sexually active young teens. Some Afro-Caribbean males and females (for example, young Ghanaian females and males) were found to have strongly stereotyped gender behaviours based on notions of virginity and potency which directed them away from safe sexual health practice. These religious prejudices are not by any means confined to Afro-Caribbean populations, although they appear to be more mainstream and more widely endorsed in such populations than amongst indigenous British cultures where strong evangelical attitudes are more 'niche'.

[29] In the national segmentation work, Define also heard repeatedly that sexual health lessons are approached with very high levels of (feigned) boredom. Because of the mixed gender and

It was more explicitly suggested that some young Muslim females would not be allowed to enter the shop itself, because it is based on a premise of self-adornment, vanity and 'Western' values.

These other comments indicate that there are obstacles placed in the path of some most vulnerable females which the intervention could not – by its nature – overcome.

Some segments of the population would not be reached appropriately.

Overall, the NLP expert witnesses felt that this would be an operation which would need resource and expertise to manage on the day and to prepare for beforehand.

NLP experts finally reiterated the need for piloting of the intervention exercises and a series of trial runs in order to make the process as smooth as possible.

large group context in which they take place, young people feel pressured to act as if they have no need of the information, rather than reveal personal details about their sexual activity

5. Appendix Contents

A1 Research Materials from Define

a) Target Audience recruitment questionnaire

b) Discussion guide for Development Day

c) Discussion guide for expert witness

d) Explanation letters for NLP experts and mainstream stakeholders

e) Photographs and materials from the Development Days

A.2 Creative stimulus From Client team

a) Concept/boards presenting executional styles for the event

b) NLP and Beauty Treatment (Dwell) Scripts

A1(a) Target Audience recruitment questionnaire

Job number xxxxxxxxxxx

COI RECRUITMENT QUESTIONNAIRE: SH SMS FORMATIVE

CONTACT DETAILS

Interviewer:
_____
_____

Respondent
_____
_____

Address:
_____
_____

_____Post Code:
_____

Tel._____(Hm) _____
(Wk)_____(Mobile)

Please note method of recruitment: (tel/f2f/snowballing/list)
……..

INTRODUCTION

Good morning/afternoon/evening. My name is (…) from **Define Research and Insight.** We are an independent market research company. We are looking for young people (aged between 16 and 24 years old) to take part in an informal market research discussion to help design an event in this area. The event will be in a shop on the main shopping parade and will

be related to females and sexual health. We need you to be pretty comfortable, therefore, when talking about sex, relationships, manicures, hair straightening and other girly things in a small group of people.

I need to ask you a few simple questions first to see if you are right for our study – this will only take a few minutes. Please do answer all the questions honestly, we don't mind what your responses are as long as you say what you feel. This questionnaire is totally confidential and details of who you are won't be passed on to anyone else.

If you are right for our study we would like you to come along to _____ to take part in a research workshop. This would take about four hours and would be with around 7 other girls/women. There won't be any boys/men there. If you have any friends that fit our criteria, we would be happy for them to come along too.

Our researchers will give you various bits of information and ask you some more questions about what you think. You might be asked to do some creative work - a bit of painting and cutting and sticking – or to go round the shops nearby and take photos! Any discussion will be completely confidential. We'll be giving you each XXXX as a thank you for taking part.

If you are chosen after the development day to be a spokesperson for the group or to road test the event when it's up and running, we will pay you another fee for your participation. We'll let you know more details about that later on.

Please ensure that the respondent understands that anything they say in the discussion will not be used with their name attached and their name will not be passed on to anyone other than the researchers working on the project.

MAIN QUESTIONNAIRE

Q1. Are you going to either school/college at the moment?

Yes – at school/college	1
No – left school/college and now working	2
No- left school/college and not working	3
Other	4

Recruiter to ensure maximum of two OTHER in the group (these could be people who are looking after their kids or on an apprenticeship for example).

Q2. *Did you get/do you expect to get*, any qualifications from school/college at age 16? If so, what sort of qualifications *did you get / do you expect*?

None	1	**Recruit good spread**
Up to 5 GCSEs		
More than 5 GCSEs	3	
Up to 5 GNVQ or NVQ Level 1 or 2		
More than 5 GNVQ or NVQ Level 1 or 2		
BTEC or OCR National Level 1 or 2		
BTEC or OCR National Level 3	3	
NVQ Level 3		
A Levels /AS Levels		
Other	4	

ALL

Please explain to the respondent that as part of this questionnaire you are going to ask them some personal questions that you would like them to answer as honestly as

possible. Ensure that they understand that anything they tell you will not be repeated to anyone else that knows them and that anything they say in the group discussion/paired interview will not be used with their name attached and their name will not be passed on to anyone other than the researchers working on the project.

<u>Please stress that if they feel at all uncomfortable answering any of the questions either now or during the interview they are free to stop.</u>

Q4. Do you have a current boyfriend and how long have you been seeing each other?

No - not had a boyfriend yet	1 Close	Early Experiences
No - had a boyfriend in the past but not for a while (more than 6 months)	2	
No – but had one recently (less than 6 months ago)	3	
Yes – less than 6 months	4	Fledgling Relationship
Yes – more than 6 months	5	Established Relationship

- **Recruit maximum of one early experience and three fledgling per group**

Q5. And – a little bit of a personal question - how many people you have either *slept* with, or not slept with but been *physically intimate with*, in the last five years? IF RESPONDENT UNCOMFORTABLE/DOES NOT WISH TO ANSWER ASK Q6 INSTEAD. IF VERY UNCOMFORTABLE WITH SUBJECT MATTER DO NOT RECRUIT

	A) Slept with	B) Physically intimate with but not slept with	
None	1	1	CLOSE
1-3	2	2	Max 2 per group
4-6	3	3	
7-9	4	4	**Min two per group**
10-15	5	5	
16-20	6	6	
21+	7	7	

Q6. Pen Portraits (USE SHOW CARDS)
Read out statements/show cards and ask them which they feel nearest to personally. You can adapt them, such as change the gender if this helps for a particular recruit. There will obviously be parts of the descriptions that do not match but this is to help with illustration only.

Kelly has had a couple of boyfriends, but nothing that serious. Her longest relationship has been 3 weeks. She hasn't had sex yet, but imagines that she will do soon. Some of her close friends are having sex.	1 CLOSE
Zoe has been going out with her boyfriend for a while now. They are very close and she thinks they will have sex soon.	2 CLOSE
Kate has had a couple of boyfriends, but nothing that serious. She hasn't had sex yet, and doesn't think she will for a few years yet.	3 CLOSE
Ayesha has been going out with her boyfriend for a few months and they have sex with each other sometimes.	4
Michelle started having sex about a year ago. She has had sex with boyfriends and sometimes with people that she has met through friends. She has sex quite often - sometimes when she's had too much to drink.	5
Melissa enjoys talking about who she has pulled on a big night out. She has sex most weekends. Sex is not something she is shy about, it's a laugh and not something that she worries about to much. She's more into one night stands than having boyfriends at the moment.	6

Q7. RECRUITER NOTE: THIS QUESTION COMPRISES THREE PARTS (i, ii and iii). THE ANSWERS READ DOWN THE COLUMN. PLEASE SCORE EACH QUESTION AND THEN CODE APPROPRIATELY V, T OR D.

i) Do you use a condom most of the time?		**ii)** Do you find it easy to talk about condoms and sexual health with a partner?		**iii)** Do you always have sex on your terms?	
Yes	A	Yes	A	Yes	A
No	B	No	B	No	B

ABB = Vulnerable
BBB = Vulnerable

AAB = T
ABA = T
BAB = T

BAA = D
BBA = D

AIM FOR AT LEAST two V girls in each group, max one AAA – rest should be a spread

Q8. Which of the following apply to you (can code more than one)?

I know my opinions and like to speak my mind	A
Sometimes I get a bit embarrassed about what people might think of what I've got to say so I'd rather let someone else do the talking	B
I think I'm quite creative	A
I think I'm quite good at things like art and drama	A
I don't like doing art and drama and things like that very much	B
I like thinking of good ideas	A
I would be ok about discussing personal topics in a small group with people I don't know	A
I'm not very good at thinking of ideas myself but if someone gives me a headstart I'm good at adding things to make it even better	A
I'm not really an ideas person but if someone tells me what to do, I'll have a go	B
I quite enjoy meeting new people, you can have a laugh	A
I'm really shy with people I don't know	B
It takes me quite a long time to decide what I think of new people, so I keep quiet for quite a long time	B

- ALL TO CODE AT LEAST TWO 'A'S

QUOTAS

Good spread of self-identity as appropriate to area of country

Self-identity: (please circle)

White British	1
White Other	2
Black British	3
Black African	4
Black Caribbean	5
Mixed Heritage British	6
Mixed Heritage Other	7
Asian British	8
Asian Other	9
Other ……..	10

CURRENT GENDER: (please circle)

Male	1 **CLOSE**
Female	2

AGE: ……..……..WRITE IN

SEG: OCCUPATION/WORKING STATUS OF H.O.H
……
(Please circle as appropriate)

B **C1** **C2** **D** **E**

A1(b) Discussion guide for Development Day

Client details: Project Formative
Project details: Development Days –Young females – 16-24 – 8 respondents – 4 hours

Key objectives

1. Sexual health journey and self-identity
2. Look and feel of intervention
3. Naming, layout, detailed feedback on intervention

NB: This guide is intended to indicate the likely order in which objectives will be covered and the likely route through which data will be accessed. The conference is a 'live research' methodology – thus moderators are fully briefed on the issues in order to be able to respond to individuals' needs (both in terms of order of questions and in terms of language/terminology used)[30].

Discussion Guide includes:

00-15 Warm up and engagement

15-60 Pen portraits and discussion

[30] This guide is produced by Define Research and Insight for the project as outlined. No aspect of the methodology may be used or passed on to a third party without prior agreement.

60-120 Stimulus for event – Look, feel, sound, name, data capture mechanics

120-165 Outside data capture – colours, nail polish, digital photos,

165 – 180 Review and preparation for presentations

180 – 240 Final touches, recheck, wind down

Needed on the day: colour printer, laptop, digital camera, film camera, digi-recorder, kiss fm playing, magazines, music player and CDs, glue, nail polish – range, hair straighteners, mirrors, rug and cushions, incentives x 8, incentive sheet, envelopes, pens, paint and large paper sheets..

A. Warmup and engagement (15 mins)

Moderator to introduce self and to explain process of the event

- Fun and relaxed day
- Lots of people giving views round the country
- Run according to rules of MRS
- Confidential, anonymous, data protected
- *No attempt to sell, judge, persuade, or lecture! Just want your views and ideas*

Introduce topic as: *Sexual Health and ideas for how to communicate with young girls like you*

Explain session structure as: *There will be three sections of an hour each plus an outing to go round the shops in a group and find some inspiration. So should pass quite quickly and other people have found the process quite easy and quite fun (after the initial shock of having to talk about sex in a group of eight strangers!)*

Moderator: *Warm up exercises to get group ready to work*

B. Pen portraits and discussion (45 mins)

Show introductory pen portraits

Moderator: [31]*Thinking about what we're looking at and reading now, these have been compiled from the information that other people have given us in the last round of interviews we did. Obviously, some bits of these will be more like you than others – can we start by thinking about which ones we recognise in our own experience or in our friends' experience?*

[31] Aim is to get at least some respondents giving information at this stage – moderator to maintain flow of questions and to offer encouragement on any right answers to land control and confidence in target audience

Moderator to encourage discussion around pen portraits – establish sexual language and experience sharing norms, establish veracity and points of disagreement within pen portraits. Move group through the exercise as necessary by following what they offer. Broad prompts would be along the following lines…

So what exactly is like your experience? What is different?
Who do you know who has had any sorts of experiences and attitudes like this? An exes? Any current boyfriends? Any friends?
Where are the intervention points with these different young people?
Which are the main types of people that you know?
If we were to start taking these little stories around the country for use in schools and colleges – what would you think? How well/poorly do they engage? How different are they from other materials that are used in the debate? How much do they get home the point about sexual health? What else do they do? Any risks? Any benefits?
How do you think young people would best appreciate using these pen portraits? What parameters? Single sex groups, mixed groups, big groups/small? Read out? Silent reading? Homework? Online?
What about parental response and involvement?
Rank from best to worst in terms of effectiveness – NB. This is respondent generated measure so may include most realistic, most like me, most X???

C. Event Stimulus – Look, feel, sound, name, data capture mechanics (60 mins)

Moderator: thinking about sexual health, there are plans to bring a shop to Brixton – so you have been chosen for your creativity and your willingness to engage in the subject.

They're going to make a shop which is just for girls – so you can go in and it'll be quite a cool experience.

Show boards – all three at the same time

Which of these boards is of most interest to you
Which one would you like to be most
Which has the best look and feel
Overall
If it were some kind of shop
If it were some kind of beauty salon
Why is this one more beauty salon than the other two
Would you go into a beauty salon that looked like this
What would you go into? What kind of shop? If it looked like this?

Ok, so it's going to be some kind of cool shop that you go into, and they are thinking of having it as some kind of beauty salon for girls…

What would you imagine they might have in there? What sorts of treatments? Would you go for any of those? What about if you were shopping on a Saturday afternoon? Or in the evening round teatime? What time of day/what events in your life would create an instant need for a beauty treatment?

What about if they had the offer of nail painting/filing(mini-manicures)[32]? How much variety in colours is acceptable? Would you go into the shop then? What about if they had low-cost hair straightening? Hair Braiding? Skin moisturising? Makeup tips? Other – moderator to shape responses along the lines of events or treatments that could be done quickly – say twenty minutes? Possibility of appointment – but not necessarily…which services that we are currently considering would be more popular?

Show shop layout diagram (sketch)

Walking you through the idea, this is what they are thinking of….front of the shop, then into the lounge area, then the nail bar or whatever bit…

Any thoughts? Any issues?
Moderator to explore expectations FULLY at this spontaneous level

Moderator then to probe:
So if we now close our eyes and visualise what there is, let's take a walk down Brixton high street. I would like you to notice and we'll talk about it in a minute -

How do you notice the shop?
What name is above the door?
What is the door like? What are the windows like?
What are the people like? Are they inside or outside? Are they boys or girls?
What about the crowds round the shop? Are they walking past? Are they staring in?

Now thinking about how you go into the shop? How did you feel? How did you get persuaded to go inside? What did you need to see to reassure you? What most attracted you?

Thinking about the first thing you notice when you go inside? What sounds?
What smells? What level of noise? Who is there? What furniture? How warm? How cool? How dark? How bright?
What do the staff do – do they come to you? Do you go to them? Do you pay for the treatment? Is it really free? Is it a pound? Is it a fiver?

[32] *As we wouldn't have high tech nail offering i.e. acrylics, manicure, airbrushing etc but simple stick on glitterati would this put them off coming in?*

Do you take a ticket? Do you take a receipt? What happens next? How do you know where to wait? Do you mind waiting? Are you on your own? With a friend? Group of friends? Boyfriend?

There is the lounge area? What does it look like? You may want a drink? How do you get one? What is there to read? What is there to do?

How long are you waiting? What makes it even better?? Do you watch something on tv? What else? Do you fill in a questionnaire about you?

Now it's time for the treatment: how do you know when it's time? Do they call your name? Do they show a number? Do you just go to the treatment or are you shown? What do they say to you? What do you say to them? What do they look like –old/young/very young? What are they wearing? How do you know they are the staff? Uniform? Tshirts? Nice hats?

At the treatment, what happens? What do they talk about? Do they ask you questions about you? Is there music? Are they talking? Are you talking? How is this relating to sexual health? How is it relating to whole body health? How do you feel? How long does the treatment last? How do you know when it's finished?

What happens next?

Moderator to ask the group to get into pairs and to work for ten minutes preparing a short visual presentation

To cover

- Front of shop
- Process of Drawing IN
- Look
- Feel
- Sounds
- Lounge area
- Treatment area
- Drinks
- Staff uniforms
- Level of information gathered about the respondent
- Level of information gathered about Youth and Young People
- Signage and process
- Cost
- Treatments
- Discussion
- Relation to sexual health
- What happens next?
- How do you get out of the studio? Out of the shop?
- How often would you come back?

Where would you be able to access an internet if you were to do the recontact questionnaire (via a mobile phone connection on site[33])

All to feed back to group.

Moderator to note material detail and elements that deliver positive engagement

Moderator to introduce NLP section – RUPAL, can we have description that would be acceptable for you from TLG?

Probe in detail…Include specific detailed questions to gain sufficient information on points:

- *Would they be more likely to go in if it is free? What quality standard would they expect if it's free i.e. anything is fine as it's free? At different price points what quality standards do they expect?*
- *What sort of music sound best in this environment?*
- *Windows – should they be frosted? Covered?*
- *Security guards – would it put them off if they saw male security guards outside the shop.*
- *Would boys be allowed in the shop?*
- *Would they feel duped if they find out about the studio experience after they've gone so far?*
- *Separated from friends – how would they feel if they went into the studio without their friends?*
- *What time should the shop open and close? How would you feel if the shop was closed for a day in the week i.e. Monday?*
- *How would you like to be told about this shop? Flyers in the street? Posters in your college? What should this message say i.e. talk to us and get a free file and polish? What language? What tone?*
- *What would put them off coming into a store like this? How can we alleviate these issues?*
- *At the end if you were given a leaflet offering £10 mobile phone credit for texting a number and answering a short (10min) online questionnaire – would you do this?*

[33] Moderator – respondent will received free top up if registers for internet recontact. How will this work in detail?

Then return to visualisation – how would this connect? What would it do?
What is expected now?
In through the studio door?
What do you expect inside?
What does the NLP person look like?
What do they say?[34]
What are they wearing? Did they bring you through the door or did you go in yourself?
What do you do? What do they say? How do they get you to go for the NLP?
Do you feel ok? What do you need to hear?
What do you need to see?
What else? How warm? How dark? How many people? How bright? How much other stuff is in the room?
How is this related to sexual health? Your health? Your own decisions and rights?

Moderator to debrief on visualisation

Then move to review and name
Show names one by one and then evaluate against concept

Rank by suitability for whole concept as understood now.

D. Outside Data Capture – colours, nail polish, digital photos (45 mins)

Moderator: we're going outside now to look for other information, other cool things that we could add it to make this great. We want to stick together as a group so if there are any ideas right now for places we should go past or stuff we should pick up to add to our event drawings, then let's agree them now.

Outside data trawl to include taking digital photos, buying some nail polish (if this is agreed as being part of the event – or some other relevant items).

E. Review and preparation for presentations (15 mins)

Return to base after 45 minutes, debrief

So now that we have decided on the look and feel, the name, the inside of the shop and everything else about it, let's just think about making a presentation that will encapsulate all the thoughts of this group into one…I think someone from this group is going to come along to a workshop and help us present your thoughts, so….

[34] Moderator – the NLP scripts are being tested. However at this stage, it is wise to be able to discuss in detail with respondents and to probe following the visualisation about NLP – what exactly do they imagine will happen in there? What sort of techniques? How will they be introduced? What kinds of issues do you think they will be able to help with? Referring back to your sexual health history so far, what sorts of issues do you think are able to be discussed/resolved? How do you feel about that? Techniques and NLP processes?

In pairs, write down:

What do we want to tell the clients?
What do we want them to know about today – about us – about our needs?
What do we want them to create the store like?
How do we want to know about the store? How could they sell it to the local girls?
What do we need the store to have inside? What could they get away with asking from us?
What about them recontacting us to find out if it's worked as a confidence builder? What would young people agree to? What is too much?
Anything else we want them to know or think about? What about how we get from the back of the studio out again afterwards? How will that happen? Any other details?
What about the privacy of internet questionnaire after that?

As a group agree the content and structure of the presentation.

F. Final touches, recheck, wind down (60 mins)

Build group response:

Moderator: We have a computer, digital photos, a printer, some film cameras, audio recording materials and other stuff

If we now think about how we can help X to share our opinions and so on, what do we want her to have to show????

Do you want to film your opinions to camera? Do you want to have comments on audio? DO you want to download or print other images? Are the boards right? DO you need to cut stuff out to make them better? Different?

Anything else? Anything else?

Moderator to facilitate until clear and cohesive output in presentation ready state is prepared.

Thank the group. Wind down. Remind about walkthrough phase in November.

Close

***

A1(c) Discussion guide for NLP expert witness

Q's for NLP expert:

1. Any spontaneous first thoughts about the approach, usefulness of NLP to achieve these goals, suitability of the techniques to meet the key objectives

2. How would you see the NLP techniques meeting the goals – what specifically is working for you with each of these techniques?

3. Probe each one in turn and ask about what is 'right' and 'not quite right' for each.

4. Rank them in order – which do you think would be best for the target audience in helping them to achieve a sense of increased self-efficacy?

5. Would there be an NLP technique which would be more effective – one that we have not included?

6. Do they need to be applied more than once – would one application of the technique be sufficient?

7. What other parameters need to be met? In terms of delivery of the 'scripts?' any consideration to the person that delivers them – their demeanour, their approach etc to make it most effective. Are there any 'watch outs' that might make it less effective?

8. If we were to go into specifics, are there any elements of either the room in which the NLP is done, or the presentation or gender of the individual who does the NLP, that you would have concerns or advice about?

9. In particular, would you see this as an NLP one-on-one intervention or would it be for multiple young people at the same time?

10. Are there any issues in terms of effectiveness if four young females (who might not know each other well) are NLPd together?

11. Are there any issues if four young females (who might be friends and therefore may have some teen group dynamics already) are NLPd together?

12. Would the application of NLP to achieve these objectives be more likely to work on one part of the target group than another (i.e. more likely to work with the oldest age group, the youngest, those who are more confident, those who are less, those who want change more, those who are more open-minded)?

13. Are there any key questions that we could ask in advance of the NLP treatment that would improve the likelihood of picking out the right people?

14. Are there any key behaviours or actions or words that we could use before the NLP to improve the effectiveness of the NLP?

15. Young teen females might be a bit worried about the term NLP – is there a way of introducing it which you would endorse? Any key terms that seem to help young people attach more easily to the concept?

16. Are there any concerns or negatives you would have about including NLP with sexual health behaviours? Any pitfalls that you could foresee? Any risks from any direction, including from the young people themselves, from their families, from the media, from anyone else?

17. How would you get around each of these issues – or reduce the risks? Explore for each risk

18. Any other advice? Any other comments?

19. Would you yourself be willing if necessary to endorse this pilot project, speaking as a person who is an expert in NLP techniques.

20. What would you say in its favour and would you be prepared to be quoted on that?

A1(d) Explanation letters for NLP experts and mainstream stakeholders

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Dear XXXXXXXXXXXXXXX

The Department of Health is conducting a Social Marketing Campaign in the area of Sexual Health amongst young people. Neuro-linguistic Programming is one technique which is being considered as part of that intervention.

We have commissioned Define as our research agency; they will undertake a number of interviews with key relevant stakeholders for this project.

Define would like to conduct an interview with you, to gain your opinion and input on the use of NLP in the area of sexual health, and specifically to gain your comments and insights on the specific NLP techniques and approaches that have been put forward for the programme.

The interview would take about one hour and could be arranged at a time and location to suit you.

Define is a member of the Market Research Society and bound by their code of conduct (for further details please visit www.mrs.org.uk). Define have been commissioned by COI who monitor for quality control and manage research on our behalf.

Personal details will also be kept confidential to Define, not used for any purpose beyond this specific project and removed from their records on completion of the project.

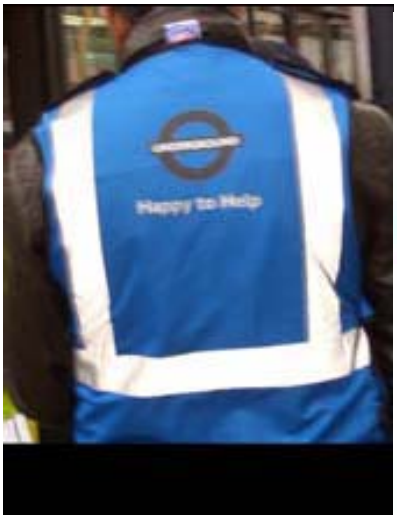
Victoria from Define will contact you over the next few days to ask if you are able to help with this project. If you have any questions, she can be reached on 020 8346 7171; but if you wish to verify the project please do contact me. I do hope you can help us with this project.

Many thanks in advance.

Yours sincerely,

Mehboob I.M. Umarji

A1(e) Photographs and materials from Development Days



A2(a) Concept/boards presenting executional styles for the event

Mood board 1 – "Baby Pinks"

Mood board 2 – "High Street Bold"

Mood board 3 – "Overtly sexual"

A2(b) NLP and Dwell Scripts

Retail Therapy: Dwell station Intervention (Intervention 1)

Version 7

1. Context

Retail Therapy is one of two social marketing interventions selected by the COI as a pilot to prevent and alter risky social behaviour[35]. It is designed to target vulnerable females[36] who typically do not have the confidence or skills to negotiate safe sex.

This document details the dwell station intervention (also known as Intervention 1). It forms a pre-intervention to the NLP intervention (Intervention 2) enabling screening to take place for this intervention. It will occur subsequent to the vulnerable females already having been involved in up to 4 conversations [37]

Further information on how the dwell station intervention fits into the customer journey and is supported by the other conversations can be found in the document "Sexual Health Social Marketing Pilots Project Plan – overall approach, costing and project programme".

2. Target Audience: Vulnerable

Retail Therapy is focusing on the Vulnerable segment as identified by Define[38]. The segment is female and comprises three sub-segments:

[35] Objective as stated from COI Agency Brief: Sexual Health and Teenage Pregnancy Unit: Pilot Social Marketing Interventions, 7th February 2008
[36] Vulnerable females refers to the segment identified by Define. Further details on this can be found in section 2 of this document.
[37] For more details on the 4 conversations see the document "Sexual Health Social Marketing Pilots Project Plan – overall approach, costing and project programme" by The team
[38] "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

- Denials – upper SEG/European relig background. Cultural and Religious pressures make preparing for sex challenging
- Unguided – youngers, DEs, older COMFY (Children of Multiple Fathers - Young); Sex is often equated with love and attention; Few positive role models; They may be manipulated due to their need for love and connection
- Disempowered – Black African females (esp. 15+); Victims of gender inequality; Passive - sex 'happens to them

In designing the dwell station intervention we have drawn on Define's findings on drivers of this segment's behaviour[39]:

Attitude	Self-confidence	Social norms
Condoms are male item and should be introduced by him I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me May avoid sex altogether after bad experiences	Low self-esteem Low connection with self as sexual being Esp. Denials –first sex is lied about - STIs under-reported Very low levels of group protection –guided by (older) males	Girls do not carry condoms Males want to have sex without condoms because it is much better feeling As long as pregnancy risk is dealt with by female and male sexual pleasure is assured, relationship is good

3. Approach and Objectives

The dwell station intervention is the first intervention the vulnerable females receive. Although prior to this, they will have had conversations with the host and will have had the rules of the store explained to them.

The objectives of the intervention are to:
1. Screen in who it makes sense to offer an NLP intervention to, and who it does not
2. Where an NLP intervention is offered, to determine which of the four change processes to use
3. To upsell and create leverage (see section9) for the NLP change processes

The approach to meet these objectives is about being able to ask the key question: "How would you feel about asking a boy to wear a condom?" This has been identified as the key question because the responses to it determine:

A. Whether safe sex is a consideration

[39] From p.32 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

B. Whether safe sex is practiced
C. What barriers there are to asking a male to wear a condom (e.g. fear of his reaction/ rejection; it's his responsibility)

A and B will (along with an assessment of whether the client fits into the target audience) will allow us to determine the answer to objective 1. And then with the addition of C this can also answer objectives 2 & 3.

In addition, since it asks how the female would feel about this situation, it does not assume that she has already been in that situation and hence works both for those who are sexually active and those who are not.

In designing this intervention, consideration has also been given to creating an intervention that:

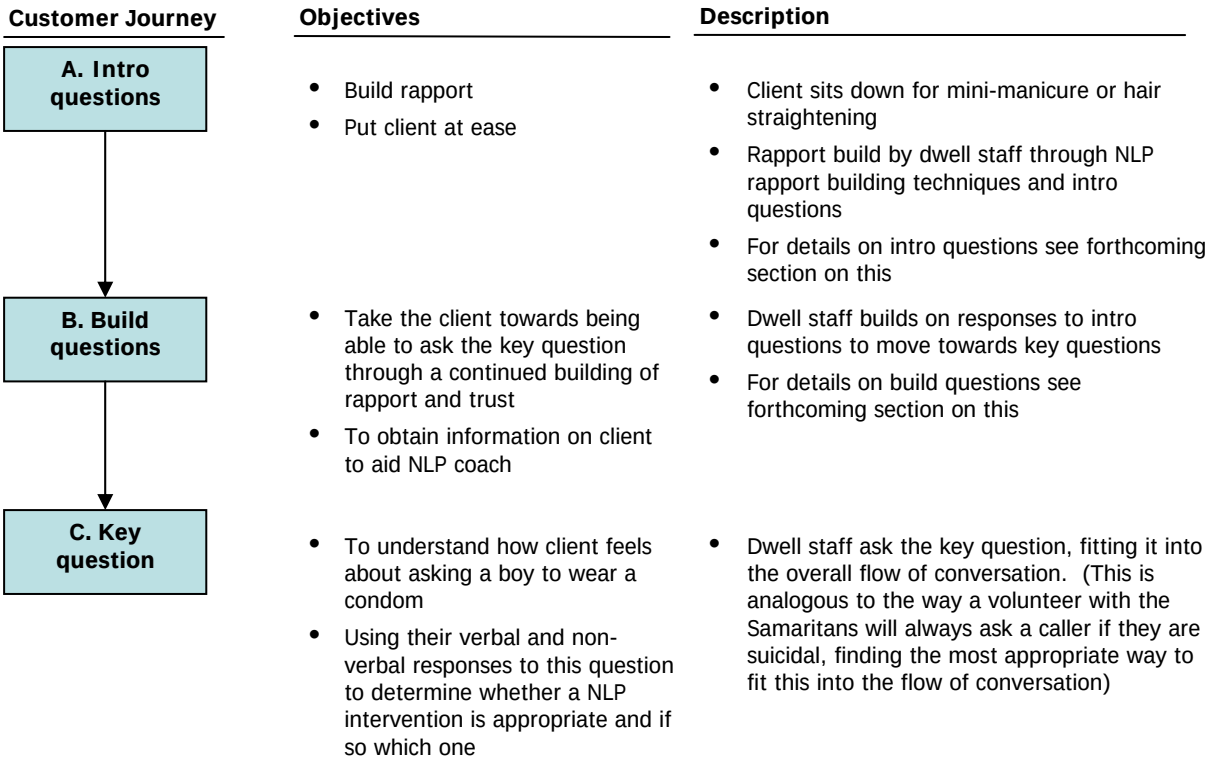
- Can be completed in 15 mins
- Dwell staff can be trained to conduct the intervention relatively easily
- The technique can be applied at the same time as the member of staff is either performing a manicure or straightening hair

This intervention takes place as the vulnerable female is either receiving a mini-manicure or getting their hair straightened.

The remainder of this document details:

- The customer journey at the dwell station, and objectives of each stage (section 4)
- The 'intro', 'build' and key questions (sections 5,6 & 7)
- Choosing a relevant intervention – or closing the conversation with no further intervention (section 8)
- Leverage for the NLP intervention (section 9)
- Communication to the NLP coach (section 10)
- Training for dwell station staff (section 11)

4. Customer journey at the Dwell Station



5. Intro questions

The dwell staff will choose from the following questions/ openings to begin the conversation with the client or create their own question appropriate for the intervention. The objectives are to build rapport quickly, build trust and to build towards being able to ask the key question: "How would you feel about asking a boy to wear a condom?"

Q1: Are you seeing anyone at the moment?

Or

Q2. You know we're going to talk about sex don't you (expectations for this given by host in holding area). How do you feel about that?

The intro question is an icebreaker to open up the conversation. It is expected that there will be a number of potential responses to these questions (see below). Due to the complexity of the potential conversation it is not possible to script every answer. Therefore dwell staff will be taught how to handle objections and frame useful questions and lead on to conversation that moves towards asking the key question with integrity. For example, if the intro question was Q2, a number of answers could include:

A2.1 'Yes I am really excited about it'

A2.2 'Well I don't really want to talk about sex'

A2.3 'I am quite embarrassed about it'

A2.4 ‘Feels a bit big brother to me’

A2.5 ‘Are you going to tell my parents?’

A2.6 ‘I am just doing this to get a free manicure’

An example of reframing might be responding to A2.4 with “I must admit the first time I heard about this it felt a bit big brother to me and what I found is…” (known as Pace and Lead in NLP)

The responses to this question will lead into ‘build’ questions that enable a continued building of rapport and trust, moving towards the key question.

6. ‘Build’ questions

The dwell staff will move into ‘build’ questions drawing on the responses to the ‘intro’ questions. They will be trained in role plays to practice doing this so that the conversation flows naturally.

There were be a number of questions that are available to the dwell station staff to access were the conversation need to be re-opened up. These include:

- Some people I have had sitting here reckon boys are in control of sex. What do you think?
- Do you and your mates ever talk about sex and relationships? What do you talk about?
- Do you watch Sex & the City[40]? Who is your favourite character and why? (Dwell staff to introduce own favourite Sex & the City character and why/ alternative series within the zeitgeist)

Creation of further ‘build’ questions will be generated as part of the training of the dwell staff thus ensuring that each of the dwell staff have build a range of questions they feel comfortable with.

7. Key question: “How would you feel about asking a boy to wear a condom?

The key question needs to be fitted into the flow of conversation. This is analogous to the way in which volunteers for the Samaritans work. On each call the Samaritans volunteer must ask whether the caller is suicidal. The training for the Samaritans volunteer is mainly through role-plays and it is through the repeated practice of these that the volunteer becomes comfortable in asking the suicide question as part of the natural flow of the conversation. To do this, the volunteer builds rapport with the client. For example, depending on the caller, the question can be asked at different stages of the conversation (although it is sought to be done as early as possible without alienating the caller). Different ways are also adopted to ask the question to fit it into the overall flow and tone of the conversation.

[40] Or other alternative shows relevant to this audience

This approach would be adopted for the dwell staff who will be trained to build the conversation with the client to include the key question.

8. Choosing an NLP Change Process – or closing the conversation with no further intervention

The selection of the NLP change process, or the decision not to offer one, will be based primarily on the verbal and non-verbal response to the key question. The criteria for this is listed in the table below:

Nature of Response	**Underlying principles**	**What might hear**	**Intervention**
The boys I know would never agree to that!	Believing it can make a difference when you say it	▪ 'He'd never let me' ▪ 'He'd leave me if I asked that' ▪ 'He's got girls lined up around the block… I daren't ask him to wear a condom' ▪ 'He's the one that calls the shots' ▪ 'I'm going to lose him if I tell him that' ▪ 'You don't know our boys' ▪ 'If I ask him to use a condom he'll think I don't love him' ▪ 'He says it doesn't feel so good [with a condom]'	**Change process 1: "I've got the power!"** Based on perceptual positions technique Include video clips of young males of describing attitudes to wearing condoms e.g. "I would wear one if she asked. I'd rather that than no sex"
Don't know how to say that/ I couldn't say it without him going mad/ getting upset	Mechanics of how to I say it	▪ 'I could never tell him that' ▪ 'I wouldn't know what to say' ▪ 'I get really self conscious when I have to talk about sex' ▪ 'I always mean to say it, but then I don't know what to say when he's in front of me' ▪ 'You can't tell a boy that, he'd get mad' ▪ 'It's better to just go along with it, or he'll get mad' ▪ "She thinks it's going a bit far, but she's also quite curious as to what will happen	**Change process 2: Rubber up… please!** 2 key techniques: Sandwich feedback Mental Rehearsal
I 've not got the confidence	Having the confidence to say it	▪ 'I'd never have the confidence to say that' ▪ 'Maybe I could say	**Change process 3: I can't say that!**

to say it/ I would be far to embarrassed		something' [without congruence] ▪ 'He wouldn't listen to me' ▪ 'She'd be so much better at doing that' [points to friend] ▪ 'I'm not the sort of person who would do that' ▪ "Now she's trying to use condoms. It's not very easy. Her boyfriend doesn't like them and it makes her feel very cheap. She's really not sure what's worse."[41]	Circle of excellence - helps an individual map resources across from an area of their life in which they have high self-efficacy to the area in which they are struggling to believe in themselves (in this case their ability to influence a healthy sexual encounter).
I'm not worth it	Believing you are worth taking care of	▪ I'm not the kind of person that can do that' ▪ 'I don't deserve to be loved' ▪ 'I'm never going to be good at this' ▪ 'I'm rubbish at talking to boys because I was bullied at school' ▪ 'Boys wont fancy me because I'm ugly' ▪ 'I'm rubbish at learning new stuff' ▪ 'I couldn't talk the way you could to a boy'	**Change process 4: I'm not worth it** Simple belief change using submodalities
None of the above and/or evidence to suggest not in target audience			No intervention offered

9. Leverage for NLP intervention

The principle of leverage is of vast importance to NLP coaches. This is essentially because unless the client has a strong enough reason to change, no matter how good your 'change techniques' are, little or no change will take place.

To achieve real and lasting change the dwell staff and NLP coaches need to find leverage – those small things that will motivate the client to take massive action and change NOW.

In the context of this intervention dwell staff will aim to achieve leverage by helping the client to attach pain and pleasure motivation to changing/ not changing. This is

[41] From Define Pen Portrait Vulnerable Disempowered

achieved by asking the client questions around what their life will be like if they don't change – so this could for instance include exploring what their life will be like if they continue to be in a situation where they lack the confidence to ask a boy to wear a condom. They might in this example identify the possibility of pregnancy, STIs lack of opportunities such as college etc. as possible motivators. The important thing for the dwell staff is for them to help the client identify fears that are relevant and real for them and then help the client to associate into what it would be like for these fears to become realities and in so doing help to build motivation to create change.

Once an individual has identified and associated into the possible pain associated with not changing behaviour the dwell staff member will help them to identify and associate into the potential pleasure associated to making the desired change NOW. This uses a similar process as above, only this time focussing on what would be possible in their life if they were to make an immediate change in behaviour. The presupposition used her is that no change happens without desire – unless a person wants to gain confidence for example, even the best coach in the world will have little influence (unless first to create desire). The more a person wants the techniques employed by the NLP coach to work, the better change of achieving sustained change through the Studio NLP Intervention.

Any identified leverage areas will be communicated to the NLP coach. This will enable the Coach to ask a simple question of the client as they begin their session to ascertain the amount of leverage that has already been achieved and how much more is necessary for a successful intervention. This is likely to be a variant of: 'on a scale of 1 to 10 how much do you want to change [this behaviour] right now? With 1 being, I'm not really fussed and 10 being I'd do absolutely anything to change it.'

Information passed by the dwell staff member will be used by the coach to quickly build rapport with the client and ensure they are motivated to take part in the change process (and that the right change process has been selected by the dwell staff member).

10. Communication to NLP coach

The dwell staff will fill in a card with the client[42] indicating:

- The nature of the response to the key question including quotes of what said
- Recommendation for the NLP intervention (including if no intervention recommended)
- General information including:
  - Are they in a relationship? (Y/ N/ didn't ask/ wouldn't say)
  - Are they sexually active? (Y/ N/ didn't ask/ wouldn't say)
  - Do they use condoms? (Y/ N/ didn't ask/ wouldn't say)
- Feedback on leverage (Pain and Pleasure)
- Any other comments on the client

This card will then be handed to the NLP coaches as preparation for the NLP intervention. Where circumstances allow, the dwell staff will form an introduction between the client and the NLP coach.

[42] This will be done in full knowledge of the client to meet with the Data Protection Act and the Freedom of Information Act. All information will be recorded anonymously

11. Training for dwell station staff

It is anticipated that dwell staff can be trained to conduct the intervention detailed in this document in a single day training with any further on the ground coaching needed to be provided during the early stages of the intervention.

It is expected that the key areas of training will include:

NLP Techniques		
i.	**Rapport**	Rapport is naturally experienced with close friends or in the company of those with whom we share an intense common interest. The training will aim to help dwell staff develop the skills to be able to create rapport easily with all visitors to their dwell station. This will include the following skills: • building physical rapport – matching people's postures, gestures and speech patterns • sensory acuity – ability to use all senses to become aware of the other's inner reality • behavioural flexibility – ability to vary existing/ comfortable patterns of behaviour to create rapport • understanding other people's maps of the world
ii.	**Questioning**	Asking questions designed to help the client: ▪ think more deeply ▪ test their beliefs and assumptions ▪ clearly explain what they mean ▪ explore their motivation for doing things ▪ understand what stops them ▪ frame their goals in time and space
iii.	**Reframing**	All meaning is context dependent. If you change the context, meaning or content, you can change the original meaning. All content is reframable simply by changing the structure, process or content. Dwell staff will be trained in conversational reframing.
iv.	**Pace and Lead**	Pacing and Leading aims to change the other person's behaviour by getting them to follow your lead (e.g. leading them from slumping into a more upright posture, or leading them from speaking quietly to speaking more loudly). Step 1: Match them by subtly matching their verbal/ non-verbal behaviour. (pacing) Step 2: 'Lead' by making a small non-matching change in your own verbal/ non-verbal behaviour.
v.	**Leverage**	See above. Creating leverage through assigning pain and pleasure motivation.
vi.	**Calibration**	Calibration is the art seeing and hearing minor changes in another person's body language and voice tone. Subtle shifts occur second by second

		in people's non verbal behaviour. These shifts can be as small as slight skin colour change, pupil dilation or eye direction shift or voice tone change. These body language and voice tone changes indicate internal mental shifts in the images, feelings and sounds that make up the individual's thought processes.
Other Training Areas		
vii.	**Scripting of Questions**	Whilst the dwell intervention is not scripted it is anticipated that each staff member will need to develop a range of questions that work in integrity with who they are and the target audience. This is particularly important for 'intro' and 'build' questions.
viii.	**Dwell Intervention Role Play**	A major part of the training is expected to be the practical application of skills through experiential exercises designed to build confidence, knowledge and skills.
ix.	**Demonstration of the four change processes**	As the dwell intervention leads up to four NLP change processes delivered by the NLP practitioners it is expected that these will be demonstrated on the training enabling the dwell staff to fully understand the objective of each change process and where possible to personally experience each technique.
x.	**Dwell Station Process**	In addition to skills development the training will be designed to ensure that individuals gain a full understanding of their role and are clear on the processes that need to be followed in order to ensure the successful completion of the project.
xi.	**Beauty skills**	Each dwell staff member will need to be taught the relevant skills to undertake the beauty treatments to which they are assigned.

12. Next steps

- Feedback on Retail Therapy: Dwell Station Intervention
- Review Dwell Station Intervention and Behavioural Outcomes in line with the Theory of Planned Behaviour
- Agree framework for testing and evaluating these interventions

Retail Therapy: NLP intervention (Intervention 2)

Version 6

1. Context

Retail Therapy is one of two social marketing interventions selected by the COI as a pilot to prevent and alter risky social behaviour[43]. It is designed to target vulnerable females[44] who typically do not have the confidence or skills to negotiate safe sex.

The core of this approach is an NLP intervention with the vulnerable females.

The NLP intervention (also known as Intervention 2) forms the culmination of the store experience for the vulnerable females. It targets 2 behavioural changes in the vulnerable females[45]. These are:

1. Enable vulnerable females to be confident in a sexual encounter
2. Enable vulnerable females to confidently negotiate and demand safer sex

The NLP intervention will occur subsequent to the vulnerable females already having been involved in up to 4 conversations and in a pre- intervention (known as Intervention 1) in the dwell area. [46]

The purpose of this document is to detail the NLP intervention and the 4 change processes of which it is comprised. It also shows the full list of techniques considered and how these 4 were chosen. For each of the change processes, it provides objectives, script and expected outcomes.

Further information on how the NLP intervention fits into the customer journey and is supported by the other conversations and intervention can be found in the document "Sexual Health Social Marketing Pilots Project Plan – overall approach, costing and project programme".

2. Target Audience: Vulnerable

Retail Therapy is focusing on the Vulnerable segment as identified by Define[47]. The segment is female and comprises three sub-segments:

- Denials – upper SEG/European relig background. Cultural and Religious pressures make preparing for sex challenging

[43] Objective as stated from COI Agency Brief: Sexual Health and Teenage Pregnancy Unit: Pilot Social Marketing Interventions, 7th February 2009

[44] Vulnerable females refers to the segment identified by Define. Further details on this can be found in section 2 of this document.

[45] The 2 behavioural changes are from a list of 6 overall desired behavioural changes from Retail Therapy overall The 6 desired behavioural changes as described in the document "Sexual Health Social Marketing Pilots Project Plan – overall approach, costing and project programme" by The team are:

i. Enable them to be confident in a sexual encounter
ii. To confidently negotiate and demand safer sex
iii. Carry a condom – and use it
iv. Know that they have a choice
    - Whether to have sex
    - To have safer sex
v. Know what Brook/ other sexual health clinics are and would feel comfortable to go to them
vi. Understand that unwanted pregnancy and STIs can happen to them – and that doesn't mean that they are a slag

[46] For more details on the 4 conversations and the pre-intervention/ intervention 1 see the document "Sexual Health Social Marketing Pilots Project Plan – overall approach, costing and project programme" by The team

[47] "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

- Unguided – youngers, DE s, older COMFY (Children of Multiple Fathers - Young); Sex is often equated with love and attention; Few positive role models; They may be manipulated due to their need for love and connection
- Disempowered – Black African females (esp. 15+); Victims of gender inequality; Passive - sex 'happens to them

In designing the NLP intervention we have drawn on Define's findings on drivers of this segment's behaviour[48]:

Attitude	Self-confidence	Social norms
Condoms are male item and should be introduced by him I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me May avoid sex altogether after bad experiences	Low self-esteem Low connection with self as sexual being Esp. Denials –first sex is lied about - STIs under-reported Very low levels of group protection –guided by (older) males	Girls do not carry condoms Males want to have sex without condoms because it is much better feeling As long as pregnancy risk is dealt with by female and male sexual pleasure is assured, relationship is good

The techniques comprising the NLP intervention have been chosen to address these drivers, and in particular to reframe social and cultural norms.

3. Summary of approaches for NLP Intervention (Intervention 2)

Four issues will be targeted by the change processes used during the NLP intervention. These issues are key barriers to the 2 desired behavioural changes:

Desired behavioural changes	Issues
Enable vulnerable females: • To be confident in a sexual encounter	1. The girl doesn't believe that she has any real power to demand that the boy uses a condom and is afraid of the consequences of doing so
	2. The girl lacks the communication skills to elegantly request the use of condoms without

[48] From p.32 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

• To confidently negotiate and demand safer sex	damaging the boy's ego
	3. The girl doesn't have the confidence to speak up and confront the boy about safer sex and therefore is forced to accept unsafe behaviour
	4. The girl has limiting beliefs that are preventing her from adopting a healthy relationship to sexual health.

In the majority of cases, one change process will be offered. The most appropriate change process will be selected by the person providing the pre-intervention (intervention 1) at the dwell station. Each change process will last approximately 20 minutes. It will be to the Coach's discretion – based on the situation of the vulnerable female and on capacity – whether further sessions of change processes are offered to an individual. In the instance where this occurs, the further sessions may be offered directly or as an appointment for a future time.

Below is a table summarising these change processes, the issue they address, the audience drivers (attitudes, self-confidence and social norms) and the expected outcomes. Further details on each of the 4 change processes can be found in the section on each change process later in the document.

Issue 1: The girl doesn't believe that she has any real power to demand that the boy uses a condom and is afraid of the consequences of doing so

Audience Drivers[49]	**What you might here them say**[50]	**Technique to address issue and drivers**	**Rationale & Expected outcomes**
<u>Attitude</u>**:** I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me <u>Self-confidence:</u> Low self-esteem <u>Social norms</u>**:** Males want to have sex without condoms because it is much better feeling Low control over	▪ 'He'd never let me' ▪ 'He'd leave me if I asked that' ▪ 'He's got girls lined up around the block… I daren't ask him to wear a condom' ▪ 'He's the one that calls the shots' ▪ 'I'm going to lose him if I tell him that' ▪ 'You don't know our boys' ▪ 'If I ask him to use a condom he'll think I don't love him'	**Change process 1: "I've got the power!"** Based on perceptual positions technique Include video clips of young males of describing attitudes to wearing condoms e.g.	• Girls have increased insight into male psychology through perceptual positions • This helps them to realise that they have power in a sexual exchange and that this can be used to demand condom use • Approach incorporates several findings from Define research: Connect with me[52]: — Experience of others on film

[49] Taken from pages 32 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[50] Including quotes from Define research

rules of sexual encounter[51] • Men have the control over sexual encounters - girl is passive!	▪ 'He says it doesn't feel so good [with a condom]'	"I would wear one if she asked. I'd rather that than no sex"	— Have language and experiences that resonate • Help me to connect — Tell me what 'the other' are going through — Strengthen my self-connection
Issue 2: The girl lacks the communication skills to elegantly request the use of condoms without damaging the boy's ego			
Audience Drivers[53]	**What you might here them say[54]**	**Technique to address issue and drivers**	**Rationale & Expected outcomes**
Attitude: Condoms are male item and should be introduced by him Attitude: I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me Self-confidence: Low self-esteem Social norms: Males want to have sex without condoms because it is much better feeling Social norms**:** As long as pregnancy risk is dealt with by female and male sexual pleasure is assured, relationship is good Reputation and	▪ 'I could never tell him that' ▪ 'I wouldn't know what to say' ▪ 'I get really self conscious when I have to talk about sex' ▪ 'I always mean to say it, but then I don't know what to say when he's in front of me' ▪ 'You can't tell a boy that, he'd get mad' ▪ 'It's better to just go along with it, or he'll get mad' ▪ "She thinks it's going a bit far, but she's also quite curious as to what will happen. Just how much does he like her? She feels quite sexy and grownup. And a bit worried. What if someone comes in. But then Ed's having sex with her and it's	**Change process 2: Rubber up… please!** 2 key techniques: Sandwich feedback Mental Rehearsal	• Talking about sex is hard for most of us, for vulnerable girls it is particularly difficult. • Many do not have high literacy levels and most are unlikely to have been taught how to communicate or make requests in an elegant form, particularly one capable of negotiating the frail ego of a boy on heat. • This intervention aims to teach the girls a simple but powerful technique for making clear requests and then gives them the chance to mentally rehearse using the technique, giving them the chance to future pace the conversation they will have with their lover.

[51] p.46 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[52] p.78 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[53] Taken from pages 32 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[54] Including quotes from Define research
[55] p.53 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[56] p.55 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

respect: You must not disrespect my public reputation by suggesting that I have sex. Age, gender and cultural rules mean reputation of innocence is key[55] Gender and cultural roles mean that the mention of condoms currently equates to an invitation to have sex that should be turned down[56]	too later to say no."[57]		
Issue 3: The girl doesn't have the confidence to speak up and confront the boy about safer sex and therefore is forced to accept unsafe behaviour			
Audience Drivers[58]	**What you might here them say[59]**	**Technique to address issue and drivers**	**Rationale & Expected outcomes**
Attitude: I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me Self-confidence: Low self-esteem Self-confidence: Low connection with self as sexual being Social norms: Males want to have sex without condoms because it is much better feeling	▪ 'I'd never have the confidence to say that' ▪ 'Maybe I could say something' [without congruence] ▪ 'He wouldn't listen to me' ▪ 'She'd be so much better at doing that' [points to friend] ▪ 'I'm not the sort of person who would do that' ▪ "Now she's trying to use condoms. It's not very easy. Her boyfriend doesn't like them and it makes her feel very cheap.	**Change process 3: I can't say that!** Circle of excellence - helps an individual map resources across from an area of their life in which they have high self-efficacy to the area in which they are struggling to believe in themselves (in	• This intervention is aimed at helping a vulnerable girl to increase her perceived self-efficacy in the area of sexual interaction with the aim of helping her to feel confident standing up for herself and positively influencing the sexual encounter towards a healthy conclusion.

[57] Define Pen Portrait Vulnerables Denial
[58] Taken from page 32 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[59] Including quotes from Define research

Social norms: "I'm not supposed to be sexual": Cultural rules demand that olders in the community ignore and deny the 'disruptive' sexuality of the young person	She's really not sure what's worse."[60]	this case their ability to influence a healthy sexual encounter).	
Issue 4: The girl has limiting beliefs that are preventing her from adopting a healthy relationship to sexual health			
Audience Drivers[61]	**What you might here them say[62]**	**Technique to address issue and drivers**	**Rationale & Expected outcomes**
Attitude: I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me Self-confidence: Low self-esteem Self-confidence: Low connection with self as sexual being Social norms: "I'm not supposed to be sexual": Cultural rules demand that olders in the community ignore and deny the 'disruptive' sexuality of the young person	▪ I'm not the kind of person that can do that' ▪ 'I don't deserve to be loved' ▪ 'I'm never going to be good at this' ▪ 'I'm rubbish at talking to boys because I was bullied at school' ▪ 'Boys wont fancy me because I'm ugly' ▪ 'I'm rubbish at learning new stuff' ▪ 'I couldn't talk the way you could to a boy'	**Change process 4: Simple belief change using submodalities**	Limiting beliefs are replaced with healthy beliefs toward sex and towards herself as a sexual being

[60] From Define Pen Portrait Vulnerable Disempowered
[61] Taken from page 32 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[62] Including quotes from Define research

4. Criteria and rationale for selection of these techniques (including other techniques that were considered)

A number of techniques were considered in the selection of above 6 techniques.

The starting point for the selection of the techniques was to work from the desired behavioural changes from this intervention, namely:

- Enable to them to be confident in a sexual encounter
- To confidently negotiate and demand safer sex

The table below list all 9 techniques considered weighted against their expected impact on achieving each of the two desired behaviours in vulnerable females. This assessment has been carried about by a panel of experienced NLP coaches based on their experience of working with vulnerable females.

Key:

 Perfect/ very high fit

 75% fit

 50% fit

 25% fit

 No fit

Technique[63]	Description	Fit with desired behavioural change 1: Enable VFs to be confident in a sexual encounter	Fit with desired behavioural change 2: For VFs to confidently negotiate and demand safer sex	Implications
1. Circle of excellence	Builds a strong resource anchor which can be used to overcome fear associated with a future event and help manage state			**Use as part of change process 3 to address:** The girl doesn't have the confidence to speak up and confront the boy about safer sex and therefore is forced to accept unsafe behaviour

[63] Techniques 1-8 taken from p.16 of them to be confident in a sexual encounter. Further techniques were subsequently reviewed as the thinking on this intervention developed

2. Metaphor – arrow break	Using the metaphor of breaking an arrow to link personal power to future desired behaviour			Do not include in set of techniques for NLP intervention
3. Simple belief change	Challenges a negative belief of self and replaces with supportive belief			**Use as change process 4 to address:**
4. Perceptual Positions	Understand how a male thinks and owns power in sexual encounter			**Used as change process 1 to address:** The girl doesn't believe that she has any real power to demand that the boy uses a condom and is afraid of the consequences of doing so
5. Mental Rehearsal	Visualise self taking powerful action. Spotting obstacles and using internal resources to creates new ways of behaving			**Used as part of change process 2 to address:** The girl lacks the communication skills to elegantly request the use of condoms without damaging the boy's ego
6. Changing personal history	Takes new resources to a negative experience in the past, thus releasing a negative pattern of behaviour			Do not include in set of techniques for NLP intervention
7. Swish	Breaking a negative habit and replacing it with a desired behaviour			Do not include in set of techniques for NLP intervention
8. 5 min phobia cure	Transforming a phobic reaction – spiders, needles etc – and thus giving a clear metaphor for overcoming fear			Do not include in set of techniques for NLP intervention

9. Sandwich feedback	Three-step procedure to help provide corrective feedback. It consists of praise followed by suggested behaviour change followed by more praise.			**Used as part of technique 2 to address:** The girl lacks the communication skills to elegantly request the use of condoms without damaging the boy's ego

5. Change process 1: I've got the power!

Issue to be challenged: The girl doesn't believe that she has any real power to demand that the boy uses a condom and is afraid of the consequences of doing so.

What you might hear them say:

- 'He'd never let me'
- 'He'd leave me if I asked that'
- 'He's got girls lined up around the block… I daren't ask him to wear a condom'
- 'He's the one that calls the shots'
- 'I'm going to lose him if I tell him that'
- 'You don't know our boys'
- 'If I ask him to use a condom he'll think I don't love him'
- 'He says it doesn't feel so good [with a condom]'

Evidence

Attitude**:** I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me

Self-confidence: Low self-esteem

Social norms**:** Males want to have sex without condoms because it is much better feeling

Low control over rules of sexual encounter[64]

- Men have the control over sexual encounters - girl is passive!

Intervention

The evidence suggests that vulnerable girls abdicate power within sexual encounters and with it responsibility for condom use. This intervention is aimed at giving these girls an insight into male psychology and helping them realise that they have power in a sexual exchange and that this can be used to demand condom use. Ultimately the boy is the real 'dog on the leash'.

[64] p.46 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

The intervention will aim to give girls an insight into the very different thought process of the boys with whom they are engaging in sex and give them the chance to modify their behaviour in light of this new knowledge. It focuses on helping a Vulnerable girl to realise and step into her power. Ideally video clips of boys discussing their drivers will also be included in the intervention.

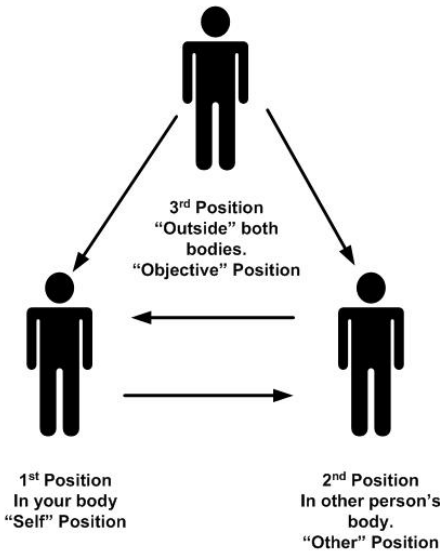
Presupposition

Most teenage and early adult boys have a strong driver towards sex. The ultimate goal for many if full penetrative sex without a condom (because of a reported increase pleasure) however they will settle for what they can get. If faced with a choice of sex without a condom or no sex they will take sex with a condom and be very happy.

Technique: Perceptual Positions

Perceptual positions (also known in NLP as the Meta Mirror or in Gestalt as Empty Chairs) enables an individual to look at events from different perspectives and literally step into another person's shoes. It helps individuals to search for the positive intentions within the actions of others and find a more positive approach to assessing an event. The technique involves three possible perceptual positions.

1st Position:	When you are being yourself and looking out from your own eyes.
Perspective:	Me, my outcomes, my needs, my wants, my concerns & boundaries.
2nd Position:	When you are imagining the world from the subjective position of the other person. (Mind reading) Stepping into another person's shoes.
Perspective:	Them, their outcomes, their needs, their wants, concerns, boundaries. Good empathy, rapport, understanding.
3rd Position:	You are looking at yourself and others gathering information from an objective (observer) position.
Perspective:	Detached observer, good analysis, cool thinking, detached from emotions.



Script: Using Perceptual positions to understand the sexual drivers of the boys with whom Vulnerable girls associate.

1. **Identify the Problem Scenario/Relationship** - a specific type of situation that has happened a number of times in the past and is likely to happen again in the future.

2. **Set up 1st, 2nd and 3rd/meta positions (i.e physically, with chairs/pieces of paper)**. As a rule of thumb, the meta position should be twice as far away as the 1st position is from 2nd position. Set up the meta position as the 'anthropologist' position in which you are completely detached from the situation of those two people over there. If it helps, imagine a Plexiglas screen between meta position and 1st and 2nd.

3. **From 3rd/ meta position** notice the behaviours of the people in 1st and 2nd. Describe the behaviours of each with an adjective (e.g. defensive, angry, etc).
   Use third person personal pronouns, e.g. he, she, they.

4. **From 1st position** fully associated in Problem Scenario (using your own eyes and ears) describe what is going on for you, your thoughts, feelings, beliefs about the situation and yourself.
   Use first person personal pronouns, e.g. I, me, we, us.

   Name what they do that makes it difficult.

   a) How are you behaving?
   b) How are you feeling?
   c) What do you believe about the situation?
   d) What's important to you?
   e) What is there for you to learn?
   f) How has your perception changed?

5. **From 3rd/ meta position** notice anything new in the situation now that you have more information about your own part in it.

6. **From 2nd position** fully associated into other person/persons (step inside the person's skin and adopt their facial expression and use their mannerisms. Imagine what is going on for you (i.e. them). (If in doubt, guess). Describe their thoughts, feelings and beliefs about the situation, themself and the person in the other chair. Name what *you* do that is the other half of the difficult relationship.
   Use first person personal pronouns, e.g. I, me, we, us.

   As them, ask:
   a) How are you behaving?
   b) How are you feeling?
   c) What do you believe about the situation?
   d) What's important to you?
   e) What is there for you to learn?
   f) How has your perception changed?

7. **From 3rd/ meta position** review the situation again from a fly-on-the-wall/observer position and notice any difference. Establish what the person in first position could do differently now they have a different understanding of the situation. Generate ideas for new and different behaviour that would be ecological in the situation. "What is this like?" Look at the other person as they are and ask, "What happens now?"

   a) How are they each behaving?
   b) How are they each feeling?
   c) What beliefs do they each appear to be using?
   d) What's important to each of them?
   e) What is there for you to learn?
   f) How has your perception changed?

8. **Return to 1st Position -** Come back into yourself bringing your new learnings and perceptions with you.

   a) How are you behaving?
   b) How are you feeling?
   c) What do you believe about the situation?
   d) What's important to you?
   e) What is there for you to learn?
   f) How has your perception changed?

9. **Test and Future Pace**

   a) "Can you think of an event in the past, an event which if you'd thought about it previously would have caused you to have your old problem and notice how it's different now?"

   b) "Can you think of an event in the future, an event which if it had happened in the past would have caused you to have your old problem and notice how it's different now?"

Expected outcomes

- Girls have increased insight into male psychology through perceptual positions

- This helps them to realise that they have power in a sexual exchange and that this can be used to demand condom use

6. Change process 2: Rubber up… please!

Issue to be challenged: The girl lacks the communication skills to elegantly request the use of condoms without damaging the boy's ego

What you might hear them say:

- 'I could never tell him that'
- 'I wouldn't know what to say'
- 'I get really self conscious when I have to talk about sex'
- 'I always mean to say it, but then I don't know what to say when he's in front of me'
- 'You can't tell a boy that, he'd get mad'
- 'It's better to just go along with it, or he'll get mad'

Evidence

This is drawn from the Define research on vulnerable females:

Attitude: Condoms are male item and should be introduced by him

Attitude: I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me

Self-confidence: Low self-esteem

Social norms: Males want to have sex without condoms because it is much better feeling

Social norms**:** As long as pregnancy risk is dealt with by female and male sexual pleasure is assured, relationship is good

Reputation and respect: You must not disrespect my public reputation by suggesting that I have sex. Age, gender and cultural rules mean reputation of innocence is key[65]

Gender and cultural roles mean that the mention of condoms currently equates to
an invitation to have sex that should be turned down[66]

Intervention

Talking about sex is hard for most of us, for Vulnerable girls it is particularly difficult. Many do not have high literacy levels and most are unlikely to have been taught how to communicate or make requests in an elegant form, particularly one capable of negotiating the frail ego of a boy on heat.

[65] p.53 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define
[66] p.55 of "Sexual Health and Social Marketing Interventions, February 2008" Ref: 1626, by Define

This intervention aims to teach the girls a simple but powerful technique for making clear requests and then gives them the chance to mentally rehearse using the technique, giving them the chance to future pace the conversation they will have with their lover.

Presupposition

Memory and Imagination share the same neurological circuits and therefore potentially have the same impact. NLP holds that the brain finds it difficult to distinguish between a memory of an actual experience and a vividly imagined construct. In this intervention therefore a girl is guided through a process that enables her to 'rehearse' having a clear and successful conversation with the boy, this has been shown to make it much easier to have the conversation in real life as it feels natural, as if they've done it repeatedly in the past.

Technique 1: Sandwich Feedback

The sandwich feedback technique is a popular three-step procedure to help provide corrective feedback. The sandwich feedback method consists of praise followed by suggested behaviour change followed by more praise. The purported benefits of this technique are twofold: (1) it "softens" the impact of the requested change which can often be seen by boys as criticism, and, (2) given that a Vulnerable girl is probably more comfortable with praising her man, the girl finds it easier to make a difficult request (such as requesting condom use) of the boy if this discussion begins and ends with 'bigging him up' and praising him.

This technique is widely recommended for giving feedback (including by Open University[67]) and is also simple to learn, remember and use – making it highly appropriate for the Vulnerable audience.

Technique 2: Mental Rehearsal

Research has found that a combination of "imagined practice" and actual practice often results in better performances than those achieved with preparation that relies solely on actual practice. Mental Rehearsal is used heavily in sports psychology and studies have shown that imagined practice improves performance in diverse contexts that include communication, education and clinical and counselling psychology.[68]

Mental rehearsal involves imagined, mental practice of performing a task as opposed to actual practice. That is, when engaging in mental rehearsal, one imagines performing without having to actually do anything. As the saying goes, "Practice makes perfect." Yes, practice can cause improvement, but "perfect practice" can lead to better results than practice full of failures. Because mental practice is perfect practice, it is also a confidence-booster. Experiencing success increases confidence, even if that experience is imagined.

Mental Rehearsal is therefore has huge value in working with Vulnerable girls in helping them to develop appropriate schema as well as developing confidence. It is

67 http://www.brookes.ac.uk/services/ocsd/firstwords/fw21.html

68 Neck, C. P., Nouri, H., Godwin, J. L. (2003). How self-leadership affects the goal-setting process. Human Resource Management Review, 13(4): 691-707.

also particularly valuable as any context can be imagined enabling this technique to be used even if the girl expects to be under the influence of alcohol or drugs when she aims to change the behaviour.

Script 1: Sandwich Feedback

"Your body is so hot! I love the way you touch me when we're alone like this. When we make love it will make it even better for me if we use a condom cos neither of us want me getting pregnant right now. It's great that you put so much thought into how you look and making me feel so special! Now come on Big Boy, let's get down to business!"

1. **Build Rapport**
2. **Identify Current Experience**
3. **Get Leverage:** Identify pain and pleasure associated with current experience
4. **Prepare:** Stress the importance of preparation and create buy-in for trying out the conversation – 'what would it feel like to know exactly what you're going to say and how you're going to say it', ''How would it be to feel completely powerful and in control when asking him to use condoms'.
5. **Explain concept:** explain the principles of sandwich feedback
6. **Identify the positive/ complement:** Find something significant that the individual did/ does. This needs to be related to the coaching you're going to give, and needs to be reasonably close in time. Maybe give an example outside of sex such as, if all the white clothes came out of the washer pink because a red shirt was thrown in, well... *"I really appreciate your helping with the laundry!"* might be a way to start the conversation. Then identify the appropriate complement around sex.
7. **Coach - Present the facts:** 'Now that you have their attention and they are in a receptive frame of mind you'll need to pause just a second to let that feeling solidify, then lead directly into the coaching.' Highlight Agreement Frame: 'avoid using the word *"but"* as in *"but next time"* since that can create the defensive atmosphere that you're trying to avoid'. Work with client to find their way of introducing condoms or whatever factor is important to them to change within current experience. Coach to achieve clean and clear language.
8. **Encourage - Give a bright outlook:** The coaching can inevitably lead to some mental deflation in some guys. Do not leave that in place; it has to be removed quickly, but correctly. Project a positive outcome of future efforts. The natural conclusion is that there was a good base to start (the initial praise), there are ways to improve that base (coaching), and combining those will produce even better results. Have the client identify a closing statement, ideally one that hits at the Neurological Level of Identity.
9. **Move to Mental Rehearsal**

Script 2: Mental Rehearsal

1. Take the conversation (identified in the Sandwich Feedback session) and have the client clearly articulate when and where they are most likely to want to deliver the feedback.

   Check the ecology

2. "Imagine seeing yourself having this conversation with the boy. Watch the 'video' of yourself and then rewind it."

   "Watch the video again making improvements in your behaviours and the way you deliver the feedback. Notice the different responses from the boy each time you improve your performance."

   "Rewind the video again and repeat this process as many times as you need to in order to produce the most excellent results that you can."

3. **"Step into the video** and perform this improved behaviour from within your own skin, looking through your own eyes, and become aware of what it feels like to perform so differently.

   "At the end of the video, rewind and make more adjustments to your posture, gestures, tone of voice, content of your words, to improve your performance even more.

   "Repeat until you are sure that this is your absolute best performance."

4. **Future Pace:** "Become aware of other times and contexts when you would want to use this new behaviour. Imagine using this new knowledge and notice what's different."

Have the client notice what lets them know that it is time to perform in this new way – a picture, a sound, or a feeling. Have them identify this signal. Reinforce successful imprinting

Expected outcomes

- Vulnerable females having gone through this intervention have a significantly enhanced communication skills to elegantly request the use of condoms without damaging the boy's ego

7. Change process 3: I can't say that!

Issue to be challenged: The girl doesn't have the confidence to speak up and confront the boy about safer sex and therefore is forced to accept unsafe behaviour

What you might hear them say:
- 'I'd never have the confidence to say that'
- 'Maybe I could say something' [without congruence]
- 'He wouldn't listen to me'
- 'She'd be so much better at doing that' [points to friend]

- ‘I’m not the sort of person who would do that’

Evidence

This is drawn from the Define research on vulnerable females:

Attitude: I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me

Self-confidence: Low self-esteem

Self-confidence: Low connection with self as sexual being

Social norms: Males want to have sex without condoms because it is much better feeling

Social norms: “I’m not supposed to be sexual”: Cultural rules demand that olders in the community ignore and deny the ‘disruptive’ sexuality of the young person

Intervention

Many vulnerable girls have low self-efficacy in a sexual liaison. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. They set themselves challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks.[69] This intervention is aimed at helping a Vulnerable girl to increase her perceived self-efficacy in the area of sexual interaction with the aim of helping her to feel confident standing up for herself and positively influencing the sexual encounter towards a healthy conclusion.

This intervention uses a technique designed to help an individual map resources across from an area of their life in which they have high self-efficacy to the area in which they are struggling to believe in themselves (in this case their ability to influence a healthy sexual encounter).

Presupposition

Everyone has all the resources they need to succeed and to achieve their desired outcomes. Behavioural psychology holds that once a human being has had a successful experience their belief in their ability to replicate that experience increases, indeed for many experiences an anchored state becomes consciously or unconsciously associated with the action. [70] This state can be elicited by a practitioner and thus re-experienced by the client, in doing this the state/ resource can be mapped across to a state in which a behavioural improvement is sought.

69 Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], Encyclopedia of mental health. San Diego: Academic Press, 1998).

70 Pavlov, I. (1927) Conditioned Reflexes, London: Oxford University Press

Technique

The Circle of Excellence is a basic NLP self anchoring process which can be used to elicit, create and stabilise desired states.[71] It is often used by actors before they go on stage or by business people to summon up confidence in a crisis. It doesn't actually create competence in the desired skill. Rather, it assumes ability (borrowing positive experience from areas of high self-efficacy), giving the user the ability to summon up the confidence for performing a skill.

It can be used to get rid of the fear of speaking when you have to give a talk, or boost confidence for sports or other high performance needs. Could there be a time in the future, when going into a situation, you would like to be more capable than you have been in the past? This exercise teaches an individual how to plan for the future using all the best of your past or even the past of someone else (this may be necessary when working with Vulnerable girls). Research has shown that the subconscious cannot tell the difference between real practice and imagined practice. This exercise is designed to help an individual access their best state any time they need it, in this case when confronting a boy about sexual behaviour.

Script: Circle of Excellence

1. Build Rapport.

2. Identify the specific situation in which the client would like to improve their self-efficacy.

3. Get leverage. Identify pain and pleasure associated with not changing/ changing behaviour.

4. Ask the client to imagine a magic circle on the floor in front of them. Make it a generous circle of about three feet in diameter.

5. Ask them to step into the circle and imagine the situation that they want to change.

6. Ask them to step out of the circle and imagine that they are looking at the situation in the circle (disassociated).

7. Have them identify the outcome that they would really like - if they were going to have the experience they desire what would that look like, what would they be doing, seeing, hearing, feeling.

8. Once the outcome is elicited ask them to think of what resources they might need that they don't currently have in the situation [Resources: any means that can be brought to bear to achieve an outcome: physiology, states, thoughts, strategies,

71 Collingwood, J.J.P., Collingwood, C.R.J. (2001). The NLP Field Guide; Part 1. A reference manual of Practitioner level patterns.

experiences, people, events or possessions[72]]. Note these. Ideal maximum of five.

9. NB States for stacked anchor: totally powerful, totally loved, totally energized, totally confident, when you could have it all, fall down laughing.

10. Identify an anchor that can easily be triggered in the appropriate situation.

11. Elicit each State in the client when the State begins to increase have them step into an imaginary circle on the floor and set anchor. Practitioner to mirror state

12. "Can you remember a time when you were totally… ?"
    i. "Can you remember a specific time? Good"
    ii. "As you go back to that time now, see what you saw, hear what you heard and really feel the feelings of being totally…"

13. When the State reaches its peak have them step out of the circle and break state.

14. Repeat this process for each of the Resource States.

15. Once all of the resources have been elicited have the client step back into the circle and have them experience all the resources simultaneously (practitioner to name them). Ask the client if there are any resources missing. If so elicit and add these.

16. Once the circle is complete have the client choose a word or phrase that goes with the Resource Anchor. Have them step into the circle and as the Resource State reaches its peak have them say the word and step out of the circle.

17. Have the client test their anchor. Have the client step into the circle, say their Trigger Word and has the Resource State reaches its peak have them make their Gesture and step out of the circle.

18. Break State.

19. Test by having the client step into their imaginary circle thinking about the original situation, say their Trigger Word and make their Trigger Gesture. Notice that they become fully associated into the Resource State.

20. Future Pace. Have the client imagine another situation in the future where this situation may have been a problem and have them step into their circle whilst triggering the anchors. Ask them to notice what's changed.

Expected outcomes

72 O'Connor, J. & Seymour, J. (2002) Introducing NLP. London: Element

Vulnerable females having gone through this intervention are much less willing, if at all, accept unsafe sexual behaviour

8. Change process 4: I'm not worth it

Issue to be challenged: The girl has limiting beliefs that are preventing her from adopting a healthy relationship to sexual health.

What you might hear them say:

- 'I'm not the kind of person that can do that'
- 'I don't deserve to be loved'
- 'I'm never going to be good at this'
- 'I'm rubbish at talking to boys because I was bullied at school'
- 'Boys wont fancy me because I'm ugly'
- 'I'm rubbish at learning new stuff'
- 'I couldn't talk the way you could to a boy'

Evidence

This is drawn from the Define research on vulnerable females:

Attitude: I cannot access or carry condoms – it is not appropriate and will lead to disapproval of me

Self-confidence: Low self-esteem

Self-confidence: Low connection with self as sexual being

Social norms: "I'm not supposed to be sexual": Cultural rules demand that olders in the community ignore and deny the 'disruptive' sexuality of the young person

Intervention

It is reasonable to suppose that limiting beliefs drive a host of unconscious behaviour within vulnerable girls. By definition beliefs cannot be changed by information or reason alone and therefore if a deeply rooted belief is interfering with an individual's ability to negotiate safer sex or value themselves as sexual beings a cognitive approach is needed in order to bring about change.

Beliefs exist at the highest neurological levels. The lower levels of capability, behaviour and environment will support the beliefs. In a conflict between a behaviour and a belief, the belief will usually win. Because of this, beliefs have a powerful self-fulfilling effect. For example, whether you believe you can or you can't, you're right

This intervention uses one of the simplest belief change techniques to begin to tackle any clearly articulated beliefs. Whilst simple this is a powerful technique and has been chosen because of the speed which change can be achieved.

Presupposition

Limiting beliefs usually have their origin in strong negative experiences, often a single one, in which the belief was formed. This is known as imprinting. Imprinting experiences are often forgotten at the conscious level. In imprinting experiences with significant others, people frequently internalise the other's behaviour, which is acted out in later life.

Beliefs can be changed, but the more embedded the belief is, the harder it may be to change. You can only lead people to change their own beliefs. Always check ecology thoroughly before changing any belief.

Technique: Simple belief change using submodalities

Often in life we sabotage ourselves with self-limiting beliefs. Having the skills to identify what would be a more empowering belief for ourselves is useful, but does not guarantee we will actually believe it! The Simple Belief Change process helps the client to change how they represent the desired belief in their internal thought processes and therefore allows them to effect empowering changes for themselves.

The Simple Belief Change process works by manipulating the submodalities of the belief to change the way in which the belief is processed by the mind and therefore the impact it has on behaviour. A submodality in neuro-linguistic programming is a distinction of form or structure (rather than content) within a sensory representational system. NLP asserts that far from being arbitrary or unimportant, these submodalities often perform a functional role, as a means by which emotions, related memories, felt-sense perceptions such as "importance", and so on, are presented to consciousness by the unconscious mind, along with thoughts or memories. Amongst the many possible submodalities, there will often be a handful of so-called "critical" submodalities which can functionally effect large-scale change, and that they differ between people, and can be identified by observation and inquiry. NLP states that a change within these critical submodalities will often correlate with a near-immediate subjective change in the emotion or other felt-sense with which a mental impression presents itself. Hence enabling the client to move to a more resourceful belief which will empower her in this case around her sexuality and self-efficacy in a sexual encounter.

Script: Simple belief change using submodalities

Caution: this simple process is very powerful, because changing a belief will often change many behaviours across many contexts. Always check ecology thoroughly before making any change.

1. **Establish and maintain rapport.**

2. **Identify limiting belief and check ecology concerning changing it.**
If there is any incongruence, identify their concern, turn it into the positive, add it onto the original ecology test and check it is now clean. If not, repeat until it is clean, then proceed to next step. If it won't clean up, pick a different limiting belief.

3. **Get leverage.**

Identify the situation in which this belief is a problem and gain pain and pleasure motivation until leverage is achieved.

4. State limiting belief in the present tense.
Write it down. Option: have the client try to identify one or two of the main submodalities in whichever representation systems are most conscious (probably visual and/or kinaesthetic).

5. State in 'used to believe' tense.
Have the client imagine the old belief behind them in the distant past.
Option: ask them what submodality changes they become most aware of.
Watch and listen for any changes in their physiology, both voice and body language.

6. What would it be most useful to believe, now, in this situation?
Elicit a preferred, more empowering belief - a belief which would enable you to do what you want more easily. Take time with this. Invite them to think of two or three options, then have them pick the best. (It can help to ask them what other people might believe.)

7. Imagine this new belief is now completely true.
Ask them what the biggest advantage will be as this becomes increasingly true.
Imagine the new belief becoming true and ask how it feels different.

A) Think of the new desired belief, and elicit the submodalities of how you represent that desired belief to yourself.

B) Now elicit the submodalities of a belief that you currently hold that is undeniably true for you and strongly held.

C) Look for the critical differences in the submodalities. Keep changing the submodalities until the desired belief is represented as a belief that is undeniably true and strongly held.

Notice shifts in physiology, both voice and body language.

8. Could this new belief cause any problems?
Ask them to run a deep ecology check. Ask them to imagine themselves going through a typical 24 hours in their life and check that the new belief doesn't cause any unwanted problems that they don't know how to deal with. If there are any concerns, either have them identify acceptable ways of dealing with them, or clean up the ecology - see step 1 above. Or, have them modify the new belief until the concerns are removed.

9. What will be the first thing you see, hear, or feel as this starts to become true?
Future pace* them through at least the first piece of sensory based evidence (V, A, or K, either internal or external) that will let them know the new belief is starting to become true for them. This is important as a convincer that it's happening.

Have the client think of a time when the old belief might have been a problem for them and ask them to notice what is different.

Expected outcomes

Vulnerable females having gone through this intervention have much healthier beliefs about sex and about themselves as sexual beings

9. Next Steps

- Feedback on Retail Therapy: NLP Intervention
- Create guide document for practitioners at Dwell Station and referral criteria to NLP interventions in The Studio
- Review NLP Interventions and Behavioural Outcomes in line with the Theory of Planned Behaviour
- Agree framework for testing and evaluating these interventions

6. Project Team

The project team comprised of both male and female researchers, partly to test the gender aspect of event delivery.

All Define staff have enhanced clearance from the CRB.

The project was led by Joceline Jones, Director who has more than 13 years' experience in conducting domestic and international qualitative research projects for private, public, government and voluntary sector organisations. Joceline has extensive experience in needs analysis across different audiences and sectors and a specialism in communications development research. She has worked on sexual health as well as broader health projects, sensitive research subjects and with young audiences.

Joceline worked with the following:

Anna Thomas, Research Director also has over 13 years' experience in qualitative research, consultancy and service development (within both public and commercial sectors) since graduating from Cambridge. Before joining Define in 2004, Anna spent 6 years agency-side and 6 years in a senior capacity at the BBC working on projects to meet diverse radio, TV and internal audiences. Anna has specific experience with youth audiences, behavioural studies and sensitive topics. She is highly experienced in sexual health work with young people and development research methods.

Victoria Page, Research Director has more than 12 years' experience qualitative research. Victoria has much experience in developing segmentations across different audiences and in relation to different behaviours. Across her career, Victoria has also gathered significant experience in communications research, as well as developmental and alternative research methods. She is also experienced in research sexual health services and issues amongst both professionals and young people.

David Proctor: David is a Research Manager at Define with seven years' experience in qualitative research and marketing. David joined Define in 2003 on completion of his Masters degree and has specific expertise with both professional and male audiences. He has worked on a range of projects looking at communications, and attitudes and behaviour in relation to diverse subjects, such as sexual health, finance, parenting, sustainable living and joining the armed forces. David has worked extensively on sexual health with both male and female respondents.

Jules Kelly: Jules joined Define as a researcher this year as a career switch. Jules has highly developed people skills from working in the hospitality sector for many years and a strong interest in communications and marketing. Jules has been developing experience through work on a variety of health projects (sex and alcohol), education projects (messaging) and in B2B research for our retail clients. Jules has gained experience in both developmental methods and sensitive subjects with young people (underage drinking and sexual health).

Recruitment was shared by some members of the research team and Field Solutions Ltd, an independent fieldwork agency.

At Field Solutions, projects are managed by Allison Samuels, who has 11 years' experience in the market research industry, holds a Post Graduate Certificate in Business Management and is currently studying for a Masters in Applied Social and Market Research.

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