

Director of Public Health Annual Report 2022/2023

Growing Up in Coventry – with an emphasis
on healthy and supportive relationships



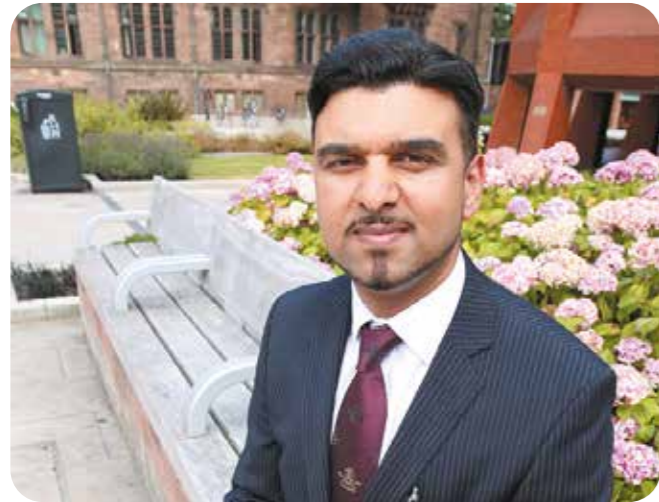
“Everyone you admire was once a small child, knowing nothing about how the world works and their place in the world”

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Foreword



I am delighted to present this Annual Public Health Report on growing up in Coventry. We are currently in a period of recovery from a wave of Covid infections and as we recover, we need to think about all the people who live and work in Coventry, not least our young people who have been through the pandemic at a crucial time in their development.

This report covers not only physical, but also mental health and wellbeing and highlights some of the issues our young people face that we, as an older generation, did not have to consider.

These include the open debate on gender and sexuality, the increasingly digital world and the risk of cyber-bullying or stalking.

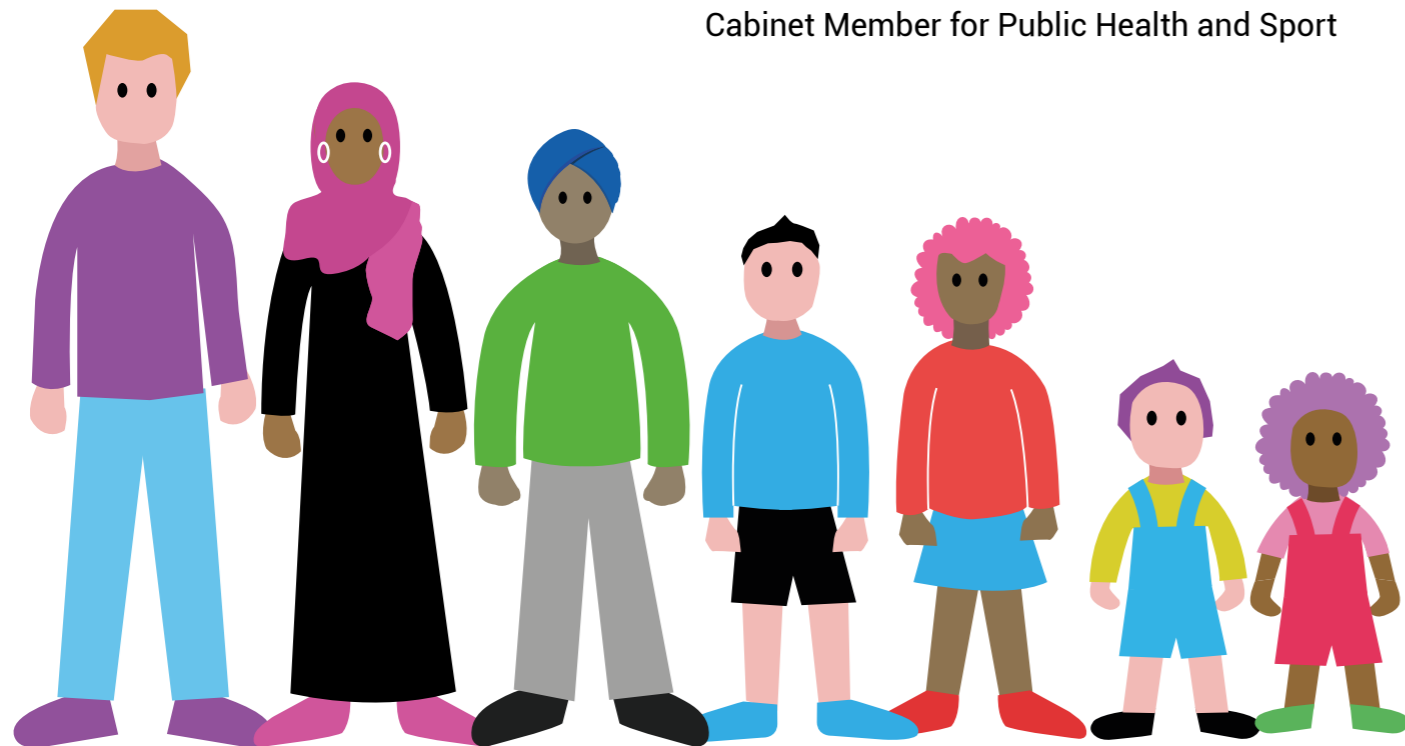
This year we are commissioning a new sexual health service for Coventry and we are ensuring that the new service is more accessible and targeted with an emphasis on addressing health inequalities.

We are also working with partners across the Integrated Care System to take a trauma-informed approach when working with children and young people.

We believe that our services across Coventry City Council and in partnership with the NHS and our communities will help young people to grow up and to achieve their full potential in Coventry.

I would like to thank the Public Health Team for their efforts this year and thank our communities for supporting each other and helping us all to recover from the pandemic.

Councillor Kamran Caan
Cabinet Member for Public Health and Sport



Introduction



This is my first Annual Report as the Director of Public Health and Wellbeing in Coventry. I joined the team towards the end of the pandemic and I have been struck by the remarkable community spirit of the city and the commitment and professionalism of everyone I have worked with in Coventry.

After previous pandemics, such as the 1918 influenza pandemic, we see social change and no doubt Covid will not be any different. This means that our children and young people will live through these changes, with the increased digitisation of society for both good and ill.

This report started out as a report on sexual health, but it became apparent that in these times of massive change we should

concentrate on our young people and other areas that affect their health and wellbeing, such as access to pornography and the use of social media.

I hope that this report proves thought-provoking and helps to stimulate the continued co-operation between the Public Health Team, other Council teams and partners such as the police and NHS.

Acknowledgements:

I am grateful to the public health team for all their assistance with this report. In particular I would like to thank the following:

Angela Atkinson, Angela Baker, Jane Craig, Rachel Chapman, Valerie De Souza, Jane Fowles, Paul Hargrave, Harmony Lully, Lily Makurah, Jayne Ross, Debbie Savage and Joanne Smith

I would also like to thank Dennis Wilkes and Nicola Gadson who are no longer with the team.

Allison Duggal
Director of Public Health and Wellbeing



1

Introduction - What do we mean by sexual health, and why is it important?



It is interesting that although the World Health Organisation (WHO) was conceptualised in 1945 and constituted in 1948, it was not until 1974 that the organisation began working on matters of sexual health. This was a time of immense societal change, especially for women and people in same-sex relationships.

The current definition of good sexual health used by the WHO:

“... a state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.”

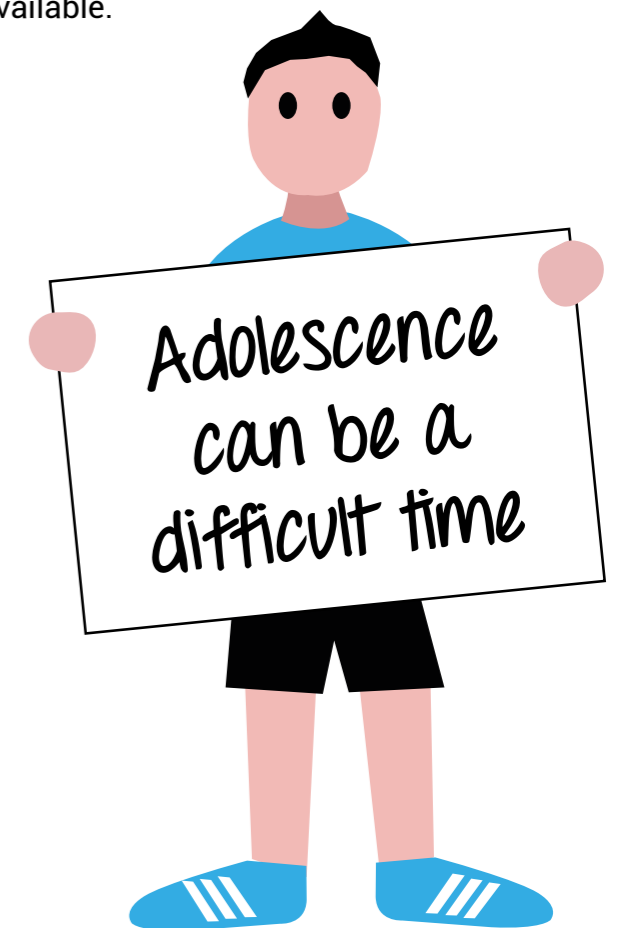
(WHO, 2006a)

Sadly, for many of our community, good sexual health is not achieved automatically, and it is important that we provide the services needed to remedy this and equip our young people with the skills and knowledge they require to navigate modern life and maintain good sexual health.

Based on an investigation of national and Coventry data, alongside service provider feedback, Coventry is mirroring the national picture, with similar needs and trends emerging in our city. The complexity of children's and young people's needs and the challenges they face have grown over time. Issues can be compounded or emerge during the transition to adulthood.

Adolescence and the transition to adulthood can be a difficult time for any young person. This is all the more complicated due to the influence of social media and the ongoing evolution of smartphones and connected technology.

These components highlight the importance of the local authority working in partnership with parents, service providers and commissioners to evolve the support available.



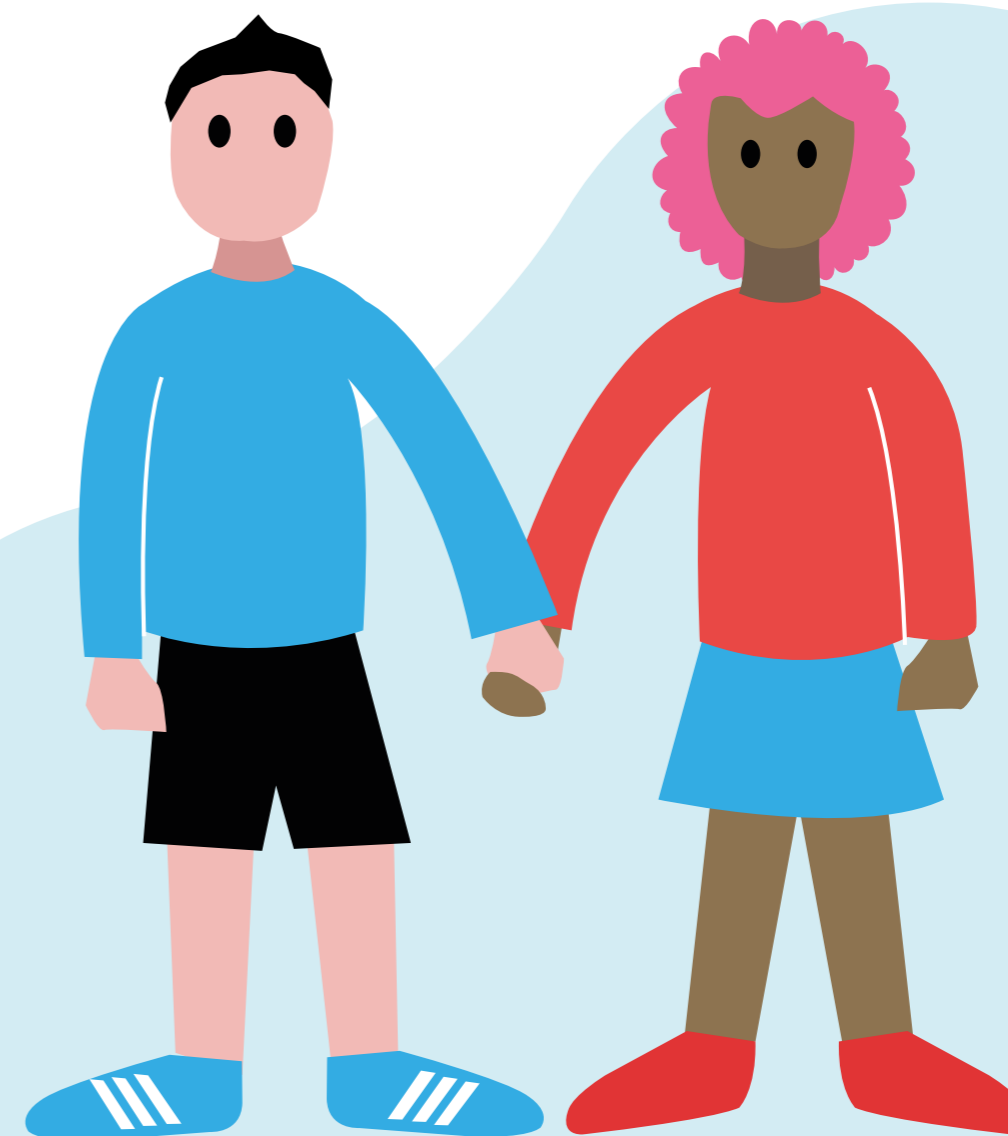
2 Positive Foundations



By protecting our young people from harm, we can help prepare them for happy, healthy, long lives. This means nurturing our young people as they embark on their first romantic and sexual journeys.

Parents and carers are key role models and primary educators for their children. Having open and honest discussions about sex and relationships helps a young person to recognise positive behaviours and to protect and safeguard them. Giving children and young people honest, accurate information

means they may be less vulnerable to sexually transmitted infections (STIs), peer pressure, unintended pregnancy, and sexual exploitation, by helping them set boundaries with which they are comfortable and building resilience.



3 Relationships - Influences on behaviours and choices



Parenting

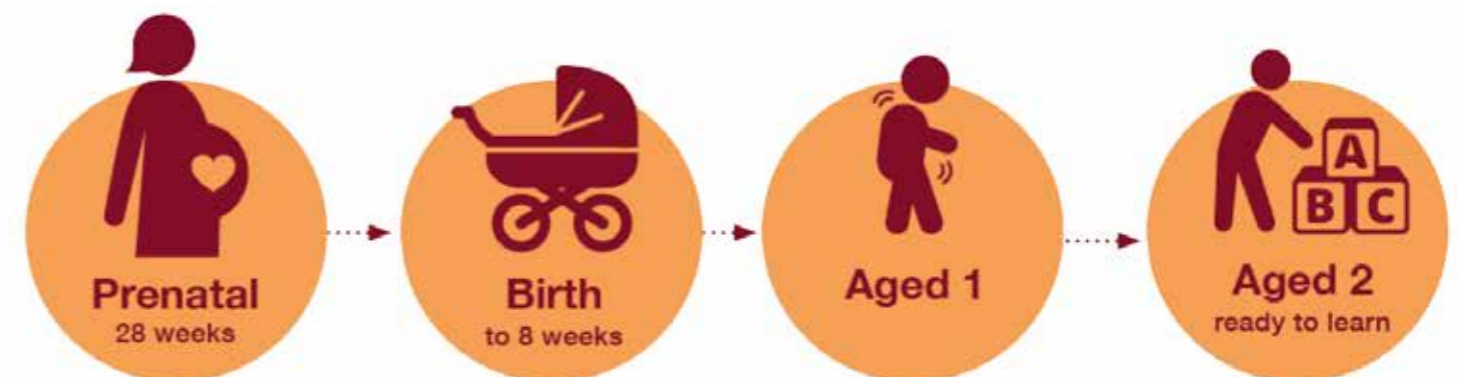
It is well documented that the love and nurturing a child receives is critical to their attachment to their caregiver and this impacts their health and wellbeing, not only in early years, but throughout their lives.

Disruption to, or loss of, this bond can affect a child negatively into adulthood and have an impact on their future ability to form healthy relationships.



Images credit to Department of Health and Social Care

There is well established and growing consensus on the importance of the first 1001 days of a child's life and how this sets the foundations for their physical, emotional and brain development.



In 2021, the Government set out its ambitions for every child to have a great start, strengthening Coventry's existing efforts.

The document outlines six key action areas which are critical to helping support families and provide earlier interventions to improve outcomes.

1. Seamless support for families through integrated family lifestyle services, where parents can access the help they need through community-based hubs that bring together services, including health visitors.

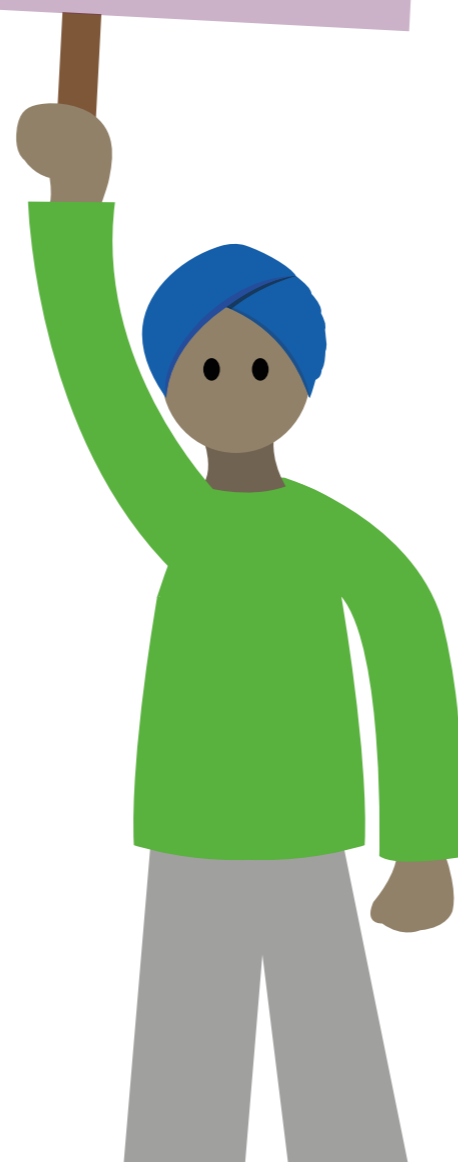
2. A welcoming hub for families through developing the existing Family Hubs to become better and more integrated, providing more services in communities and supporting those who are most vulnerable within our households.

3. The information families need when they need it, ensuring the Start for Life system is working together to give families the support they need: The Family Hubs will also ensure that families get the information they need in a timely, easily understandable way, this includes exploring and investing in electronic records, translated materials and easy read versions, ensuring those who are in need get the right help at the right time

4. An empowered Start for Life workforce. Developing every element of the Start for Life workforce whilst recognising the necessity of clinical and other qualifications. These staff look after our most precious resource, and we need to ensure they have the skills to maximise our potential

5. Continually improving the Start for Life offer through consultation and coproduction with all our families and communities so that services meet the individual family needs

6. Leadership for change by investing in, supporting and training our staff and those of our partners, working towards our children's workforce matching our community demographics.



Adverse Childhood Experiences (ACEs) are traumatic events which can result from exposure to poor parental mental health, abuse (mental/emotional, physical or sexual), neglect, and parental alcohol or drug misuse. These ACEs can have a profound effect on the life chances of young people, and so we need to ensure health, education, and care partners all work together to both reduce the likelihood of ACEs and mitigate ACEs if experienced.

Exposure to trauma, whether one incident or cumulative incidents can lead to shattered lives. Professionals have a part to play in supporting young people and their families to move beyond the event(s) and improve their health and wellbeing. The Coventry and Warwickshire Integrated Care System (the local NHS and partners) is delivering ground-breaking work through the Coventry and Warwickshire Vanguard initiative. The Vanguard initiative aims to avoid fragmentation of service delivery to vulnerable children and young people by facilitating the use of different therapies and activities to help vulnerable children

and young people. Crucially, this project is engaging with young people to ensure that the offer fits their needs and expectations. The current focus is on young people:

- at the edge of care
- engaged with the Youth Justice Team
- those out of education or at risk of exclusion from school
- and those transitioning back into the community from the secure estate.

Using a codesign approach to involve local young people, a universal Social Prescribing Platform has been developed. Young people named the platform Positive Pathways and also designed the website logo. www.happyhealthylives.ukpositivepathways.

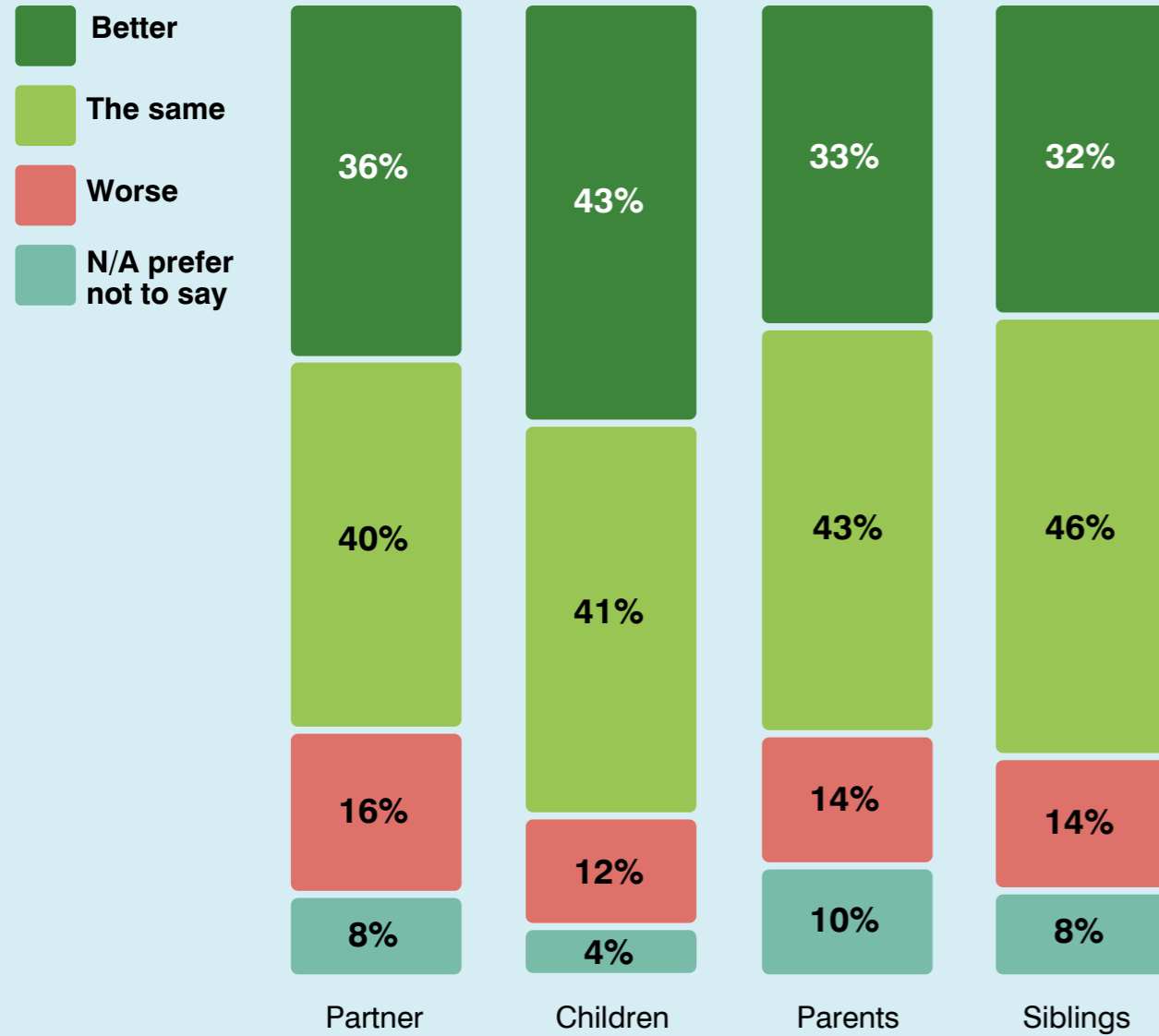
Working closely with the Vanguard initiative, third sector organisations are able to use and add to the open access repository of the Universal Social Prescribing offers already in place across Coventry.



Family relationships during Covid-19

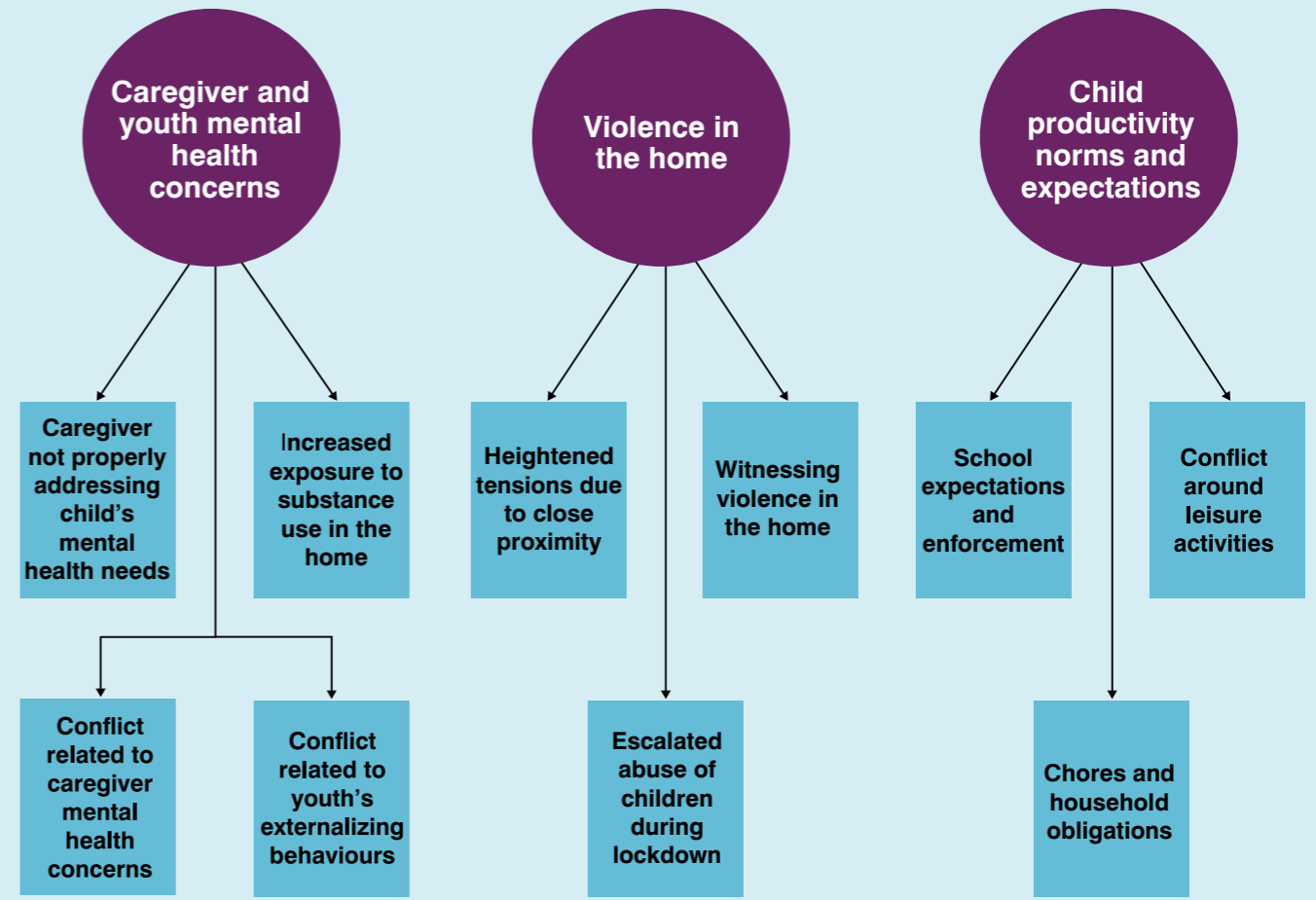
Whilst many families benefitted from spending more time together, for some, relationships changed for the worse. 14% of parents said their family relationships had worsened and 12% of children said their relationships with parents had worsened.

How relationships have changed with family members



The Covid-19 pandemic provided unique opportunities which created different challenges, especially around family dynamics and relationships. Research from 'The Stay at Home order is Causing Things to Get Heated Up: Family Conflict Dynamics

During Covid-19 from the Perspectives of Youth Calling a National Child Abuse Hotline' showed that harmful could be divided into three groups as described opposite.



During the pandemic, people's habits changed, some for the better, some for the worse. Reviewing risk factors 25% of people reported drinking more, 17% of people smoking more and 34% exercising less.

We can also see that for many people the impact of the pandemic removed some protective factors (good quality work, support networks) and enhanced other protective factors (increasing exercise, stopping/reducing smoking and drinking).



Resilience and risky behaviour

A person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These wider determinants are a diverse range of social, economic and environmental factors, alongside behavioural risk factors. They often cluster in geographic areas in the population and reflect real lives. In Coventry, we take a life course approach to supporting young people and their families, this ensures that approaches to healthy behaviour reflect the person's life stage.

Taking some risks is an important part of growing up and an important part of developing life skills. Without striking out and taking a chance we would be unlikely to leave our homes, let alone do all the things which busy adults do. Teenagers are exploring their world, reflecting the developmental growth spurt in their brain that is also seen in the early years. Peer pressure also influences how they behave. They feel a strong need to be accepted into a group or crowd, sometimes

overriding and sometimes reinforcing knowledge that they have already gained.

It's impossible to stop young people from taking some risks. Helping young people to think about consequences and giving them skills to make good decisions becomes the most important factor when considering supporting young people to grow up healthily and safely.

Some of the most common risk-taking behaviours that teenagers try out include:

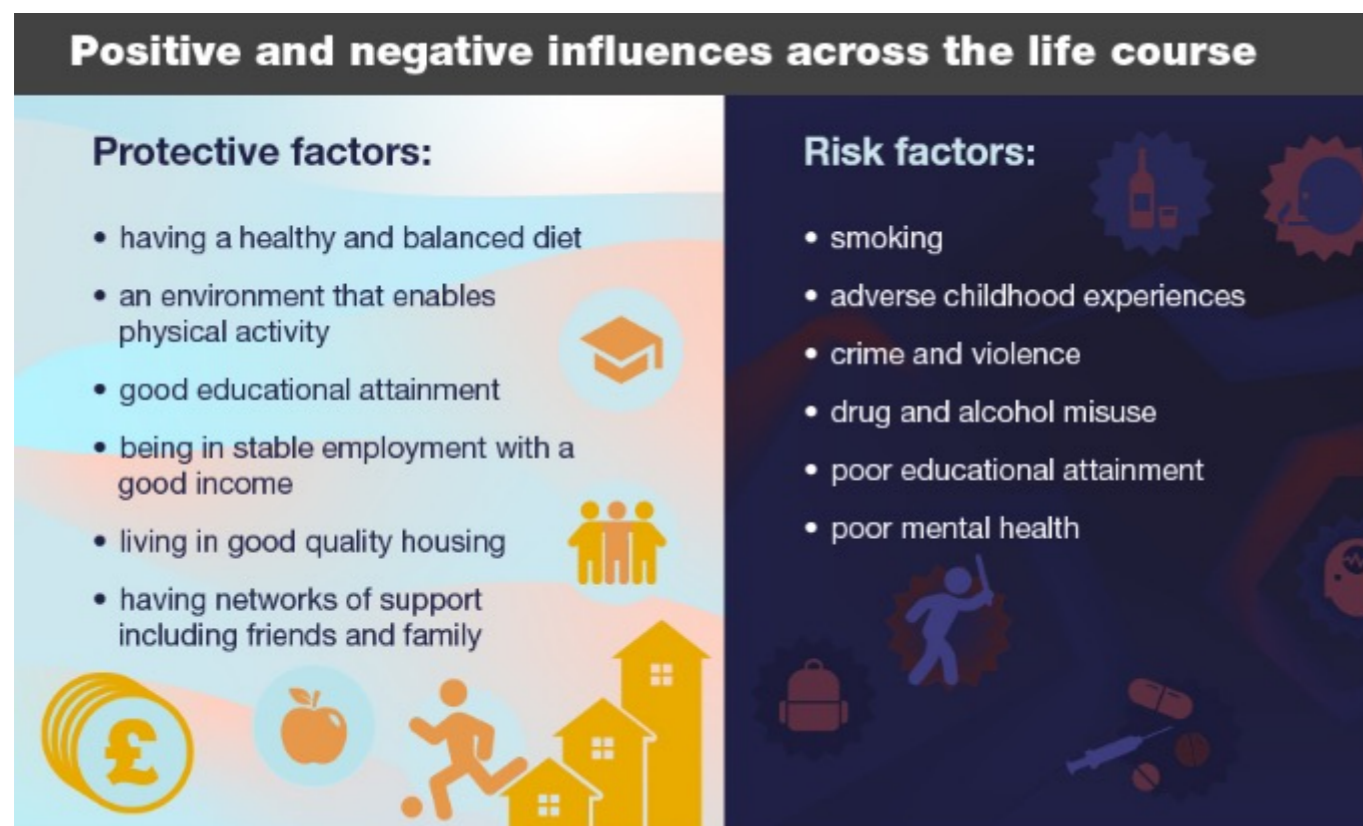
- Using alcohol, tobacco, e-cigarettes, (vaping) or drugs
- Engaging in unsafe sexual activity
- Getting into unsafe situations, or mixing with the 'wrong crowd'
- Driving dangerously (or other activities which push against the limits of their control).

How much risk young people will take mirrors the behaviour and perceived social norms of those around them. So ensuring young people have good role models, a safe environment and high quality education is an important way of influencing behaviour and outcomes for all young people. Where people live and grow up influences their life chances. So ensuring that all young people can make the most of the chances offered to them is an essential element of the work we do to reduce these inequalities and ensure that young people meet their full potential.

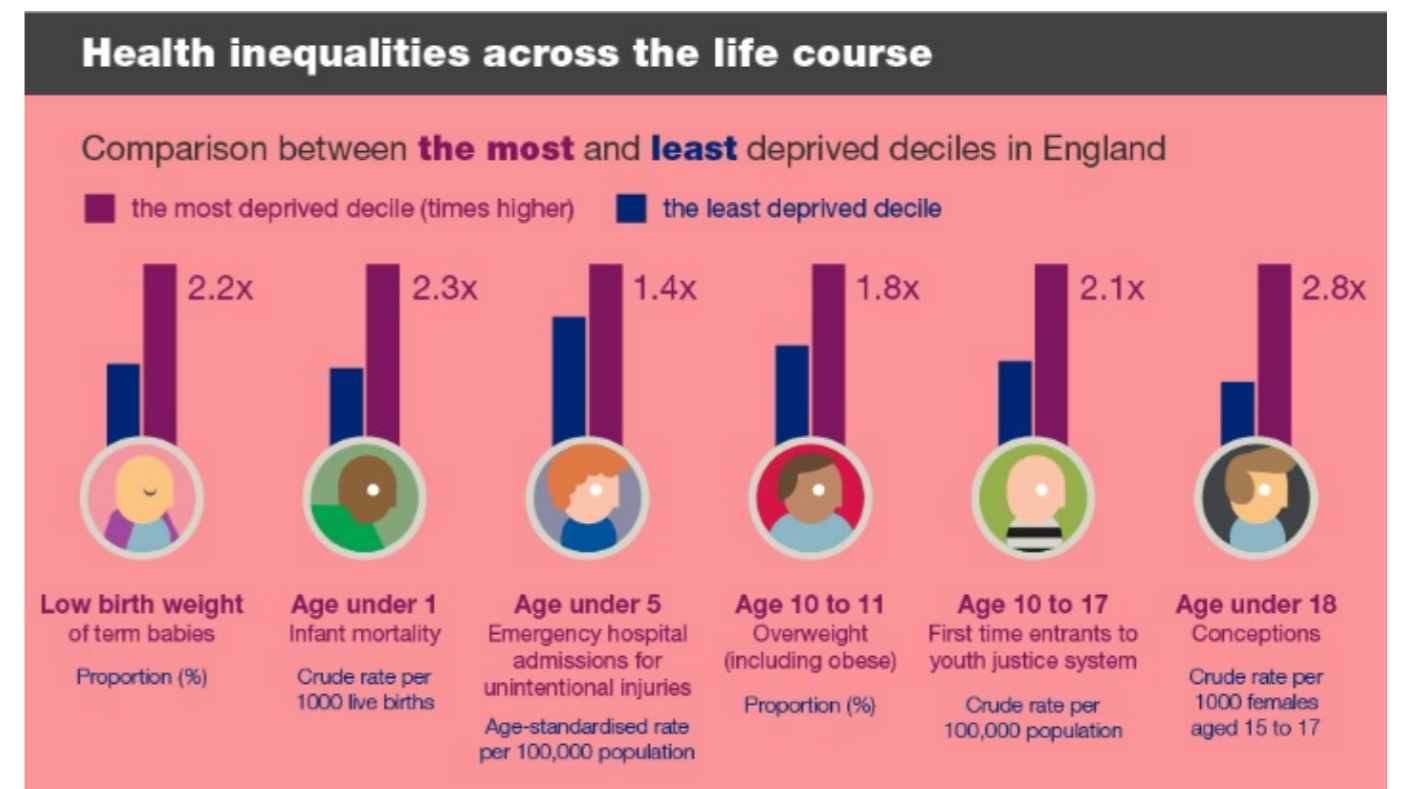
Resilience is an important skill for young people to develop. Resilience is defined as having an ability to bounce back from

adversity (PHE, 2021) Developing resilience in children and young people is critical in enabling them to achieve the best possible outcomes regardless of the challenges they may face. Building resilience in young people may help to protect against engaging in risky health behaviour, improve healthy relationships and emotional wellbeing.

Reducing health inequalities requires a whole-of-society approach dealing comprehensively with all health determinants, addressing these inequalities will, in itself, reduce risk-taking behaviours and improve lifelong health. This is as true for children and young people as it is for adults.



Images credit to Department of Health and Social Care



Images credit to Department of Health and Social Care

As well as a time of multiple physical changes, adolescence is also a time of significant emotional and social change. Being body-positive can support mental and physical health by boosting confidence and helping children and young people to develop a healthy image of themselves. For those young people with existing mental

health conditions, the onset of puberty may exacerbate current conditions. During puberty, young people can also experience peer pressure which may lead to them doing something they do not feel ready for, such as having sex. Therefore, building resilience in young people is key to improving their outcomes.

What risks do our young people take?

Risky health behaviours among young people include unprotected sex, use of illicit substances such as tobacco/nicotine products, alcohol or drugs, and violent behaviour. Engaging in risky behaviours has a direct impact on young people's physical and mental health and wellbeing. It is also likely to affect performance and experience in schools. Risky health habits can persist into adulthood, leading to lifelong negative effects on their health and wellbeing.

Local Coventry data shows that

- Between April 2018 and March 2021, 65 young people under the age of 18 were admitted to hospital for alcohol-related harm. This equates to 27.1 per 100,000 young people, similar to the England rate of 29.3 per 100,000.
- Between April 2018 and March 2021, 130 young people aged between 15 – 24, were admitted to hospital due to substance misuse.
- Between April 2021 and March 2022, 747 were admitted to hospital due to mental ill health, in addition to this there were 180 further admissions for self-harm, this equates to a rate of 295.8 per 100,000 young people aged 10-24.

One indicator of high concern due to its association with riskier behaviours than their counterparts, relates to teenage conceptions and teenage births. This indicator is covered later in this report (page 20). Risky sexual behaviour is often associated with drinking and other harmful behaviours.

New risks are developing all the time, and over recent years, concerns have been raised about young people participating in vaping as well as inhaling nitrous oxide (also known as NOS).

As with all new things, caution needs to be taken in understanding the long-term health risks associated with the activity, at the same time, waiting for evidence of harm is

not acceptable when we can use existing evidence to model future risks. As an example, local health services have been treating young people suffering from severe consequences following the use of nitrous oxide, including paralysis and incontinence.

Local data is not currently available, but we know that in England and Wales nitrous oxide was the third most used drug in 2018-2020, after cannabis and cocaine. The NHS Digital Survey on smoking, drinking and drug use takes place every two years and covers mostly 11- 15-year-olds. In 2018 4.1% of school pupils used nitrous oxide, but this reduced to 1.8% of pupils in 2021. Anecdotally however, access to nitrous oxide and certainly larger quantities of the gas has increased and health services are seeing more associated injuries. This pattern has led to plans to make possession of nitrous oxide a criminal offence in England and Wales.

The use of e-cigarettes (also known as vapes or vaping) is unsafe for teenagers and young adults.

- Most e-cigarettes contain nicotine. Nicotine is highly addictive and can harm adolescent brain development, which continues into the early to mid-20s
- E-cigarettes can contain other harmful substances besides nicotine and because vapes are less well-regulated it might not always be clear what is contained within the vape
- Young people who use e-cigarettes may be more likely to smoke cigarettes in the future.

Schools have raised concerns about the number of young people starting to vape. The Coventry Public Health Team, working alongside educationalists, schools and Trading Standards, has developed a toolkit to help teachers explore the health harms that may be linked to vaping.

4 Reproductive health



Reproductive health

Under 18 conceptions are commonly associated with poor outcomes for young parents and their children. For young parents there is a higher risk of poor educational attainment, social isolation, and poorer mental and physical health. Children of under 18s are more likely to be born preterm or with low birthweight. The strongest associated factors are free school meal eligibility, persistent school absence by age 14 years, poorer than expected academic progress between ages 11-14 years, and being looked after or a care leaver.

Research demonstrates that contraceptive services need to be readily accessible and youth-friendly to encourage early uptake of advice which reveals and tackles knowledge gaps and supports young people to choose and use their preferred contraception method. Some young people will be at greater risk of early pregnancy and require more intensive relationships and sex education

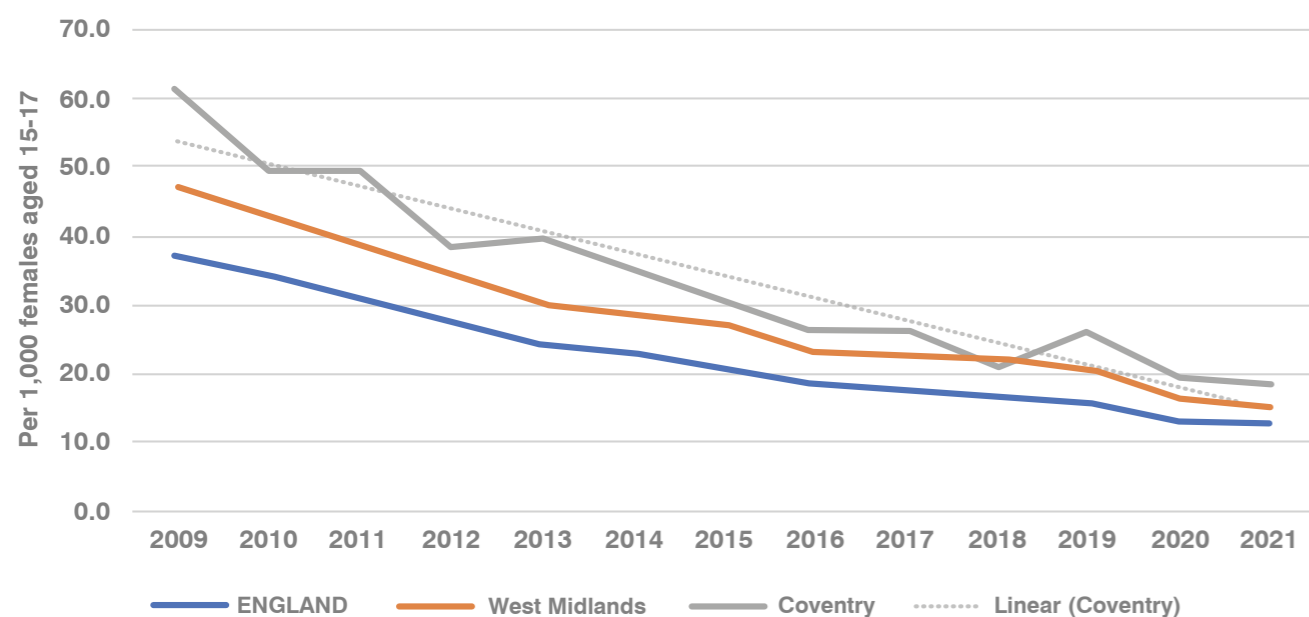
and contraceptive support, combined with programmes to build resilience and aspiration, providing the means and the motivation to prevent early pregnancy. Reaching young people most in need involves looking at area and individual levels of associated risk factors.

Coventry continues to demonstrate a decline in under 18 conception rates from a high of 60.9 per 1,000 females aged 15 - 17 in 2009 to 18.6 in 2021.

However, the rate of under 18 conceptions continues to be higher than the England and West Midlands average.

Please note that there is an 18-month lag in the data to ensure data robustness. In 2021 the proportion of under 18 conceptions in Coventry leading to an abortion (59.6%) was statistically similar to the England (53.4%) and West Midlands (51.4%) proportions.

Under 18 conceptions – 2009 to Jan-Sept 2021: England, West Midlands and West Midlands areas



The under 25 years repeat abortion rate could indicate a lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. In 2020 32.5% of abortions taking place in the under 25 age group were repeat abortions.

Percentage of abortions in women aged under 25 years that involve women who have had a previous abortion in any year

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	20,538	29.2	28.9	29.5
West Midlands region	↑	2,501	30/4	29.4	31.4
Walsall	→	158	36.0	31.6	40.6
Solihull	→	95	34.8	29.4	40.6
Coventry	→	222	32.5	29.1	36.1
Sandwell	→	194	31.8	28.2	35.6
Birmingham	→	621	31.8	29.8	33.9
Staffordshire	→	288	30.2*	27.3	33.1
Warwickshire	→	202	30.1	26.8	33.7
Telford and Wrekin	→	69	29.9	24.3	36.1
Wolverhampton	→	142	29.7	25.8	34.0
Stoke-on-Trent	→	112	28.9*	24.6	33.6
Shropshire	→	93	28.1	23.5	33.2
Dudley	→	122	28.1	24.1	32.5
Herefordshire	→	46	25.7	19.9	32.6
Worcestershire	→	133	22.1	19.0	25.6

Source: <https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/1>

Contraception

The Women's Health Strategy highlighted fertility and contraception as being the second most critical issue to address in female health. It is estimated that the average female will require contraception for 30 years of her life.

Office for National Statistics (ONS) data has consistently shown that in general, there are higher rates of contraceptive failure in the under 20s than in other age groups of women and abortion rates are at the highest they have ever been and are higher in Coventry than in other areas of England (25.8/1000 women v 15.7/1000)

Young people can be at risk of unwanted pregnancies due to believing myths discussed with their peers rather than a conversation with a knowledgeable professional. Providing young people with good quality, and accessible information, advice and guidance is essential to breaking this circuit. To get this right, and stay relevant to young people's needs and preferences, 'All age' and young people-focused services should be guided by the 'You're Welcome' quality criteria or youth-friendly health and care services.

[You're Welcome Quality Criteria for young people friendly services](#)

Condoms and Long-Acting Reversible Contraception

There is a recognised strong link between deprivation and teenage conception rates, STI rates and abortion. This has been reflected in the National Sexual Health Strategy 2019 which stated that we should be paying particular attention to the areas of STI reduction, early HIV detection, increased Long Acting Reversible Contraception (LARC) prescriptions and ongoing reduction of teenage conception rates.

The Faculty of Sexual and Reproductive Healthcare guidance on contraception states the importance of young people being 'informed about all methods, highlighting the benefits of LARC.' The provision of contraception in Coventry is delivered in a very open way, mainly by primary care and retail. LARC is primarily accessed via a combination of the commissioned integrated sexual health service and primary care.

Condoms, if used correctly, offer protection against the majority of STIs and unwanted pregnancies. The Coventry Integrated Sexual Health Service provides a C-Card service which offers free condoms to young people between the ages of 13 and 26 and free Chlamydia Screening for 15–24-year-olds. The C-Card is available at 13 venues in Coventry, mainly pharmacies. Access to the C-Card service reduced during the pandemic, however, the data for quarter 3 2022/23 has demonstrated an increase in uptake.

Prescriptions for emergency hormonal contraception halved between summer 2019 and summer 2020.

LARC includes the implant, intrauterine device IUD, intrauterine system (IUS) and the contraceptive injection (often known as depo) It is contraception that does not depend on an individual remembering to take or use it to be effective and is highly effective at preventing pregnancy.

The proportion of 15–19-year-olds accessing LARC via the Coventry Integrated Sexual Health Service has decreased from 20% in 2016 to 12% in 2020. During the same time frame, access by the 20-24 years age group has remained relatively stable at about 27% which is above the national average.

Data from the integrated sexual health service showed that Covid-19 impacted on the number of people seen in Coventry. There was a drop of 35% for April to September 2020 when compared to the same period in 2019. Access to LARC fittings and removals were also reduced during this time.

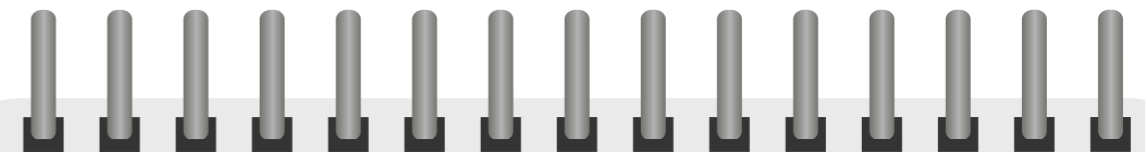
Reviewing longer term trends, the number of young people under 25 accessing the Integrated Sexual Health Service for contraception has declined over time. Work to explore with young people their reasons for not using the service and consideration of the 'You're Welcome' quality criteria could help adapt the existing model and facilitate their access to professional advice.

Young people accessing LARC via the integrated sexual health service (% by age)

Age	2016	2017	2018	2019	2020
15 to 19	20%	16%	14%	14%	12%
20 to 24	27%	28%	27%	27%	27%

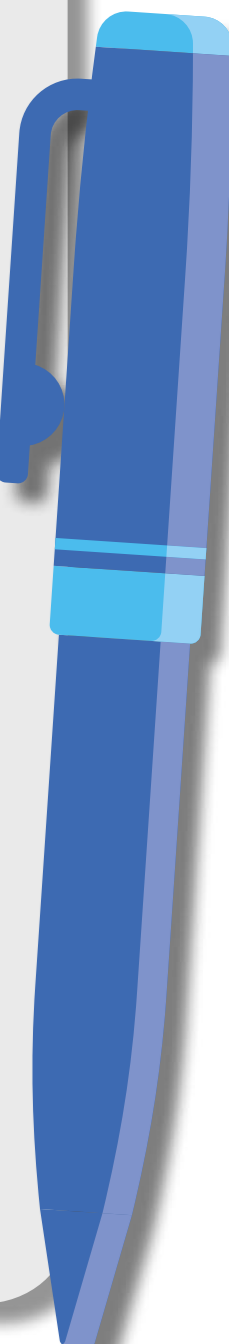
A local sexual health needs assessment has been completed demonstrates that:

- future commissioning should prioritise the narrowing of sexual health inequalities and
- services should be flexibly delivered to proactively engage patients across the social gradient and among communities with greater barriers to accessing testing and treatment.



Other relevant priorities, which also reflect national guidance and good practice, include:

- increasing the number of people accessing STI testing, including the considered use of online testing services
- improving engagement with Black and Black British populations
- improving engagement with populations in deprived neighbourhoods, in particular within those on the periphery of the city, as well as individuals in underserved communities, such as sex workers, substance misusing communities, people with learning difficulties, newly arrived migrants etc.
- increasing the number of people accessing contraceptive services incl. C-card and Long-Acting Reversible Contraception (LARC)
- improving pathways with termination of pregnancy services to reduce abortions and repeat abortions
- maintaining through the above maintain a focus on reducing under 18 conceptions
- delivering an effective and flexible service to support populations with complex needs
- maintaining a strong focus on contact tracing
- continuing delivery of safe services meeting national specification, minimising the risk of drug resistance, and responding to novel infections
- continuing an integrated pathway with HIV treatment services
- continuing delivery and widening the use of Pre-Exposure Prophylaxis (PeP or PrEP)



Sexually transmitted infections

In England, the definition of sexual, reproductive, and human immunodeficiency virus (HIV) health promotion includes the provision of advice, information, education and services around contraception, sexually transmitted infections (STIs), HIV and termination of pregnancy.

The adverse impacts of unprotected sexual activity include, but are not limited to:

- unplanned pregnancies and abortions. For young people, teenage parenthood is associated with poor educational, social, and economic opportunities including for their children
- psychological consequences, including from sexual coercion and abuse

- cervical and other genital cancers
- STI diagnoses and transmission, the impact of this can include pelvic inflammatory disease, which can cause ectopic pregnancies and infertility

Coventry is a particularly young and diverse city, with a disproportionately high number of new STIs. Early detection and treatment and reduce long term consequences, such as infertility. The prevention of STIs principally relies on:

- consistent and correct condom use
- behaviour change to decrease overlapping and multiple partners
- prompt access to testing and appropriate treatment

The distribution of STIs is not equal with some groups at higher risk. As STIs are often asymptomatic, ease of access to regular screening/testing is important for these groups.

A total of 2,513 new STIs were diagnosed in Coventry residents in 2020. Increasing drug resistance has reduced treatment options for some STIs and is, therefore, an emerging public health concern - especially for gonorrhoea.

In 2020 those aged 15 to 24 years constituted 20% of the Coventry population, but this age group represented 56% of all new STI diagnoses. The highest female diagnosis rate was in 15–19-year-olds, for males it was in those aged 20–24. In 2020, the chlamydia detection rate in Coventry's 15- to 24-year-olds was 1,432 per 100,000 population (945 positives /7,692 screened). The city has a lower-than-average chlamydia testing rate of 11.7% of 15 - to 24-year-olds, compared to 14.3% nationally.

HIV is a lifelong infection with effective treatment outcomes if it is diagnosed early. In 2020 Coventry had a higher than national HIV prevalence rate at 3.1 per 1,000 residents aged 15 to 59 years, worse than 2.3 per 1,000 in England. Coventry ranked 32nd highest (out of 148 UTLAs/UAs). In 2020 in Coventry, the percentage of HIV diagnoses

first diagnosed in the UK made at a late stage of infection in the three-year period between 2018 - 20 was 46.5%, similar to 42.4% in England. Between 2019 and 2021 young people aged up to 24 made up 15% of all new HIV diagnoses in Coventry and 71% of those were diagnosed late.

Public Health leads on the delivery of the HIV Action Plan which aims to make HIV testing more accessible to residents with clear referral pathways to treatment and to raise awareness of HIV with a particular focus on groups most impacted by, or at risk of, the virus. The city offers online HIV and is expanding the HIV testing services available in pharmacies in high HIV prevalence areas. HIV testing is also available at the local Integrated Sexual Health Service.

The Black African population is significantly impacted by the virus both locally and nationally. Hence, a new service will be commissioned by Public Health for a period of two years to raise awareness of the virus amongst the Black African population, bring outreach testing to the community and reduce the stigma of HIV.

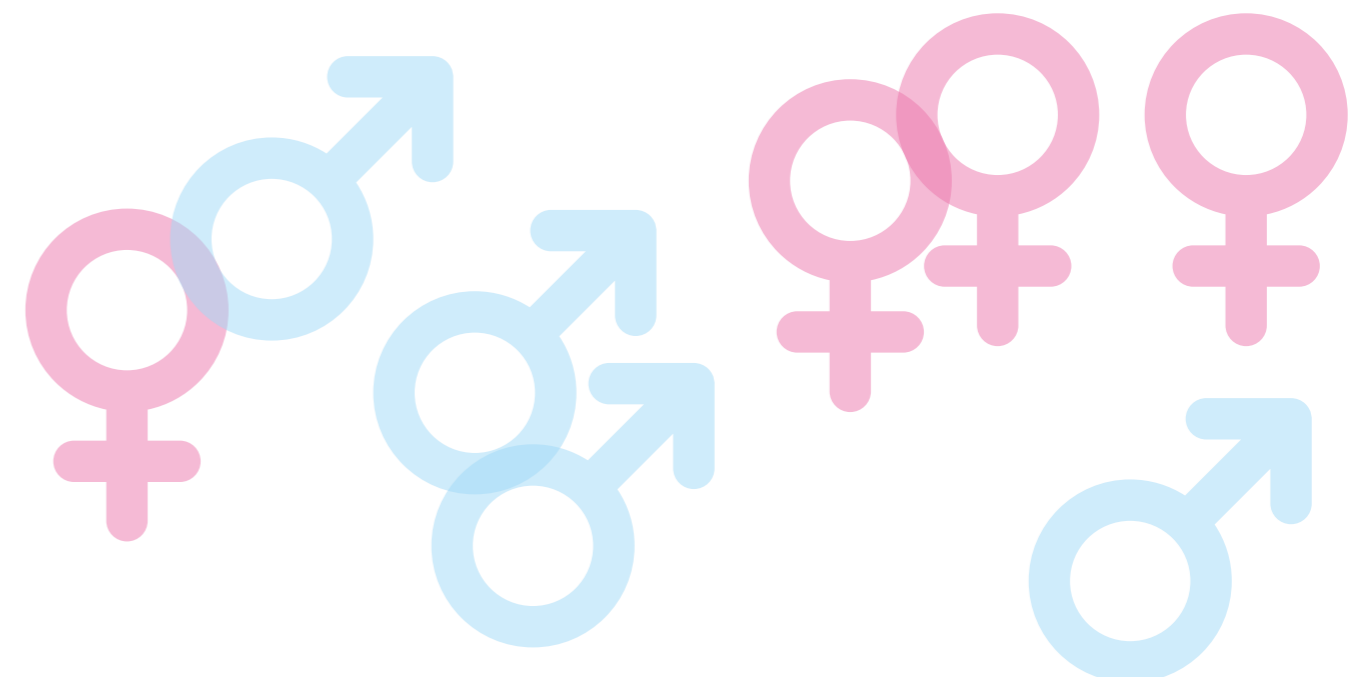
An outreach HIV and STI testing pilot is underway which seeks to enable on-street sex workers and the homeless to access testing, with key workers supporting onward actions for treatment.

STIs and inequalities

The impact of STIs remains greatest in:

- young heterosexuals aged 15 to 24 years
- black minority ethnic populations
- gay, bisexual and other men who have sex with men (MSM)
- people in the most deprived deciles

Young people experience the highest diagnosis rates of the most common STIs



5 Gender and sexuality



Sexuality and sexual orientation

Sexuality and sexual orientation are about who someone feels physically and emotionally attracted to. This can be romantic or emotional attraction, or both.

As children and young people grow up it's natural for them to develop and express their sexuality in healthy ways. For example, older teenagers might start dating or having relationships, while younger children might show curiosity about sex or the changes that happen during puberty. Many young people also feel unsure about their sexuality or who they're attracted to, or find that their sexuality changes over time.

There are lots of different types of sexuality or sexual orientation, and people may use different terms to describe how they feel. LGBTQ+ stands for lesbian, gay, bisexual, transgender, queer or questioning and more. Although people often confuse them, it's important to remember that gender identity is different from sexuality.

The language that people use to describe their sexuality continues to evolve.

Some of the terms young people and children might use to describe their sexuality include:

- Lesbian or gay: when girls are attracted to other girls.

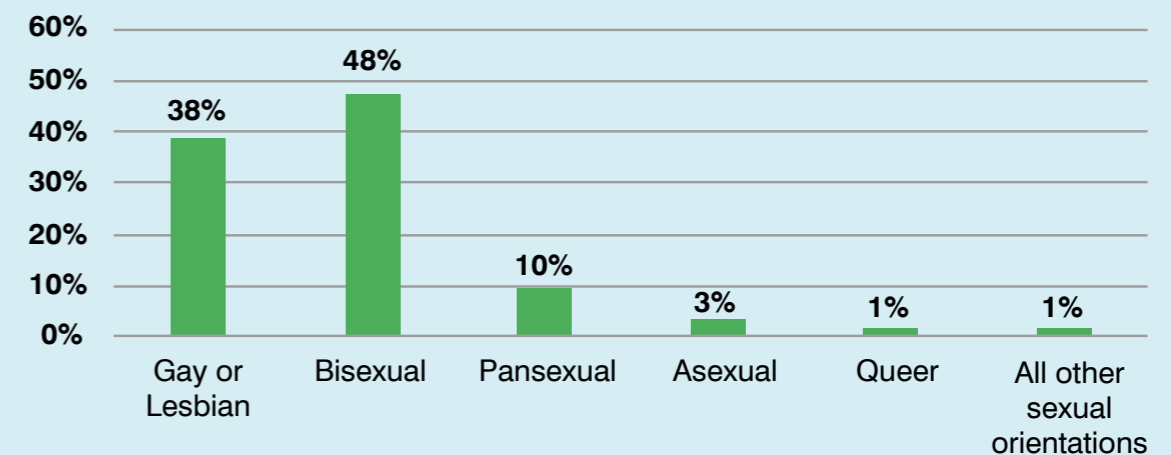
- Gay or homosexual: when boys are attracted to other boys.
- Straight or heterosexual: when boys or girls are attracted to someone of the opposite sex.
- Bisexual or pansexual: when someone is attracted to people of both sexes.
- Asexual: when someone doesn't feel sexually attracted to anyone.
- Questioning: when someone feels unsure about their sexual orientation or choose to reject specific labels.

Sexual Orientation in Coventry

For the first time, the 2021 census asked residents aged 16 and over about their sexual orientation with one voluntary question. Of 276,873 eligible Coventry residents 88% identified as straight or heterosexual, 3.2% as lesbian, gay bisexual or other sexual orientations and 8.8% did not answer the question.

Of those who identified as lesbian, gay bisexual or other sexual orientations, 38% identified as gay or lesbian, 47% as bisexual and 15% as other sexual orientations

How people within the LGB+ category identify themselves



Gender identity

Gender identity is a way to describe how someone feels about their gender. For example, some people may identify as a boy or a girl, while others may find neither of these terms feel right for them and identify as neither or somewhere in the middle. Although people often confuse them, gender identity is different from someone's biological sex or assigned gender at birth and from sexuality or who someone's attracted to.

While many people identify with the gender they were assigned at birth, for others gender is more of a spectrum, with lots of different possible identities. Gender identity is a personal feeling, and a child or young person will be the best person to know what matches how they feel. Children and young people can also question or feel unsure about their gender identity or find that their gender identity changes over time. This is sometimes called 'gender fluid'

Gender expression is how someone chooses to express their gender identity. This could be through the way they dress, speak or act. For example, by wearing dresses or choosing to shave. How someone looks or dresses does not always reflect their gender identity and gender identity can be expressed in diverse ways.

Types of gender identity

Just some of the terms a young person or child might use to describe their gender identity are:

- **Trans or transgender.** this is when someone feels their gender is different from the gender they were assigned at birth.
- **Non-binary, gender fluid or gender queer.** this means someone doesn't identify as either male or female. They could identify as both, and neither.
- **Cisgender.** this is when someone's gender identity is the same as the gender they were assigned at birth.

Gender dysphoria and transitioning

Gender dysphoria is when someone experiences discomfort or distress because their gender identity is different from their biological sex. It can start from a very young age. Examples of this could be things like not wanting to wear traditionally masculine or feminine clothing. Older children may feel anxious or uncomfortable about the changes that happen during puberty, such as starting periods or voice deepening.

In 2020/21 Childline delivered over 5,000 sessions about sexuality and gender identity. Some of the common themes for children contacting Childline about their gender identity were anxiety about their feelings, the fear of not being accepted, the lack of available support and the time that it takes for them to access services.

Some young people who experience gender dysphoria may decide to explore transitioning. Transitioning is the journey someone takes from presenting themselves as the gender they were born into, to presenting themselves as the gender they feel they are. Young people or children may choose to do this in different ways and at different stages depending on what they feel comfortable with. Some young people may choose to do this privately or just with close friends and family before ultimately coming out more publicly.

A child's or young person's transition may involve changing the way they look or dress. For example, they might want to wear make-up or shave their facial hair. Some children may also want to visit the doctor to get support or discuss their options for medical treatment. GPs should be able to provide advice and guidance about what options are available to support children and families.

<https://www.childline.org.uk/info-advice/your-feelings/sexual-identity/sexual-orientation/#SexualityDefinitions>

Intersectionality

Intersectional thinking invites services and practitioners to explore how children and young people experience the world. It studies how these experiences impact the way they interact with others and the extent to which they feel able to share their lived realities. These experiences are shaped and influenced by aspects of a young person's identity, such as their ethnicity, age, gender, sexuality, class and abilities. Crenshaw (1991) noted that people's interactions with the world are not solely based on one aspect of their identity, but instead are layered and multifaceted. Because the components of a person's identity interrelate, they are experienced simultaneously.

Coventry has been a Marmot City since 2013. The Marmot Partnership comprises of Coventry City Council and partners from across the system working together to tackle health inequalities by embedding the eight Marmot policy objectives across its workstreams:

The eight Marmot principles are:

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention
7. Tackling discrimination, racism and their outcomes
8. Pursuing environmental sustainability and health equity together

These policy areas aim to address the wider determinants of health, such as education employment, income, housing and community. The Marmot approach advocates universal action to be taken across the social gradient of health inequalities, at a scale and intensity that is proportionate to the level of disadvantage.

Coventry City Council meets public sector duty requirements around Intersectionality with two key processes, piloting management information systems and the creation of equalities dashboards.

These Coventry City Council processes are:

Corporate Equality Objective

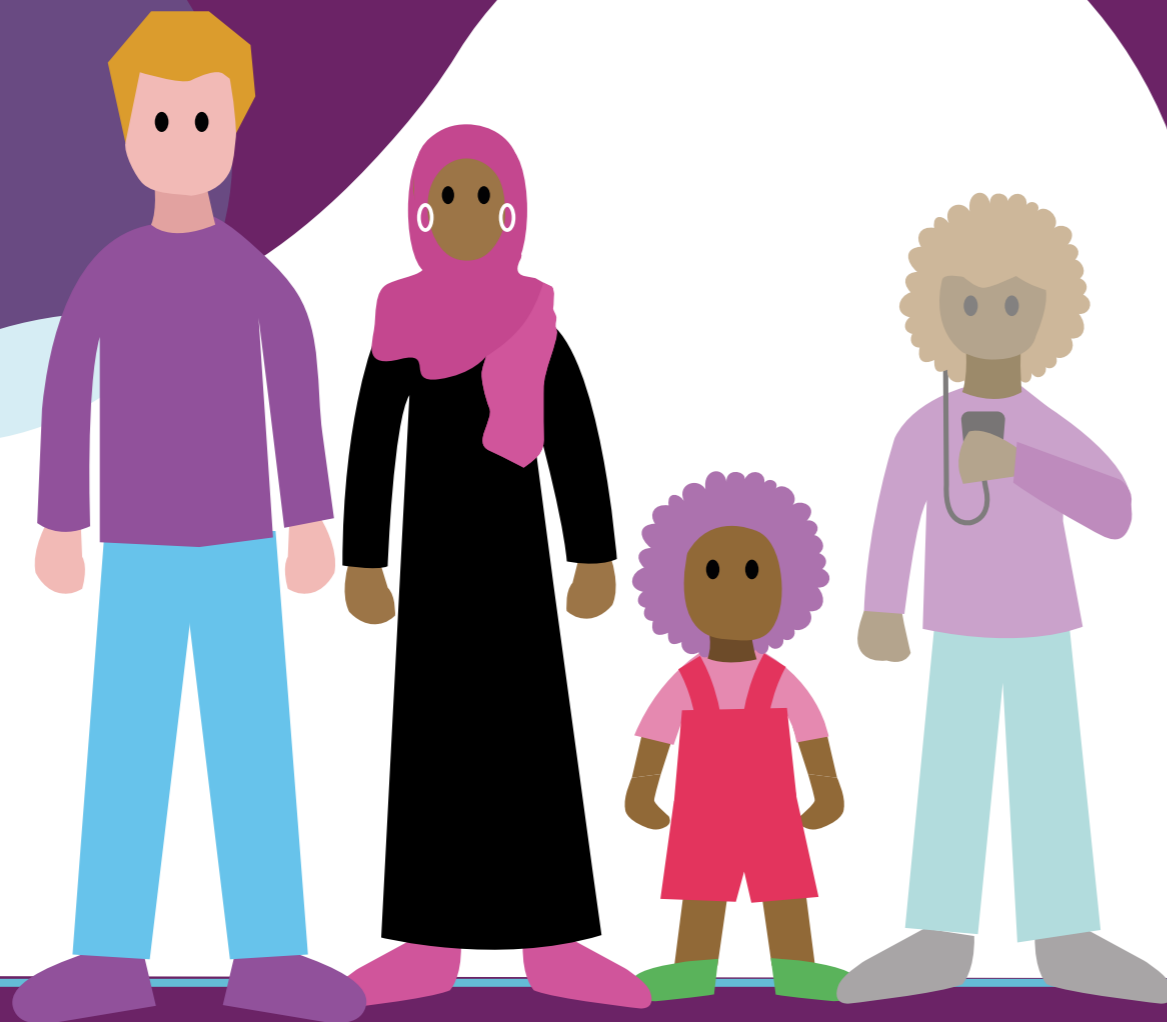
- Part of this work enables the analysis of data to be undertaken on distinctive characteristics simultaneously.

Council's Equality Impact Assessment

- Considerations around intersectionality are key to highlighting potential impact on groups and communities in the city and addressing disadvantage in response to this.



6 Healthy and unhealthy relationships - Recognising the signs



NSPCC

Being in an unhealthy relationship negatively affects a young person's wellbeing. They might feel anxious and nervous or not free to make their own decisions. They might have low self-esteem and depression, experience headaches or have other ongoing physical health symptoms (Women's Aid, 2015).







Children and young people might not always understand that a relationship they are in is unhealthy. If they have been groomed for example, they might believe they are in a healthy relationship. If they have experienced unhealthy or abusive family relationships in the past, they might never have known any difference.

This means children and young people might not always speak out about unhealthy relationships. So, it is important that the adults around them spot the warning signs.

Signs of healthy relationships

A healthy relationship is one where a young person is respected and feels valued for who they are. It is where they can openly share their thoughts and feelings and feel supported and encouraged.

Healthy relationships include:

-  **honest communication**
-  **mutual respect**
-  **trust**
-  **honesty**
-  **equality**
-  **being yourself**

NSPCC warning signs of unhealthy relationships

A young person might:

- not have close relationships other than with one person
- be isolated from friends and family
- be prevented from working or going to school, college, or university
- have their money taken away or controlled
- have access to food, drinks and day-to-day items restricted
- have their time controlled or heavily monitored
- have their social media accounts controlled or heavily monitored
- be told what to wear
- feel pressured to do things they are not comfortable with
- be put down or criticised
- experience threats of violence if they do not behave in a certain way
- experience threats to loved ones or pets
- be threatened with damage to their private property

Sometimes children and young people display unhealthy behaviours towards someone else. If a child is becoming possessive, controlling, or violent towards another person, displaying bullying or harmful sexual behaviour, this might be an indicator that something else in their life is causing them distress. It is vital that this is recognised and responded to quickly to ensure the young person gets the support they need, and their behaviour does not cause harm.

Consent

It's important to talk to children and young people about consent, in order to help them to understand that consent in relationships is about feeling in control and that saying yes or agreeing to sexual activity is because they choose to, not because someone is pressuring them. Remember sexual activity can be in person or online.

Consent means actively saying yes, using both words and body language. Consent to sexual activity involves checking that the other person is happy to have sex or take part in sexual activity of any kind. It involves being aware of the other person's body language and behaviour, and stopping if the other person is uncomfortable or unhappy.

Young people need to know that even if they've agreed to sexual activity or sex before, whether online or in person, they have the right to change their mind at any time. Consent can be complicated and sometimes it can be hard for a young person to recognise what's okay and what's not.

Remember that:

- consent applies regardless of gender or sexuality
- someone can't consent if they're drunk, unconscious or they don't know what's happening
- consent isn't just given once, and someone can stop consenting at any time
- nobody has the right to do something sexual without consent
- flirting isn't the same as consenting

The age of consent in the UK is 16. The laws are there to protect children and young people. They are not meant to prosecute under 16s who have mutually consenting sexual activity.

Any sort of sexual contact without consent is illegal, regardless of the age of those involved. Children under 13 cannot legally consent to any type of sexual activity.

<https://www.childline.org.uk/info-advice/friends-relationships-sex/sex-relationships/sex-consent/>

Pornographic images and digital lives

Many children and young people are learning about relationships and sexuality across a range of places and activities, including social media sites, schools and socialising with their peers.

COVID-19 resulted in many children and young people relying on social media during long periods of isolation away from school, peers and others. This also exposed young people to engaging with social media search engines, websites and other media to learn about relationships, sex and sexuality.

There is a lot of discussion about the possible effects of online explicit and pornographic images on children and young people and the messages pornography generates about gender, equality and sexuality.

The normalisation of sexual violence in online pornography and how this shapes children's understanding of sex and relationships is deeply troubling. The recently published report by the Children's Commissioner makes it clear that there is an urgent need to protect children from the harms of online pornography. There is a need to equip parents and carers to have proactive conversations about pornography with their children, ideally before they have access to a mobile phone or computer. In 2022 91% of 11-year-olds and 96% of 16–17-year-olds owned a smartphone.

The 2023 Children's Commissioner's report "**A lot of it is actually just abuse**" - **Young people and pornography** draws together research from focus groups with teenagers aged 13-19 and a survey of 1,000 young people aged 16-21. Key findings:

- ▶ Pornography exposure is widespread and normalised – to the extent that children cannot 'opt-out'. The average age at which children first see pornography is 13. By age nine, 10% had seen pornography, 27% had seen it by age 11 and half of children who had seen pornography had seen it by age 13.
- ▶ Young people are frequently exposed to violent pornography, depicting coercive, degrading or pain-inducing sex acts; 79% had encountered violent pornography before the age of 18.
- ▶ Young people expressed concern about the implications of violent pornography on their understanding of the difference between sexual pleasure and harm and this report finds that frequent users of pornography are more likely to engage in physically aggressive sex acts.
- ▶ Pornography is not confined to dedicated adult sites. It found that Twitter was the online platform where young people were most likely to have seen pornography. Other mainstream social networking platforms, Instagram and Snapchat rank closely for dedicated pornography sites.

The UK's Online Safety Bill is making its way through Parliament. It holds the promise of, finally, regulating pornography sites and ensuring that they implement robust age requirements.



Digital safety

Many children and young people are spending more time online. This was particularly the case during the pandemic. This increased time includes the use of social media, which allows children and young people to stay connected with friends and families, but also holds the potential for danger.

Online safety for children and young people is important to protect them against dangers including exploitation, inappropriate content or online bullying. Educating children, young people, parents, teachers, and those who work with children and young people on online safety can help keep children safe online.

Some content is not illegal but could still be harmful or age-inappropriate for children.

Harmful content includes:

- pornographic content
- online abuse, cyberbullying, or online harassment
- content that does not meet a criminal level, but which promotes or glorifies suicide, self-harm or eating disorders

The upcoming Online Safety Bill will mean social media companies will have to keep underage children off their platforms.

Some content that children and adults encounter online is already illegal. The Bill will force social media platforms to remove all illegal content to prevent it from being seen.

The Bill is also bringing in new offences, including making content that promotes self-harm illegal for the first time. Platforms will need to remove this.

This is not just about removing existing illegal content; it is also about stopping it from appearing at all. Platforms will need to think about how they design their sites to reduce the likelihood of them being used for criminal activity in the first place.

Illegal content that platforms will need to remove includes:

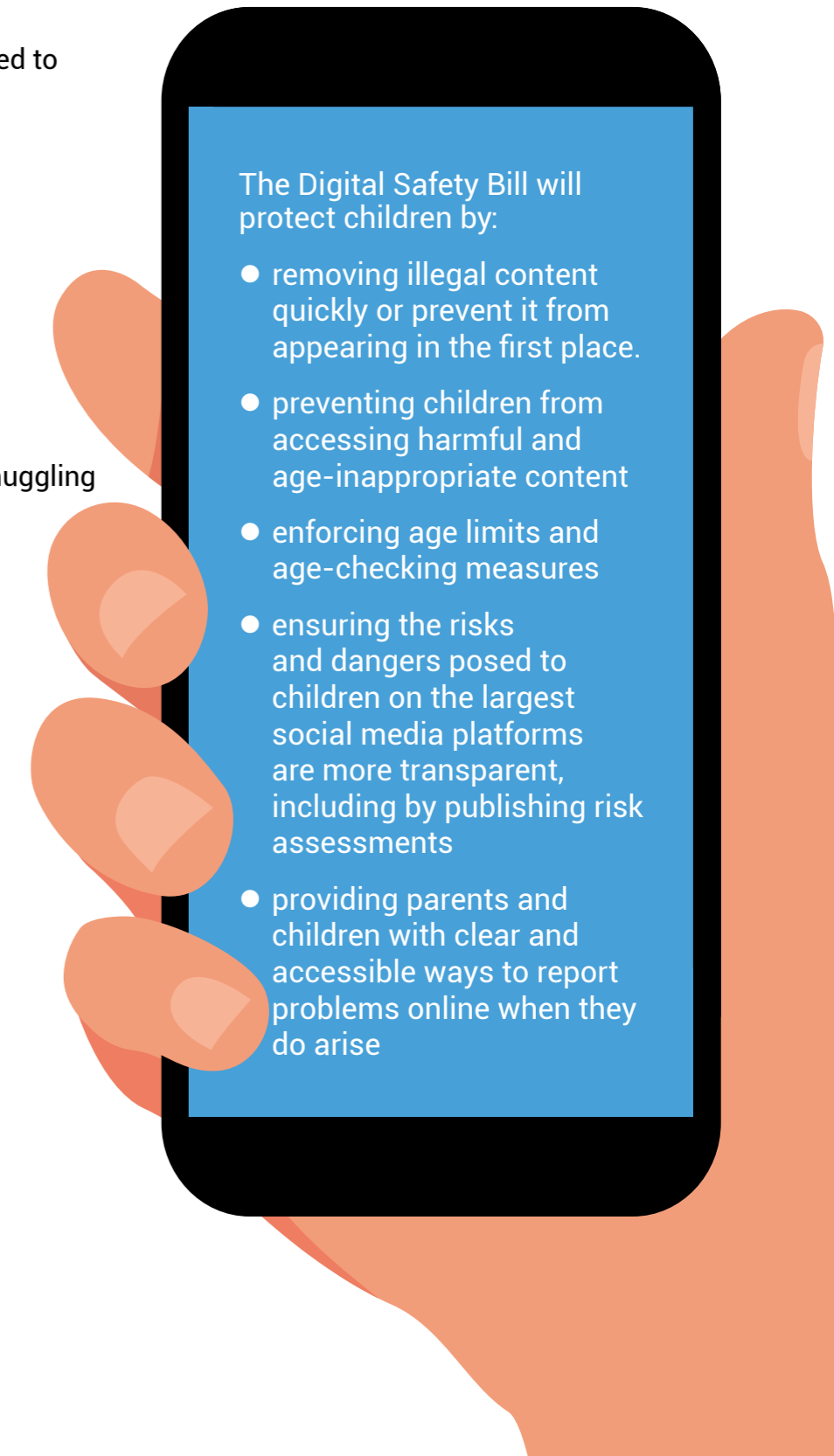
- child sexual abuse
- controlling or coercive behaviour
- extreme sexual violence
- fraud
- hate crime
- inciting violence
- illegal immigration and people smuggling
- promoting or facilitating suicide
- promoting self-harm
- revenge porn
- selling illegal drugs or weapons
- sexual exploitation
- terrorism

Harmful content

The Digital Safety Bill is currently progressing through Parliament. At the heart of it is the protection of children and young people and it is intended to hold social media companies responsible for the content on their sites. It intends to make them more responsible for their users' safety whilst online.

The Digital Safety Bill will protect children by:

- removing illegal content quickly or prevent it from appearing in the first place.
- preventing children from accessing harmful and age-inappropriate content
- enforcing age limits and age-checking measures
- ensuring the risks and dangers posed to children on the largest social media platforms are more transparent, including by publishing risk assessments
- providing parents and children with clear and accessible ways to report problems online when they do arise



Domestic abuse

The statutory definition of domestic abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.

Domestic abuse affects the whole family. Children and young people do not just witness domestic abuse, they are victims in their own right (Domestic Abuse Act 2021).

A few facts about Domestic Abuse:

- at the time they start school at least one child in every classroom will have been living with domestic abuse since they were born
- 831,000 children in England are living in households with domestic abuse
- one in five children and young people are exposed to domestic abuse during their childhood
- 44% of children experiencing domestic abuse in the home were also directly abused, with the average duration of direct abuse being four years and ten months
- in a fifth of cases (19%) the child tried to intervene to stop the abuse

Early experience of abuse in the home significantly raises the risk of poor mental health and is compounded by other adverse childhood experiences including racism, homophobia, and poverty. Almost 1 in 4 young people exposed to abuse also demonstrate harmful behaviour themselves, but families may not want to call the police.

Research has started to focus on the impact of exposure to domestic violence on children's brain development. There is emerging evidence that young children who have experienced domestic abuse score lower on cognitive measures even when allowing for mother's IQ, the child's weight at birth, birth complications, the quality of intellectual stimulation at home and gender. Exposure to domestic abuse particularly in the first years of life appears to be especially harmful. (Enlow et al, 2012)

Young people often do not identify with the term domestic abuse and report that:

- they do not know where the line is between healthy, unhealthy, and toxic relationships.
- they don't know how to protect themselves or their friends.
- they don't know how to challenge harmful behaviour yet 66% of young people would ask their friends first for advice about relationships.

Evidence shows that children who are exposed to violence in the household are at

greater risk of later offending.

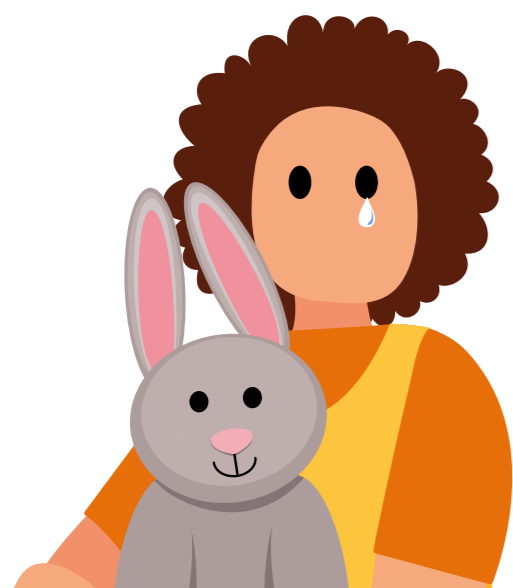
For example, evidence from the Millennium Cohort Study shows that children experiencing domestic abuse in early childhood are more likely to carry a knife at age 17.

A sizeable proportion of domestic abuse is either directly experienced or witnessed by children. Data from the Crime Survey for England and Wales shows that among 18 to 74-year-olds in England and Wales, around

one in six (16.5%) experienced some form of abuse during childhood and around one in every thirteen adults (7.6%) witnessed domestic violence or abuse.

Reported incidents of domestic abuse continue to rise locally and nationally. The pandemic also increased vulnerabilities for children living in violent homes.

In Coventry, the Police record more than 10,000 incidents of domestic abuse each year and approximately 65% of these incidents occur in households where children and young people reside.



7

Young people, sexual violence and exploitation



Sexual violence

The World Health Organisation provides a broad definition of Sexual Violence as: "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".

Coercion may involve psychological intimidation, blackmail, or threats including the threat of physical harm. It may also occur when the person is unable to give consent while drunk, drugged, asleep, or mentally incapable of understanding the situation.

Sexual violence includes:

Rape - intentional penetration of another's vagina, anus or mouth without the other person's consent. It does not have to include physical force or threats.

Sexual assault - refers to any sexual, physical, verbal, or visual act that forces a person to engage in sexual contact against their will or without their affirmative consent. It can include forcing or manipulating someone to witness or participate in sexual activity. 5% of teenagers reported being the victim of sexual assault in the last 12 months (this rises to 8% for girls).

Partner rape - sexual acts committed without a person's consent and/or against a person's will when the perpetrator is the individual's current partner or previous partner. Many survivors also experience physical violence along with sexual violence.

Sexual harassment - unwelcome and uninvited sexual advances, requests for sexual favours. Experience of this can affect work or school performance.

Stalking - repeated attempts by someone to make unwanted contact, which makes their victim feel distressed or restricts their freedom. It might also include, going to their home, spying, damaging their property or trying to talk to you online (cyber-stalking).

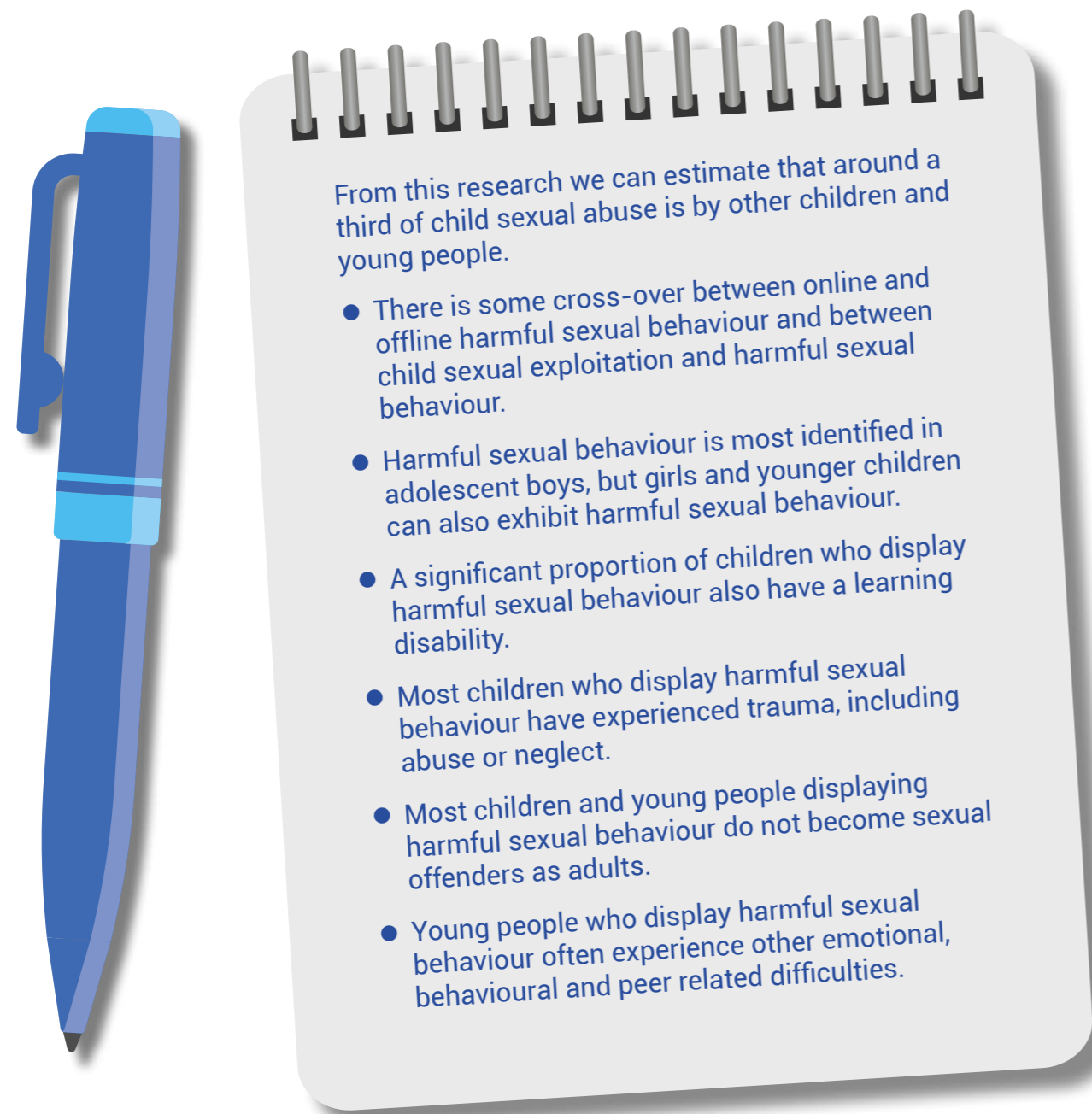
Young people and harmful sexual behaviours

(NSPCC MARCH 2021)

Harmful sexual behaviour is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive.

Peer-on-peer sexual abuse is a form of harmful sexual behaviour where abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of harmful sexual behaviour that takes place between children of any age or stage of development.

We do not know the true number of children and young people affected by harmful sexual behaviour. Harmful sexual behaviour covers a wide range of behaviours, many of which do not come to the attention of authorities. However, attempts to estimate the prevalence of harmful sexual behaviour have been made using data from children's self-reported experiences of sexual abuse by peers and services which work with children who display harmful sexual behaviour.



Child sexual abuse

The definition of Child Sexual Abuse (CSA) as used by Barnardo's is forcing or persuading a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This includes acts that involve physical contact such as:

- assault by penetration
- non-penetrative acts (e.g. masturbation, kissing, rubbing and touching)

It also includes:

- involving children in looking at (or making) sexual images

- watching sexual acts
- encouraging children to behave in sexually inappropriate ways
- grooming a child (including via the internet)

In Coventry the Safeguarding Children's Partnership discuss the data on child sexual abuse and child sexual exploitation, which is recorded along with other data for use by the partnership. Up-to-date data is given in the table below (2022/23).

Open cases at Quarter End with Sexual Abuse as Primary Need	Last Q4	Q1	Q2	Q3	Q4
Children in Need Plan (open)	86 (10.0%)	71 (8.7%)	81 (8.7%)	93 (9.5%)	97 (9.0%)
Child Protection Plans	33 (6.4%)	30 (5.6%)	38 (7.9%)	40 (8.3%)	31 (6.2%)
Looked After Children	35 (4.8%)	37 (5.0%)	38 (5.1%)	37 (4.8%)	38 (5.2%)

Sexual Abuse

Police data indicates that sexual offences are on the rise. In 2019/20 a total of 952 were recorded by police. By 21/22 that figure had risen to 1265, that is an increase of nearly 33%. The rate of sexual offending is 2.6 per 1000 head of population in the West Midlands, which is lower than the England average (2.8 per 1000). The West Midlands ranks in the top three out of all the regions in terms of lower levels of recorded offending behind London and the Southwest.

Locally, the specialist commissioned service, Coventry Rape and Sexual Abuse Centre (CRASAC) records the age of those seeking help after sexual assault or abuse. Analysis from the most recent Quarter 3 data of 2022/23 shows that the age group most prevalent in the statistics are aged 13 to 17, with predominantly females being victimised.

It is important to consider the specialist service data as well as police data, because there are a significant number of victims who do not report their experiences to the police but do seek support elsewhere.

In terms of young people referred to and waiting for a service from CRASAC we can see that referrals for children have remained relatively steady since 2020, but adult numbers are sharply increasing. One possible explanation for this is that many adults, sexually abused as children, are waiting a long time before coming forward to seeking help. Therefore, the true picture around the number of children suffering sexual assault or abuse might be worse than the current data indicates.

Child sexual exploitation

Child Sexual Exploitation (CSE) occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact; it can also occur using technology (DfE, 2017: 5)

Examples from real cases

- A 21-year-old male persuading his 17-year-old that he had groomed using the 'boyfriend model' to have sex with his friends to pay off his drug debt
- A 13-year-old male having sex with a taxi driver in return for a ride home
- Three 15-year-old males being taken to party houses and given 'free' alcohol and drugs, then having to 'pay' for them by having sex with adult males
- A 12-year-old female having to give oral sex to two 14-year-old males, if she wants to remain part of the peer group
- A mother allowing a man to abuse her child in return for a bottle of vodka
- An adult eliciting more explicit sexual images from a young person, in return for not telling their parents they had sent the initial images
- A homeless 17-year-old who exchanges sex for a place to stay, rather than sleep on the streets

What we know about Child Sexual Exploitation

- Child Sexual Exploitation can be perpetrated by individuals or groups, adults or peers, familial or non-familial
- May be a one-off incident or ongoing pattern of abuse
- Children can be groomed by an older child/young person then exploited by adults
- Any child/young person can experience it
- Sexual violence has a strong gender based component but all genders can be affected
- Affects all ethnicities, but some voices and experiences are more hidden than others
- Most frequently first identified in 12-15 age range, though increasingly impacting younger children
- 16/17-year-olds are also affected
- Certain cohorts may be more vulnerable, but particularly with online abuse, there is an extended reach
- Can occur in family home, community settings, online – and in schools
- Cross-over between online and offline environments.



Data available for CSE from Children's Services is given in the table below (2022/23)

Child sexual exploitation risk	Last Q4	Q1	Q2	Q3
Low	32	19	28	47
Medium risk	26	8	30	62
High risk	6	2	9	19

8

Recommendations



More accessible and targeted sexual health services.

We need to ensure that Coventry Sexual Health Services serve all of our population, regardless of age or background. To do this, we need to take extra steps to engage with young people, especially from communities that are more socio-economically deprived or from communities that make it more difficult to access services. We should explore the delivery of these services from diverse locations and further explore the use of remote services such as postal testing.

Steps need to be taken to prevent children accessing online pornography.

Whilst national legislation is on the way there is a role for Coventry to inform and empower parents on how best to protect their children from pornography and from other online harms.

Personal, Social, Health and Economic Education/ Relationship Education is vitally

important as young people navigate the transition to adulthood. They need to know about the changes happening to their bodies and brains. They also need to be aware of their rights, understand consent and feel able to ask for help if needed. This includes knowing how to access services and how to let someone know when something is not right. We should work to join up the work of health visiting, school nursing, schools and colleges, public health, and community groups to provide PSHE and work with young people to prevent sexual harassment, violence and online abuse.

We should work with partners in the NHS and across Coventry to ensure a trauma-informed approach is taken when working with children and young people. This will help young people to grow up and be able to achieve their full potential in terms of their health and wellbeing.

Coventry Health Determinants Research Collaboration

We should harness the Coventry Health Determinants Research Collaboration (HDRC) to embed a research culture and better understand the needs of our communities, including young people. As well as the evidence for interventions to improve services, and therefore the health and wellbeing of young people as they grow up in Coventry.

Communication with parents about content, and so equally welcomes the Education Secretary writing to schools to ensure they are doing this appropriately. However, there is still more to be done. The Children's Commissioner recommends that:

- RSHE teaching should take a safeguarding-first approach and should be overseen by the Designated Safeguarding Lead (DSL) in each school. A qualification for DSLs should be created, akin to the National Award for SENCos.
- Teachers should receive training through the introduction of an NVQ in RSHE to prepare teachers to deliver sensitive curriculum

topics, including pornography. Schools should regularly consult with children to ensure that RSHE teaching is meeting their needs, and relevant. Future research on pornography and harmful sexual behaviour as the first text analysis of ABE transcripts and SARC documents to be published that the Children's Commissioner is aware of, this report is a proof of concept which should be replicated and built on.

- The Children's Commissioner recommends more research on pornography and harmful sexual behaviour using the method in this report. Future research could usefully break down findings according to whether a child has been abused by another child or has carried out harmful sexual behaviour. The Children's Commissioner recommends more manual (qualitative) review of documents, research covering more police forces, and extending the analysis to include adult against child sexual abuse

9 Where young people can find support in Coventry



Organisation	Service Description	Criteria	Contact Details
Positive Choices	Confidential service for young people aged between 5 and 24 to talk about their own drug and alcohol use or if they are impacted by another's substance misuse, unhealthy partner relationships and sexual health.	Aged between 5 and 24.	024 7655 3130 Email: coventryyp.info@cgl.org.uk www.changegrowlive.org/positive-choices-coventry
	Helping children and young people take responsibility for their own health and adopt a healthy lifestyle through School Nursing, Health Visiting, Stop Smoking Service, the Be Active Be Healthy Team, Infant Feeding Team, Family Nurse Partnership and MAMTA.	Resident in Coventry or attending a Coventry School (School Nursing)	024 75189190 ChatHealth, a free confidential text service 07507 331 949 for 11 - 18 year olds https://www.swft.nhs.uk/our-services/children-and-young-peoples-services/coventry-family-health-and-lifestyle-service-0-19-years
KOOTH	Kooth is a safe, free and confidential way for young people to access emotional wellbeing and early intervention mental health support. Online mental wellbeing community.	The service is available to all young people across Coventry aged 11-25 years	https://www.kooth.com/
CRASAC	Children and Young People's services	Children and Young People's Counselling	Information Line: 024 7627 7777 (24 hour answerphone) Open Monday to Thursday 9am – 5pm and Friday 9am – 3pm Email: clientservices@crasac.org.uk



Organisation	Service Description	Criteria	Contact Details
Compass Coventry	Children and Young People's Mental Health Service (Early Intervention and Prevention). We help children and young people understand the issues they are struggling with, provide strategies to cope and achieve positive mental wellbeing.	Supporting children and young people from 5 to 18 years, and up to 25, if they have Special Educational Needs and Disabilities (SEND) or are a Care Leaver. We also support parents, carers and professionals who are worried about a child or young person's mental wellbeing.	Speak to one of the team by calling: 024 7518 6206 E-mail Compass with general enquiries at CYPEIP@compass-uk.org To make a request for support please e-mail Compass. CYPEIP@nhs.net
Positive Youth Foundation (PYF)	Intensive frontline services for young people through programmes relating to education, employment and training, healthy lifestyles, arts and culture, social action;	Young people aged 8-25 in the Coventry area.	Tel: 024 7615 8550
Kairos	Blossoms: a peer support and ante/post-natal group for women across our services who are pregnant or recently had a baby, many of whom have experienced and/or are facing child removal. Delivered in partnership with a specialist midwife, the focus is on maternal health and wellbeing, positive engagement with social care and improved outcomes for children.	Women subject to or at risk of sexual exploitation.	Hannah Coban hannah@Kairoswwt.org.uk

Organisation	Service Description	Criteria	Contact Details
Coventry and Warwickshire Relate	Providing counselling support for children and young people aged 5-18 years of age experiencing poor mental health, bereavement and loss and family change.	Young People aged 5-18 years.	024 7622 5863
Dimensions Tool	The Dimensions of Health and Wellbeing is a free online tool providing self-care information to support adults, children and young people in Coventry and Warwickshire. You can rate yourself or another person against a number of dimensions related to health and wellbeing.	Adults, children and young people.	cwriase.com/dimensions-tool/
Teenvine Next Steps and Teenvine Plus	Intensive programmes run by Grapevine, available for young people with SEND (diagnosed or undiagnosed) who are struggling with school/service engagement or need extra support accessing community and becoming more independent. Teenvine Next Steps offers 1:1 and small group support for 6-12 months. Teenvine Plus offers family, 1:1 and group opportunities for up to 12 months.	Young people with SEND - both diagnosed and undiagnosed.	Paul Kedwards (Teenvine Next Steps) 07942 266 545 pkedwards@grapevinecovandwarks.org Sarah Grove (Teenvine Plus) 07846 956 603 sgrove@grapevinecovandwarks.org
24/7 Crisis line	For urgent, 24/7 calls for children and young people who are experiencing a mental health crisis	Children and young people.	08081 966798 (select Option 2)
Cyrenians Alcohol Mediation Service	Mediation and specialist counselling for young people who may be misusing alcohol. For a confidential or anonymous chat or to access our service please call or drop-in.	Young people aged 13-18 years.	0800 0180 579 info@coventrycyrenians.org

Organisation	Service Description	Criteria	Contact Details
CW Mind	Children and Young People's Service - Early Intervention (online resources and toolkits for children and young people, families and professionals), targeted support. Peer Mentoring service, Community Children's Autism Support Service (CCASS)	Peer Mentoring service for those aged 16 – 25.	cwmind.org.uk/
CW Mind - Children's Autism Support Service (CCASS)	Service offers 1:1 support, social groups (in person and online) and online resources. Support is also available for parents, carers and family members including peer support groups, toolbox sessions and online workshops and webinars.	Young people aged 7-18 years living in Coventry and Warwickshire. This support is open to people on the neurodevelopmental waiting list or who have an autism diagnosis and their families. Self-referral for the social groups is available. Referrals for 1:1 support will be accepted from education provision (SENCo, Educational Psychologist etc.)	02476 631835 E-mail autismsupport@cwmind.org.uk cwmind.org.uk/
Coventry Action For Autism Group (CAFAG)	Coventry Action For Autism Group (CAFAG) is a support group run by parents for parents.		www.facebook.com/people/Coventry-Action-For-Autism-Group/100064488557805/
Positive Directions' - a 'what's on' inventory of youth activities	Vanguard project - created a space on webpages for social prescribing offer / what's on for young people, so they can be involved in activities whilst on waiting lists.		https://www.happyhealthylives.uk/staying-happy-and-healthy/keeping-yourself-happy-and-healthy/positive-pathways-social-prescribing/coventry/

Organisation	Service Description	Criteria	Contact Details
Safe to Talk	The "Safe to Talk" helpline service is for victim and family advice for all members of the community. The service can provide information and community-based support which includes children and young people. The helpline is run in partnership with Panahghar & Coventry Haven.		www.safetotalk.org.uk Tel: 0800 111 4998
Haven	Help women and their children who have been or are being subjected to domestic abuse in any form to free themselves from the situation they are in. Provide safe housing and support services.	Supporting all women irrespective of whether they want to leave the relationship or not, older and younger women, historic or current abuse. We assist with other issues alongside abuse. Immigration, discrimination, disability, LGBT, housing, debt management, alcohol and drug abuse, multiple needs, or no recourse to public funds (NRPF). All services free of charge.	Email info@coventryhaven.co.uk



Organisation	Service Description	Criteria	Contact Details
Panahghar	Black, Asian and Ethnic Minority person experiencing domestic abuse, sexual abuse or gendered abuse. You might feel too ashamed or scared to talk to anyone about what you are going through or worried about how people including the police or social services might respond with cultural or racial bias.	Cultural challenges / FMG/forced marriage / 'honour' based violence.	24/7 helpline 0800 055 6519
ISHS Integrated Sexual Health Services	Advice and support on abortion and termination/ online testing /c card and chlamydia screening/ sex and relationships/ pregnancy/ sexual abuse and exploitation.		Tel: 03000200027 ISHS City of Coventry Health Centre Stoney Stanton Rd Coventry CV1 4FS
Prism	Weekly meetings at a discreet venue in a central Coventry location to provide a safe space for young LGBTQ+ people to socialise and join occasional outreach events.	Young people aged 13-18.	info@prismlgbtq.org
The Yard Coffee Mornings	An informal place to chill out, relax, grab a coffee (drinks are on us!) and meet other members of the LGBTQ+ community. Hosted by the Yard every 2nd and 4th Saturday of the month, from 11am to 1pm.		11-12 The Bullyard cv1 1lf
Out in the UK	A support group for LGBTQ+ refugees and Asylum seekers, we meet twice a month in Coventry city centre.		Tel: 07974 477206/ 02476 714 988 Koco Community Resource Centre Derek@kococommunity.org.uk

Organisation	Service Description	Criteria	Contact Details
Grapevine	Helping all kinds of people experiencing isolation, poverty and disadvantage in Coventry and Warwickshire. Strengthening people, spark community action and shift power. Including within the LGBT+ community.		Tel: 024 7663 1040
Valley House	Valley House is a registered charity, that offers a range of accommodation and community-based services for vulnerable people in and around Coventry; offering supported accommodation for victims of domestic abuse and young parents as well as hosting a weekly youth group for people in the community.		Navigation Centre, 55-57 Bell Green Road, Coventry, CV6 7GQ 024 76 266280 Email: info@valleyhouse.org.uk
Mind UK	Coventry and Warwickshire Mind are a local mental health charity affiliated to Mind: the leading mental health charity in England and Wales. Mind also regularly work within the LGBT+ community within Coventry.		
Stonewall Young Futures	Stonewall have launched a Young Futures Digital Hub, to support LGBTQ+ young people taking their next steps into education, training, or work. Created in collaboration with LGBTQ+ young people, the platform offers signposting and advice on education, training, skills, careers, and work, as well as support with mental health, self-advocacy, and homelessness.		https://www.stonewall.org.uk/young-futures

10 References Acknowledgments Acronyms



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Acronyms

CYP ~ Children & Young People	NICE CKS ~ National Institute of Health and Care Excellence - Clinical Knowledge Summaries
EHC ~ Emergency Hormonal Contraception (Morning After Pill)	ONS ~ Office of National Statistics
FGM ~ Female Genital Mutilation	POP ~ Progesterone Only Pill
FNP ~ Family Nurse Partnership	PrEP ~ Pre-Exposure Prophylaxis
FSRH ~ Faculty of Sexual and Reproductive Healthcare	PSB ~ Problematic Sexual Behaviour
HBA ~ Honour Based Abuse	RSE ~ Relationship Sex Education
ISH ~ Integrated Sexual Health Service	SM ~ Substance Misuse
LARC ~ Long-acting reversible contraception	STIs ~ Sexually Transmitted Infections
MH ~ Mental Health	WHO ~ World Health Organization
	YEF ~ Youth Endowment Fund



Notes

