
To: Health & Social Care Scrutiny Board

Date: 19th November 2025

Subject: Early Intervention & CYP Substance Misuse service

1 Purpose of the Note

- 1.1 To provide an overview of the current Early Intervention & CYP Substance Misuse (known as 'Positive Choices') provision.
- 1.2 The contract for Positive Choices will end in March 2027, and we are therefore bringing this briefing to Health & Social Care Scrutiny Board to engage the Board with the future model and delivery of the service.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) are recommended to:
 - a) Actively engage in the recommissioning process to provide insight and feedback on the proposed service to the Cabinet Member.
 - b) Provide contributions in shaping the service specification and identifying priorities for the new contract.
 - c) Provide input to the planning stage by sharing Member experience in the following areas:
 - What do Members see locally in terms of CYP needs?
 - Are Members aware of any local services / best practice?
 - Are there links with other services we need to consider?
 - Would Members like to be involved as the service model develops?

3 Background and Information

- 3.1 The Public Health Team at Coventry City Council commissioned an integrated Early Intervention and CYP Substance Misuse service in 2018 to support children and young people who are using, or at risk of using, substances, those who are at risk of exploitation and those who need support with developing healthy relationships.
- 3.2 The contract was awarded to Change Grow Live (CGL) who launched the "Positive Choices" service. This service contributes to Coventry's preventative approach to improving outcomes for children and young people. It forms part of the City's integrated early help and prevention offer and aims to reduce harm and behaviours that may increase vulnerabilities leading to poor outcomes and future interventions.

- 3.3 The service works collaboratively with schools, health professionals and other organisations such as Youth Justice to provide education, guidance and one-to-one support.
- 3.4 Prior to the integrated Positive Choices service being commissioned in 2018, there were two separately commissioned contracts, these being:
- 3.4.1 Early Intervention service: Behavioural change support to CYP identified as being at risk of substance misuse, poor relationships, poor sexual health to avoid higher levels of intervention in future
- 3.4.2 Young Person's Substance Misuse service: service for targeted and specialist interventions for young people (under-18s) involved in problematic substance misuse
- 3.5 With the service now being integrated, this has enabled Positive Choices to support children and young people with more than one presenting need.

4 Description of the service

- 4.1 Positive Choices offer support for the following presenting needs:

4.1.1 Substance misuse: Substance misuse among children and young people refers to the harmful or risky use of alcohol, drugs, or other substances. It can stem from curiosity, peer influence, stress, trauma, or underlying mental health issues. Misuse can affect physical health, emotional wellbeing, relationships and education, and may increase vulnerability to exploitation or criminal involvement. Early intervention, education, and supportive, non-judgemental approaches are key to helping young people reduce harm and make safer choices.

4.1.2 Relationships, Online Safety and Sexual Health (ROSH): Support helps young people develop healthy relationships, stay safe online, and understand sexual health. It covers consent, respect, cyber safety, puberty, contraception, and STI awareness, enabling informed decisions and reducing risk. Holistic guidance promotes safety, resilience, and positive development.

4.1.3 Hidden Harm: This describes the often-unseen impact of parental or carer substance misuse, mental ill health, or domestic abuse on children. It can affect their safety, wellbeing, and development, sometimes leading to neglect or caring responsibilities. Early identification, joint agency work, and child-focused support are key to recognising and reducing this hidden impact.

4.1.4 Low level exploitation: This refers to early or less overt forms of child exploitation that may not yet meet safeguarding thresholds but indicate emerging risk. It can involve children being influenced, groomed, or manipulated—often through friendship groups, social media, or older peers—to carry out small tasks, share personal information, or exchange favours for money, gifts, alcohol, or attention. Examples include being asked to deliver items, share indecent images, or associate with risky individuals. and these situations can quickly escalate. Early recognition and intervention are vital to prevent further grooming and protect the child's wellbeing.

4.1.5 CYP coming through the Youth Justice Service (YJS): referrals from YYS are prioritised by the service. These can be for any of the issues described above. The service is working with YYS to better join up support across both services.

4.2 Family offer:

4.2.1 Positive Choices understand the unique challenges that families face when affected by substance use and other issues affecting children, young people, and families. The support is designed to help families feel empowered, connected, and strengthened.

4.2.2 The team provides parenting support using the Solihull Approach, a trusted and evidence-based model that helps parents build stronger emotional connections with their children, manage behaviour positively, and support their child's development with confidence. The service hosts a regular group for parents, run by an experienced Children and Families team. This informal group offers a welcoming environment which focuses on a different theme each session, where parents can connect with others, share experiences, and access expert advice.

4.2.3 For those who need more tailored support, there is an offer of one-to-one phone calls or face-to-face appointments, either with the young person's dedicated worker or a member of the Children and Families team. This provides a safe space for parents to talk through concerns, ask questions, and receive practical guidance specific to their family's needs.

4.2.4 Positive Choices also offers diversionary activities for families to enjoy together. These include fun sessions at the community allotment (see below), where families can spend time outdoors and enjoy nature, as well as exciting activities like climbing, which help build positive memories for the families.



4.2.5 Positive Choices are committed to supporting the whole family—offering encouragement, understanding, and opportunities to reconnect in a safe and supportive environment.

4.3 Working with schools

4.3.1 Positive Choices have co-located in several schools across the City to support an early intervention offer around ROSH (relationships, online safety and sexual health) and substance misuse.

4.3.2 In September 2025, Positive Choices committed to support the Coventry Alternative Provision (CAP) service, which is a group offer to schools who refer

young people to the CAP programme. These groups will also be focused on ROOSH and substance misuse.

4.3.3 CAP will also be offered to primary schools and therefore a Hidden Harm programme will be available for primary age children.

5 Commissioning

The current Positive Choices contract ends in March 2027. A re-commissioning process has been initiated to award a new service contract after that time.

6 Engagement

- 6.1 An engagement plan has been developed to ensure a comprehensive and inclusive approach to commissioning.
- 6.2 Engagement activities will target a range of audiences, including children and young people (CYP) currently using the service, those not known to the service through school-based engagement sessions, and professionals such as Family Nurse Partnership teams, school nurses, Early Help practitioners, police, colleges, and the youth offending service. Parents and carers of CYP, both those known and not known to the service, will also be engaged.
- 6.3 A variety of engagement methods will be used, including 'Let's Talk' questionnaires, group engagement sessions, and market engagement with potential providers.
- 6.4 Young people will also play an active role in the evaluation of the tender process to ensure their voices are reflected in service design and decision-making.

7 The wider CYP service offer

- 7.1 There is also a wider piece of work to review the range of current services for children and young people (CYP) in Coventry who are at risk of poor outcomes..
- 7.2 This includes looking at the city-wide service offer, the target population, and the data and local need that inform commissioning and delivery.
- 7.3 The objectives are to understand the current service provision, assess the needs of this group, identify areas for improvement, and plan strategic actions to improve outcomes.

8 Needs

- 8.1 We have recently reviewed the data on health risk behaviours in CYP. The full report is in draft form and includes a review of the literature and analysis of available data. We lack any up-to-date local data on these behaviours in our population of children and young people. National data is based on surveys from a sample of schools so produced general findings that cannot be disaggregated at a local level. In addition, those who are most vulnerable and at greatest risk are also least likely to be surveyed and captured in routine data e.g. because of absence from school. This section provides a short summary of some of the key findings of that review.
- 8.2 Most risky behaviours such as alcohol and substance use and misuse, smoking, anti-social behaviour etc. are initiated in adolescence and tend to cluster, so any person engaging in any one of these behaviours has a greater risk of engaging in other risk behaviours. These behaviours put individuals at risk of long term health and wider outcomes including lower educational attainment, being bullied, mental health problems, obesity, teenage pregnancy, problem gambling and being in

trouble with the police. Longer term poor health outcomes include cancer, cardiovascular disease, liver disease and mental illness including depression.

- 8.3 At a national level, there has been a small decline in the number of school pupils who have ever drunk alcohol, from 44% to 37%, and the proportion of 11-15 year olds who had drunk alcohol in the preceding week (at time of the survey) in the West Midlands had reduced from 10% to 8%¹. However, this means that a significant proportion of young people are continuing to consume alcohol at a very young age. Nationally, 17% of 15-year-olds report having had their first alcoholic drink at aged 10 or younger. This is slightly higher amongst boys than girls (19% to 13%), but peaks at 14 years for both boys and girls. In those who drink, the most common age that girls report getting drunk for the first time is 14 (45%), for boys this is age 15 (34%).
- 8.4 There is a similar pattern in drug use at a national population level, with a small decrease in recent years but still a significant prevalence. From the national SDD survey (2023, NHSE), the number of pupils who had ever taken drugs increased from the age of 11 to the age of 15, with almost one in every four pupils aged 15 had ever taken drugs in England. Almost one in every five pupils had taken them in the last year (at time of the survey). The most taken drug was cannabis, followed by volatile substances (inhaled solvents) and then psychoactive substances (e.g. heroin, cocaine, amphetamines). Those pupils taking drugs at younger ages reported doing so because they 'wanted to forget their problems' (a peak of 23% at 13 years old). This may suggest that those who have preexisting mental health conditions may be more at risk of substance misuse. One of the challenges with illicit substances is the constantly shifting market, with the emergence of new substances and therefore new risks, e.g. nitrous oxide and more recently ketamine which is being linked with long term health issues in young people. Another significant challenge is the lack of understanding of young people of the risks to their short and long term health of using these substances.
- 8.5 Unhealthy relationships are difficult to measure. A consequence can be risky sexual behaviours, resulting in sexually transmitted infections (STIs). The rate of diagnosis for new sexually transmitted infections (STIs) in Coventry residents (905 per 100,000) is higher than the England rate (694 per 100,000), and the average rate for its nearest neighbours (698 per 100,000)². This disproportionately affects young people, with 49% of all new STI diagnoses in the West Midlands in 2021 amongst those 15-24 years old. Another consequence can be teenage pregnancy; the under 18s conception rate in Coventry is 21.2 per 1,000 which is significantly higher than the national levels (13.9 per 1,000)³. In addition, unhealthy relationships can put young people at risk of being victims or perpetrators of domestic abuse, sexual violence and exploitation.
- 8.6 National data suggests 1 in 5 CYP aged 8-25 years have a probable mental health disorder⁴.

9 Impact of the service

- 9.1 The Early Intervention and Young Person's Substance Misuse service delivers impact by providing early, targeted support that prevents young people from developing more serious substance misuse issues and the associated wider harms.

¹ Smoking, Drinking and Drug SDD Use Survey 2023 NHSE

² Sexual Health report, Fingertips

³ 2022 data, Child and Maternal Health data, Fingertips

⁴ Mental Health of Children and Young People in England, NHSE, 2023

- 9.2 By working with young people at the earliest signs of risk, the service helps to reduce demand on future costly interventions across health, social care, education and the criminal justice system.
- 9.3 This means fewer young people entering care, fewer hospital admissions, improved school attendance, improved mental health and emotional wellbeing, and reduced anti-social behaviour. There is potential for these impacts to be seen across the lifecourse.
- 9.4 The impact of this service goes beyond financial benefits; it builds stronger families, supports community wellbeing and contributes to giving every child and young person the best possible start in life.
- 9.5 The service will also support the Families First Partnership Programme when established, continuing to contribute to more effective joint working between partners in the City and resulting in better outcomes for children, young people and families.

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