

PEOPLE (CHILDREN) SCRUTINY PANEL

1 May 2014

ADOLESCENT TASK AND FINISH GROUP

Report from the Chair of the Task & Finish Group

STRATEGIC AIM:	Creating a Brighter Future for All
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1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present the work and findings of the Adolescent Task and Finish Group established by the People (Children's) Scrutiny Panel on 29 November 2012.

2. RECOMMENDATIONS

- 2.1 To explore the way Rutland County Council works with schools to:
- clarify roles and responsibilities,
 - enhance the working relationship,
 - identify the training needs of school staff and how these can be met,
 - communicate a clear pathway for schools to access services.
- 2.2 As part of the People Directorate review consider:
- the role of early intervention services in meeting the needs of hard to reach groups
 - the effectiveness of the "step up step down" process.
- 2.3 Officers report to the People (Children) Scrutiny Panel, by the end of September 2014, findings of the work currently being carried out on safeguarding in schools. In this report officers are requested to highlight findings relating to the emotional health and well-being of young people.
- 2.4 Officers to explore with the military a means of developing a process to automatically inform all schools of changes in key military personnel, such as family welfare officers, when such changes take place. Officers to report progress to members.

3. BACKGROUND INFORMATION

- 3.1 Safeguarding our children and young people has been both a legal and moral concern for elected members for many years. Historically the focus has tended to be on younger children but recently, however, attention has shifted to an older age group following convictions for child sexual exploitation in Rochdale where 47 young women were victims of a sex

trafficking gang and more recently, a similar case in Peterborough involving five victims. In late November 2013 a man appeared in court in Leicester accused of grooming teenage girls on the internet. He pleaded guilty and was convicted. Four of his victims were from Rutland.

- 3.2** In addition to the national increased awareness of the necessity of safeguarding adolescents here in Rutland there has been an increase in the number of adolescents subject to child protection plans. In 2011 there was one young person. In 2012 there were six and currently there are five and whilst this is a reduction on the previous year it is still a significant increase from two years before. Local Authorities duties to “safeguard and promote the welfare of children in need” up to the age of 18 was also highlighted in “Children First: the Child Protection System in England” a Parliamentary Select Committee report published on 7th November 2012. This report indicated the child protection system was not meeting the needs of those ages 14-18 years.
- 3.3** On 29th November 2012 the People (Children’s) Scrutiny Panel agreed to establish a Task and Finish Group to review the safeguarding of adolescents in Rutland (see report no. 237/2012). This Task & Finish Group was to begin its work in 2013 and would run in parallel to an officer group reviewing the same area of activity.
- 3.4** Alan Walters was appointed Chairman of the group and its membership comprised of Carolyn Cartwright, Joanna Figgis, Lucy Stephenson, Gale Waller and Nick Wainwright. Its first meeting was held in March 2013 and its last meeting in February 2014. It met approximately monthly and was supported by Wendy Poynton, Assistant Director, Services for People. There were 11 meetings.
- 3.5** June 2013 Councillor Walters resigned, for personal reasons, from both the People (Children) Scrutiny Panel and the Task and Finish Group. Councillor Stephenson took over as Chairman as Councillor Waller also had some family difficulties at this time which took her away from Rutland. In January 2014 the Chairmanship, and report writing task, passed to Councillor Waller as Councillor Stephenson’s paid work commitments increased.
- 3.6** The group met 11 times and attendance was as follows:
- Councillor Walters: 3 (out of a possible 3)
 - Councillor Cartwright: 5 (with 6 apologies)
 - Councillor Figgis: 5 (with 5 apologies)
 - Councillor Stephenson: 7 (with 4 apologies)
 - Councillor Waller: 8 (with 3 apologies)
 - Councillor Wainwright: 1 (with 1 apology)
- Councillor Cartwright was unavailable in the autumn of 2013 due to an operation.

- 3.7** The purpose of the Task and Finish Group was described in Council Report 237/2012 and the scoping paper is attached at Annex 1. The length of time needed was far longer than originally anticipated and the Group did not engage with primary schools, the Probation Service or the Princes Trust as initially proposed. The group felt that as primary school aged pupils were outside the age remit of the work there was no need to meet primary heads. The Probation Service primarily deals with those over 18. The Prince's Trust offers courses to Rutland young people but these are run in Melton Mowbray which is a barrier to Rutland young people attending. There are few Rutland young people who participate in Prince's Trust programmes.

4. PROCESS

- 4.1** In addition to the group meetings, visits were made to schools and specific sessions undertaken with young people. The group received presentations from Council officers and outside agencies. The outside agencies who presented to the groups were:
- Youth Offending Service
 - Oakham G.P. representing the Clinical Commissioning Group
 - Leicestershire Police
 - CAMHS
 - School Nursing Service
- 4.2** Each of Rutland's Secondary Academies was visited as were Oakham and Uppingham Schools. There was also a session with the Youth Council, the Children in Care Council and the Foster Carers' Group. For a summary of these consultations see Annex 2.
- 4.3** The findings in this report are based on the consultation undertaken (see Annex 2). They do not reflect the views of officers. The findings do include reference to data where this either adds clarity or identifies a gap between fact and perception. The recommendations are a result of discussion between members of the Task and Finish Group and officers.

5. FINDINGS

- 5.1** A number of key themes became apparent over the course of this work. When young people are offered significant or intensive support, then the outcomes are generally positive and, as far as can be judged, these young people are safe. Following the last safeguarding inspection by OFSTED in January 2013 changes in the procedures and practices have made it far less likely that young people known to Rutland County Council will "fall through the cracks". Schools, in particular, are concerned that the rapid turnover of social workers, and the use of agency workers, leads to inconsistent support to young people. This is probably a correct assumption but it should be

noted that, for at least the last 12 months, there has been no turnover in social service staff in Rutland.

- 5.2** Schools, and the youth council, expressed the view that there are young people who have needs, some of which are significant, that are not met. Young People reported friends who self-harm but do not feel confident enough to talk to an adult at school, or their family, and who have no access to a youth worker as they live in a village. Schools reported that teaching staff, in general, are not adequately trained to identify self-harming, counsel students who self-harm nor provide adequate personal social and health education about self-harming to either prevent students reaching this point or appropriately support those who have. However, because of lack of reporting, there is no reliable data on self-harming.
- 5.3** Self-harming students, as with those who have eating disorders, describe their actions as a means of control. The underlying causes of their feelings of lack of self-worth need to be addressed. For some self-harmers, and those with eating disorders, highly specialist help, through CAMHS, is needed but this is not always available. For some students their behaviours might be described as “copycat”. There is plenty of information on the internet which, whilst not necessarily promoting self-harming, is giving the impression it is normal to self-harm. Schools need to be able to give students appropriate information and all school staff need to have sufficient training to identify, support and refer self-harmers as appropriate.
- 5.4** Drugs misuse was reported by schools. It is not new that young people experiment with drugs and those currently available are easily accessible and potentially more harmful than in the recent past. ‘Legal highs’ widely available on the internet can be lethal but many young people are unaware of the dangers and think that they are safe because of the label given in the media of “legal”. However, officers have reported that there have been no significant concerns or data trends about problematic substance misuse amongst the agencies involved in the Safer Rutland Partnership. Council officers highlighted preventative work in this area such as national campaign work being undertaken locally with “legal highs” featuring in this work in December 2013. Further, the youth service ran three one day “healthy minds healthy bodies” campaigns in each secondary school in which “legal highs” featured as part of the awareness raising on the consequences of substance misuse.
- 5.5** Schools also noted that some of the strains of cannabis on the market are far stronger than in the past and, research suggests, are mind altering. One school reported having one pupil they were aware of whose behaviour and attitudes changed significantly following cannabis use. The school described

the young person as having mental health problems and the services available in Rutland were not adequate for his needs.

- 5.6** There is a continuum of need in Rutland and the Family First Strategy is designed to meet all needs. However, many of those consulted for this report did not recognise this Strategy actually met all needs. The Task and Finish Group was unable to determine whether this was because consultees did not understand the Strategy sufficiently well or whether it was because there was, in fact, unmet need. It is possible universal services are unaware of what is available and specialist services believe more is available from universal services and targeted early intervention than is, in fact, the case. A clarification of roles and responsibilities would identify any gaps.
- 5.7** The Task and Finish Group felt that schools, including the private schools in Rutland, need a much clearer understanding of the services available and thresholds for those services. For example, does completing the Common Assessment Framework paperwork increase access to services? If so, in what way? School staff also need training to identify specific needs and enable them either to deal with issues in schools or signpost to other services. All schools saw the Common Assessment Framework (CAF) as bureaucratic and one said it was a framework which did not add value. Further, as schools work with a number of Local Authorities, they are dealing with a number of assessment frameworks which adds to their workload. Officers provided data which showed that although those who attended CAF training felt the training worthwhile and their confidence and understanding increased they were still not very confident at taking on the role of lead practitioner. It is not clear from the data from which agency those who attended the CAF training came.
- 5.8** Data also shows that between April and December 2013 only 9% of CAF referrals were from education. Schools have contact with significant numbers of young people and so it is surprising that such a low number (5 of the 61) were from the education sector but does support the finding of this Task and Finish Group that the secondary schools interviewed were unwilling to initiate a CAF.
- 5.9** The CAMHS service also needs to better identify, for schools and GPs, what specifically it provides for young people, including those with Autism and ADHD. Access to CAMHS was identified as a significant problem. When a young person is referred, unless their case is urgent, the delay in receiving an appointment is significant to that young person and their family. The target time is 13 weeks. Given the difficulty in getting the appointment in the first place even a routine appointment is urgent for the young person and their family from their point of view. In addition CAMHS appointments are in Leicester. This adds to the difficulties of a young person already in a fragile

state due to mental health problems. For many in Rutland there is virtually no public transport to Leicester and even where there is, the length of time to get there and back means a day's schooling is lost which, in turn, adds to the young person's stress as they try to make up lost lesson time. Also, where a young person misses two CAMHS appointments, the case is closed. Difficulty in access and their underlying mental health needs would potentially make appointment attendance very difficult. A better service would be provided if appointments could be local such as at Rutland Memorial Hospital or at a school.

- 5.10** The cross border travel of young people poses a safeguarding risk. Rutland young people travel out of the County to School, hospital and to specialist placements. The Children's Safeguarding Board, however, is focused on Rutland and Leicestershire (and has data relating to hospitals in Leicester) and mechanisms need to be in place to liaise with other local authority and health trusts to ensure the safety of children who cross borders.
- 5.11** All schools in Rutland, both public and private, are committed to safeguarding pupils and all schools know who to contact at Rutland County Council should they have a problem. However, some schools felt a closer working relationship would be beneficial with each school having a named social worker whom they knew and who knew the school and who would be a conduit to all services and other agencies and local authorities.
- 5.12** The Task and Finish Group felt that too much emphasis is put on the most vulnerable and that early intervention work should be widened to ensure all students are kept safe, particularly those who are hard to reach. The work the youth service has undertaken in schools on e-safety, where a whole year group was involved, led to a disclosure which resulted in the successful prosecution in 2013 of a man grooming young women on line. All of these young women were vulnerable otherwise they would not have been susceptible to the grooming yet of the four girls in Rutland who were involved only one was known to Social Services.
- 5.13** Cottesmore and St Georges Barracks have frequent personnel changes which put a strain on schools. The main recipients of these pupils, CBEC, Cottesmore, Edith Weston and St Mary & St John, have well established relationships with the barracks and use their pupil premium money well to support the children of forces families. However not all children and young people from the barracks go to these schools and Rutland County Council could do more to ensure receiving schools have as much information about the young people and their families as possible and also that the schools have effective links with the army's family welfare officer so that when personnel or roles at the bases change the transition for the schools is seamless.

- 5.14** Some young people have greater access to services than others. In some authority areas services are accessed by postcode. Rutland residents are eligible for Rutland Services but if their postcode is not LE they are also eligible for services in the area of their postcode.
- 5.15** School staff and GPs might not be the best people to provide advice to young people. Both the youth council and the foster carers group reported that young people resisted advice from adults in general but were much more responsive to other young people or to those who had experienced the problems they were talking about such as reformed drug addicts talking about drugs. They, and schools, also said young people responded to dramatic productions which highlight risk. Both groups also recognised that the training youth workers had made them much more approachable than teachers, doctors and, often, parents. However, only 25% of young people in Rutland have access to qualified youth workers through youth service provision.
- 5.16** Loneliness and social isolation was also a factor in Rutland which made young people more susceptible to abuse through the internet. Further, excessive internet use itself increases the feeling of loneliness and can lead to behaviour change.
- 5.17** Agencies are trying to provide support and help to a wider community. For example an outreach service for foster carers has been started and is valued and the community safety team organised a session for parents and carers on e-safety which took place in February 2014. A total of 36 parents and 38 practitioners participated in this event.

6. RISK MANAGEMENT

RISK	IMPACT	COMMENTS
Time	Medium	It is important that the issues in this report are addressed in a timely manner.
Viability	Low	The recommendations are feasible and viable.
Finance	Low	Implementing recommendations involves some changes to internal processes and practices and does not require any third party expenditure.
Profile	Medium	There is a risk that if adolescents are not adequately safeguarded and this results in a serious incident this would attract considerable media attention.
Equality and Diversity	Medium	The adolescents most at risk are those with issues such as poverty, substance misuse and mental ill health in their families. All children and young people, irrespective of disability, gender, ethnic origin or personal circumstances should have an equal right to develop their skills and abilities

		and the implementation of the recommendations support this.
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Background Papers

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A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

RUTLAND COUNTY COUNCIL – TASK AND FINISH GROUP

The Broad Topic Area: Safeguarding Adolescents

The Specific Topic Area: To undertake an holistic review of the practices and procedures of Rutland County Council and its partners, in regard to safeguarding adolescents - relative to best practice, the specific needs of our community, and successful partnership working - and make appropriate recommendations. The proposed terms of reference in officer report 237/2012 will be a focus.

Our Ambitions:

1. To ensure that adolescents at risk / in need are identified at an early stage and receive optimum partnership support to improve outcomes.
2. To promote successful early intervention to minimise the number of children who move in to adolescence still requiring (or developing) a need for later intervention, where this may have been better addressed at an earlier stage.

Who and How We Shall Consult:

Internal: Work in tandem with Officer Adolescent Focus group.

External:

- Focus group (or focus groups) of young people
- Focus group of parents/carers
- Interview with head (or head of pastoral care) secondary academy (ies)
- Interview with head (or head of pastoral care) of primary school(s)
- Interview with head (or head of pastoral care) of private secondary
- Meeting/presentation Police service
- Meeting/presentation Probation service
- Meeting/presentation Health Service
- Meeting/presentation Princes Trust
- Meeting presentation with other appropriate bodies to be determined.

Expertise Needed (Internal/External):

The specific working arrangement and terminology within RCC services (and partners) will need to be explained to members at an early meeting.

Other help e.g. training, resources

Officer assistance with administration (arranging meetings with external bodies/booking of rooms and clerical support)

Length of Time Needed: To be agreed (in the region of four months)

**PROPOSED TERMS OF REFERENCE TASK AND FINISH SAFEGUARDING
ADOLESCENTS GROUP**

Purpose of the Safeguarding Adolescent Task and Finish Group

1. To consider proposals from the officer Adolescent Focus Group to address gaps in provision and improve outcomes for adolescents.
2. To identify local strategic priorities and commissioning opportunities relevant to the development of adolescent related support services and future strategy development.
3. To promote and ensure engagement, involvement and empowerment of adolescents and their families.
4. To aim to resolve differences between partners which are barriers to progress and cannot be resolved elsewhere.
5. To focus on evidence-based approaches and aim to reach the most vulnerable, especially the 10-15 age group.
6. To demonstrate leadership by senior officials and their commitment to early intervention and prevention.
7. To ensure the views of young people and their parents/carers are heard.

Below is a summary of the presentation and consultations undertaken as part of this review.

Youth Service

The Youth Service works mainly with vulnerable young people and targets its work accordingly. Approximately 75% of attendees at youth clubs run by/for RCC are classified as vulnerable. The Youth Service provides awareness raising training in schools for all students in specific age groups on issues such as e-safety. It was from one such training session a disclosure was made which ultimately led to the prosecution referred to in 1.1 above.

CAMHS

There is a four tier model of mental health support in Rutland. The bottom tier is Universal Services and the top tier the very specialised service, often in-patient provision. The CAMHS Service is provided at the top two tiers, that is for young people with significant complex mental health difficulties and worse. Whilst there are levels between the different tiers CAMHS acknowledged for it to work the universal settings; schools, GPs, and Early Years settings needed to have the skills to identify and manage low level issues and knowledge to enable appropriate upwards referral.

Tier 2 of the model is the Targeted Early Intervention Services. These are for children with a range of mental health difficulties including:

- Depression
- Anxiety
- Obsessive Compulsive Disorders
- Self-Harm
- Psychosis
- Neuro Developmental Disorder

Cases accepted by the CAMHS service are graded emergency (seen within 24 hours), urgent (seen within 4 weeks) and routine (no time limit).

School Nursing Service

The focus of this presentation was how the school nursing service contributed to the mental health and safeguarding agendas. The school nursing service is a tier 2 service (see CAMHS above for description of tiers). The service offers a Professional Advisory Service for professionals which offers advice and takes referrals. It operates as a signposting service and is also gatekeeper to CAMHS provision. The service aims to rule out physical health and family issues so that referral to CAMHS is appropriate. The School Nursing Service is planning to appoint a mental health nurse to support young people whilst they wait for a CAMHS appointment.

The CAMHS service is physically remote for some Rutland Students. This is because it is based in Leicester and there are insufficient suitable sites in Rutland to offer a local service.

Leicestershire Police

Dedicated child protection officers receive specialist training. However, all front line staff have a role to play in child protection. The police may identify vulnerable children in the course of their work and where they do a report is produced and then a decision made as to whether to forward to partner agencies. The police work with adults and young people and to protect children. They work in partnership via the Safeguarding Children's Board, the Multi Agency Risk Assessment Conference (MARAC) and the Multi Agency Safeguarding Hub (MASH). MARACs focus on domestic abuse and MASH is for

information exchange. The Leicestershire Police have a child exploitation unit and its focus is currently on internet exploitation. The Police are also focusing on where a member of the public repeatedly asks for help.

Police officers receive a significant amount of training regarding identifying any causes for concern regarding child protection. If a police officer has a concern he / she fills in a report which is then sent to the relevant agencies so that the concern can be investigated further.

At the time of this interview it was noted that the police were required to fax these reports to the relevant GP rather than via email because they were not allowed to have an email address for the GPs. The police commented that this system was time consuming and it would be more efficient to be able to email the report to the relevant GP.

GPs are generally always on the list of professionals that the police should contact if they have a child protection concern whilst on the beat.

General Practice

GPs are seeing young people with eating disorders, self-harm and behavioural issues which can lead to drug abuse or are the result of drug abuse. They are seeing these problems at an increasingly younger age.

GPs note that urgent referrals to CAMHs are seen quickly but that response to routine cases was slow. CAMHS is seen as providing a good quality service. However, there are cases where GPs believe specialist help is needed but CAMHS do not consider the need is great enough for their intervention.

GPs felt there was a lack of resource in Rutland to manage ADHD and Autism with little available residential support. However, officers advised that Rutland's focus is on providing support within the County through a team of inclusion officers.

GPs lose contact with young people placed out of the County by the authority which suggests liaison between the GP and the new health provider is not good.

State Schools

Both state and private schools were asked how they identified pupils with wider social care needs. What support they gave to vulnerable young people and whether they were able to stop problems escalating. They were also asked how effective the liaison with students' previous schools was; whether there were gaps in RCC's services and how they approached personal, social and health education. Schools were also encouraged to comment on any other aspects of safeguarding they felt important.

Transition into a new school was difficult for many young people whether it be at year 7 or later. Two of the Secondaries often have significant numbers of pupils arriving other than in Year 7 due to troop movements.

Further, each of the Secondary Schools have significant numbers of non Rutland pupils, two of which have large numbers of non Rutland students and so are dealing with different CAF forms and processes.

The rising concern (also expressed by the private schools and GP's) is student self-harming with limited help available. Schools felt more support was needed for pupils and their parents and more training for school based staff to deal with the issues and identify students needing more specialist help.

Lack of communication between services was seen as an issue. This included the school referring to another service who then referred back to the school or the school referring but the service not informing the school of any engagement with the young person.

Schools expressed a difficulty in working with Social Services. The duty team was described as anonymous with social workers keep changing, especially agency social workers¹. Schools felt they needed a contact in Social Services who knew the school and

¹ It should be noted there has been no turnover of social workers in the last 12 months.

could provide advice and support and liaise with social work case officers on the school's behalf. The Common Assessment Framework (CAF) was seen by schools as a hindrance rather than a help. It is a complex process which does not, from a school's point of view, add anything. Schools felt students got no additional help if a CAF was completed. One school referred to the need to permanently exclude pupils and the long wait (2 to 3 months) for a pupil referral unit place. This school considered only 3 or 4 pupils a year were "at risk" which was fewer than in the other two schools. This school felt it could manage most issues "in house" and where it couldn't it referred to outside agencies or excluded pupils. The school operated a "zero tolerance" policy. All schools offer personal, social, health and education programmes for students though there was no consistency between schools as to how these were delivered. Drugs were seen as a problem by schools because drug abuse can lead to mental health issues (one school operated a zero tolerance policy regarding drug abuse). However, schools felt that services for these young people were difficult to access and not always effective. One school commented the Swanswell Service did not provide a sufficiently adult service and therefore young people did not want to engage.

Private Schools

Many of the issues affecting these schools are the same as for the state schools such as having to liaise with a number of authority areas having vulnerable young people in their schools and the rise of self-harming amongst young people. However, they have students who are boarding which adds to their areas of responsibility. Both schools have a well developed and comprehensive pastoral systems and regular safeguarding training for staff.

Like the state schools they found accessing CAMHS and other mental health support difficult. Specialist psychiatric help is not available.

Both schools offer personal, social and health education programme and both mentioned developing student resilience as part of this programme.

One of the two schools felt it had good RCC contact who it knew well, the other felt that whilst RCC had, in the past, responded well on specific issues there was not an established relationship. This was in part due to changes in RCC staff.

Young People

The Task and Finish Group met the Youth Council who, in small groups, considered what risky behaviour was, what specific risks there are for young people, what they had learnt from their personal, social and health education sessions in school, what they would do if one of their peers was in difficulty and who in school they would contact in these circumstances. They were also given the opportunity to comment more generally about safeguarding perspective, add any information or lead to access to any new services. Young people identified a range of risky behaviours including having a lack of "city awareness" coming from a rural background. The internet was mentioned both in the context of what an individual posts, for example on Facebook, is there for all to see and for all time, and also because of exposure to adult material. They did not mention e-grooming. They did, however, believe that an age difference in a relationship could be inappropriate and a risk factor. They felt that some young people were too naive in respect of the internet and cited posting inappropriate images.

In response to the question about what they thought were the risks for young people they cite the obvious ones such as access to drugs and alcohol but also some specific to Rutland. The included a lack of work opportunities which could lead to inappropriate activities, no place to go outside of school and limited, safe, public transport and walking home in the dark. They were, in this context, particularly concerned about young people living in villages. These young people also have limited access to information, a point also mentioned by one of Rutland's Secondary Schools.

Young people were concerned with stress, which they felt was often brought about by having to grow up too soon (too much exposure to the adult world but too little support to understand and interpret this world) and the constant pressure of achieving school success. The young people were aware that this stress was evident in a number of ways including self-harming and eating disorders and were critical of the lack of support available. They felt schools could do more to improve the accessibility of their services. They considered it was very important for the advice services for students located in schools to be in a central location alongside other services such as the canteen so that it was not obvious to anyone that an individual was seeking an advice service. They also thought appointments to the school nurse should not be on the same day and at the same time each week. If a young person visits the school's student services at the same time every Tuesday, for example, it soon becomes obvious to their peers where they are going.

The young people were concerned about the lack of information and advice available to themselves and their peers. They reflected the school nurse was only available one day a week and for most young people living in villages there was no youth service. Where after school clubs exist on school sites they are not offering advice but simply recreation. The young people also reflected that the youth clubs run on the army bases were not accessible to non army young people.

The young people were generally critical of the personal, social and health education they received. They reported limited lesson time, teachers who gave the impression of lack of confidence, subject matter that was too basic and staff not taking the teaching of it seriously. The subject is not taught to every year group and as it is covered in tutorial sessions in some schools it is easy to see why the students described teachers as disinterested or lacking in confidence. Teachers are not necessarily specialists in this area of the curriculum.

Students were generally aware of whom to turn to if one of their friends was in difficulty but they also expressed the view that their school would not know what to do. They felt school staff do not have the knowledge necessary to deal with problems and, being adults and a different generation to the young people, they could not relate to the difficulties.

In addition to responding to the set areas for discussion young people were of the view that personal, social and health education was very important and should be taught to every year group with a structured life skills approach so that topics such as money management, mortgages, politics, housing, employment and cultural issues, for example, diversity, racism, and so forth were covered as well as the current curriculum. They also wanted experts delivering the curriculum.

Youth Offending Service (YOS)

The service is for 10-18 year olds and is a statutory service. It links Police, Probation, Education and Health Services for young people involved with the Criminal Justice system and anti-social behaviour. Rutland contracts with Leicestershire's YOS to provide services for Rutland residents. The Leicestershire YOS offers an early intervention service, the Impact Service, using detached youth work staff to work with young people. This service receives referrals and these tend to be about anti social behaviour. Rutland has not bought into this service.

Rutland does use the YOS prevention service but young people have to agree to engage. Currently there are 4 cases open in Rutland (aged 12-15 years) with two referrals pending. This service accesses CAMHS but if young people miss two appointments (these are in Leicester) the case is closed.

Rutland had 24 young offenders last year of whom 2 reoffended. At any point in time the YOS will have about 8 cases. The main criminal activity in Rutland for this cohort are low level criminal damage and anti-social behaviour.

Children in Care Council

The Children in Care Council is a representative group of young people in care whom the Council uses as a consultation forum for issues relating to children in care. It is a statutory body.

The Children in Care Council felt the internet was a high risk area for young people. They wondered if school teachers were equipped to teach e-safety and that all primary aged children need to be taught e-safety and re-taught it at regular intervals as a reminder.

The Children in Care Council spoke positively of Rutland's Family Intervention which operates promptly. They were concerned about the prevalence of drugs in the County. There was a concern that only health professionals could refer to mental health services as young people might have built a relationship with a different adult such as a youth worker who should then be able to refer.

Finally they reflected that they needed more training/support in developing the life skills necessary for independent living. This mirrored the Youth Council's view of what should be offered by schools in the personal, social and health education curriculum.

The youth service offers a weekly "drop in" service to students through their schools.

Catmose College is unwilling for this service to offer contraceptives or sex education so the "drop in" for Catmose pupils is in the Visions Children's Centre on the same campus.

Foster Carers

Foster carers were concerned about the risks associated with internet access; the limited awareness young people had to keep themselves safe when using the internet; and the lack of controls offered by parents and carers over internet use. They felt young people were curious but needed guidance.

Foster carers reflected that young people felt lonely and isolated, particularly those living in villages, and they turned to the internet for companionship. They felt creative play and engagement with the creative arts would be beneficial.

They felt young people did not respond well to advice from adults but having young adults go into schools who had experienced and overcome the difficulties they were talking about would be effective. They were also in favour of trained peer mentors. They acknowledged youth workers did relate to young people, due to their training, in a way teachers did not.

Foster carers thought CAMHS was improving but it still took too long to get appointments. The outreach provision offered to foster carers was valued.