

Inspection of safeguarding and looked after children services

London Borough of Enfield

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Reporting inspector	Carolyn Adcock HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one additional inspector, one local authority secondee and two inspectors from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - Discussions with 78 children and young people receiving services, 21 parents and carers, front line managers, senior officers including the statutory Director of Children's Services, the interim joint Chairs of the Enfield Safeguarding Children Board, the Chair and Chief Executive of NHS Enfield, elected members and a range of community representatives.
 - Analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day-care provision, and the evaluations of four serious case reviews, undertaken by Ofsted between September 2008 and May 2010, in accordance with '*Working Together To Safeguard Children*' 2006.
 - A review of 70 case files for children and young people with a range of need. This provided a view of services delivered over time and the quality of reporting, recording and decision making undertaken.
 - The outcomes of the most recent annual unannounced inspection of the local authority contact, referral and assessment centre undertaken in July 2009.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds

	minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. The London Borough of Enfield has approximately 76,000 children and young people under the age of 19 years. This is 26.3% of the total population in the borough. The proportion eligible for free school meals is above the national average. Over half (54.6%) of Enfield's 0-15 population is comprised of children and young people from minority ethnic groups, compared with 21.3% in the country as a whole. The largest minority ethnic groups are Black African, White Turkish and Black Caribbean. The proportion of pupils with English as an additional language is 37.3%, which is above the national average.

5. Enfield has 98 schools comprising 65 primary schools, 18 secondary schools (including two academies), 6 special schools, 3 pupil referral units and six independent schools. The Enfield Children's Trust was established in 2006. The Trust Board has a wide range of representation including the London Borough of Enfield, the Metropolitan Police, NHS Enfield, Enfield Community Services (ECS) (provider arm of NHS Enfield), Job Centre Plus, the private and voluntary sectors, and college and school governor representatives. Four localised, multi-agency Children's Area Partnerships (CAPs) were set up from 2006 to enable partners and services to work together more effectively within specific geographical areas and to be responsive to local need. Each CAP has a Board that reports to the Children's Trust Executive Group to ensure strong linkages at a strategic level. The Enfield Safeguarding Children Board brings together the main organisations working with children, young people and families in Enfield. The Board is currently re-advertising the post of independent chair, having been unable to make an appointment earlier in the year. In the interim, the Board is jointly chaired by the Borough Commander of the Metropolitan Police in Enfield and the Director of Children's Services.

6. There is one central intake team for community based social care services. Referrals and assessments are also managed by the social care children with disabilities team (Cheviots), which operates its own duty system. The team is part of a wider Joint Service for Disabled Children, which includes education and health. The social care children with disabilities team is also the specialist social care team for children with disabilities who are looked after, and those subject to child protection plans. The Joint Service offers specialist early

intervention and a range of preventative services and transition support to families with disabled children aged 0-17 years throughout the borough. The children and families support team provides services for children with child protection plans, and other children in need. An Integrated Support Team offering early intervention is located in each of the four Enfield CAPs. The council does not operate any residential children's provision of its own although there are four independent children's homes located in the borough. Children's social care services have 111 foster carers, including 17 kinship carers. The local authority operates a fostering team and an adoption team, three teams for looked after children and a team for adolescents and care leavers. Other family support services are delivered by 24 children's centres and two family centres.

7. At the time of the inspection there were 290 looked after children, 78% of whom were in foster care. Enfield has established a 'virtual school' database of all of the looked after children of school age for whom Enfield is responsible, overseen by the manager of the multi-agency Health and Education Access and Resources Team (HEART).

8. Commissioning of NHS care and provision of primary care services are carried out by NHS Enfield. Acute hospital services are provided by Barnet and Chase Farm Hospitals Trust and North Middlesex University Hospital NHS Trust. Adult, child and adolescent mental health services are provided by Barnet, Enfield and Haringey Mental Health Trust.

The inspection outcomes: safeguarding services

Overall effectiveness

Grade 2 (good)

9. The overall effectiveness of safeguarding services is good. Enfield is an outward looking council which actively develops its own best practice while at the same time importing and adapting the best from elsewhere. Leaders and managers of safeguarding and child protection services are highly committed to improving outcomes for children and young people. Services have continued to improve despite a significant increase in demand over the last two years. Partnerships are increasingly effective and have benefited from more stable, albeit interim, senior management within NHS Enfield. Priorities across the partnership are agreed and are based on a good understanding of the needs of the borough. Quality assurance and performance management systems in children's social care services are being used well to drive improvements. Performance management within health services is developing satisfactorily. However, the system in Enfield Council for ensuring that staff have up-to-date Criminal Records Bureau (CRB) checks is not sufficiently robust. Children and

young people and their parents and carers are increasingly able to contribute to service development. Leaders and managers are determined to ensure that young people are safe. Children and young people feel safe within settings, although there is more to be done to address their concerns when walking or travelling within the borough.

Capacity for improvement

Grade 2 (good)

10. Safeguarding services in Enfield have good capacity to improve. Leaders and managers are very experienced and work together effectively across the partnership to address shared priorities. Gaps in services are known and are being targeted and prioritised effectively. Leaders and managers have taken appropriate action to ensure that children and young people receive good quality services, for example by securing additional funding for front line services in children's social care. Services have remained responsive despite the significant rise in referrals, and there is a track record of improvement. Learning from serious case reviews has been implemented and has led to improved safeguarding arrangements. All key partners are signed up to the joint workforce strategy and progress is being made on developing a common induction process for new staff. Workforce planning has been effective in minimising reliance on agency staff in social care posts. There is evidence of good value for money. Areas for development identified in the unannounced inspection of contact, referral and assessment arrangements have been addressed, although there is further work to do to ensure that the common assessment framework (CAF) is well rooted in practice.

Areas for improvement

11. In order to improve the quality of provision and services for safeguarding children and young people in Enfield, the local authority and its partners should take the following action:

Immediately:

- Ensure that all nursing records meet the Nursing and Midwifery Council standards.

Within three months:

- Ensure that there is a central record for all employees within Education, Children's Services and Leisure that supports safe recruitment and vetting of staff.

- Ensure that all child protection conferences are quorate.
- Ensure that children's social care files contain good quality chronologies identifying significant events and professional contacts.
- Ensure that the electronic recording system within social care services allows case notes to be recorded on contacts, so that important information is not lost.

Within six months:

- Review the effectiveness of the CAF and ensure that professionals are confident in the assessment process.
- Ensure that health partners have arrangements in place for securing the views of children and young people regarding the quality of the services they receive.
- Ensure that health professionals have good access to notifications of domestic violence, so that cases can be effectively prioritised.

Outcomes for children and young people**The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 2 (good)**

12. Safeguarding of children and young people is a high priority for the partnership and staff at all levels are determined and resolute about securing good outcomes. Elected members are diligent in seeking out and acting upon the views of children and young people, and in providing effective and constructive challenge to services where necessary. The Enfield Safeguarding Children Board and the partnership provide good leadership and the engagement of health partners has strengthened in recent months. A very large majority of Enfield school inspections since September 2009 judged the effectiveness of safeguarding procedures to be good or better. Elective home education monitoring procedures are rigorous. Referrals to children's social care services are progressed in a timely way and children and families receive a good service. The most recent inspections of local authority fostering services in January 2008, and adoption services in October 2008, found that provision was good in protecting children from harm or neglect and helping them to stay safe.

13. Both accident and emergency departments and acute trusts serving the borough have systems in place for identifying children who are the subject of a child protection plan. A referral to children's social care services will be made if there are concerns about a child, and at the North Middlesex University Hospital NHS Trust all referrals are reviewed and monitored at a weekly multi-disciplinary meeting.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 2 (good)

14. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe is good. In surveys, most young people reported that they felt safe or fairly safe. The proportion of children and young people who reported that they have never been bullied has increased significantly from 62% to 83%. This is due in no small part to the effectiveness of partnership working, for instance through the work of the anti-bullying forum, a well established multi-agency group that has had a positive impact on both victims and perpetrators. A consistently high proportion of school inspections have judged performance as good or better with regard to children and young people feeling safe. A Community Help Point Scheme (CHPS), launched in 2008 and following consultation that included vulnerable children, offers over 100 safe locations across the borough for young people who feel anxious or threatened. The scheme has been promoted to over 10,000 young people, with good evidence of impact. The Youth Engagement Panel (YEP), which was set up in 2008 in response to concerns from young people about youth crime and following the tragic deaths of five young people, is providing excellent advice and information to young people about how to stay safe. Despite the fact that children and young people feel safe in settings and acknowledge the good work being done in Enfield, some voiced concerns about their safety when walking or travelling within the borough. As a result of consultation with young people, a multi-agency group, including young people's representatives, is working with Transport for London to explore ways of delivering safer transport arrangements to and from schools.

The quality of provision Grade 2 (good)

15. Clear and agreed thresholds for access to safeguarding services are in place and are understood and implemented by key partner agencies and professionals. Partnership working is good and there is effective liaison between agencies, which promotes safeguarding. Health, police and social care services communicate very effectively via regular meetings and provide good exchange opportunities for staff to improve understanding of roles. The police public protection desk is very efficient and ensures that notifications of domestic violence incidents are referred promptly. Social care services are supported by strong performance management systems, and performance management is strengthening within health services. Audits are used to improve services and action is taken where weaknesses are identified, for example within private fostering arrangements, where it has recently been found that not all visits take place within statutory timescales.

16. Education welfare officers, parent support advisers, the behaviour support service and other education staff are having a positive impact on improving school attendance, significantly reducing the number of persistent absentees and preventing exclusions in primary schools. There were very few permanent exclusions in 2008/9 and none to date this year. Children's centres make a strong contribution to supporting families in the community and helping children with additional needs. The recently reviewed paediatric liaison health visitor service provides a valuable link between agencies but has limited cover for sickness and annual leave. The complaints procedure and representations process in children's social care services is well established. Most complaints are resolved at an early stage and within statutory timescales. The local authority designated officer provides an effective and sensitive service when allegations are made against staff. Referrals are evaluated to influence safer recruitment practices and sharpen awareness raising.

17. Referrals to the intake and assessment team rose significantly in 2008/9, and have continued to increase in the last year. This is related to a heightened local and national emphasis on safeguarding. Additional funding was released by the council in 2009 to add capacity to front line services and ensure service stability. Referrals received by the intake and assessment team are screened effectively by experienced managers who are qualified social workers. However, the electronic recording system does not enable case notes to be recorded on a contact, which means that important information is lost. Cases in social care teams are allocated promptly and there are no unallocated referrals. The timeliness of initial and core assessments overall, which was similar to the national average in 2009, has been maintained despite the rise in demand. However, the timeliness of assessments within the children with disabilities team is below statistical neighbours and England averages and action is being taken to improve performance. Assessments seen during the inspection demonstrated good decision making and effective management oversight. Transfer processes are working efficiently.

18. Child protection enquiries are conducted in a timely way by qualified social workers. At the time of the inspection 189 children had child protection plans. While some newly qualified staff carry complex child protection cases, levels of managerial support have been strengthened to ensure that social workers have access to case direction. However management arrangements within the children and families support team have been less stable with some staff having a number of different managers over a short space of time. Enfield's Young Runaways project was set up in 2009, managed by a voluntary organisation, and early indications are that the re-referral rate is low and that awareness of the project is increasing. Senior managers are committed to developing the use of the CAF and over 2000 staff have been trained in its use. The number of completed CAFs has risen significantly in the last year, largely initiated by

schools. However, some staff, for example in schools and maternity services, report that the CAF is primarily seen as a referral form, to the point where only the first few pages of the CAF documentation are sometimes completed. Inspection evidence indicates that health professionals are making little use of the CAF. There is insufficient evidence of a significant number of CAFs being used in a 'Team Around The Child' approach, co-ordinated by a named lead professional.

19. A risk management panel has been established, which enables social workers and other professionals such as the Child and Adolescent Mental Health Service (CAMHS) workers to discuss and review casework issues with the Co-Directors for children's services, and with a senior legal adviser. This is an effective forum for exploring complex cases and provides clear direction for staff. Professionals have found this to be a robust and supportive process that further safeguards children. Case records in children's social care services are up-to-date and comprehensive and demonstrate good management oversight. Children's views, wishes and feelings are well recorded on social care files, and there is very good support for children and young people attending child protection conferences. Advocates have accompanied 127 children and young people to conferences in the last year. All child protection cases are reviewed on time and all child protection conferences are held within statutory timescales. While there is good multi-agency attendance at initial child protection conferences, this is not the case at review conferences. The reasons for this are not fully understood by the partnership. The Enfield Safeguarding Children Board has identified this as a priority area for improvement in the coming year. Chronologies on files vary in quality from good to inadequate, and do not always show key events in a sequential pattern. An audit by Enfield Community Services of child protection records for health visiting and school nursing found that record keeping was poor. Important documentation such as risk assessments and child protection action plans were not present in all cases.

Leadership and management

Grade 2 (good)

20. Ambition and prioritisation are good, with outstanding features. Highly capable senior officers and managers, who are passionate about improving outcomes for children and young people, place high priority on having strong, effective and responsive services. The Chief Executive and the Co-Directors of the Education, Children's Services and Leisure Department ensure that children and young people receive very high priority at the corporate level. Elected members interviewed as part of the inspection were well informed and showed determination in achieving good outcomes for children and young people. The Local Area Agreement and the Children and Young People's Plan (CYPP) are closely aligned, and planning is clearly focused on improving outcomes.

Information sharing protocols have been in place for some time. Strategic partnership working is translated into effective front line service delivery, for example among social workers and team managers, who rise to the challenges that Enfield faces. The interim management team for the Primary Care Trust is clear about its priorities and has established a good working relationship with other agencies. A small number of services are jointly commissioned.

21. Performance monitoring and financial management are strong within children's social care services. Staff are well informed about performance and receive good support to make effective use of performance information. The majority of performance indicators are broadly in line with similar areas and national comparators. Performance management has been less strong in health but this is now improving. Workforce planning has been effective in developing staff, particularly the 'grow your own' policy adopted by children's services. Almost all social work posts are now filled by permanent staff. The Community Trust has attempted creative ways to recruit, train and retain health visitors but staffing levels remain a challenge. Training is of a high quality across the partnership and is highly valued by staff. Enfield Community Services have identified the need to ensure that all staff have the appropriate level of safeguarding training and are taking corrective action to address this. Staff in CAMHS and accident and emergency departments are appropriately trained in safeguarding and receive good supervision. Social care staff are supported by experienced managers; they are regularly supervised and value the support that they receive. A supervision policy has been in place in health since November 2009. Health visitors and school nurses receive regular supervision and have good access to supervisors. The four serious case reviews undertaken by the Enfield Safeguarding Children Board in the last three years have all been judged to be at least adequate and two are good. The system in Enfield Council for recording information regarding CRB checks is not sufficiently robust. However, the council has taken immediate action to address this and they have ensured that in the interim the very small number of staff without up-to-date checks do not have access to children or children's records.

22. User engagement is good. The partnership offers good opportunities for involving children and young people and their parents in service development, although this is less well developed within health services. The development of the highly effective Youth Engagement Panel is an excellent example of improved user engagement arising from local knife crime tragedies. Young people with disabilities have a voice in assessing the pathfinder playgrounds and interviewing senior staff members responsible for the delivery of services to children and young people. For example, two young people attended the 'Big Debate' organised by Barnardo's, which had a question time slot with government ministers. The Joint Service for Disabled Children via Parent2Parent (a forum for parents of disabled children) completed an extensive consultation

exercise on how families preferred to be supported and involved in developing provision. As a result of this consultation an accessible eligibility and access framework has been produced which identifies a minimum level of support and explains how to access specialist support if required. While there are some good examples of health providers seeking feedback on provision for children with disabilities, consultation arrangements are not yet systematic across health services. Children and young people in the child protection planning process are well supported by advocacy. Over 1200 parents were consulted as part of the review of the parenting strategy. Curriculum initiatives within schools, for example focusing on sexual violence work and cyber bullying, have been based on some initial survey work with young people and listening to the particular concerns they expressed.

23. Partnership working is good with some outstanding features. The Children's Trust is well established and all partners, including the third sector, are well engaged. Close links have been established with the four Children's Area Partnerships. Leadership within NHS Enfield has strengthened more recently, and children's services have addressed some funding deficits within health to ensure continuity of service. The number of joint appointments is increasing. The profile of safeguarding has been raised across the partnership. For example, housing providers are now alert to the impact of domestic violence and are reporting concerns. The Enfield Safeguarding Children Board is effective and makes use of a range of audits which have led to improved practice. Findings from serious case reviews have been disseminated to staff and there are good examples of changes to practice as a result of learning from serious incidents. For example, rigorous systems are now in place for monitoring the provision for children who are in receipt of elective home education, with appropriate and timely sharing of information if there are safeguarding concerns. The Child Death Overview Panel is well attended by a wide range of professionals and analysis of deaths is leading to more targeted preventative work. Multi-agency public protection arrangements are robust and multi-agency risk assessment conferences are well established. Police contribute very strongly to partnership working and take a key role in a number of initiatives. For example, the safer schools' officers are highly valued by school staff and pupils. Enfield NHS and health practitioners are working with community groups to improve access to health services in targeted areas. However, there are a number of dimensions of partnership which are not yet where they need to be, for example the level of quoracy at review child protection conferences and the involvement of General Practitioners in child protection processes. Additionally electronic systems within Enfield Community Services do not enable information sharing by the police with school nurses and health visitors regarding domestic violence incidents.

24. The structure to support equalities and diversity is strong and this includes stakeholder groups. The workforce profile of children's services staff reasonably reflects the range of communities in Enfield. Partners have a well-developed knowledge and understanding of the diverse needs of differing areas and communities within Enfield. This is reflected strongly in the development of extended services, the work of the four Children's Area Partnerships and the Enfield Safeguarding Children Board. They share a common focus on narrowing the gap between the more vulnerable and others, while at the same time improving outcomes for all. Commissioning places high priority on the ability to respond positively to culture, religion, language, gender, sexuality and disability. Health commissioners have used data effectively to identify where specific services are required. In education, the profile and performance of children and young people, including that of different groups, are analysed to measure the impact of strategies and target interventions and the impact can be seen in the positive steps being taken to narrow the gap which is one of the CYPP's six key themes. Nurture groups within schools demonstrate excellent practice in terms of targeted work and early preventative work with the most vulnerable children. There is evidence of considerable impact on pupils' outcomes, well-being and behaviour, manifested in significantly improved learning and progress and very few exclusions. The overall effectiveness of provision and outcomes for the more vulnerable, for instance alternative provision and special schools, as indicated by inspection judgements, is above the national average. Case files in social care services demonstrate sensitivity to ethnicity and racial and cultural needs, and there is good access to interpreters in health and social care. There has been good multi-disciplinary work with faith communities, for example a male trainer has provided child protection training to some of the local Imams. The Kaos Cluster Choir, supported by funding from 'U Can 2' and based on the extended services disadvantage subsidy, is an excellent example of inclusion, with a positive impact on the lives of children and young people who participate. Young carers are positive about the service that they receive. Partners work effectively to provide joined up services for children with disabilities aimed at improving their life chances, perhaps best summed up by the comment of one professional who was passionate about providing young people with a 'suitcase of skills' for their future lives.

25. Value for money is good. Budgets for children's social care services are well managed. Senior staff pay is linked to the successful delivery of both efficiencies and service improvements, which is having an impact. Staff recruitment and retention in children's social care services have been a priority, both to stabilise the service and to reduce dependency on agency staff. The strategies employed to 'grow your own' staff and provide financial enhancements, together with improved office accommodation, are resulting in a very high proportion of permanent staff. The Education, Children's Services and

Leisure Department is pro-active in securing external resources and lottery funding and grants are being used effectively to improve facilities for children and young people. Health providers recognise the challenges in continuing to provide service improvement and innovation, alongside the need to address their budget deficit.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 2 (good)

26. The overall effectiveness of services for looked after children is good. A commitment to corporate parenting is strongly evident and the needs of looked after children are prioritised within the Children's Trust. Senior managers have good knowledge of their service and are determined to ensure that services for looked after children are of a high quality. Looked after children have good access to advocacy and most complaints are resolved at an early stage. Most looked after children are placed in suitable accommodation, which is monitored on a regular basis. Placement stability is improving, although placement matching remains a challenge. Looked after children placed outside Enfield are well supported. There is good performance on improving outcomes for looked after children.

Capacity for improvement

Grade 2 (good)

27. Services for looked after children are closely monitored and despite a recent increase in the number of looked after children, trends demonstrate sustained improvement in the quality of services. Training for foster carers has been strengthened. An education champions scheme, in which some senior officers, headteachers and other senior figures across the partnership monitor and support the progress of looked after children, is increasing the personal investment of staff in the young people and ensures that raising educational achievement is given a high priority. The development of the Children in Care Council is enabling looked after children and young people to have an influence on service development. Leaders and managers within the council ensure good value for money and through careful reduction of the numbers of looked after children in residential care, have been able to improve the quality and range of the in-house fostering service and community based services.

Areas for improvement

28. In order to improve the quality of provision and services for looked after children and care leavers in Enfield, the local authority and its partners should take the following action:

Immediately:

- Ensure that all nursing records for looked after children meet the Nursing and Midwifery Council standards.

Within three months:

- Ensure that there is a targeted approach to foster care recruitment to enable improved placement matching.
- Improve the quality of personal education plans by ensuring that a pupil's learning and progress against starting points are consistently reported and used as benchmarks to set targets and success measures.
- Ensure that all looked after children and young people are aware of the Children in Care Council and know how to have their views represented.
- Ensure that children's social care files contain good quality chronologies identifying significant events and professional contacts.

Within six months:

- Reduce the number of days lost by fixed-term exclusions and ensure that data is routinely reported to elected members.
- Take action to increase the proportion of care leavers in employment, education and training.

Outcomes for children and young people

29. Health provision for looked after children is good, supported by good information sharing across health and social care. The health needs of looked after children are given high priority. The nurse within the multi-disciplinary Health and Education Access and Resources Team (HEART) organises health assessments for Enfield looked after children and the increasing number of children placed in Enfield by other local authorities. A high proportion of looked after children have appropriate health assessments and dental checks. Immunisations of looked after children are at a higher than average level. The HEART team also notifies other local areas when Enfield children are placed out

of borough and provides support, information and training to social workers, foster carers, housing providers and health professionals. Joint work with the teenage pregnancy unit has resulted in the development of a fast-track referral process with the 4YP Outreach service, resulting in a reduction in the number of teenage pregnancies and an increase in the number of looked after young people receiving long acting reversible contraception. Teenage pregnancy rates overall within the borough have decreased in line with national and regional averages. All looked after children and young people in Enfield are screened by the HEART team for their emotional and behavioural health. Looked after children have fast track access into all health services including the Child and Adolescent Mental Health Services (CAMHS). The nurse for looked after children discusses substance misuse at each review for young people aged 13 years and over and provides support to access targeted services if appropriate. Care leavers have good access to sexual health and relationship education. Audits of health records of looked after children prior to inspection indicate that improvements are required to quality. NHS Enfield is providing specific training to improve practice.

30. Services to ensure looked after children stay safe are good. All looked after children have an allocated social worker and a very high proportion are in foster care. Social workers visit regularly and care plans are up-to-date. High numbers of looked after children participate in their reviews. Improving the stability of placements has been a priority for the local authority. Stability of placements within a 12 month period had been improving, but has been adversely affected by a sharp rise in the number of looked after children in the last 18 months, linked to the increase in referrals. Placement matching continues to be a challenge, and this can mean that the placement of choice is not available for some children and young people. Longer term stability is improving. Targets have been exceeded and performance in 2009 was better than national and statistical neighbour rates. Placement stability meetings are effective in supporting placements that appear to be at risk, and an out-of-hours rota provides additional professional support to carers. Foster carers feel well supported by the local authority and have good access to training, which includes managing challenging behaviour. In surveys, almost all of the young people reported that the placement in which they were living was the right one for them, although few of them had been offered any choice about the placement. Looked after children reported feeling safe in their home settings.

31. Outcomes for enjoying and achieving are good. Education is a high priority. The HEART team provides very good support, underpinned by strong partnership working. Progress from starting points is variable and is affected by placement stability, but there is an overall trend of improvement and some of the progress made by children and young people in their learning and personal development is outstanding. Progress for all looked after children in Enfield is

stronger at secondary school level where their rate of progress compares favourably with that of their peers nationally. However the sizes of the cohorts are always small which makes reliable comparison and trend identification difficult. Nevertheless, attainment at the end of Key Stage 2 is broadly in line with that achieved by looked after children nationally. Attainment at the end of Key Stage 4 rose significantly in 2009, narrowing the gap between looked after children and all pupils nationally. Looked after children who speak English as an additional language, and who arrive in Years 10 and 11, achieve good outcomes through flexible arrangements and personalised support, such as that provided by a local college. Despite these successes, there remains a significant gap between the attainment of Enfield's looked after children and national expectations for all children.

32. Tracking and monitoring the attendance of looked after children are rigorous and ensure that children benefit from education and are safe. The proportion of Enfield looked after children missing school through absence, when measured against the comparator benchmark, has improved and is much lower than national and statistical neighbour averages. The rate of attendance of looked after children attending Enfield primary schools was higher than the rate for all pupils in 2009, averaging over 96%. The rate of permanent exclusion of looked after children compares very well with similar children and young people nationally. There have been no permanent exclusions in either the current or last academic year which have been upheld. While information about most aspects of educational performance is systematically collected, analysed and reported, it is not routinely reported for fixed term exclusions. Pupils lost 120 days as a result of fixed term exclusions last year. Most personal education plans are completed in a timely way, but do not consistently focus on the quality of learning and progress against starting points. A wide range of enrichment and other extra-curricular activities is offered and looked after children are supported well in accessing these, for example libraries and swimming.

33. Looked after children and care leavers have good opportunities to express their views and to be involved in decisions about their own lives. Most contribute to their reviews and have good access to independent visitors and advocacy. In surveys, most young people said that their reviews worked well or very well, and that the reviews took account of their wishes and feelings. Most young people surveyed reported good access to their social worker. Interpretation services are available, and are accessible to foster carers. Some examples were seen of outstanding practice in supporting transitions, for example a school going the extra mile to ensure that a looked after pupil transferred successfully to a school outside of the borough. 'Take-over' sessions, where young people from the Children in Care Council have taken responsibility for running the Corporate Parenting Panel, demonstrate a

commitment to ensuring that the voice of children and young people is heard at the highest levels, although not all children surveyed had heard of the Children in Care Council. Looked after young people are enabled and supported to run '*Total Respect*' training courses for a wide range of professionals within the partnership. These courses encourage professionals to consider the impact of their procedures and policies upon children in care. Multi-agency action to prevent looked after children and care leavers offending or re-offending is good. The number of looked after children convicted or receiving a final warning is consistently below the national average.

34. Outcomes for achieving economic well-being are good. Targeted interventions have resulted in an increase in the numbers of those leaving care with one or more GCSE, and most of those who did not achieve a recognised qualification before their 18th birthday are now engaged in education, employment or training. The percentage of care leavers in education, employment or training has declined from a high of 82%, although the figure remains above national and local comparators and continues to achieve Enfield's own target. Partnership working between a local college, other 14-19 partners and HEART is effective, underpinned by greater curriculum flexibility and a determination to seek the best possible outcome for the young person. Care is taken to ensure that funding issues do not pose an access barrier. Curriculum pathways are developing well and evidence points to their success in helping care leavers prepare for independent living, increasing their employability and improving their interpersonal skills. Case studies show some very striking outcomes, for example unaccompanied asylum seeking children who have gone on to university and achieved positive employment routes. In total 22 care leavers are currently being supported at university. In the last two years all care leavers have had pathway plans. The quality of these plans is at least adequate. The proportion of care leavers in suitable accommodation is broadly in line with the national average. Very thorough arrangements are in place to ensure that the quality of accommodation and support are of a good standard. Some work placements and apprenticeships have been provided for care leavers by the local authority, but there is limited evidence that they lead to permanent employment. An effective protocol is in place for transition from children's to adult services for children with disabilities and young people with mental health issues. Young people and their parents and carers are very well supported into adult services.

The quality of provision

Grade 2 (good)

35. Good quality management information is used to drive service development, assist in the effective management of resources and to improve educational attainment for the most vulnerable. The co-location of the teams

for looked after children, care leavers and fostering and adoption enables effective networking and improved care planning. The multi-agency HEART team and the virtual school ensure that there is a strong focus on improving outcomes, and will intervene with other agencies if service provision is unsatisfactory. Looked after children are aware of how to make a complaint. An excellent range of independent advocacy service providers offers good and timely support to looked after children. The local authority designated officer ensures that allegations concerning persons working with children are managed very effectively and that children are safeguarded. Clear strategies are in place to investigate allegations against carers and they are dealt with swiftly. Commissioning arrangements are good. The quality of foster care placements is kept under systematic review and a number have been decommissioned in the last year as a result of concerns about quality. Placements are visited monthly, with additional unannounced visits. The quality of residential placements is carefully monitored and action is taken promptly if any concerns arise. The most recent inspections of fostering and adoption services judged services to be good overall.

36. Assessment and direct work with looked after children are good. Professionals are tenacious in ensuring that looked after children and young people receive good support. Services to children on the edge of care are targeted effectively. A weekly multi-agency placement panel, chaired by the Assistant Director Safeguarding, considers their specific circumstances and needs and endeavours to support children within the community wherever possible. An education officer attends the panel to ensure that all decisions are informed by an educational perspective, which is good practice. Family group conferences are commissioned if appropriate, and family centres provide support and achieve behavioural changes in families, enabling children and young people to either remain within the care of their family or return to it if they have been previously separated. Parents of looked after children agreed that the local authority had made correct decisions to accommodate their children, and felt supported by plans to achieve a reconciliation if it was feasible to do so. Parents undertaking parenting capacity assessments reported that they felt well supported by social workers. A group has recently been set up for foster carers' own children. The group provides opportunity for enjoyment as well as enabling the children to talk about the impact of fostering on their lives, and this contributes to making placements more stable.

37. Most looked after children and care leavers have up to date care plans which are reviewed in line with statutory guidance. Casework sampled during the inspection demonstrated good planning and support to looked after children and young people. Consistency of plans has improved as a result of focused work by the independent reviewing officer team. The transfer process to the leaving care team is effective. Transfer planning begins when the young person

reaches 15 years old, and both social workers attend the final review before transfer. Supervision of social workers is regular, with good access to senior managers. Managers have good knowledge of the children in their care and as the Assistant Director Safeguarding chairs the weekly placement panel, there is good understanding of cases and issues at a senior level. Chronologies are generated on the electronic recording system, but these are primarily a list of activities undertaken by professionals rather than a record of the significant events which impact on the lives of children.

Leadership and management

Grade 2 (good)

38. The council and its partners are ambitious for looked after children and young people in their care and are clearly focused on improving outcomes. A cross departmental, multi-agency corporate parenting group, which includes the lead member, meets regularly to ensure that all departments and agencies work together to promote positive outcomes for looked after children. The Scrutiny Panel is effective in ensuring appropriate challenge of the educational progress of looked after children. Senior staff across agencies have been recruited as education champions for looked after children and are passionate about improving outcomes, ensuring that looked after children have good opportunities to develop skills and learning. The Children in Care Council is providing children and young people with access to senior managers and members. Children and young people receive a good service and are helped to develop their potential by services such as the HEART team, underpinned by advocacy which is helping to develop self-esteem. Local commissioning has been developed to enable a small number of looked after children with highly complex needs to be placed in therapeutic fostering schemes, rather than residential care.

39. Performance and financial management arrangements are well established in children's social care services, and are strengthening within health. Performance indicators are broadly in line with regional and national averages, with particularly strong performance on the timeliness of reviews of care plans. Routine audits by the leaving care service are enabling service development by identifying strengths and areas for improvement. Social workers are appraised annually and supervised monthly. Social workers regard their employer as supportive and there is good staff retention. Monitoring of workloads is good and caseload weighting allows individual circumstances to be taken into account in work allocation. New workers have a protected caseload.

40. User engagement is good. The Children in Care Council has been in existence for about a year and has approximately 30 children and young people involved, varying in age from eight to 20. It links to the partnership principally

through the Corporate Parenting Panel and provides a good opportunity for children and young people to express their views. The Children in Care Council regularly holds senior officers and elected members to account with regard to the *London pledge*, which is a commitment from all Children's Trusts and partner agencies in London to provide a good service to children and young people in care, and treat them with respect. The Children in Care Council also offers mentoring to younger, less confident members, by other looked after children. There are currently five such mentors, who have enabled a number of looked after children to develop their confidence in making their voices heard. Young people are also well supported by the Children's Rights Service. Survey information indicates that most young people reported that their reviews took account of their wishes and feelings.

41. Partnerships are good, with outstanding features. The Corporate Parenting Panel, with user involvement, inter-agency participation and political support, represents a genuine commitment to ensure that the whole partnership understands its legal and moral obligations to promote the care and welfare of looked after children. A well-established multi-agency placement panel considers all placement requests and maintains close oversight of all looked after children as well as those on the edge of care. The panel has been effective in ensuring that numbers of looked after children are comparatively low. Commissioning has been used effectively to develop alternative provision to residential care, for example working with an independent fostering agency to provide therapeutic services in family settings. The HEART service, jointly operated by Enfield Education, Children's Services and Leisure Department and by the local NHS trusts for primary care and for mental health, provides a highly effective service for looked after children. The service offers training for foster carers and is involved in the induction for adoptive parents.

42. Effective action is taken to tackle inequalities. There is a willingness to learn from good practice elsewhere and develop and evaluate pilot initiatives aimed at narrowing the outcome gaps between looked after children and their peers. Enfield has a strong commitment to providing access to support and improving outcomes not only for its looked after children but for all looked after children attending its schools, irrespective of their home authority. Partners know the individual strengths and needs of looked after children well. Case studies for looked after children show targeted and personalised support is having a positive impact on their life chances. Social workers were positive about the way in which services are commissioned to meet the diverse needs of children. Placements are matched as closely as possible to the needs of the child, although achieving the right balance of carers remains a challenge. Looked after children and their parents and carers feel that they are treated with respect. Unaccompanied asylum seeking children are well supported by workers with specialist knowledge within the leaving care team and staff are

proactive in helping young people with getting their status clarified. There is good access to interpreters.

43. Value for money is good. There is good understanding of the local social care market and a clear focus on the use of resources to ensure that services are commissioned appropriately. Some years ago it was recognised that spending on looked after young people was high and outcomes were poor. A commissioning strategy was developed that focused on placing children in family settings, investing in family support and placing children locally whenever possible. This strategy has been highly effective in reducing dependence on residential care from 21% in 2002/3 to less than 5% currently. The considerable savings have been used effectively, for example to develop the in-house fostering service and invest in family support services. The weekly placement panel ensures that services for looked after children or children on the edge of care are provided in the most cost effective way. Good use is made of data. For example, it was noted that young runaways often became looked after children, and this was a factor in commissioning the new service specifically targeted at those who go missing. The unit cost of care for looked after children is below average, reflecting the greater reliance on foster care.

Record of main findings: Enfield

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Good
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Good
Quality of provision	
Service responsiveness including complaints	Good
Assessment and direct work with children and families	Adequate
Case planning, review and recording	Good
Leadership and management	
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Good
Partnerships	Good
Equality and diversity	Good
Value for money	Good

Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Good
Outcomes for looked after children and care leavers	
Being healthy	Good
Staying safe	Good
Enjoying and achieving	Good
Making a positive contribution	Good
Economic well-being	Good
Quality of provision	Good
Service responsiveness	Good
Assessment and direct work with children	Good
Case planning, review and recording	Good
Leadership and management	Good
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Good
User engagement	Good
Partnerships	Good
Equality and diversity	Good
Value for money	Good